**Summary of:**

# Items which should not routinely be prescribed in primary care: Guidance for CCGs

**(NHS England, NHS Clinical Commissioners)**

## Introduction

This guidance has been issued by NHS England to all CCGs to support them to fulfil their duties around appropriate use of resources. CCGs are expected to take the proposed guidance into account in formulating local policies, and prescribers are expected to reflect local policies in their prescribing practice. The guidance does not remove the clinical discretion of the prescriber in accordance with their professional duties.

The objective of this guidance is to support CCGs in their decision-making, to address unwarranted variation, and to provide clear national advice to make local prescribing practices more effective.

Guidance was received on 30th November 2017 with recommendations about eighteen products which should no longer be routinely prescribed in primary care.

The recommendations on the 18 items within the guidance were publicly consulted on for a period of 3 months, from 21st July-21st October 2017.

The table below contains a summary of the recommendations included within the 30th November 2017 guidance.

The full guidance is available at:

https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-precscribed-in-pc-ccg-guidance.pdf

## Recommendations

| Product<br><br>*(current traffic light classification)* | Category | Recommendation | | | | Exceptions and further recommendations |
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| | | **Prescribers in primary care <u>should not initiate</u> the product for any new patient** | **CCG to support prescribers in <u>deprescribing</u> the product in all patients** | **If, in exceptional circumstances, there is a clinical need for the item to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional** | **Other** | |
| **Co-proxamol**<br>*(grey drug)* | Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns. | ✓ | ✓ | | | No routine exceptions have been identified. |
| **Dosulepin**<br>*(green drug, restricted to existing patients)*<br><br>*Will be moved to the grey list.* | Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns. | ✓ | ✓ | ✓ | | No routine exceptions have been identified. |
| **Prolonged-release Doxazosin**<br><br>*(grey drug)* | Items which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation. | ✓ | ✓ | | | No routine exceptions have been identified. |

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| **Immediate Release Fentanyl**<br><br>*(Breakyl® and Instanyl® grey drugs)*<br><br>*Other immediate release preparations will be added to the grey list.* | Items which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation. | ✓ | ✓ | ✓ | | **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 multi-disciplinary team and/or other healthcare professional with a recognised specialism in palliative care. |
| **Glucosamine and Chondroitin**<br><br>*(grey drug)* | Items of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns. | ✓ | ✓ | | | No routine exceptions have been identified. |
| **Herbal Treatments**<br><br>*Will be added to the grey list* | Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns. | ✓ | ✓ | | | No routine exceptions have been identified. |
| **Homeopathy**<br><br>*Will be added to the grey list* | Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns. | ✓ | ✓ | | | No routine exceptions have been identified. |

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| **Lidocaine plasters**<br><br>*(Versatis® green drug, Ralvo® grey drug)*<br><br>*Versatis® will be moved to the grey list.* | Item of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns. | ✓ | ✓ | ✓ | | 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 (including Armour Thyroid and liothyronine combination products)**<br><br>*(Red drug)* | Items which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation. | ✓ | | | 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.<br><br>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) advise that a small proportion of patients treated with levothyroxine continue to suffer with symptoms despite adequate biochemical correction.<br><br>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.<br><br>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. |

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| **Lutein and Antioxidants**<br><br>*(non formulary)*<br><br>*Will be added to the grey list.* | Items of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns. | ✓ | ✓ | | | No routine exceptions have been identified. |
| **Omega-3 Fatty Acid Compound**<br><br>*(Omacor® green drug for hypertriglyceri-daemia, Dualtis® grey drug)*<br><br>*Omacor® will be moved to the grey list.* | Item of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns. | ✓ | ✓ | | | No routine exceptions have been identified. |
| **Oxycodone and Naloxone Combination Product**<br><br>*(grey drug)* | Items which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation. | ✓ | . ✓ | ✓ | | No routine exceptions have been identified. |
| **Paracetamol and Tramadol Combination Product**<br><br>*(grey drug)* | Items which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation | ✓ | . ✓ | | | No routine exceptions have been identified. |

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| **Perindopril Arginine**<br><br>*(grey drug)* | Items which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation. | ✓ | ✓ | | | No routine exceptions have been identified. |
| **Rubefacients (excluding topical NSAIDs)**<br><br>*Will be added to the grey list* | Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns. | ✓ | ✓ | | | No routine exceptions have been identified. |
| **Once Daily Tadalafil**<br><br>*(grey drug)* | Products which are clinically effective but where more cost-effective products are available this includes products that have been subject to excessive price inflation. | ✓ | ✓ | | | No routine exceptions have been identified. |
| **Travel Vaccines (vaccines administered exclusively for the purposes of travel)**<br><br>*Will be added to the grey list.* | Items which are clinically effective but due to the nature of the product, are deemed a low priority for NHS funding. | ✓ | | | Advise CCGs that prescribers in primary care should not initiate the stated vaccines exclusively for the purposes of travel for any new patient.<br><br>**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 may continue to be administered for purposes other than travel, if clinically appropriate.<br><br>NHS England and NHS Clinical Commissioners recognise that the availability of vaccinations on the NHS for the purposes of travel can be confusing for prescribers and the public. The working group has recommended that Public Health England and Department |

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| | | | | | | 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**<br><br>*(green drug-restricted to current users)*<br><br>*Will be moved to the grey list.* | Items which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation. | ✓ | ✓ | | | No routine exceptions have been identified. |