

# Medicines

## Optimisation intervention brief

### Medicines Optimisation Incentive Scheme 18/19 – NHSE (Items which should Not be routinely Prescribed in primary care) Interventions

<b>TITLE?</b>
INP 1.3 Prescribe doxazosin as the immediate-release formulation
<b>WHAT?</b>
<ul style="list-style-type: none"> <li>Switch doxazosin prolonged-release/ modified-release (MR) tablets to standard doxazosin immediate-release (IR) tablets.</li> </ul>
<b>WHY?</b>
<ul style="list-style-type: none"> <li>In December 2017 NHS England<sup>1</sup> made the following recommendations regarding prolonged-release doxazosin:             <ul style="list-style-type: none"> <li>Prescribers in primary care should not initiate prolonged-release doxazosin for any new patient.</li> <li>CCGs should support prescribers in deprescribing prolonged-release doxazosin in all patients.</li> </ul> </li> <li>Doxazosin is a long-acting alpha-blocker with a half-life of 22 hours which is suitable for once-daily dosing.<sup>2</sup></li> <li>It is available in both MR and IR formulations but IR doxazosin is a significantly less expensive treatment option than MR doxazosin.</li> </ul>
<b>WHO?</b>
<ul style="list-style-type: none"> <li>All patients prescribed prolonged-release doxazosin.</li> </ul>
<b>TIPS?</b>
<ul style="list-style-type: none"> <li>Follow NICE Clinical Guideline 127<sup>3</sup> for hypertension and Clinical Guideline 97<sup>4</sup> for benign prostatic hyperplasia for prescribing of doxazosin as detailed below.</li> </ul>
<b>HOW?</b>
<ul style="list-style-type: none"> <li>Search for all patients with a repeat prescription for doxazosin modified-release.</li> <li>Review appropriateness of prescribing doxazosin             <ul style="list-style-type: none"> <li>in hypertension NICE advises doxazosin is 4th-line treatment for resistant hypertension when further 4th-line diuretic therapy is not tolerated, contra-indicated or ineffective</li> <li>in benign prostatic hyperplasia NICE recommends alpha-blockers in the management of moderate to severe lower urinary tract symptoms in BPH in men if conservative management options have been unsuccessful or not appropriate.</li> </ul> </li> <li>To switch to immediate-release doxazosin             <ul style="list-style-type: none"> <li><b>Halve</b> the dose prescribed (due to 50% lower bioavailability of MR formulation)</li> <li>Monitor BP 4 weeks after the switch and adjust dose if necessary.</li> </ul> </li> <li>For new patients:             <ul style="list-style-type: none"> <li>Assess for suitability for a doxazosin prescription</li> <li>Consider dosage titration as above</li> </ul> </li> </ul>



- Start the IR formulation only

#### **SO WHAT?**

- NHS England guidance implemented

#### **FURTHER INFORMATION**

1. Items which should not routinely be prescribed in primary care: Guidance for CCGs. NHS England December 2017 <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf>
2. Doxazosin modified release tablets. PrescQIPP Bulletin 195, January 2018
3. Hypertension in adults: diagnosis and management. NICE CG127, November 2016 <https://www.nice.org.uk/guidance/cg127>
4. Lower urinary tract symptoms in men: management. NICE CG97, June 2015 <https://www.nice.org.uk/guidance/cg97>
5. WHCCG Policy Statement reference no. [PS003](#)

