

County Durham and Darlington Grey List

January 2019

The Grey List is a locally-agreed list of medicines which are not recommended for routine prescribing but may be suitable for a defined patient population (i.e. these are items prescribable under limited circumstances). Medicines are included on the basis of safety, efficacy and cost-effectiveness. The list is intended to support good prescribing and help prescribers make balanced decisions. The list applies across County Durham and Darlington. Inclusion of drugs on the Grey List should encourage prescribers to think very carefully before prescribing or recommending the medicine.

Any items for consideration for the list should be submitted to the CD&D Formulary Subgroup.

BNF Chapter	Medicine	Indication	RAG status	Rationale	Supporting information
Chapter 1 Gastrointestinal	Esomeprazole (Nexium®)	Appropriate option under consultant gastroenterologist recommendation if not responded to other PPIs	Green+ (N.B.non-formulary)	Not a cost effective use of NHS resources.	
	Haemorrhoid preparations (excluding POM products)	Products can be purchased OTC as self-care. Community pharmacy advice and support also available to patients.	Green	Not a cost effective use of NHS resources.	Tees Grey List
Chapter 2 Cardiovascular	Rosuvastatin	Only to be considered as an option when patient has proven intolerance to, or lack of desired result from simvastatin, pravastatin and atorvastatin and in accordance with County Durham and Darlington PCTs Lipid Modification Guidelines OR as per FATS Guidelines.	Green+	Main evidence of benefit from the JUPITER trial which compared Rosuvastatin 20mg with placebo and the trial was stopped early. The MHRA have advised NOT to initiate patients at this dose.	MHRA DSU
Chapter 3 Respiratory	OTC antihistamines for hay fever	Hay fever symptoms can be self-treated and do not need intervention by a GP or practice nurse. A community pharmacist can support with advice and guidance. Several products have now been declassified and are available to purchase over the counter for less than the cost of a	Green	Not a cost effective use of NHS resources.	Tees Grey List

County Durham and Darlington Grey List

January 2019

		prescription charge. Continue to prescribe for children or patients with chronic allergic conditions although patients should be reminded that these medications are also available to purchase			
	OTC nasal sprays	Nasal sprays for the symptomatic relief of hayfever and congestion can be purchased by the patient under self-care with community pharmacist support	Green	Not a cost effective use of NHS resources.	Tees Grey List
Chapter 4 Central Nervous System	Lidocaine 5% plaster (Versatis®)	<p>Lidocaine patches are only licensed for the treatment of postherpetic neuralgia (PHN). The off license use of lidocaine plasters has been a significant prescribing cost burden both locally and nationally, prescribers are asked to review efficacy and indication regularly. The position of the APC and NHSE is that lidocaine patches are not to be used outside their licensed indications. In addition, they are approved locally for use in the following:</p> <ul style="list-style-type: none"> • the treatment of multiple rib fractures on the advice of pain specialists only, in line with the procedure for pain management and rehabilitation following multiple rib fractures – RED drug • palliative care – please note that prescribers in primary care can initiate prescribing in palliative care patients. • 	Green+	<p>Poor evidence base. NICE CG173 on neuropathic pain does not recommend the use of lidocaine patches as a treatment option due to limited clinical evidence supporting its use.</p>	<p>NHSE: Items which should not routinely be prescribed in primary care - Guidance for CCGs (NHS England Gateway Publication 07448, 30th Nov 2017)</p> <p>PrescQIPP DROP List</p> <p>NICE CG173</p>

County Durham and Darlington Grey List

January 2019

	Neofpam	<p>Nefopam should not be initiated for acute or chronic pain, or continued post discharge following secondary care acute initiation.</p> <p>Only continue nefopam in line with recommendations of the specialist pain service.</p> <p>Review existing patients - assess benefits versus adverse effects and consider stopping; withdraw slowly over 1-2 weeks following chronic use. Adverse effects are common, nefopam is toxic in overdose and has abuse potential through its psychostimulant-like effects. Nefopam is very expensive.</p>	Green+	Not at cost effective use of NHS resources.	Tees Grey List
	<p>Novel fentanyl formulations oromucosal (Abstral®, Effentora®) and nasal (Instanyl®) plus (PecFent®)</p>	<p>Where patient is unable to take immediate release morphine or oxycodone for breakthrough cancer pain.</p> <p>Only to be used on the advice of palliative care consultant.</p>	Green+ (N.B.non-formulary)	<p>The North East Treatment Advisory Group does not recommend the novel fentanyl analgesics (Abstral®, Effentora®, Instanyl® and PecFent®) for breakthrough pain associated with cancer.</p> <p>Immediate release fentanyl is licensed for the treatment of breakthrough pain in adults with cancer who are already receiving at least 60mg oral morphine daily or equivalent. NICE CG140 Opioids in Palliative Care states Do not offer fast-acting fentanyl as first-line rescue medication.</p>	<p>NHSE: Items which should not routinely be prescribed in primary care - Guidance for CCGs (NHS England Gateway Publication 07448, 30th Nov 2017)</p> <p>NTAG</p> <p>NICE CG140</p>

County Durham and Darlington Grey List

January 2019

	Tapentadol modified release tablets	Use should be restricted to patients requiring treatment of severe chronic pain which cannot be managed with more established opioid therapies.	Green+	Not a cost effective use of NHS resources.	
	Topiramate capsules	Topiramate hard capsules are expensive and should not be prescribed. For those patients unable to swallow topiramate tablets “sprinkle capsules” may be considered	Green+	Not at cost effective use of NHS resources.	
	Self-care analgesia including Migralve® preparations	Short courses of analgesics for acute common ailments can be purchased by the patient under self-care with community pharmacist support. Continue to prescribe for children and when required for chronic conditions although patients should be reminded that these medications are also available to purchase. Prescribing short courses of pain relief for acute conditions costs the NHS more than the equivalent products purchased over the counter (prescription fees, GP consultation time etc.)	Green	Not a cost effective use of NHS resources.	Tees Grey List
Chapter 5 Infections	Methenamine	Should not generally be used because it requires an acidic urine for its antimicrobial activity and it is ineffective for upper urinary-tract infections; it may have role in in the prophylaxis and treatment of chronic or recurrent uncomplicated lower urinary-tract infections. PHE recommend 3 rd line only in recurrent UTI in non-pregnant women if no renal/hepatic impairment.	Green+		BNF: Less suitable for prescribing

County Durham and Darlington Grey List

January 2019

<p>Chapter 6 Endocrine System</p>	<p>Liothyronine (Tri-iodothyronine) thyroid extract, Armour thyroid preparations</p>	<p>As per RMOG Guidance Nov 2018 only.</p>	<p>Green+</p>	<p>The price of liothyronine has risen significantly and there is limited evidence for efficacy above Levothyroxine. The British Thyroid Association, in their 2015 position statement, state "There is no convincing evidence to support routine use of thyroid extracts, L-T3 monotherapy, compounded thyroid hormones, iodine containing preparations, dietary supplementation and over the counter preparations in the management of hypothyroidism".</p>	<p>NHSE: Items which should not routinely be prescribed in primary care - Guidance for CCGs (NHS England Gateway Publication 07448, 30th Nov 2017)</p> <p>Royal College of Physicians position statement: The diagnosis and management of primary hypothyroidism</p> <p>PrescQIPP DROP List</p> <p>RMOG Guidance Nov 2018</p>
<p>Chapter 7 Obstetrics, gynae and urinary tract disorders</p>	<p>Duloxetine (Yentreve®) (stress urinary incontinence)</p>	<p>NICE advises that it should not be used as a first line treatment for SUI, nor routinely as a second line treatment but only as an alternative to surgery</p>	<p>Green+</p>	<p>Modest effects in women with severe SUI and no benefit in women with mild SUI</p>	<p>NICE CG171</p>
	<p>Norethisterone or medroxy-progesterone for</p>	<p>For the postponement of menstruation for non-medical reasons prescribing is not generally recommended</p>	<p>Green</p>		

County Durham and Darlington Grey List

January 2019

	postponement of menstruation	as this is considered a lifestyle choice rather than the treatment of a medical condition (please note medroxyprogesterone is unlicensed for this indication).			
Chapter 9 Nutrition and blood	Co-enzyme Q10	Should only be used for the treatment of mitochondrial disorders under the care of a specialist.	Red	Poor evidence base.	
	Vitamin B tablets, Compound Strong	Should only be used in secondary care to prevent "re-feeding syndrome".	Red	Poor evidence base	NICE CG100
	Vitamins and minerals	Vitamin and mineral supplements should only be prescribed in line with an ACBS indication, i.e. only in the management of actual vitamin or mineral deficiency; they are not to be prescribed as dietary supplements or as a general "pick-me-up". If patients still want to take vitamins and minerals for dietary supplementation or as a "pick-me-up" they should be advised that they can be purchased as selfcare over-the-counter. Some patients may be eligible for NHS Healthy Start vitamins which are specifically designed for pregnancy, breastfeeding and growing children. They are available free of charge from local distribution points. More information is available on the Healthy Start Vitamins website.	Green	Not a cost effective use of NHS resources.	
Chapter 10 Musculo- skeletal and	Piroxicam oral therapies	Oral piroxicam should only be used on the advice of specialists as a 2 nd line treatment for arthritis. Patients who	Green+ (N.B.non-formulary)	Safety concerns.	MHRA DSU

County Durham and Darlington Grey List

January 2019

joint diseases		currently take piroxicam should be assessed at a routine appointment.			
Chapter 12 Ear, Nose and Oropharynx	Fluticasone/ Azelastine (Dymista®)	Only for those patients in whom other medical treatments have failed and before referral to secondary care.	Green (N.B.non-formulary)	Not a cost effective use of NHS resources.	
	All prescription only toothpastes and mouthwashes e.g Duraphat®	Only dentists should prescribe such products due to the risk of patients developing fluorosis.	Green		PrescQIPP DROP List
Chapter 13 Skin	Eflornithine (Vaniqa®)	For use as a second-line treatment of facial hirsutism in patients where co-cyprindiol (Dianette) is ineffective, contra-indicated or considered inappropriate. Treatment should be initiated by or on the specific advice of an appropriate specialist - endocrinologist (or gynaecologist).	Green+		PrescQIPP DROP List
	Sunscreens	For patients that are having treatment that may render them susceptible to sunlight only as per ACBS guidelines.	Green+	Not a cost effective use of NHS resources.	
Misc	Caphosol	Only on specialist recommendation	Red		
	Soya Milk for babies and other milk for babies/young children	Prescribing of formula milk is only to be initiated by GPs whilst awaiting a referral to paediatrician Under consultant Paediatrician advice and then only in accordance with ACBS guidelines	Green+		BNF

Review date: January 2020