

# **POL047 - PRESCRIBING COMMISSIONING POLICY:**

**In line with NHSE Guidance**  
*‘Items which should not routinely  
be prescribed in primary care’*

**NHS Wirral CCG will not fund the prescribing of medicines or products:**

- of low clinical effectiveness or where there are significant safety concerns
- which are clinically effective but where more cost-effective options are available
- which are clinically effective, but due to the nature of the product, are deemed low priority for NHS funding

## Items which should not routinely be prescribed in primary care policy

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<b>Local Changes</b>	Reviewed in line with NHSE June 2019 Items which should not routinely be prescribed in primary care guidance
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<b>Intended Audience</b>	GP practices and other local providers linked to the Clinical Commissioning Group prescribing budget

### Document History

Date	Version	Author	Changes
January 2020	1.0	Caroline Wake	
January 2022	2.0	Caroline Wake	Updated links to NICE guidance NG196. Clarified co-proxamol wording and removed prescribing data.

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# Items which should not routinely be prescribed in primary care policy

## 1. INTRODUCTION

- 1.1 Last year 1.1 billion prescription items were dispensed in primary care at a cost of £8.8 billion. This cost coupled with finite resources means it is important that the NHS achieves the greatest value from the money that it spends.
- 1.2 In England there is significant variation in what is being prescribed and to whom. Some patients are receiving medicines which have been proven to be relatively ineffective or in some cases potentially harmful, and/or for which there are other more effective, safer and/or cheaper alternatives; there are also products which are no longer appropriate to be prescribed on the NHS.
- 1.3 Since November 2016 the Wirral 'Self-care (over the counter (OTC) and Products of Limited Clinical Value' Prescribing Policy has provided guidance on prescribing in this area for Wirral prescribers.
- 1.4 From January 2020 the CCG will separate this policy into two separate policies – the policy for 'Self-care OTC' and an additional policy for the 'Products of Limited Clinical Value' which will be aligned to the national term which is 'Items which should not routinely be prescribed in primary care'.
- 1.5 The NHS Wirral Items which should not routinely be prescribed in primary care policy is based on the NHS England/NHS Clinical Commissioners Guidance for CCGs (version 2, June 2019). Please see link below:  
<https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/>
- 1.6 There is a crossover with self-care between conditions for which over the counter items should not be routinely prescribed and the items which should not routinely be prescribed in primary care. There are 25 items which should not routinely be prescribed in primary care, some of these items can be bought over-the-counter. They are;
  - Glucosamine and chondroitin
  - Herbal treatments
  - Homeopathy
  - Lutein and antioxidants
  - Omega-3 fatty acid compounds and
  - Rubefacients (excluding topical NSAIDs)

## 2. BACKGROUND

- 2.1 In 2017, NHS England and NHS Clinical Commissioners established a working group and were tasked with identifying products which should no longer be routinely prescribed in primary care.
- 2.2 Following a period of consultation (July to October 2017), final guidance on eighteen items was published in November 2017.
- 2.3 The guidance was reviewed in Autumn 2018 and following further consultation (November 2018 to February 2019), the second iteration of the guidance was published in June 2019. This included one updated item (rubefaciants) and the addition of seven new items.
- 2.4 The guidance document, Items which should not routinely be prescribed in primary care: Guidance for CCGs (version 2, June 2019) details seventeen recommendations and one updated recommendation (rubefaciants) from the original 2017 guidance and seven new recommendations.
- 2.5 The working group identified products which fell into one or more of the following:
  - Items of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns
  - Items which are clinically effective but where more cost-effective options are available, including products which have been subject to excessive price inflation
  - Items which are clinically effective, but due to the nature of the product, are deemed low priority for NHS funding
- 2.6 The NHS Wirral Items which should not routinely be prescribed in primary care policy is aligned to recommendations made in [NHS England/NHS Clinical Commissioners Guidance for CCGs](#).

## 3. SCOPE OF THIS POLICY

- 3.1 This policy has been aligned to national guidance and sets out Wirral Clinical Commissioning Group's approach to ensure that prescribing of certain products in the following circumstances is stopped and to support prescribers in implementing this decision:
  - Medicines or products of low clinical effectiveness or where they are significant safety concerns
  - Medicines or products which are clinically effective but where more cost-effective options are available
  - Medicines or products which are clinically effective, but due to the nature of the product, are deemed low priority for NHS funding

- 3.2 Please see page 6 for the medicines or products which should not routinely be prescribed in primary care in Wirral CCG.
- 3.3 This policy will ensure equity of service for all Wirral residents and will allow the same expectation of what will be provided in primary care in Wirral.
- 3.4 This policy applies to all clinicians who prescribe for patients in Wirral CCG and to all who make recommendations for others to prescribe within primary care in Wirral.

#### 4. ITEMS WHICH SHOULD NOT ROUTINELY BE PRESCRIBED IN PRIMARY PRESCRIBING REVIEW

- 4.1 Wirral CCG has a duty to ensure that the local NHS budget is spent in an appropriate way.
- 4.2 All clinicians who prescribe for patients in Wirral CCG and all who make recommendations for others to prescribe within primary care in Wirral are expected to implement this policy.
- 4.3 It is anticipated that no new patients will be started on any of the products included in this policy from the date of its publication.
- 4.4 For patients who have been established on a product for some time, it may be necessary to explore further options, or seek further management advice prior to deprescribing.
- 4.5 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional clinical circumstances exist that warrant deviation from the rule of this policy.
- 4.6 Implementation of the policy will be monitored via prescribing data.

#### Rationale for discontinuation

Drug	Rationale
Aliskiren	<p><a href="#">NICE hypertension guidance states</a> there is insufficient evidence of its effectiveness to determine its suitability for use in resistant hypertension. Whilst aliskiren has shown comparable efficacy to other antihypertensive agents in terms of blood pressure reduction, its effects on mortality and long-term morbidity are currently unknown.</p> <p>Aliskiren has a RAG status of BLACK in Pan Mersey.</p>

<b>Amiodarone</b>	Amiodarone is used to treat severe cardiac rhythm disorders but also has the potential to cause severe toxicity and side-effects and must be closely monitored. <a href="#">NICE advice in their guidance for Atrial Fibrillation</a> that amiodarone should not be used for long-term rate control.
<b>Bath and shower preparations for dry and pruritic skin conditions</b>	The <a href="#">BATHE study</a> found that there was no evidence of clinical benefit for using bath and shower emollients in the standard management of childhood eczema. 'Leave-on' emollient moisturisers can still be used for treating eczema and these emollients can still be used as soap substitutes.
<b>Co-proxamol</b>	Co-proxamol was a painkiller which was previously licensed in the UK until being fully withdrawn from the market in 2007 due to safety concerns. All use in the UK is now on an unlicensed basis.  Co-Proxamol has a RAG status of BLACK in Pan Mersey.
<b>Dosulepin</b>	Dosulepin (formerly known as dothiepin) is an antidepressant. <a href="#">NICE recommends that it is not used for new patients due to safety concerns</a> . There are many newer anti-depressants.  Dosulepin has a RAG status of BLACK in Pan Mersey.
<b>Prolonged released doxazosin</b> (also known as doxazosin modified release)	Doxazosin is a drug used to treat hypertension. The modified release (MR) version is more expensive than standard release with no clear benefits.  Doxazosin M/R has a RAG status of BLACK in Pan Mersey.
<b>Dronedarone</b>	Dronedarone was originally approved to prevent recurrence of atrial fibrillation, or to lower the heart rate in adults who have had or have non-permanent atrial fibrillation. In September 2011 this indication was restricted to the maintenance of normal heart rhythm in 'persistent' or 'paroxysmal' atrial fibrillation after normal heart rhythm has been restored. <a href="#">NICE clinical guideline on Atrial Fibrillation</a> puts greater emphasis on rate rather than rhythm control and has clarified the place of dronedarone in the treatment pathway.  Dronedarone has a RAG status of RED in Pan Mersey.
<b>Immediate Release Fentanyl</b>	Fentanyl, in the form of tablets, lozenges, films and nasal spray, is an opioid analgesic used for breakthrough cancer pain. There is little evidence it is more effective than oral morphine (such as oramorph) but it is much more expensive. This indicator does not include fentanyl patches, which are not immediate release.

<b>Glucosamine and/or Chondroitin</b>	Glucosamine and chondroitin are nutrition supplements which are taken to improve pain associated with osteoarthritis. However, there is little evidence of benefit and <a href="#">NICE do not recommend their use in osteoarthritis.</a>
<b>Herbal treatments</b>	Under a Traditional Herbal Registration there is no requirement to prove scientifically that a product works. The registration is based on longstanding use of the product as a traditional medicine, and therefore there is a lack of robust evidence of clinical effectiveness for these products.
<b>Homeopathy</b>	In 2010 House of Commons Science and Technology Committee found that the use of homeopathy was <a href="#">not evidence-based, and any benefits to patients was due to placebo effect.</a>
<b>Lidocaine Plasters</b>	Lidocaine plasters are licensed for treatment of post herpetic neuralgia, which is a complication of shingles. However, there is limited evidence to the benefit, and they are <a href="#">not included in the recommendations for neuralgia in NICE guidance.</a>  Lidocaine has a RAG status of BLACK in Pan Mersey except in limited circumstances.
<b>Liothyronine</b> (including Armour Thyroid and Liothyronine combination products)	Liothyronine is used to treat an underactive thyroid. It has a very high cost and limited evidence. It is sometimes used in combination with levothyroxine in products. Most patients can have symptoms controlled on much cheaper levothyroxine. The manufacturer has been the subject of a Competition and Markets Authority investigation.  Liothyronine has a RAG status of RED within Pan Mersey for newly initiated patients. Armour thyroid has a RAG status of BLACK within Pan Mersey.
<b>Lutein and Antioxidants</b>	Lutein and antioxidants (e.g. zinc, and vitamins A, C and E) are supplements taken for Age Related Macular Degeneration but there is no evidence they work.  Lutein and antioxidants have a RAG status of BLACK in Pan Mersey.
<b>Minocycline for acne</b>	Minocycline is mainly used for acne, however there are various safety risks associated with its use. <a href="#">NICE CKS advises</a> Minocycline is not recommended for use in acne as it is associated with an increased risk of adverse effects such as drug- induced lupus, skin pigmentation and hepatitis.

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<p><b>Needles for Pre-Filled and Reusable Insulin Pens</b></p>	<p>Insulin pen needles range in price between approximately £3.95 to £30.00 per box. There is no evidence that suggests that there are any significant differences between brands of needles, although there are recommendations about length of needle. NHS England is promoting the use of lower cost needles, i.e. those under £5 per box, which are already in widespread use across the NHS.</p>
<p><b>Omega-3 Fatty Acid Compounds</b></p>	<p>Omega-3 fatty acid compounds are licensed to treat elevated triglycerides, but evidence of benefit is weak. <a href="#">NICE recommend that they are not prescribed for primary prevention of cardiovascular disease</a> (or secondary prevention)</p> <p>Omega-3 Fatty Acid Compounds has a RAG status of BLACK in Pan Mersey except in limited circumstances.</p>
<p><b>Oxycodone and naloxone combination product</b></p>	<p>Oxycodone is an opioid analgesic used to treat severe pain. Naloxone is added to reduce constipation. The combination product is expensive, and the benefit is unclear.</p> <p>Targinact has a BLACK RAG status on Pan Mersey for chronic pain and is GREY for restless legs syndrome.</p>
<p><b>Paracetamol and tramadol combination product</b></p>	<p>Prescribing the combination product of paracetamol and tramadol costs more than prescribing the preparations separately. The doses are also different (32.5mg of tramadol, 325mg of paracetamol) than those generally used (50mg tramadol, 500mg paracetamol).</p> <p>Paracetamol and tramadol have a RAG status of BLACK in Pan Mersey</p>
<p><b>Perindopril arginine</b></p>	<p>Perindopril arginine is an ACE inhibitor used in heart failure, hypertension, diabetic nephropathy and prophylaxis of cardiovascular events. A different salt (perindopril erbumine) is considerably cheaper, and the arginine form does not provide any additional clinical benefit.</p>
<p><b>Rubefacients</b> (excluding topical NSAIDs, such as ibuprofen or diclofenac, and capsaicin)</p>	<p>Rubefacients, deep heat rubs and ointments are used to provide pain relief in musculoskeletal conditions. However, the BNF states that <a href="#">the evidence available does not support the use of topical rubefacients in acute or chronic musculoskeletal pain</a>. This measure excludes topical NSAIDs and Capsaicin as per NHS England guidance.</p>

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<p><b>Silk Garments</b></p>	<p>Silk Garments are knitted, medical grade silk clothing which are sometimes used as an adjunct to normal treatment for severe eczema and allergic skin conditions. The NIHR commissioned <a href="#">CLOTHES trial</a> concluded that using silk garments for the management of eczema is unlikely to be cost-effective for the NHS.</p> <p>Silk garments have a RAG status of BLACK in Pan Mersey.</p>
<p><b>Once-daily tadalafil</b></p>	<p>Tadalafil is a drug similar to sildenafil (Viagra), used for erectile dysfunction. There is no evidence that taking the low 2.5mg or 5mg dose every day is more effective than taking a 10mg or 20mg dose when required.</p> <p>Tadalafil once daily for erectile dysfunction has a RAG status of BLACK in Pan Mersey.</p>
<p><b>Travel Vaccines</b> (Vaccines administered exclusively for the purposes of travel)</p>	<p>There are seven vaccines - Hepatitis B, Japanese Encephalitis, Meningitis ACWY, Yellow Fever, Tick-borne encephalitis, Rabies and Bacillus Calmette–Guérin (BCG) - which are not supposed to be prescribed by practices on the NHS when exclusively given for travel purposes. Sometimes GP practices supply them in error for travel.</p>
<p><b>Trimipramine</b></p>	<p>Trimipramine is an older tricyclic antidepressant. The cost has increased significantly recently, and there are newer, cheaper alternatives are available, which are <a href="#">recommended by NICE in preference to tricyclic antidepressants</a>.</p> <p>Trimipramine has a RAG status of BLACK in Pan Mersey.</p>

## 5. REFERENCES

- NHS England Guidance. [Items which should not be routinely prescribed in primary care](#). Version 2, June 2019. Accessed 27.1.22
- Pan Mersey formulary <http://formulary.panmerseyapc.nhs.uk/default.asp> Accessed 27.1.22

## 6. ACKNOWLEDGEMENTS

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