

Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Trazodone Hydrochloride 150 mg Film-Coated Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each Film coated tablet contains Trazodone Hydrochloride 150 mg.

Excipient(s) with known effect:

Each tablet contains 50mg lactose monohydrate.

For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Film-coated Tablet

Nominal tablet diameter is 11mm.

White coloured, circular, film-coated tablets with score line on both sides.

The score line is only to facilitate breaking for ease of swallowing and not to divide into equal doses.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Relief of symptoms in all types of depression including depression accompanied by anxiety.

4.2 Posology and method of administration

Posology

Adults

The usual initial daily dose is 75 to 150 mg as a single evening dose or in divided doses after food during the day, with subsequent slow increments to the level of optimal control which may be as high as 600 mg. Doses above 300 mg should only be administered to hospitalised patients.

A starting dose of 75 mg is not achievable with this formulation, therefore another formulation should be used.

Elderly

For very elderly or frail patients the recommended initial dose is reduced to 100 mg a day administered in divided doses or as a single night-time dose (see section 4.4). This may be incrementally increased, as described under 'Adults', under supervision, according to tolerance and efficacy. In general, single doses above 100 mg should be avoided in these patients. It is unlikely that 300 mg per day will be exceeded.

A dose of 100 mg is not achievable with this formulation, therefore another formulation should be used.

Paediatric population

The safety and efficacy of Trazodone hydrochloride in children below the age of 18 years has not yet been established therefore Trazodone hydrochloride is not recommended for use in this age group .

Hepatic Impairment:

Trazodone hydrochloride undergoes extensive hepatic metabolism(see section 5.2) and has also been associated with hepatotoxicity (see sections 4.4 and 4.8.). Therefore, caution should be exercised when prescribing for patients with hepatic impairment, particularly in cases of severe hepatic impairment. Periodic monitoring of liver function may be considered.

Renal Impairment:

No dosage adjustment is usually necessary, but caution should be exercised when prescribing for patients with severe renal impairment (see also section 4.4 and 5.2).

Method of administration

For oral use.

Tablets to be swallowed whole with a drink of water.

A decrease in side-effects (increase of the resorption and decrease of the peak plasma concentration) can be reached by taking Trazodone hydrochloride after a meal.

4.3 Contraindications

- Hypersensitivity to trazodone hydrochloride or to any of the excipients listed in section 6.1.
- Alcohol intoxication and intoxication with hypnotics.
- Acute myocardial infarction.

4.4 Special warnings and precautions for use

Suicide/suicidal thoughts or clinical worsening:

Depression is associated with an increased risk of suicidal thoughts, self-harm and suicide (suicide-related events). This risk persists until significant remission occurs. As improvement may not occur during the first few weeks or more of treatment, patients should be closely monitored until such improvement occurs. It is general clinical experience that the risk of suicide may increase in the early stages of recovery.

Other psychiatric conditions for which Trazodone hydrochloride is prescribed can also be associated with an increased risk of suicide-related events. In addition, these conditions may be co-morbid with major depressive disorder. The same precautions observed when treating patients with major depressive disorder should therefore be observed when treating patients with other psychiatric disorders.

Patients with a history of suicide-related events, or those exhibiting a significant degree of suicidal ideation prior to commencement of treatment are known to be at greater risk of suicidal thoughts or suicide attempts and should receive careful monitoring during treatment. A meta-analysis of placebo-controlled clinical trials of antidepressant drugs in adult patients with psychiatric disorders showed an increased risk of suicidal behaviour with antidepressants compared to placebo in patients less than 25 years old.

Close supervision of patients and in particular those at high risk should accompany drug therapy especially in early treatment and following dose changes. Patients (and caregivers of patients) should be alerted about the need to monitor for any clinical worsening, suicidal behaviour or thoughts and unusual changes in behaviour and to seek medical advice immediately if these symptoms present.

To minimise the potential risk of suicide attempts, particularly at therapy initiation, only restricted quantities of trazodone hydrochloride should be prescribed at each occasion.

It is recommended that careful dosing and regular monitoring is adopted in patients with the following conditions:

- Epilepsy, specifically abrupt increases or decreases of dosage should be avoided.
- Patients with hepatic or renal impairment, particularly if severe.
- Patients with cardiac disease, such as angina pectoris, conduction disorders or AV blocks of different degree, recent myocardial infarction.
- Hyperthyroidism
- Micturition disorders, such as prostate hypertrophy, although problems would not be anticipated as the anticholinergic effect of trazodone hydrochloride is only minor.
- Acute narrow angle glaucoma, raised intra-ocular pressure, although major changes would not be anticipated due to the minor anticholinergic effect of trazodone hydrochloride.

Administration of antidepressants in patients with schizophrenia or other psychotic disorders may result in a possible worsening of psychotic symptoms. Paranoid thoughts may be intensified. During therapy with trazodone hydrochloride a depressive phase can change from a manic – depressive psychosis into a manic phase. In that case trazodone hydrochloride must be stopped.

Serotonin syndrome:

Interactions in terms of serotonin syndrome (a potentially life-threatening condition)/malignant neuroleptic syndrome have been described in case of concomitant use of other serotonergically acting substances like other antidepressants (e.g. tricyclic antidepressants, SSRI's, SNRI's and MAO-inhibitors) and neuroleptics. Malignant neuroleptic syndromes with fatal outcome have been reported in cases of co-administration with neuroleptics, for which this syndrome is a known possible adverse drug reaction (see sections 4.5 and 4.8).

Concomitant administration of Trazodone hydrochloride and buprenorphine may result in serotonin syndrome (see section 4.5). If concomitant treatment with other serotonergic agents is clinically warranted, careful observation of the patient is advised, particularly during treatment initiation and dose increases.

Symptoms of serotonin syndrome may include mental-status changes, autonomic instability, neuromuscular abnormalities, and/or gastrointestinal symptoms.

If serotonin syndrome is suspected, a dose reduction or discontinuation of therapy should be considered depending on the severity of the symptoms.

Agranulocytosis:

Since agranulocytosis may clinically reveal itself with influenza-like symptoms, sore throat, and fever, in these cases it is recommended to check haematology. Hypotension, including orthostatic hypotension and syncope, has been reported to occur in patients receiving trazodone hydrochloride. Concomitant administration of antihypertensive therapy with trazodone hydrochloride may require a reduction in the dose of the antihypertensive drug.

Following therapy with trazodone hydrochloride, particularly for a prolonged period, an incremental dosage reduction to withdrawal is recommended, to minimise the occurrence of withdrawal symptoms, characterised by nausea, headache, and malaise.

There is no evidence that trazodone hydrochloride possesses any addictive properties.

QT prolongation:

As with other antidepressant drugs, cases of QT interval prolongation have been reported with trazodone hydrochloride very rarely. Caution is advised when prescribing trazodone hydrochloride with medicinal products known to prolong QT interval. Trazodone hydrochloride should be used with caution in patients with known cardiovascular disease including those associated with prolongation of the QT interval.

Potent CYP3A4 inhibitors may lead to increases in trazodone hydrochloride serum levels. See section 4.5 for further information.

Priapism:

As with other drugs with alpha-adrenolytic activity, Trazodone hydrochloride has very rarely been associated with priapism. This may be treated with an intracavernosum injection of an alpha- adrenergic agent such as adrenaline or metaraminol. However, there are reports of trazodone hydrochloride-induced priapism which have required surgical intervention or led to permanent sexual dysfunction. Patients developing this suspected adverse reaction should cease trazodone hydrochloride immediately.

Paediatric population

Trazodone hydrochloride should not be used in the treatment of depression in children and adolescents under 18 years old. Studies with other classes of antidepressants have shown a risk of suicidality, self-harm and hostility to be related to the compounds. This risk cannot be excluded in Trazodone hydrochloride. Moreover, long-term safety data on children and adolescents regarding growth, maturation and cognitive and behavioural development are not available.

Elderly

Elderly patients may more often experience orthostatic hypotension, somnolence and other anticholinergic effects of trazodone hydrochloride. Careful consideration should be given to the potential for additive effects with concomitant medication use such as with other psychotropics or antihypertensives or in the presence of risk factors such as comorbid disease, which may exacerbate these reactions. It is recommended that the patient/carer is informed of the potential for these reactions and monitored closely for such effects following initiation of therapy, prior to and following upward dose titration.

Hepatic impairment:

Severe hepatic disorders with potentially fatal outcome have been reported with trazodone hydrochloride use (see section 4.8). Patients should be instructed to report immediately signs such as asthenia, anorexia, nausea, vomiting, abdominal pain or

icterus to a physician. Investigations including clinical examination and biological assessment of liver function should be undertaken immediately, and withdrawal of trazodone hydrochloride therapy be considered. Should jaundice occur in a patient, trazodone hydrochloride therapy must be withdrawn.

Lactose:

This medicinal product contains lactose. Patients with rare hereditary problems of galactose intolerance, the total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

Sodium:

This medicine contains less than 1mmol sodium (23mg) per tablet, that is to say essentially 'sodium-free'.

4.5 Interaction with other medicinal products and other forms of interaction

The sedative effects of antipsychotics, hypnotics, sedatives, anxiolytics, and antihistaminic drugs may be intensified; dosage reduction is recommended in such instances.

The metabolism of antidepressants is accelerated due to hepatic effects by oral contraceptives, phenytoin, carbamazepine and barbiturates. The metabolism of antidepressants is inhibited by cimetidine and some other antipsychotics.

CYP3A4 inhibitors: Drug metabolism studies *in vitro* are indicative that there is a potential for drug interactions when trazodone hydrochloride is given with potent CYP3A4 inhibitors such as erythromycin, ketoconazole, itraconazole, ritonavir, indinavir, and nefazodone. It is likely that potent CYP3A4 inhibitors may lead to substantial increases in trazodone hydrochloride plasma concentrations.

It has been confirmed in *in vivo* studies in healthy volunteers, that a ritonavir dose of 200 mg BID increased the plasma levels of trazodone hydrochloride by greater than two-fold, leading to nausea, syncope and hypotension. If trazodone hydrochloride is used with a potent CYP3A4 inhibitor, a lower dose of trazodone hydrochloride should be considered. However, the co-administration of trazodone hydrochloride and potent CYP3A4 inhibitors should be avoided where possible.

Carbamazepine: Co-administration results in reduced plasma concentrations of trazodone hydrochloride. Concomitant use of carbamazepine 400 mg daily led to a decrease of plasma concentrations of trazodone hydrochloride and its active metabolite m-chlorophenylpiperazine of 76% and 60%, respectively. Patients should be closely monitored to ascertain if an increased trazodone hydrochloride dosage is required.

Tricyclic antidepressants: Concurrent administration should be avoided due to the risk of interaction. Serotonin syndrome and cardiovascular side effects are possible.

Fluoxetine: Rare cases have been reported of elevated trazodone hydrochloride plasma levels and adverse effects when trazodone hydrochloride had been combined with fluoxetine, a CYP1A2/2D6 inhibitor. The mechanism underlying a pharmacokinetic interaction is not fully understood. A pharmacodynamic interaction (serotonin syndrome) could not be excluded.

Monoamine oxidase inhibitors: Possible interactions with monoamine oxidase inhibitors have occasionally been reported. Although some clinicians do give both concurrently, use of trazodone hydrochloride concomitantly with MAOIs, or within two weeks from discontinuation of these substances, is not recommended. The administration of MAOIs within one week since discontinuation of trazodone hydrochloride treatment is not recommended either.

Phenothiazines: Severe orthostatic hypotension has been observed in case of concomitant use of phenothiazines, like e.g. chlorpromazine, fluphenazine, levomepromazine, perphenazine.

Anaesthetics/muscle relaxants: Trazodone hydrochloride may enhance the effects of muscle relaxants and volatile anaesthetics, and caution should be exercised in such instances.

Alcohol: Trazodone hydrochloride intensifies the sedative effects of alcohol. Alcohol should be avoided during trazodone hydrochloride therapy.

Levodopa: Antidepressants can accelerate the metabolism of levodopa.

Buprenorphine: Trazodone hydrochloride should be used cautiously when co-administered with buprenorphine, as the risk of serotonin syndrome, a potentially life-threatening condition, is increased (see section 4.4).

Other: Concomitant use of trazodone hydrochloride with drugs known to prolong the QT interval may increase the risk of ventricular arrhythmias, including torsade de pointes. Caution should be used when these drugs are co-administered with trazodone hydrochloride.

Since trazodone hydrochloride is only a very weak inhibitor of noradrenaline reuptake and does not modify the blood pressure response to tyramine, interference with the hypotensive action of guanethidine-like compounds is unlikely. However, studies in laboratory animals suggest that trazodone hydrochloride may inhibit most of the acute actions of clonidine. In the case of other types of antihypertensive drug, although no clinical interactions have been reported, the possibility of potentiation should be considered.

Undesirable effects may be more frequent when trazodone hydrochloride is administered together with preparations containing *Hypericum perforatum* (St John's Wort).

There have been reports of changes in prothrombin time in patients concomitantly receiving trazodone hydrochloride and warfarin.

Concurrent use with trazodone hydrochloride may result in elevated serum levels of digoxin or phenytoin. Monitoring of serum levels should be considered in these patients.

4.6 Fertility, pregnancy and lactation

Trazodone hydrochloride should only be administered during pregnancy or lactation if considered essential by the physician.

Pregnancy

Data on a limited number (< 200) of exposed pregnancies indicate no adverse effects of trazodone hydrochloride on pregnancy or on the health of the foetus/newborn child. To date, no other relevant epidemiological data are available. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal/foetal development, parturition or postnatal development at therapeutic doses (see section 5.3).

Caution should be exercised when prescribing to pregnant women. When trazodone hydrochloride is used until delivery, newborns should be monitored for the occurrence of withdrawal symptoms.

Breast-feeding

Limited data indicate that excretion of trazodone hydrochloride in human breast milk is low, but levels of the active metabolite are not known. Due to the paucity of data, a decision on whether to continue/discontinue breast-feeding or to continue/discontinue therapy with trazodone hydrochloride should be made taking into account the benefit of breast-feeding to the child and the benefit of trazodone hydrochloride therapy to the woman.

Fertility:

No fertility data are available.

4.7 Effects on ability to drive and use machines

Trazodone hydrochloride has minor or moderate influence on the ability to drive and use machines.

Patients should be cautioned against the risks of driving or operating machinery until they are sure they are not affected by drowsiness, sedation, dizziness, confusional states, or blurred vision.

4.8 Undesirable effects

Cases of suicidal ideation and suicidal behaviours have been reported during trazodone hydrochloride therapy or early after treatment discontinuation (see section 4.4).

The following symptoms, some of which are commonly reported in cases of untreated depression, have also been recorded in patients receiving trazodone hydrochloride therapy.

MedDRA System Organ Class	Frequency not known (cannot be estimated from the available data)
Blood and the lymphatic system disorders	Blood dyscrasias (including agranulocytosis, thrombocytopenia, eosinophilia, leucopenia and anaemia)

Immune system disorders	Allergic reactions
Endocrine disorders	Syndrome of Inappropriate Antidiuretic Hormone Secretion
Metabolism and nutrition disorders	Hyponatraemia ¹ , weight loss, anorexia, increased appetite,
Psychiatric disorders	Suicidal ideation or suicidal behaviours ² , confusional state, insomnia, disorientation, mania, anxiety, nervousness, agitation (very occasionally exacerbating to delirium), delusion, aggressive reaction, hallucinations, nightmares, libido decreased, withdrawal syndrome
Nervous system disorders	Serotonin syndrome, convulsion, neuroleptic malignant syndrome, dizziness, vertigo, headache, drowsiness ³ , restlessness, decreased alertness, tremor, blurred vision, memory disturbance, myoclonus, expressive aphasia, paraesthesia, dystonia, taste altered
Cardiac disorders	Cardiac arrhythmias ⁴ (including Torsade de Pointes, palpitations, premature ventricular contractions, ventricular couplets, ventricular tachycardia), bradycardia, tachycardia, ECG abnormalities (QT prolongation) ²
Vascular disorders	Orthostatic hypotension, hypertension, syncope
Respiratory, thoracic and mediastinal disorders	Nasal congestion, dyspnoea
Gastrointestinal disorders	Nausea, vomiting, dry mouth, constipation, diarrhoea, dyspepsia, stomach pain, gastroenteritis, increased salivation, paralytic ileus
Hepato-biliary disorders	Severe hepatic disorders such as hepatitis/fulminant hepatitis, hepatic failure with potential fatal outcome. Hepatic function abnormalities (including jaundice and hepatocellular damage) ⁵ , cholestasis intrahepatic
Skin and subcutaneous tissue disorders	Skin rash, pruritus, hyperhidrosis
Musculoskeletal and connective tissue disorders	Pain in limb, back pain, myalgia, arthralgia
Renal and urinary disorders	Micturition disorder
Reproductive system and breast disorders	Priapism ⁶
General disorders and administration site conditions	Weakness, oedema, influenza-like symptoms, fatigue, chest pain, fever
Investigations	Elevated liver enzymes

1 Fluid and electrolyte status should be monitored in symptomatic patients.

2 See also Section 4.4.

3 Trazodone hydrochloride is a sedative antidepressant and drowsiness, sometimes experienced during the first days of treatment, usually disappears on continued therapy.

4 Studies in animals have shown that trazodone hydrochloride is less cardiotoxic than the tricyclic antidepressants, and clinical studies suggest that the drug may be less likely to cause cardiac arrhythmias in man. Clinical studies in patients with pre-existing cardiac disease indicate that trazodone hydrochloride may be arrhythmogenic in some patients in that population.

5 Adverse effects on hepatic function, sometimes severe, have been rarely reported. Should such effects occur, trazodone hydrochloride should be immediately discontinued.

6 See also Section 4.4

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system:

HPRA Pharmacovigilance

Website: www.hpra.ie

4.9 Overdose

Features of toxicity

The most frequently reported reactions to overdose have included drowsiness, dizziness, nausea and vomiting. In more serious cases coma, tachycardia, hypotension, hyponatraemia, convulsions and respiratory failure have been reported. Cardiac features may include bradycardia, QT prolongation and torsade de pointes. Symptoms may appear 24 hours or more after overdose.

Overdoses of trazodone hydrochloride in combination with other antidepressants may cause serotonin syndrome.

Management

There is no specific antidote to trazodone hydrochloride. Activated charcoal should be considered in adults who have ingested more than 1 g trazodone hydrochloride, or in children who have ingested more than 150 mg trazodone hydrochloride within 1 hour of presentation. Alternatively, in adults, gastric lavage may be considered within 1 hour of ingestion of a potentially life-threatening overdose.

Observe for at least 6 hours after ingestion (or 12 hours if a sustained release preparation has been taken). Monitor BP, pulse and Glasgow Coma Scale (GCS). Monitor oxygen saturation if GCS is reduced.

Cardiac monitoring is appropriate in symptomatic patients.

Single brief convulsions do not require treatment. Control frequent or prolonged convulsions with intravenous diazepam (0.1-0.3 mg/kg body weight) or lorazepam (4 mg in an adult and 0.05 mg/kg in a child). If these measures do not control the fits, an intravenous infusion of phenytoin may be useful. Give oxygen and correct acid base and metabolic disturbances as required.

Treatment should be symptomatic and supportive in the case of hypotension and excessive sedation. If severe hypotension persists consider use of inotropes, e.g. dopamine or dobutamine.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

ATC code: N06A X05. Other antidepressants.

Trazodone hydrochloride is a potent antidepressant. It also has anxiety reducing activity. Trazodone hydrochloride is a triazolopyridine derivative chemically unrelated to known tricyclic, tetracyclic and other antidepressive agents. The available data show that at sub-therapeutic doses, trazodone hydrochloride acts as a 5-HT reuptake antagonist and at higher, therapeutic doses inhibits 5-HT reuptake. These effects and the effects of trazodone hydrochloride on noradrenergic transmission probably underlie the antidepressant actions of Trazodone hydrochloride. The importance of the effects on each transmitter is not known.

5.2 Pharmacokinetic properties

Trazodone hydrochloride is rapidly absorbed following oral administration, extensively metabolised and excreted almost entirely through the kidney with a $T_{1/2}$ of 6-12 hours.

In vitro studies in human liver microsomes show that trazodone hydrochloride is mainly metabolized by cytochrome P4503A4 (CYP3A4).

5.3 Preclinical safety data

Not applicable.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Core Tablet:

Lactose monohydrate
Calcium hydrogen phosphate dihydrate
Microcrystalline cellulose
Maize starch
Sodium starch glycolate 'Type A'
Povidone K-30
Magnesium stearate

Coating:

Hypromellose
Macrogol/Polyethylene glycol
Titanium dioxide (E171)

Talc

6.2 Incompatibilities

None stated.

6.3 Shelf life

3 years

6.4 Special precautions for storage

This medicinal product does not require any special storage conditions.
Keep this medicine out of the sight and reach of children.

6.5 Nature and contents of container

Blister pack of Aluminium - PVdC/PVC white opaque containing 28, 56, 84, 100 and 112 tablets.

Not all pack sizes are marketed.

6.6 Special precautions for disposal

Any unused medicinal product or waste material should be disposed of in accordance with local requirement.

7 MARKETING AUTHORISATION HOLDER

Azure Pharmaceuticals Ltd
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The Rock Road
Blackrock
Co. Louth
A91 T997
Ireland

8 MARKETING AUTHORISATION NUMBER

PA22871/015/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 3rd July 2020

10 DATE OF REVISION OF THE TEXT

April 2023