

Switch protocol: Doxazosin Modified Release (MR) Tablets to Plain Tablets in adults

Applies to

HaRD CCG employed Pharmacists and Medicines Optimisation Technicians.

These protocols are produced by the NY&AWC MM team hosted by HaRD CCG for use by their employed MM team members. They can be adopted for use by other healthcare staff working in GP practices across NY&AWC CCGs but HaRD CCG accepts no responsibility for the use and application of these protocols in these situations. External staff working to these protocols must agree with their own employer whether they are competent and able to work to these protocols.

Rationale

Generic standard release Doxazosin has a half-life of about 22 hours¹ (the same as Doxazosin MR) making it suitable for once daily administration. Doxazosin MR (such as Cardura XL, Doxadura XL, Raporsin XL and Slocinx XL) therefore offers no advantage in terms of compliance and it is more expensive than generic standard release doxazosin featuring on the PrescQIPP DROP list.

There are no apparent differences in the type of adverse effects reported in studies and the Summary of Product Characteristics (SPC) for MR Doxazosin. Doxazosin MR may have a slightly better tolerability in terms of first dose hypotension although the SPC for Doxazosin MR still states 'first dose hypotension' as a common side effect. In addition, the incidence of side effects with the modified release preparation appears to only be slightly lower than with the standard release. PrescQIPP reports that it is reasonable to restrict Doxazosin MR to those who cannot tolerate the plain formulation, with a recommendation to refer to CCG formulary/commissioning positions for local guidance.

Cost comparison table (Generic Modified Release & Cardura XL/generic standard release);	Drug Tariff Price
Doxazosin 8mg Modified Release Tablets x 28	£9.98
Doxazosin 4mg Modified Release Tablets x 28	£5.00
Doxazosin 4mg Tablets x 28	£0.60
Doxazosin 2mg Tablets x 28	£0.50

Note; Prices correct as of 12 April 2018 – Drug Tariff.

There are two possible strategies to convert patients from modified release to standard doxazosin³:

- 1) Give the same dose as modified-release doxazosin but there may be some patients who experience orthostatic hypotension and need a lower dose.
- 2) Give half the dose of modified-release doxazosin as standard doxazosin, i.e. 4mg XL switched to 2mg standard. There may be some patients who may require a higher dose

To date, the MMT has recommended that all appropriate patients on Doxazosin MR are switched to a standard release generic preparation at a 1:1 dose equivalence. However, where there are concerns regarding orthostatic hypotension, patients can be offered a half the dose switch e.g. Doxazosin MR 4mg tablets to doxazosin 2mg plain tablets, and the dose titrated up if necessary. This should be discussed with the GP prescribing lead at the start of this programme of work.

Method

1. Staff working to the protocol should be familiar with the current BNF advice and the SPC for medicines included in the protocol.
2. Check the practice has agreed to the protocol and a signed copy is in place. Agree what dose reduction will be used and how you will flag any patients who may require the lower dose (see above).
3. Check for any extra exclusions or amendments to the protocol made by the practice.
4. Rearrange practice formulary/add "do not use" codes to prevent future inadvertent prescribing.
5. Notify local pharmacies/dispensary of work being undertaken and inform any relevant practice staff e.g. dispensary staff.
6. Run a computer search to identify patients who are currently receiving prescriptions for doxazosin MR (generically or by brand including branded generics).
7. Use the data collection form (Appendix 1) and the medical records to record the following:
 - Patient identifier
 - Allergies checked
 - Current prescription (generic or brand/branded generic)
 - Previous prescriptions (e.g. has patient had drug you are switching to before?)
 - Contraindications
 - Exclusions
 - Patient referred to GP?
8. Identify patients to exclude, those considered suitable to 'switch now' and those needing special consideration by GP.
9. If a patient is excluded, add a consultation note listing reasons why they are unsuitable.
10. For those patients who can be switched now or approved by GP; change repeat medication on computer from:

Standard recommended switch		
Doxazosin MR 4mg DAILY	Switched to	Doxazosin 4mg plain Take ONE tablet DAILY
Doxazosin MR 8mg DAILY	Switched to	Doxazosin 4mg plain Take TWO tablets DAILY
Alternative switch (if concerned about orthostatic hypotension for an individual patient)		
Doxazosin MR 4mg DAILY	Switched to	Doxazosin 2mg plain Take ONE tablet DAILY and titrate to 4mg
Doxazosin MR 8mg DAILY	Switched to	Doxazosin 4mg plain Take ONE tablet DAILY and titrate to 8mg

11. Ensure that the old medication is archived.
12. Send a letter to the patient advising them of the change. Liaise with practice staff to organise mail merge of letters and posting. At the end of the session, for all those changes that have been completed, a letter must be ready to send to the patient for information.
13. Add READ code 8Blr or XaJko (on SystemOne) 'drug changed to cost effective alternative' for all patients switched.
14. Problem link drug to disease (where possible).
15. Inform relevant practice staff.
16. Record the numbers/patients changed using an 'activity log'
17. Use the activity log to review all changes made and to measure the effectiveness of the switch. Estimate cost savings made and present results back to the practice and organisation
18. Continue to monitor the long term outcomes of the switch e.g. cost savings via PPD data, complaints, problems encountered etc.
19. Follow up any patients by telephone who has not attended for blood pressure monitoring approximately 2 weeks after they would have been expected to attend, or have not attended a planned appointment (taking into account when prescription was issued and likely start date of plain tablets). Encourage attendance and check for any side-effects/symptoms of concern and flag to GP if necessary.

Exclusions

1. Pregnancy and breastfeeding
2. Children and adolescents less than 18 years old.
3. Patients with a known hypersensitivity to quinazolines (e.g. prazosin, terazosin, doxazosin), or any of the excipients of the product. Some formulations "indicate patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine."¹
4. Contraindicated in patients with a history of orthostatic hypotension and micturition syncope (fainting during or, more commonly, immediately after urination due to a severe drop in blood pressure)
5. Contraindicated in patients with hypotension (for benign prostatic hyperplasia indication only).
6. Contraindicated in patients with benign prostatic hyperplasia and concomitant congestion of the upper urinary tract, chronic urinary tract infection and bladder stones.
7. Contraindicated as monotherapy in patients with either overflow bladder or anuria with or without progressive renal insufficiency.
8. Severe hepatic impairment.
9. Heart failure – pulmonary oedema due to aortic or mitral stenosis.
- 10.

To flag up for special consideration by GP

1. Patients on doses greater than 8mg doxazosin MR daily which is unlicensed.
2. Significant drug interaction with doxazosin (see BNF Appendix 1 and data sheet (available at www.medicines.org.uk for further details). Also check GP prescribing systems for any interactions at the time of adding. Seek advice from pharmacist as to the significance of the interaction, and flag to the GP for consideration, rather than just excluding from the switch.
3. Patients excluded from the switch that have a contra-indication to doxazosin treatment.
4. Any patient that you are concerned may be unsuitable for switching, or may require to be switched to the lower dose e.g. unstable blood pressure, hypotension (BP < 90/60mmHg) or elderly patients at risk of falls/postural hypotension (a fall in blood pressure of 20mmHg systolic or 10mmHg diastolic when a person stands up).
5. A patient with another prescribing issue that you are concerned about.

Points to discuss with practice

1. Who is the contact in the practice for the project?
2. Seek agreement from practice as to whether palliative care patients can be switched. Patients considered to be in the last few weeks of life would not normally be recommended for the switch.
3. Agree content of patient letter – a possible form of words is attached below.
4. Agree the number of repeats to issue for patients who are switched.
5. Agree how the process for patient follow-up will work, i.e. blood pressure check, how long after switch should it be checked and who will see the patients?
6. Any practice additions, deletions or amendments to the protocol.

References

- 1) Summary of Product Characteristics for Cardura tablets 1mg; Cardura tablets 2mg, last updated 08-2017, Pfizer Limited
- 2) Switching Doxazosin Modified Release (MR) Tablets to Immediate Release Doxazosin Tablets Bulletin 12- March 2012 Reviewed March 2012 PrescQIPP accessed 20 July 2015.
- 3) How should conversion between doxazosin formulations be carried out? UKMi Q&A 101.4. Date prepared: July 2013
- 4) BNF Online April 2018 accessed online via www.medicinescomplete.com
- 5) NHS Electronic Drug Tariff – April 2018 release

Agreement to protocol

Please detail any amendments to the protocol here/or attach a copy of agreed changes:

Signature of practice prescribing lead/manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Please note that the practice representative signing this protocol agrees that:

- **The practice will take responsibility for the notification of all relevant practice staff.**
- **The practice has made patients aware that their records are accessed by medicines optimisation team staff for these purposes eg: via practice leaflet, website or other communication and that the practice has applied appropriate restriction to the records of patients who have withdrawn consent.**

Possible letter 1.

Dear ~[Title/Initial/Surname]

Re: Your repeat prescription for Doxazosin Modified Release Tablets

The practice has been reviewing the prescribing of Doxazosin Modified Release Tablets (also called Cardura XL) to ensure our patients receive the best treatment with the lowest cost for the NHS. As a result, we have changed your future prescriptions to **Doxazosin Plain Tablets**.

Your repeat prescription has been changed from:

Doxazosin M/R tablets 4mg – **ONE** tablet DAILY

To

Doxazosin tablets 4mg – **ONE** tablet DAILY

[Insert correct switch information as agreed with the practice]

This should not affect the effectiveness of your medication in any way.

Doxazosin preparations can cause first dose hypotension (low blood pressure) which may cause feelings of dizziness or weakness. Whilst you may not experience this, it may be appropriate to take the medicine at bedtime to avoid these symptoms. *[Delete as appropriate]*

Your medication records will be changed automatically so please order your next prescription in the usual way. It would help the NHS save money if you would use up any remaining doxazosin MR tablets first.

Please make an appointment with the surgery to have a blood pressure check [insert agreed time] weeks after starting your new tablet. (delete as appropriate).

If you have any queries regarding this letter please contact *(insert details)*.

Yours sincerely

[Usual GP/Registered GP/GP Prescribing Lead/Other]

Possible letter 2

Dear ~[Title/Initial/Surname]

Re; Your repeat prescription for Doxazosin Modified Release Tablets

The practice has been reviewing the prescribing of the drug Doxazosin modified release tablets (Cardura XL) to ensure our patients receive the best treatment with the lowest cost for the NHS. As a result, we have changed your future prescriptions to **Doxazosin Plain Tablets**.

Your repeat prescription has been changed from:

Doxazosin M/R tablets 8mg – **ONE** tablet DAILY

To

Doxazosin tablets 4mg – **ONE** tablet DAILY

[Insert *correct switch information as agreed with the practice*]

The strength of your new tablets is half of your Doxazosin MR Tablets therefore the dosing instructions have changed, please be assured that the new dose will provide the same effect.

Your medication records will be changed automatically so please order your next prescription in the usual way. It would help the NHS save money if you would use up any remaining Doxazosin MR first.

Please make an appointment with the surgery to have a blood pressure check X weeks after starting your new tablets. (delete as appropriate)

If you have any queries regarding this letter please contact *(insert details)*.

Yours sincerely

[Usual GP/Registered GP/GP Prescribing Lead/Other]

Agreement to letter

Please detail any amendments to the letter here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Data Collection Form: doxazosin modified release (MR) to plain

Patient identifier:	Current <i>Doxazosin mr</i> (state if Rx generic), strength, dose and quantity	Previously had <i>Doxazosin plain tablets</i> ? Y/N. If Yes, record reason why stopped	Allergies or Intolerances checked Y/N	Any contra-indications/cautions to <i>Doxazosin plain</i> ? If Yes, list and flag to GP	Patient has an exclusion to switch to <i>Doxazosin plain</i> .	Include any appropriate monitoring e.g. liver function	Flag to GP? Y/N Record reason	Patient switched? Y/N	Letter sent? Y/N

Document version control

Version	State changes	New version	Actioned by
1 00	Review due. Includes content review including background, references, letters, and contraindications.	1 02	DT
1 02	Use of on-line version statement; new logo; new allergy check column; new discuss terminal patients with practice statement.	1 03	SK October 2016
1 03	New initial statement regarding protocol use.	1 04	SK November 2016
1 04	<ul style="list-style-type: none"> • Addition of a cost comparison table. • <i>Exclusions</i> No.9 - Heart failure – pulmonary oedema due to aortic or mitral stenosis. • Refer to GP – added point 3 - Patients excluded from the switch that have a contra-indication to doxazosin treatment. • Additional reference source, Electronic Drug Tariff April 2018. • 'Re:' added to beginning of patient letters. • Changed "half-dose" option to a patient specific option • Defined low blood pressure and postural hypotension for clarity • Added specific requirement to telephone patients that do not attend for follow up. 	1 05	DS & CK July 2018