NHS
North Yorkshire
Clinical Commissioning Group

Medicines Management Prescribing Focus- September 2021

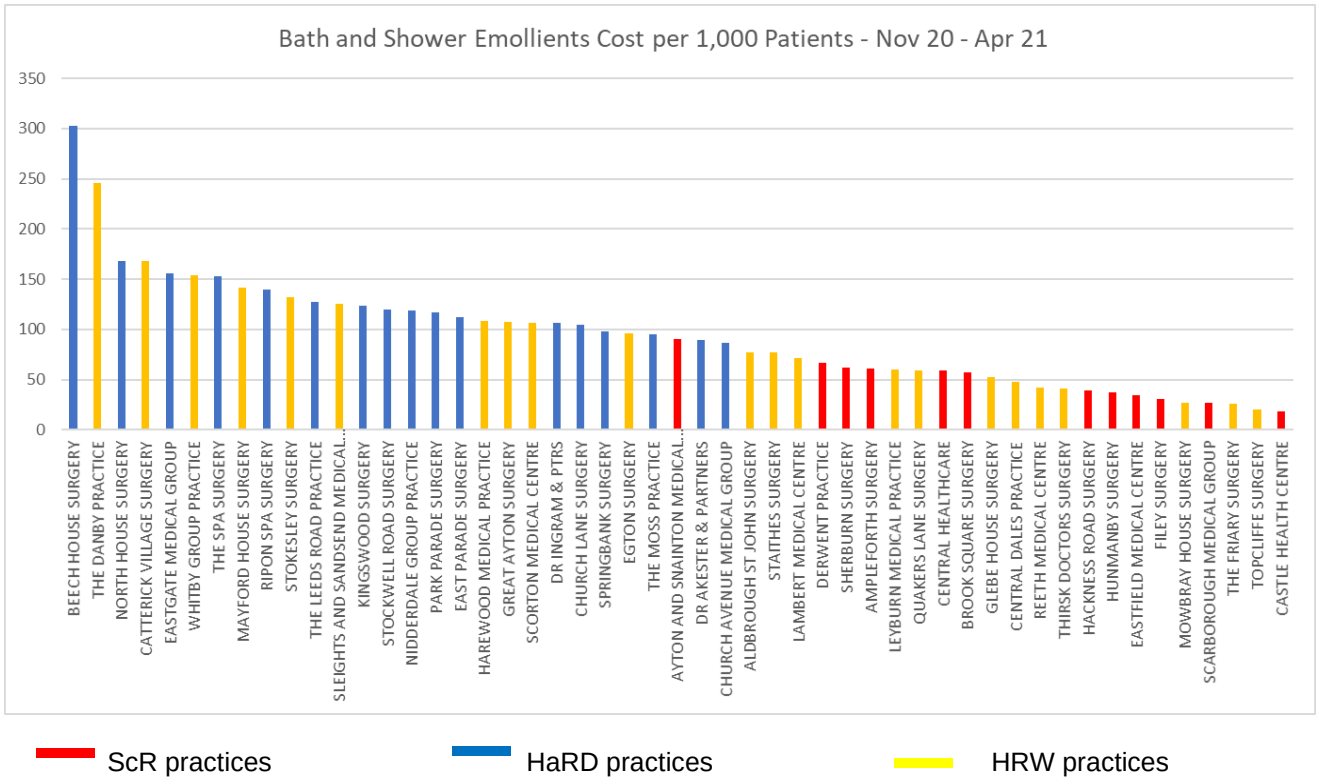
This month's focus is on Items which should not be routinely prescribed in primary care
Where capacity allows, practices are asked to look at:

- Bath and shower preparations for dry and pruritic skin conditions, items which should not be routinely prescribed in primary care based on the lack of evidence of clinical benefit (BATHE trial).
- Doxazosin modified release tablets as they are poor value for money, and although clinically effective, more cost-effective products are available.

Bath and shower preparations for dry and pruritic skin conditions

Actions

- Review and discontinue all prescribing of emollient bath additive and shower preparations for dry and pruritic skin conditions.
- Where patients have a diagnosed dry skin condition, they should be advised to use leave-on emollients as an alternative to soap.
- Advise patients or their carers who wish to continue using these preparations that they can purchase proprietary emollient bath and shower products over the counter.
- Antimicrobial containing emollient bath and shower preparations should be avoided unless infection is present or a frequent complication.
- Prescribers in primary care should not initiate emollient bath and shower preparations for any new patients.



Further information

The BATHE trial provides strong evidence that emollient bath additives provide minimal or no additional benefit beyond that of standard eczema care in the management of eczema in children. Application of leave-on emollients (including their use as soap substitutes) should be the mainstay of treatment for eczema and need to be used every day even when the skin is clear, to moisturise, wash and use at bath-time. Should emollient bath additive still be desired by the patient or their caregiver, they are available to purchase over the counter. Bulletin 244: Bath and shower emollient preparations. The extrapolation of the BATHE study (in children) to adults is considered appropriate by the relevant subject matter experts.

Doxazosin modified release

Actions (See Appendix 1 for further detail)

- Review prescribing of doxazosin for hypertension. NY and York Hypertension Pathway for uncomplicated hypertension for patients <80yr does not include doxazosin. For everyone else, check prescribing is in line with NICE guideline NG136.
- Ensure that prescribing of doxazosin for benign prostatic hyperplasia (BPH) is in line with NICE Clinical Guideline 97
- Commence new patients requiring doxazosin on the immediate release tablet version of doxazosin.
- Review patients on doxazosin modified release for suitability for switching to immediate release doxazosin tablets. Switch patients to immediate release doxazosin tablets where it is clinically suitable to do so.

Further information

Doxazosin is licensed for the treatment of hypertension and benign prostatic hyperplasia (BPH) and is available in immediate release and modified release formulations. The serum half-life of doxazosin is the same for both immediate and modified release preparations, allowing for once-daily administration for either formulation. Prescqipp Bulletin 195

Price comparisons (Drug tariff Sep 21)

Doxazosin 1mg tablets	28	97p			
Doxazosin 4mg tablets	28	£1.17	Doxazosin 4mg modified-release tablets	28	£5.00
Doxazosin 8mg tablets	28	£6.26	Doxazosin 8mg modified-release tablets	28	£9.98

Appendix 1: Switching from modified-release doxazosin to immediate release preparation

The initial dose of immediate release doxazosin is 1mg, to minimise the potential for postural hypotension and/or syncope. Dosage should then be increased to 2mg after one to two weeks and then 4mg if necessary, up to a maximum of 16mg daily for hypertension or 8mg daily for BPH. The following needs to be considered when switching a patient from the modified release to the immediate release preparation:

- Consider compliance; if patient is not compliant with treatment, then it may be more appropriate to deprescribe treatment.

For hypertension:

- If used according to NICE/BHS guidelines, doxazosin therapy is additional to other antihypertensive medicines and only used as a fourth line add on treatment. The patient will be taking a number of other hypertensive medicines as well as at least 4mg of doxazosin MR.
- 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.

For BPH:

- Ensure the treatment is being prescribed in line with NICE CG97
- Where a switch is appropriate, there are three possible strategies to convert patients from modified release to immediate release doxazosin and all scenarios require follow up monitoring of blood pressure and patient tolerability:
  1. 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.
  2. 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.
  3. Discontinue modified release doxazosin and comply with the licensed dosing recommendations and initiate immediate release therapy at 1mg daily, increasing at weekly/fortnightly intervals.