

Position statement on the prescribing of doxazosin modified release tablets

SW London CCGs* do not support the routine prescribing of doxazosin modified release tablets in line with NHS England's national guidance on medicines which should no longer be routinely prescribed

Doxazosin immediate release (IR) and modified release (MR) forms are both administered once daily, therefore an MR version of doxazosin offers no advantage in terms of patient compliance. Immediate release tablets are more cost effective for the NHS than the modified release tablets.

Rationale ¹

- Doxazosin is licensed for the treatment of hypertension and benign prostatic hypertrophy and is available in immediate release (IR) and modified release (MR) formulations.¹
- The IR and MR forms are both administered once daily, therefore an MR version of doxazosin offers no advantage in terms of patient compliance.
- **The National Institute for Health and Clinical Effectiveness (NICE), in collaboration with the British Hypertension Society, recommend that alpha blockers, such as doxazosin, should only be used as fourth-line treatments for resistant hypertension when further fourth-line diuretic therapy is not tolerated, contra-indicated or ineffective.**³
- The NICE clinical guideline on lower urinary tract symptoms in men recommends that men are offered an alpha blocker (alfuzosin, doxazosin, tamsulosin or terazosin) as first-line treatment for moderate or severe lower urinary tract symptoms.⁶
- There are no differences between the two formulations in the type of adverse events reported in studies and the summary of product characteristics (SPC).² The MR formulation may have slightly better tolerability in terms of first dose hypotension, although the SPC still mentions this as a most common side effect. IR doxazosin requires dose titration to reduce the risk of postural hypotension and to reach optimal effect. The MR formulation may also produce postural hypotension and some dose titration may still be needed after four weeks. Doxazosin MR should only be prescribed for patients who cannot tolerate the IR preparation.²

References

1. British National Formulary September 2016. Accessed online October 2016. <https://www.evidence.nhs.uk/formulary/bnf/current>
2. PrescQIPP Bulletin 12 Switching Doxazosin Modified Release (MR) Tablets to Immediate Release Doxazosin Tablets
3. Hypertension in adults: diagnosis and management, NICE guidelines (CG127) Published date: August 2011 Accessed online November 2016
4. Drug Tariff. Accessed online October 2016. <http://www.nhsbsa.nhs.uk/PrescriptionServices/4940.aspx>
5. Summary of Product Characteristics for Cardura XL 4mg Tablets. Accessed online October 2016. <http://www.medicines.org.uk/emc/medicine/4484>
6. Lower urinary tract symptoms in men: Management. (CG97) Published date: May 2010, updated June 2015. Accessed online November 2016.

Further information available from:

- NHS England. Items which should not routinely be prescribed in primary care: Guidance for CCGs. <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/>. Updated November 2017.

*SWL CCGs (NHS Croydon CCG, NHS Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Sutton CCG and NHS Wandsworth CCG) position statement on the prescribing of doxazosin modified release tablets

Guidance and recommendations for clinicians

- No new patients should be prescribed doxazosin MR.
- Patients currently prescribed doxazosin MR should be reviewed to assess whether they are suitable to have treatment changed to doxazosin IR.
- While reviewing patients consider whether doxazosin prescribing is in line with NICE guidance before undertaking a change in formulation.
- Any change should be tailored to the individual patient. It is advisable to only consider changing patients with stable blood pressure.

Changing doxazosin MR to doxazosin IR:

- There are three potential change options, although clinicians may choose other options according to the clinical need of the patient.
 1. Use the same dose (e.g. 4mg MR to 4mg IR). Patients experiencing orthostatic hypotension may need a lower dose.
 2. Use half the dose (e.g. 4mg MR to 2mg IR). Some patients may require a higher dose.
 3. Initiate therapy at 1mg IR daily, increasing at weekly, fortnightly intervals as stated in the SPC as for new patients commenced on treatment.
- Whichever dose is chosen, it is important to monitor blood pressure (about 4 weeks after the switch) and patient symptoms closely and adjust the dose if necessary.²
- If patients are changed from MR to IR, be aware that giving the same dose of the IR formulation may result in a much higher peak and may increase the risk of hypotension. It may be better to give a lower dose and titrate upwards according to response.
- Caution is needed when making this change in older people.
- It is advisable to check blood pressure one to two weeks after the patient has changed to IR.

Exclusions for changing doxazosin MR to doxazosin IR:⁵

- Proven hypersensitivity to doxazosin IR tablets or excipients.
- Previous unsuccessful change from doxazosin MR to doxazosin IR tablets.
- Patients who have started doxazosin MR in last 28 days (i.e. patients who have not had their BP follow-up after the initial 4 week period).
- Patients who are pregnant or breastfeeding (doxazosin should not be used in pregnancy unless the potential benefit outweighs the potential risk, and it is contraindicated in breastfeeding).
- Patients with benign prostatic hyperplasia and concomitant congestion of the upper urinary tract, chronic urinary tract infection or bladder stones (doxazosin is contraindicated).
- Patients with a history of gastro-intestinal obstruction, oesophageal obstruction, or any degree of decreased lumen diameter of the gastro-intestinal tract (contraindication for MR only).
- Patients with severe hepatic impairment (doxazosin is not recommended).
- Patients with hypotension (review doxazosin).
- Patients with a history of orthostatic hypotension (doxazosin is contraindicated).

Guidance for patients, carers and guardians

- Many modified release medications are taken less frequently than immediate release versions. However, doxazosin IR and MR tablets are both taken once daily. This means the MR version of doxazosin offers little benefit over the IR version.
- Approximately one to two weeks after starting your new medication, please make an appointment with your GP for a routine blood pressure check.
- Continue to take any remaining doxazosin MR tablets until you have used them all up and then change to the IR formulation doxazosin tablets.
- You should not experience any adverse effects as a result of the change. However, if you have any concerns, please contact your doctor.

A patient information leaflet is available: <https://www.prescqipp.info/items-which-should-not-routinely-be-prescribed-patient-leaflets>

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