NHS
Suffolk and
North East Essex

Position Statement for Medicines of Low Value

PROLONGED RELEASE DOXAZOSIN

Summary

The Suffolk and North East Essex Integrated Care Board (SNEE ICB) does not support the prescribing of prolonged release doxazosin, in line with NHS England's national guidance on medicines of low clinical value.

Prolonged release doxazosin is classed as "Double Red" i.e., no prescribing in primary or secondary care

There are no patient exceptionalities identified

Doxazosin is licensed for the treatment of hypertension and benign prostatic hyperplasia (BPH) and is available in immediate release and prolonged/modified release formulations. The serum half-life of doxazosin is the same for both immediate and prolonged/modified release preparations, allowing for once-daily administration for either formulation. Doxazosin prolonged/modified release (MR) was introduced to the market just as the Cardura® patent expired and generic versions of immediate release doxazosin became available.[1]

DEPRESCRIBING ADVICE[1,2]

There are three possible strategies to convert patients from prolonged/ modified release to immediate release doxazosin and all scenarios require follow up monitoring of blood pressure and patient tolerability:

- Give half the current dose of the modified-release doxazosin as immediate release doxazosin, i.e. 4mg XL switched to 2mg immediate release. There may be some patients who may require a higher dose and subsequent dose titration may be required.
- Give the same dose as modified-release doxazosin but there may be some patients who suffer orthostatic hypotension and need a lower dose and subsequent dose titration may be required.
- Discontinue modified release doxazosin and comply with the licensed dosing recommendations and initiate immediate release therapy at 1mg daily, increasing at weekly/fortnightly intervals.

The following needs to be considered when switching a patient from the modified release to the immediate release preparation:

Hypertension

- The patient will be taking a number of other hypertensive medicines as well as at least 4mg of doxazosin MR
- Compliance with treatment should be assessed before a switch is undertaken as deprescribing may be more appropriate if compliance is an issue
- If the patient is compliant with treatment, it is clinically reasonable to start immediate release doxazosin at a lower dose of 1mg in order to minimise potential postural hypotension and other unwanted effects. The dose should then be titrated up as appropriate

Produced by the SNEE ICB Medicines Optimisation Teams (MOT) in collaboration with East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and West Suffolk NHS Foundation Trust (WSFT) version 1.0

Approved by the SNEE Integrated Medicines Optimisation Sub-Committee (IMOC) November 2022 for review November 2024

NHS
Suffolk and
North East Essex

BPH

- Consider compliance; if patient is not compliant with treatment, then it may be more appropriate to deprescribe treatment
- Ensure the treatment is being prescribed in line with NICE CG97

Monitoring and counselling[2]

BP should be monitored 2 weeks after change to monitor response titrating according to response as needed.

Patient may experience hypotension and should be counselled on the following:

- Advised to sit or lie down until they feel better
- Avoid situations where dizziness could lead to injury e.g., operating machinery or driving
- Seek advice if they are significantly affected

NEW PATIENTS

- **Do not initiate prolonged/modified release doxazosin under any circumstances**
- Prescribe immediate release doxazosin where it is appropriately indicated and titrate according to response as required

FURTHER SUPPORT

- A protocol has been developed to enable ICB-employed Pharmacy Technicians to undertake these switches on a practice's behalf
- N.B. This protocol only allows existing patients to be changed to the equivalent dose of immediate release doxazosin
- National Patient Information Leaflets have been developed and can be supplied to patients to help support the deprescribing of these products (click here)
- Patients who wish to seek further clarification can be directed to Patient Advice and Liaison Service (PALS) via:
    - E-mail: sneeicb.pals@nhs.net
    - Telephone: 0800 389 6819

Reference

1. PrescQIPP. Bulletin 195: Doxazosin MR. PrescQIPP. [Online] January 2019. https://www.prescqipp.info/our-resources/webkits/drop-list/low-value-medicines-lvm/patient-information-pdf-versions/.
2. NHS Specialist Pharmacy Service and UKMi. Switching from modified release doxazosin to standard release doxazosin in patients with hypertension. May 2020.
3. NHS England and NHS Clinical Commissioners. Items which should not routinely be prescribed in primary care: Guidance for CCGs. s.l. : NHS England, June 2019.