NHS
West Essex
Clinical Commissioning Group

Items which should not routinely be prescribed in primary care

Based on the NHS England Consultation: Items which should not routinely be prescribed in primary care: Guidance for CCGs
https://www.england.nhs.uk/wp-content/uploads/2017/07/Items-not-routinely-prescribed-in-primary-care.pdf

Item	NHS England guidance	WECCG policy/ position statement
Co-proxamol	▪ Advise CCGs that prescribers in primary care should not initiate co-proxamol for any new patient. ▪ Advise CCGs to support prescribers in deprescribing co-proxamol in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change ▪ No routine exceptions have been identified.	**Red List** ▪ NOT RECOMMENDED for prescribing in primary & secondary care ▪ Patients currently receiving the drug should be supported to change to a licensed alternative. Continued provision of the unlicensed product may be made on the prescribers responsibility and rationale documented in the notes.
Dosulepin	▪ Advise CCGs that prescribers in primary care should not initiate dosulepin for any new patient ▪ Advise CCGs to support prescribers in deprescribing dosulepin in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. ▪ Advise CCGs that if, in exceptional circumstances, there is a clinical need for dosulepin to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional ▪ No routine exceptions have been identified.	**Red List** ▪ NOT RECOMMENDED for prescribing in primary & secondary care ▪ Non-formulary for EPUT as toxic in overdose, except existing patients with no contra-indications, continuing care guidance applies ▪ EPUT formulary and guidelines https://eput.nhs.uk/our-services/pharmacy/
Doxazosin MR tablets	▪ Advise CCGs that prescribers in primary care should not initiate prolonged-release doxazosin for any new patient ▪ Advise CCGs to support prescribers in deprescribing doxazosin MR in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change ▪ No routine exceptions have been identified	**Red List** ▪ NOT RECOMMENDED for prescribing in primary & secondary care ▪ No evidence of additional benefit over immediate release tablets and both are administered once daily. MOPB August 2017
Immediate Release Fentanyl	▪ Advise CCGs that prescribers in primary care should not initiate IR fentanyl for any new patient. ▪ Advice CCGs to support prescribers in deprescribing IR fentanyl in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. ▪ Advise CCGs that if, in exceptional circumstances, there is a clinical need for IR fentanyl to be prescribed in primary care, this should be undertaken in cooperation with a multi-disciplinary team and/or other healthcare professional.	**Red List** ▪ NOT RECOMMENDED for prescribing. May only be prescribed by the palliative care specialist at the hospice in exceptional circumstances ▪ According to NICE, it should not be offered as first line rescue medication (a NICE Do Not Do Recommendation). ▪ It is contraindicated in the management of acute or postoperative pain. Use outside of the licence has patient safety implications and should not be initiated

	▪ These recommendations do not apply to patients undergoing palliative care treatment and where the recommendation to use immediate release fentanyl in line with NICE guidance, has been made by a multidisciplinary team and/or other healthcare professional with a recognised specialism in palliative care.	
Glucosamine and Chondroitin	▪ Advise CCGs that prescribers in primary care should not initiate Glucosamine and Chondroitin for any new patient. ▪ Advise CCGs to support prescribers in deprescribing glucosamine and chondroitin in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change ▪ No routine exceptions have been identified	**Red List** ▪ NOT RECOMMENDED for prescribing in primary & secondary care ▪ No strong evidence of efficacy and a NICE "Do not do" recommendation. Widely available over the counter. MOPB August 2017
Herbal Treatments	▪ Advise CCGs that prescribers in primary care should not initiate herbal items for any new patient ▪ Advise CCGs to support prescribers in deprescribing herbal items in all patients and where appropriate, ensure the availability of relevant services to facilitate this change ▪ No routine exceptions have been identified	**Red List:** only St. John's Wort Herbal medicine ▪ NOT RECOMMENDED for prescribing in primary & secondary care ▪ Non formulary for EPUT due to variation in potency and interactions with other drugs **Treatment of Unproven Value** ▪ Complementary Therapies: Homeopathic remedies, herbal products and vitamins ▪ Action Review the patients being prescribed these products and consider sign-posting the patient to the community pharmacy to purchase further supplies
Homeopathy	▪ Advise CCGs that prescribers in primary care should not initiate homeopathic items for any new patient ▪ Advise CCGs to support prescribers in deprescribing homeopathic items in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change ▪ No routine exceptions have been identified	**Red List:** ▪ NOT RECOMMENDED for prescribing in primary & secondary care **Treatment of Unproven Value** ▪ Complementary Therapies: Homeopathic remedies, herbal products and vitamins ▪ Action Review the patients being prescribed these products and consider sign-posting the patient to the community pharmacy to purchase further supplies
Lidocaine Plasters	▪ Advise CCGs that prescribers in primary care should not initiate lidocaine plasters for any new patient (apart from exceptions below) ▪ Advise CCGs to support prescribers in deprescribing lidocaine plasters in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. ▪ Advise CCGs that if, in exceptional circumstances, there is a clinical need for lidocaine plasters to be prescribed in primary care, this should be	**Red List:** ▪ NOT RECOMMENDED for localised neuropathic pain. ▪ Prescribing should be restricted to patients with post-herpetic neuralgia, in whom alternative treatments are ineffective or contraindicated. MOPB August 2017

	undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional ▪ These recommendations do not apply to patients who have been treated in line with NICE CG173 Neuropathic pain in adults: pharmacological management in non-specialist settings but are still experiencing neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia)	
Liothyronine & Liothyronine Containing Products	▪ Advise CCGs that prescribers in primary care should not initiate liothyronine for any new patient ▪ Advise CCGs that individuals currently prescribed liothyronine should be reviewed by a consultant NHS endocrinologist with consideration given to switching to levothyroxine where clinically appropriate. ▪ Advise CCGs that a local decision, involving the Area Prescribing Committee (or equivalent) informed by National guidance (e.g. from NICE or the Regional Medicines Optimisation Committee), should be made regarding arrangements for on-going prescribing of liothyronine. This should be for individuals who, in exceptional circumstances, have an on-going need for liothyronine as confirmed by a consultant NHS endocrinologist. ▪ The British Thyroid Association (BTA) advises that a small proportion of patients treated with levothyroxine continue to suffer with symptoms despite adequate biochemical correction. In these circumstances, where levothyroxine has failed and in line with BTA guidance, endocrinologists providing NHS services may recommend liothyronine for individual patients after a carefully audited trial of at least 3 months duration of liothyronine. ▪ Liothyronine is used for patients with thyroid cancer, in preparation for radioiodine ablation, iodine scanning, or stimulated thyroglobulin test. In these situations it is appropriate for patients to obtain their prescriptions from the centre undertaking the treatment and not be routinely obtained from primary care prescribers.	**Red List:** ▪ NOT RECOMMENDED for prescribing in primary care. ▪ The British Thyroid Association (BTA) advises that a small proportion of patients treated with levothyroxine continue to suffer with symptoms despite adequate biochemical correction. In these circumstances, where levothyroxine has failed and in line with BTA guidance, endocrinologists providing NHS services may recommend liothyronine for individual patients after a carefully audited trial of at least 3 months duration of liothyronine. ▪ Liothyronine is used for patients with thyroid cancer, in preparation for radioiodine ablation, iodine scanning, or stimulated thyroglobulin test. In these situations it is appropriate for patients to obtain their prescriptions from the centre undertaking the treatment and not be routinely obtained from primary care prescribers.
Lutein & Antioxidants	▪ Advise CCGs that prescribers in primary care should not initiate lutein and antioxidants for any new patient ▪ Advise CCGs to support prescribers in deprescribing lutein and antioxidants in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change ▪ No routine exceptions have been identified.	**Red List** ▪ NOT RECOMMENDED **Treatment of unproven value :** under complementary therapies (Homeopathic remedies, herbal products and vitamins) ▪ Review the patients being prescribed these products and consider sign-posting the patient to the community pharmacy to purchase further supplies

Omega-3 Fatty Acid Compounds	▪ Advise CCGs that prescribers in primary care should not initiate omega-3 Fatty Acids for any new patient. ▪ Advise CCGs to support prescribers in deprescribing omega- 3 Fatty acids in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. ▪ No routine exceptions have been identified.	**Red List** ▪ NOT RECOMMENDED: There are no good quality data for the use of omega 3 fish oils in prevention of dementia, pre-menstrual syndrome, attention-deficit hyperactivity disorder (ADHD), atrial fibrillation, eczema **Treatment of Unproven Value** ▪ Review all patients taking omega-3 fatty acid compounds. ▪ Consider switching patients taking omega-3 fatty acid compounds for hypertriglyceridaemia to a fibrate or statin. ▪ Consider stopping omega-3 fatty acid compounds in patients who have had an MI; such patients should be advised to consume two to four portions of oily fish or equivalent per week
Oxycodone & Naloxone Combination Product	▪ Advise CCGs that prescribers in primary care should not initiate oxycodone and naloxone combination product for any new patient. ▪ Advise CCGs to support prescribers in deprescribing oxycodone and naloxone combination product in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. ▪ Advise CCGs that if, in exceptional circumstances, there is a clinical need for oxycodone and naloxone combination product to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multidisciplinary team and/or other healthcare professional. ▪ No routine exceptions have been identified	**Red List** ▪ NOT RECOMMENDED: equivalent analgesic effect to that of oxycodone. Naloxone does not eliminate constipation and long term effects are uncertain. MOPB August 2017
Paracetamol and Tramadol Combination Product	▪ Advise CCGs that prescribers in primary care should not initiate paracetamol and tramadol combination product for any new patient. ▪ Advise CCGs to support prescribers in deprescribing paracetamol and tramadol combination product in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change ▪ No routine exceptions have been identified.	**Red List** ▪ NOT RECOMMENDED: Sub-therapeutic doses of paracetamol and tramadol. ▪ Similar efficacy to Ibuprofen and co-codamol 30/500. MOPB August 2017
Perindopril Arginine	▪ Advise CCGs that prescribers in primary care should not initiate perindopril arginine for any new patient. ▪ Advise CCGs to support prescribers in deprescribing perindopril arginine in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. ▪ No routine exceptions have been identified.	**Red List** ▪ NOT RECOMMENDED: No clinical benefit over perindopril erbumine and is significantly more expensive. MOPB August 2017
Rubefacients	▪ Advise CCGs that prescribers in primary care should not initiate rubefacients (excluding topical NSAIDs) for any new patient.	**Treatment of unproven value** Movelat, Algesal, Deep Heat, Transvasin, Balmosa:

	▪ Advise CCGs to support prescribers in deprescribing rubefacients (excluding topical NSAIDs) in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change ▪ No routine exceptions have been identified	▪ Consider not initiating new patients on rubifacients, sign post patients to the community pharmacy to purchase these products. ▪ Review all patients currently on rubifacients. Consider recommending or prescribing an effective alternative treatment if still appropriate. ▪ If the patient wishes to continue with the previously prescribed treatment advise the patient the product can be purchased in the community pharmacy. **Red List** ▪ NOT RECOMMENDED
Once Daily Tadalafil	▪ Advise CCGs that prescribers in primary care should not initiate once daily tadalafil for any new patient ▪ Advise CCGs to support prescribers in deprescribing once daily tadalafil in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change ▪ No routine exceptions have been identified.	**Red List:** 3 different indications ▪ BPH: Tadalafil for the treatment of the signs and symptoms of benign prostatic hyperplasia in adult males is NOT NORMALLY RECOMMENDED for Primary, Secondary or Tertiary Care prescribing ▪ Penile Rehabilitation: Tadalafil for penile rehabilitation is NOT NORMALLY RECOMMENDED for Primary Care prescribing ▪ Erectile dysfunction (ED): Tadalafil once daily is NOT RECOMMENDED for prescribing in Primary or Secondary Care. Do not choose tadalafil once daily for treating ED on the basis of favourable efficacy. The evidence suggests that tadalafil 5mg daily has a similar efficacy to tadalafil 10mg or 20mg taken on demand for ED.
Travel Vaccines	▪ Advise CCGs that prescribers in primary care should not initiate the stated vaccines exclusively for the purposes of travel for any new patient. N.B this is a restatement of existing regulations and no changes have been made as a result of this guidance. ▪ The vaccines in this proposal are listed below and they may continue to be administered for purposes other than travel, if clinically appropriate: o Hepatitis B o Japanese Encephalitis o Meningitis ACWY o Yellow Fever o Tick-borne encephalitis o Rabies o BCG ▪ NHS England and NHS Clinical Commissioners recognise that the availability of vaccinations on the NHS for the purposes of travel can be confusing for	**Red List:** o Hepatitis B o Japanese Encephalitis o Meningitis ACWY o Yellow Fever o Tick-borne encephalitis o Rabies o BCG NHS England guidance for items which should not be not routinely prescribed in Primary Care advises prescribers in primary care should not initiate the stated vaccines exclusively for the purposes of travel for any new patient. MOPB Jan 2018. Vaccine may continue to be administered for purposes other than travel, if clinically appropriate.

	prescribers and the public. The working group has recommended that Public Health England and Department of Health, working collaboratively with NHS England and NHS Clinical Commissioners, conduct a review of travel vaccination and publish the findings in Spring 2018.	
Trimipramine	▪ Advise CCGs that prescribers in primary care should not initiate trimipramine for any new patient. ▪ Advise CCGs to support prescribers in deprescribing trimpramine in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change ▪ No routine exceptions have been identified	**Red List** ▪ EPUT non-formulary. Selective serotonin reuptake inhibitors are first line for management of depression. If tricyclic antidepressant is required, Imipramine is a more cost effective alternative. ▪ EPUT formulary and guidelines https://eput.nhs.uk/our-services/pharmacy/

ADDITIONAL NOTES

As part of the consultation feedback, NHS England recommended in their board paper "Items which should not be routinely prescribed in primary care: findings of consultation and next steps – for decision" that the Secretary of State formally consider blacklisting the following drugs:

- Co-proxamol
- Glucosamine and Chondroitin
- Herbal Treatments
- Homeopathy
- Lutein and Antioxidants
- Omega-3 Fatty Acid Compounds
- Rubefacients (excluding topical NSAIDS)

If these drugs are blacklisted, patients will no longer be able to obtain them on an FP10. Patients currently receiving these drugs should be actively switched to a suitable alternative, as clinically appropriate, or advised to self-purchase those available over the counter from their local pharmacy.

EPUT – Essex Partnership University Trust
MOPB – Medicines Optimisation Programme Board
NSAIDs – Non Steroidal Anti-Inflammatory Drugs

MOPB January 2018