



Medicines of Low and Limited Clinical Value (MOLLCV)

DOXAZOSIN MODIFIED RELEASE PREPARATIONS Low Clinical Value

Classification - Items of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns.

The Scottish Government has published [Medicines – Achieving Value and Sustainability in Prescribing Guidance](#). This guidance aims to reduce the use of low value medicines and ensure the effective use of medicines with limited clinical value throughout NHS Scotland.

Scottish Government have classified DOXAZOSIN MODIFIED RELEASE as a medicines of low clinical value which should no longer be prescribed. It is noted that DOXAZOSIN MODIFIED RELEASE IS clinically effective but more cost-effective products/formulations are available.

DOXAZISIN MODIFIED RELEASE PREPARATION

ACTIONS FOR CONSIDERATION

SHARE – ensure all prescribers are aware of these national recommendations

STOP – do not prescribe DOXAZOSIN MODIFIED RELEASE preparations for any new patients

REVIEW – existing patients prescribed DOXAZOSIN MODIFIED RELEASE preparations should be reviewed and deprescribed, where safe to do so.

Background Information:

- doxazosin is an alpha-adrenoceptor blocking drug that can be used to treat hypertension and benign prostatic hyperplasia. It is available as a prolonged release and an immediate release preparation, both of which are taken once daily.
- the long half-life of the immediate release (IR) preparation allows for once daily dosing and the prolonged release preparation offers no advantage in efficacy in comparison.
- modified release doxazosin is approximately six times the cost of immediate release doxazosin.
- the [SPS- switching doxazosin XL tablets to doxazosin standard tablets](#) document states that Doxazosin Modified release (XL) tablets are as effective as doxazosin standard release tablets in the management of hypertension and BPH, as demonstrated by randomised, double-blind, parallel-group trials and that both formulations are well tolerated and there are no apparent differences in the types of adverse effects. It gives advice on how to switch from modified release to standard tablets.
- doxazosin modified release and immediate release have different licensed maximum doses. Doxazosin modified release maximum licensed dose is 8mg. Immediate release doxazosin the maximum recommended dose in hypertension 16mg.
- doxazosin modified release is a non-formulary item in NHS Grampian

Prescribing Information:

In NHS Grampian 152 patients were prescribed DOXAZOSIN MODIFIED RELEASE preparations during 2024/25. (PIS data April 24-March 25)

See attached HSCP/Practice prescribing information.

CHI level prescribing data can be provided to practices to aid in reviews. If you wish this information please contact Gram.medicinesmanagement@nhs.scot.

Information extracted from Scottish Government: [Items of Low and Limited Clinical Value - Medicines - achieving value and sustainability in prescribing: guidance - gov.scot](#)



Prescribing Snapshot

Recommendations:

Scottish Government guidance states that all patients prescribed this product should be reviewed, and deprescribed where safe to do so.

Patients prescribed doxazosin modified release will require to be switched to an alternative product. Information on switching to doxazosin immediate release is available the [SPS- switching doxazosin XL tablets to doxazosin standard tablets](#). Three switching strategies are suggested, with the clinical choice at the discretion of the prescriber and considering individual patient factors. The healthcare professional undertaking the switch should also consider any monitoring following a switch that may be required, on an individual patient basis.

GP Practices are requested to consider this information and appropriate actions they may wish to take noting their prescribing of these low value products. This work stream is acknowledged as optional, as there are no supporting financial resource, but may fit well with patient reviews already scheduled for those patients prescribed these products.

Resources to support deprescribing, such as patient letters are available that make it clear that changes to the prescribing of these products are part of a national programme. These are accessible on Grampian Guidance, Pharmacy & Medicines Management, Primary Care Patient letters.

Monitoring of MOLLCV will be undertaken centrally, with practices receiving information regarding their prescribing on a bi-annual basis.