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Summary of Guidance:
Items that should not routinely be prescribed in primary care

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NHS England published guidance on items that should not routinely be prescribed in November 2017 and included recommendations on 18 items. This guidance was updated in June 2019 with the addition of 7 new items, making a total of 25 items. These items have been included for one or more of the following reasons:
- 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 products are available, including products that have been subject to excessive price inflation.
- Items which are clinically effective but, due to the nature of the product, are deemed a low priority for NHS funding.

The implementation of this guidance was discussed at PACEF (Lincolnshire Prescribing and Clinical Effectiveness Forum) and the advised action is summarised in the table below, including web links for further information.
Please discuss with the patient and/or carer and consider giving them a copy of the PIL (patient information leaflet).

Item	Information (& formulary status)	Action
Aliskiren	Amber2 on formulary **(it is going to be changed to RedRed- non formulary)** Aliskiren PIL	Do not initiate aliskiren for any new patient. Aliskiren is a renin inhibitor which inhibits renin directly. It is indicated for essential hypertension either alone or in combination with other antihypertensives. Review existing patients and deprescribe accordingly (e.g. switch to an antihypertensive on the joint formulary); ULHT cardiology service is able to advise prescribers on how to deprescribe (and switch) patients. If the patient's blood pressure is not controlled after deprescribing, refer patient to ULHT cardiology service.
Amiodarone	Amber2 on formulary Amiodarone PIL	Do not initiate amiodarone for any new patient. Amiodarone must be initiated by a specialist and may be transferred to primary care to continue. ULHT cardiology team has stated that patients taking amiodarone should be reviewed annually by them. GP practices need to check that these patients are being reviewed annually by the specialist. Patients with no documented evidence of annual review should be referred to the cardiology team for review via Advice and Guidance.

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Bath and shower preparations for dry and pruritic skin conditions	Red-Red (non formulary) Bath and shower PIL	Do not initiate bath and shower preparations for any new patient. Soap avoidance and 'Leave-on' emollient moisturisers can still be used for treating eczema. Emollients can be used as a soap substitute. Patients may mix a small amount (around teaspoonful) of emollient in the palm of their hands with a little warm water and spread it over damp or dry skin. Then, rinse and pat the skin dry, being careful not to rub it. Patients can use soap substitutes for handwashing, showering or in the bath. Emollients do not foam like normal soap but are just as effective at cleaning the skin. Be careful not to slip when using emollients in a bath or shower, or on a tiled floor. Deprescribe bath and shower preparations and substitute with "leave-on" emollients.
Co-proxamol	Red-Red (non formulary) Co-proxamol PIL	Do not initiate co-proxamol for any new patient. Review existing patients and deprescribe accordingly e.g. change to an alternative analgesic (e.g. paracetamol or co-codamol) or consider referral to pain management service for assessment.
Dosulepin	Red-Red (non formulary) Dosulepin PIL	Do not initiate dosulepin for any new patient. GPs to consult with the psychiatry team that initiated dosulepin and ask for a medication review in order to propose next steps. This may involve a very gradual reduction regime prior to stopping if no longer effective or necessary, or swapping to an alternative, suitably effective antidepressant.
Prolonged-release Doxazosin	Red-Red (non formulary) Doxazosin prolonged release PIL	Do not initiate prolonged-release (modified-release) doxazosin for any new patient. Doxazosin has a long elimination half-life of 22 hours making it suitable for once daily dosing for both immediate release and modified release formulations (Summary of Product Characteristics). Therefore, there is no rationale for prescribing more expensive prolonged-release doxazosin. One of the new recommendations in the updated NICE guideline on hypertension in adults (NG 136, August 2019) is to consider alpha-blocker (e.g. doxazosin) at step 4 treatment for adults with resistant hypertension who have a blood potassium level of more than 4.5mmol/l. Therefore, in cases where doxazosin is being used, it would also be beneficial to consider whether doxazosin prescribing is in line with NICE guidance and also check compliance. Review existing patients and deprescribe accordingly e.g. change to generic immediate release doxazosin (at the same dose) or another medication as appropriate for the indication in line with NICE guidance. Patients should be advised to sit or lie down if they feel dizzy or faint until they feel better and to seek medical attention if significantly affected.

Item	Information (& formulary status)	Action
Dronedarone	Amber1 on formulary Dronedarone PIL	Do not initiate dronedarone for any new patient. Dronedarone must be initiated by a specialist and only continued under a shared care arrangement for patients where other treatments cannot be used, have failed or is in line with current NICE Guidance CG 180. ULHT cardiology team has stated that patients taking dronedarone should be reviewed annually by them. GP practices need to check that these patients are being reviewed annually by the specialist. Patients with no documented evidence of annual review should be referred to the cardiology team for review via Advice and Guidance.
Immediate Release Fentanyl (e.g. sublingual tablets, buccal tablets, buccal films, lozenges and nasal spray)	Green on formulary for palliative care only. Immediate release fentanyl PIL	Do not initiate immediate release fentanyl for any new patient (apart from the exception on the formulary). See Lincolnshire Joint Formulary: Fentanyl immediate release products should only be considered when a patient is unable to take immediate release morphine for breakthrough cancer pain, or where breakthrough pain is of rapid onset and not controlled by oral morphine. Immediate release oxycodone should be considered as a second line option after morphine, before considering immediate release fentanyl. Treatment should only be initiated by a physician experienced in the management of opioid therapy in cancer pain (this could be a GP or a member of the palliative care team) and should be closely monitored. Review existing (non-palliative) patients and deprescribe accordingly e.g. change to an alternative immediate release analgesic (e.g. morphine oral solution 10mg/5ml): https://www.prescqipp.info/media/1308/b132-fentanyl-drop-list-21.pdf
Glucosamine and Chondroitin	Red-Red (non formulary) Glucosamine and chondroitin PIL	Do not initiate glucosamine and chondroitin for any new patient. Review existing patients and deprescribe. If the patient will like to continue, advise them to purchase OTC: https://www.prescqipp.info/media/1316/b205-glucosamine-20.pdf
Herbal Treatments	Non formulary Herbal supplements PIL	Do not initiate herbal items for any new patient. Review existing patients and deprescribe. If the patient will like to continue, advise them to purchase OTC (advise patient to ask the pharmacist if it is safe to take e.g. potential interaction with other medicines).
Homeopathy	Non-formulary Homeopathy PIL	Do not initiate homeopathic items for any new patient. Review existing patients and deprescribe. If the patient will like to continue, advise them to purchase.

Item	Information (& formulary status)	Action
Lidocaine Plasters (e.g. Versatis®, Ralvo®)	Amber2 on formulary: For the **licensed** treatment of post herpetic neuralgia **only**. Should only be initiated by or on the advice of a secondary care based specialist. As per local guidance on the management of neuropathic pain. Red-Red (non formulary): For the treatment of **all types of pain** except post herpetic neuralgia. Lidocaine plasters PIL	Do not initiate lidocaine plasters for any new patient (apart from the exception on the formulary). Review all patients currently prescribed lidocaine plasters. Continued prescribing is only recommended for symptomatic relief of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia, PHN) in adults. You may deprescribe (for example) by considering a change to an alternative analgesic like gabapentin (up to 3.6g daily in 3 divided doses), capsaicin 0.075% cream (apply 3-4 times daily): https://www.prescqipp.info/media/1415/b200-lidocaine-plasters-drop-list-30.pdf Alternatively, consider referral to specialist pain management service for assessment. Many patients prescribed lidocaine medicated plasters off-licence may be experiencing chronic or persistent pain (pain greater than three months in duration) and may benefit from referral to specialist pain management service.
Liothyronine	Amber 2 on formulary. Reserved for use in line with BTA guidance when patient failed to achieve required response with levothyroxine. Liothyronine PIL	Prescribers in primary care should not initiate liothyronine for any new patient. The British Thyroid Association (BTA) advise 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. Individuals currently prescribed liothyronine should be reviewed by an endocrinologist providing NHS services with consideration given to changing to levothyroxine where clinically appropriate. https://www.prescqipp.info/media/1423/b121-liothyronine-drop-list-22.pdf 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. If the patient is prescribed liothyronine as an adjunctive treatment for refractory depression, consult with the patient's psychiatry team for advice. See PACEF formulary for more information.
Lutein and Antioxidants	Red-Red (non formulary) Lutein and antioxidants PIL	Do not initiate lutein and antioxidants for any new patient. Review existing patients and deprescribe. If the patient will like to continue, advise them to purchase OTC.

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Minocycline for acne	Red-Red (non formulary) for acne Minocycline PIL	Do not initiate minocycline for any new patients with acne. There is no evidence to support the use of one tetracycline over another in terms of efficacy for the treatment of acne vulgaris and alternative once daily products are available. Review existing patients and deprescribe accordingly e.g. change to an alternative drug for acne e.g. lymecycline.
Needles for Pre-Filled and Reusable Insulin Pens	Green (See the formulary for approved choice/brands) Pen Needle PIL	Do not initiate insulin pen needles that cost more than £5 per 100 needles for any patient. Review existing patients and deprescribe insulin pen needles that cost more than £5 per 100 needles; and change to formulary choice. However, there are two specific patient groups where the CCGs felt the use of higher cost pen needles (more than £5.00 per 100) was justified to prevent needle stick injury or improper use: Click on needle and Safety needle (see formulary choice). For patients currently using longer pen needle lengths (8mm, 12mm), it is advisable to change to a shorter needle length (6mm or less) but only after discussion with a healthcare professional, to ensure they receive advice on the correct injection technique.
Omega-3 Fatty Acid Compounds	Red–Red (non formulary) Omega 3 fatty acid PIL	Do not initiate omega-3 Fatty Acids for any new patient. Review existing patients and deprescribe; issue dietary advice (e.g. eat two to four portions of oily fish, such as salmon, tuna or mackerel, each week) and advise patient to purchase OTC: https://www.prescqipp.info/media/1507/b47-omega-3-201.pdf
Oxycodone and Naloxone Combination Product (e.g. Targinact®)	Red-Red (non formulary) Oxycodone and naloxone combination PIL	Do not initiate oxycodone and naloxone combination product for any new patient. Review existing patients and deprescribe e.g. prescribe morphine sulfate modified release plus senna or lactulose; or, if oxycodone is specifically required, one of the formulary preferred low cost prolonged release formulations of oxycodone such as Oxeltra®, Oxypro®, Abtard®, Longtec® or Reltebon® with a laxative.
Paracetamol and Tramadol Combination Product (e.g. Tramacet®)	Red-Red (non formulary) Paracetamol and tramadol combination PIL	Do not initiate paracetamol and tramadol combination product for any new patient. Review existing patients and deprescribe e.g. prescribe paracetamol and tramadol generically as separate components or an alternative analgesic: https://www.prescqipp.info/media/3844/208-paracetamol-and-tramadol-combination-products-20.pdf.

Item	Information (& formulary status)	Action
Perindopril arginine	Arginine salt is non formulary. Erbumine is the formulary approved salt (perindopril erbumine) Perindopril PIL	Do not initiate perindopril arginine for any new patient Review existing patients and deprescribe e.g. change to perindopril erbumine: https://www.prescqipp.info/media/1535/b59-perindopril-arginine-201.pdf
Rubefacients (e.g. Deep Heat®, Movelat, Balmosa, Algesal®) **Excluding topical NSAIDs and capsaicin cream**	Red-Red (non formulary) Rubefacients PIL	Do not initiate rubefacients for any new patient. Review existing patients and deprescribe accordingly. Advise patient to purchase OTC or change to topical NSAIDs for chronic pain: https://www.prescqipp.info/media/1639/b114-rubefacients-21.pdf
Silk Garments	Amber2 on formulary **(it is going to be changed to RedRed- non formulary)** Silk garment PIL	Do not initiate silk garments for any new patient. Review existing patients and deprescribe accordingly- cease prescribing or advice patient to purchase.
Once Daily Tadalafil (2.5mg & 5mg)	Red-Red (non formulary) Tadalafil PIL	Do not initiate once daily tadalafil for any new patient. Review existing patients and deprescribe e.g. change to tadalafil 10mg or 20mg tablets ("when required" dose): https://www.prescqipp.info/media/1680/b144-tadalafil-21.pdf For Benign Prostatic Hyperplasia: NICE terminated their technology appraisal (TA273) due to receiving no evidence from the manufacturer. In NICE CG97: Lower Urinary Tract Symptoms in Men NICE state that there is not enough evidence to recommend phosphodiesterase inhibitors in routine clinical practice.
Travel vaccines	Red-Red (non formulary for purpose of travel) Travel vaccines PIL	The following vaccinations should not be prescribed on the NHS exclusively for the purposes of travel: Hepatitis B; Japanese Encephalitis; Meningitis ACWY; Yellow Fever; Tick-borne encephalitis; Rabies and BCG. These vaccines should continue to be recommended for travel but the individual traveller will need to pay for the vaccination (by private prescription): https://www.prescqipp.info/media/3530/b196-travel-vaccines-31.pdf For all other indications, as outlined in Immunisation Against Infectious Disease, the Green Book, the vaccines remain free on the NHS.

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Trimipramine	Red-Red (non formulary) Trimipramine PIL	Do not initiate trimipramine for any new patient. GPs to consult with the psychiatry team that initiated trimipramine and ask for a medication review in order to propose next steps. This may involve a very gradual reduction regime prior to stopping if no longer effective or necessary, or swapping to an alternative, suitably effective antidepressant.

Further information:

- Lincolnshire Joint Formulary: http://www.lincolnshirejointformulary.nhs.uk/chapters.asp
- NHSE Items which should not be routinely prescribed in primary care guidance for CCGs: https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf
- Patient Information Leaflet (PIL): https://www.prescqipp.info/our-resources/webkits/drop-list/low-value-medicines-lvm/patient-information-pdf-versions/
- Quick Reference Guide for Healthcare Professionals: Items which should not routinely be prescribed in primary care: https://www.england.nhs.uk/publication/quick-reference-guide-for-healthcare-professionals-items-which-should-not-routinely-be-prescribed-in-primary-care/
- PrescQIPP; Recommendations: Items which should not routinely be prescribed in primary care: https://www.prescqipp.info/media/1367/b203-items-which-should-not-routinely-be-prescribed-in-primary-care-20.pdf

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Medicines Management & Optimisation Service
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T 020 7121 0560 I E info@optum.co.uk I **optum.co.uk**
10th Floor, 5 Merchant Square, Paddington, London, W2 1AS

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