

Hartlepool & Stockton-on-Tees and South Tees CCGs Do Not Prescribe List

This incorporates NHS England guidance on conditions for which over the counter items should not routinely be prescribed in primary care, NHS England guidance on items which should not routinely be prescribed in primary care, and Tees prescribing grey list

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| HaST and South Tees CCGs Do Not Prescribe List | Status: Approved | Next Review Date: October 2020 or sooner if new national guidance published |
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Summary of Products and Conditions Included in the Hartlepool & Stockton-on-Tees and South Tees CCGs Do Not Prescribe List

The Do Not Prescribe list combines national and local guidance for treatments and conditions which should not routinely be prescribed in primary care. Treatments and conditions included are listed below. More information, including rationale, exception criteria and links to supporting information is provided further on in this document.

| Part 1: Conditions for which over the counter items should not routinely be prescribed in primary care | Part 2: NHS England items which should not routinely be prescribed in primary care | Part 3: Products not suitable for prescribing in primary care in Hartlepool and Stockton-on-Tees and South Tees CCGs (previously the grey list) |
|---|---|--|
| <p>Acute sore throat Conjunctivitis Coughs and colds and nasal congestion Cradle Cap (Seborrhoeic dermatitis – infants) Dandruff Diarrhoea (Adults) Dry Eyes/Sore tired Eyes Earwax Excessive sweating (Hyperhidrosis) Haemorrhoids Head Lice Indigestion and Heartburn Infant Colic Infrequent cold sores of the lip Infrequent Constipation Infrequent Migraine Insect bites and stings Mild Acne Mild Cystitis Mild Dry Skin Mild Irritant Dermatitis Mild to Moderate Hay fever/Seasonal Rhinitis Minor burns and scalds Minor conditions associated with pain, discomfort and/fever.(e.g. aches and sprains, headache, period pain, back pain) Mouth ulcers Nappy Rash Oral Thrush Prevention of dental caries Probiotics Ringworm/Athletes foot Sun Protection Sunburn due to excessive sun exposure Teething/Mild toothache Threadworms Travel Sickness Vitamins and minerals Warts and Verrucae</p> | <p>Co-proxamol Dosulepin Glucosamine and Chondroitin Herbal Treatments Homeopathy Immediate Release Fentanyl Lidocaine Plasters Liothyronine (including Armour Thyroid and liothyronine combination products) Lutein and Antioxidants Omega-3 Fatty Acid Compounds Once Daily Tadalafil Oxycodone and Naloxone Combination Product Paracetamol and Tramadol Combination Product Perindopril Arginine Prolonged-release Doxazosin (also known as Doxazosin Modified Release Rubefaciants (excluding topical NSAIDs) Travel Vaccines (vaccines administered exclusively for the purposes of travel) Trimipramine</p> | <p>Aliskiren Cilostazol (Pletal®) Diuretics with Potassium Moxisylyte (Opilon®) Oxerutins Pentoxifylline (Trental®) Perindopril arginine Simvastatin/ ezetimibe combination product (Inegy®) Ciclesonide Levocetirizine (Xyzal®) Cannabis extract (Sativex®) Chloral hydrate (insomnia) Clomipramine (Anafranil SR®) Co-careldopa intestinal gel (Duodopa®) Codeine and aspirin combination product (Co-codaprin®) Dosulepin Ergotamine containing products (Migril) e-Voke® electronic inhaler Isocarboxazid Pentazocine Promazine Tranlylcypromine Antifungal nail paints e.g. amorolfine nail lacquer Ketoconazole (for oral administration) Malaria prophylaxis Minocycline for acne Norethisterone or medroxyprogesterone for postponement of menstruation Alendronate plus Vitamin D (Fosavance®) Gliclazide MR (Diamicron MR®) Hydrocortisone sodium phosphate (Efcortisol®) Ibandronic acid (Bonviva®) Prednisolone EC tablets Testosterone patches (Intrinsa®) Teriparatide (atypical fractures) Tolvaptan for hyponatraemia Obstetrics, gynae and urinary tract disorders Bethanechol Dapoxetine Fulvestrant Gluten-free non-staple foods All gluten-free products except flour, plain bread rolls or loaves, and part baked bread. Lactose-free infant milks Calcium 500mg and colecalciferol 200units (e.g. Calcichew D-3, Calcium & Ergocalciferol Tablets) Iron – all modified release iron preparations Spatone - iron-rich spa water from the mountains of Snowdonia Vitamin B Compound Diclofenac & Misoprostol combination product (Misofen® and Arthrotec®) Methocarbamol Naproxen & esomeprazole combination product (Vimovo®) Synovial fluid injections including Hyaluronan and sodium hyaluronate injection Eflornithine cream (Vaniqa®) for hirsutism Lanolin cream (Lansinoh HPA®) Molludab (potassium hydroxide 5%) topical solution for the treatment of molluscum contagiosum Silk garments (Dermasilk®, Dreamskin®, Skinnies Silk®) Bio Oil Eyelid cleaning products for blepharitis e.g. Blephaclean, Lid-Care, Optrex, Ster Eye</p> |

Part 1: Conditions for which over the counter items should not routinely be prescribed in primary care¹

The following self-limiting and minor health conditions can be treated effectively and safely using over the counter medicines. In line with NHS England guidance, Hartlepool and Stockton-on-Tees and South Tees CCGs do not support the prescribing of medicines and treatments for self-limiting and minor health conditions where self-care is the most appropriate route and medicines and treatments are readily available to purchase. Exclusions for specific conditions are listed with each treatment/ condition; however there are some general exceptions to the guidance from NHS England which include:

- Patients requiring treatment for a long term condition e.g. regular pain relief for chronic arthritis or inflammatory bowel disease
- Patients requiring treatment for more complex forms of minor illness, e.g. migraines where OTC medicines have been tried and do not work
- OTC medicines to treat side effects of prescription medicines or symptom of another illness e.g. constipation when taking certain painkillers
- Medicines which have a licence that doesn't allow the product to be sold over the counter to certain groups of patients e.g. children and pregnant/ breastfeeding women ([information on exceptions for common OTC products is available on the NECS Medicines Optimisation website](#))
- Where the prescriber has concerns about the patient treating themselves e.g. because of mental health problems or severe social vulnerability

Information for patients is available at www.nhs.uk/OTCmedicines, leaflets are available to download from the [NHS England website](#).

To support clinicians and primary care staff, a [summary of common medicines available to purchase over the counter is available on the NECS Medicines Optimisation website](#) including information on sales restrictions.

| Treatment/ condition | Rationale ² | Exceptions |
|--|--|--|
| Items of limited clinical effectiveness | | |
| Probiotics | There is currently insufficient clinical evidence to support prescribing of probiotics within the NHS for the treatment or prevention of diarrhoea of any cause. Both the Public Health England <i>C.difficile</i> guidance and NICE CG 84 recommend that probiotics cannot be recommended currently and that "Good quality randomised controlled trials should be conducted in the UK to evaluate the effectiveness and safety of a specific probiotic using clearly defined treatment regimens and outcome measures before they are routinely prescribed. | <ul style="list-style-type: none"> • ACBS approved indication |
| Vitamins and minerals | <p>There is insufficient high quality evidence to demonstrate the clinical effectiveness of vitamins and minerals. Vitamins and minerals are essential nutrients which most people can and should get from eating a healthy, varied and balanced diet. In most cases, dietary supplementation is unnecessary.</p> <p>Many vitamin and mineral supplements are classified as foods and not medicines; they therefore do not have to go through the strict criteria laid down by the Medicines and Health Regulatory Authority (MHRA) to confirm their quality, safety and efficacy before reaching the market. Any prescribing not in-line with listed exceptions should be discontinued.</p> <p>This guidance does not apply to prescription only vitamin D analogues such as alfacalcidol and these should continue to be prescribed.</p> | <ul style="list-style-type: none"> • Medically diagnosed deficiency, including for those patients who may have a lifelong or chronic condition or have undergone surgery that results in malabsorption. Continuing need should be reviewed on a regular basis. <i>NB maintenance or preventative treatment is not an exception.</i> • Calcium and vitamin D for osteoporosis. • Malnutrition including alcoholism (see NICE guidance). • <i>Patients suitable to receive Healthy start vitamins for pregnancy or children between the ages 6 months to their fourth birthday. (NB this is not on prescription but commissioned separately)</i> |

¹ [NHS England/ NHS Clinical Commissioners. Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs \(March 2018\)](#)

² [NHS England/ NHS Clinical Commissioners. Quick Reference Guide for Healthcare Professionals: Conditions for which over the counter items should not routinely be prescribed in primary care \(May 2018\)](#)

| Treatment/ condition | Rationale ² | Exceptions |
|---|--|---|
| Self-limiting conditions | | |
| Acute sore throat | A sore throat due to a viral or bacterial cause is a self-limiting condition. Symptoms resolve within 3 days in 40% of people, and within 1 week in 85% of people, irrespective of whether or not the sore throat is due to a streptococcal infection. There is little evidence to suggest that treatments such as lozenges or throat sprays help to treat the cause of sore throat and patients should be advised to take simple painkillers and implement some self-care measures such as gargling with warm salty water instead. | <ul style="list-style-type: none"> • 'Red Flag' symptoms |
| Infrequent cold sores of the lip | Cold sores caused by the herpes simplex virus usually clear up without treatment within 7 to 10 days. Antiviral creams are available over the counter from pharmacies without a prescription and if used correctly, these can help ease symptoms and speed up the healing time. To be effective, these treatments should be applied as soon as the first signs of a cold sore appear. Using an antiviral cream after this initial period is unlikely to have much of an effect. | <ul style="list-style-type: none"> • Immunocompromised patients • 'Red Flag' symptoms |
| Conjunctivitis | Treatment isn't usually needed for conjunctivitis as the symptoms usually clear within a week. There are several self-care measures that may help with symptoms. Treatments for conjunctivitis can be purchased over the counter however almost half of all simple cases of conjunctivitis clear up within ten days without any treatment. Public Health England (PHE) advises that children with infective conjunctivitis do not need to be excluded from school, nursery or child minders, and it does not state any requirement for treatment with topical antibiotics. | <ul style="list-style-type: none"> • 'Red Flag' symptoms • Children under 2 years of age • Pregnancy and breastfeeding |
| Coughs and colds and nasal congestion | Most colds start to improve in 7 to 10 days. Most coughs clear up within two to three weeks. Both conditions can cause nasal congestion. Neither condition requires any treatment. | <ul style="list-style-type: none"> • 'Red Flag' symptoms |
| Cradle Cap (Seborrhoeic dermatitis – infants) | Cradle cap is harmless and doesn't usually itch or cause discomfort. It usually appears in babies in the first two months of their lives, and clears up without treatment within weeks to a few months. | <ul style="list-style-type: none"> • If causing distress to the infant and not improving |
| Haemorrhoids | In many cases, haemorrhoids don't cause symptoms and some people don't even realise they have them. Haemorrhoids often clear up by themselves after a few days. Making simple dietary changes and not straining on the toilet are often recommended first. However, there are many treatments (creams, ointments and suppositories) that can reduce itching and discomfort and these are available over the counter for purchase. | <ul style="list-style-type: none"> • 'Red Flag' symptoms • Pregnancy and breastfeeding • Rectal bleeding or blood in stools |
| Infant Colic | As colic eventually improves on its own, medical treatment isn't usually recommended. There are some over-the-counter treatments available that could be tried however; there is limited evidence for the effectiveness of these treatments. | <ul style="list-style-type: none"> • 'Red Flag' symptoms |
| Mild Cystitis | Mild cystitis is a common type of urinary tract inflammation, normally caused by an infection; however it is usually more of a nuisance than a cause for serious concern. Mild cases can be defined as those that are responsive to symptomatic treatment but will also clear up on their own. If symptoms don't improve in 3 days, despite self-care measures, then the patient should be advised to see their GP. Symptomatic treatment using products that reduce the acidity of the urine to reduce symptoms are available, but there's a lack of evidence to suggest they're effective. | <ul style="list-style-type: none"> • 'Red Flag' symptoms • Children • Men • Diabetic patients • History of kidney disease |
| Mild Irritant Dermatitis | Irritant dermatitis is a type of eczema triggered by contact with a particular substance. Once treated most people can expect their symptoms to improve and/or clear up completely if the irritant or allergen can be identified and removed or avoided. It is most commonly caused by irritants such as soaps, washing powders, detergents, solvents or regular contact with water. Treatment normally involves avoiding the allergen or irritant and treating symptoms with over the counter emollients and topical corticosteroids. | <ul style="list-style-type: none"> • Broken, infected or inflamed skin <p>Corticosteroids:</p> <ul style="list-style-type: none"> • Pregnancy and breastfeeding • Eyes and face • Anogenital area |

| Treatment/ condition | Rationale ² | Exceptions |
|--|---|---|
| Dandruff | Dandruff is a common skin condition. It can be defined as mild scaling of the scalp without itching. Dandruff isn't contagious or harmful and can be easily treated with over the counter anti-fungal shampoos. A GP appointment is unnecessary. Patients should be encouraged to manage mild dandruff with long term over the counter treatments. | <ul style="list-style-type: none"> No routine exceptions have been identified. |
| Minor conditions suitable for self-care | | |
| Diarrhoea (Adults) | Diarrhoea normally affects most people from time to time and is usually nothing to worry about. However it can take a few days to a week to clear up. Acute diarrhoea is usually caused by a bacterial or viral infection and other causes include drugs, anxiety or a food allergy. OTC treatments can help replace lost fluids or reduce bowel motions. This recommendation does not apply to children. | <ul style="list-style-type: none"> Children Inflammatory bowel disease Patients with liver or kidney disease Patients on low sodium/ low potassium diets Colorectal cancer Post bowel surgery |
| Dry Eyes/Sore tired Eyes | Dry eye syndrome, or dry eye disease, is a common condition that occurs when the eyes don't make enough tears, or the tears evaporate too quickly. Most cases of sore tired eyes resolve themselves. Patients should be encouraged to manage both dry eyes and sore eyes by implementing some self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment. Mild to moderate cases of dry eye syndrome or sore tired eyes can usually be treated using lubricant eye treatments that consist of a range of drops, gels and ointments that can be easily be purchased over the counter. | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Earwax | Earwax is produced inside ears to keep them clean and free of germs. It usually passes out of the ears harmlessly, but sometimes too much can build up and block the ears. A build-up of earwax is a common problem that can often be treated using eardrops bought from a pharmacy. These can help soften the earwax so that it falls out naturally | <ul style="list-style-type: none"> No routine exceptions have been identified Perforated ear drums |
| Excessive sweating (Hyperhidrosis) | Hyperhidrosis is a common condition in which a person sweats excessively. First line treatment involves simple lifestyle changes. It can also be treated with over the counter high strength antiperspirants. An antiperspirant containing aluminium chloride is usually the first line of treatment and is sold in most pharmacies. | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Head Lice | Head lice are a common problem, particularly in school children aged 4-11. They're largely harmless, but can live in the hair for a long time if not treated and can be irritating and frustrating to deal with. Live head lice can be treated by wet combing; chemical treatment is only recommended in exceptional circumstances and in these cases over the counter medicines can be purchased from a pharmacy. If appropriate everyone in the household needs to be treated at the same time – even if they don't have symptoms. Further information on how to treat head lice without medication can be found on NHS Choices. | <ul style="list-style-type: none"> No routine exceptions have been identified Babies under 6 months |
| Indigestion and Heartburn | Most people have indigestion at some point. Usually, it's not a sign of anything more serious and can be treated at home without the need for medical advice, as it's often mild and infrequent and specialist treatment isn't required. Most people are able to manage their indigestion by making simple diet and lifestyle changes, or taking medication such as antacids. Most people can ease symptoms by simple changes to diet and lifestyle and avoiding foods that make indigestion worse. (e.g. rich spicy or fatty foods, caffeinated drinks). | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Infrequent Constipation | Constipation can affect people of all ages and can be just for a short period of time. It can be effectively managed with a change in diet or lifestyle. Pharmacists can help if diet and lifestyle changes aren't helping. They can suggest an over the counter laxative. Most laxatives work within 3 days. They should only be used for a short time only. Laxatives are not recommended for children unless they are prescribed by a GP. This guidance applies to short term, infrequent constipation caused by changes in lifestyle or diet such as lack of water or movement or changes in diet. | <ul style="list-style-type: none"> Children |

| Treatment/ condition | Rationale ² | Exceptions |
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| Infrequent Migraine | Migraine is a common health condition, affecting around one in every five women and around one in every 15 men. Mild infrequent migraines can be adequately treated with over the counter pain killers and a number of combination medicines for migraine are available that contain both painkillers and anti-sickness medicines. Those with severe or recurrent migraines should continue to seek advice from their GP. | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Insect bites and stings | Most insect bites and stings are not serious and will get better within a few hours or days. Over-the-counter treatments can help ease symptoms, such as painkillers, creams for itching and antihistamines | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Mild Acne | Acne is a common skin condition that affects most people at some point. Although acne can't be cured, it can be controlled with treatment. Several creams, lotions and gels for treating acne are available at pharmacies. Treatments can take up to three months to work. Patients should be encouraged to manage mild acne with long term use of over the counter products. | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Mild Dry Skin | Emollients are often used to help manage dry, itchy or scaly skin conditions. Patients with mild dry skin can be successfully managed using over the counter products on a long term basis. | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Sunburn due to excessive sun exposure | Most people manage sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products that can easily be bought in a pharmacy or supermarket. | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Sun Protection | Most people manage sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products that can easily be bought in a pharmacy or supermarket. | <ul style="list-style-type: none"> ACBS approved indication of photodermatoses (i.e. where skin protection should be prescribed). |
| Mild to Moderate Hay fever/Seasonal Rhinitis | Hay fever is a common allergic condition that affects up to one in five people. There's currently no cure for hay fever, but most people with mild to moderate symptoms are able to relieve symptoms with OTC treatments recommended by a pharmacist. | <ul style="list-style-type: none"> Pregnancy Breastfeeding Patients with kidney problems Children with asthma |
| Minor burns and scalds | Burns and scalds are damage to the skin caused by heat. Both are treated in the same way. Depending on how serious a burn is, it is possible to treat burns at home. Antiseptic creams and treatments for burns should be included in any products kept in a medicine cabinet at home. | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain) | In most cases, headaches, period pain, mild fever and back pain can be treated at home with over-the-counter painkillers and lifestyle changes, such as getting more rest and drinking enough fluids. Patients should be encouraged to keep a small supply of OTC analgesics in their medicines cabinets at home so they are able to manage minor conditions at home without the need for a GP appointment. Examples of conditions where patients should be encouraged to self – care include: Headache, colds, fever, earache, teething, period pain, cuts, self-limiting musculoskeletal pain, sprains and strains, bruising, toothache, sinusitis/nasal congestion, recovery after a simple medical procedure, aches and pains and sore throat. | <ul style="list-style-type: none"> Long term conditions requiring regular pain relief Babies under 3 months (under 2 months for immunisation) |
| Mouth ulcers | Mouth ulcers are usually harmless and do not need to be treated because most clear up by themselves within a week or two. Mouth ulcers are common and can usually be managed at home, without seeing your dentist or GP. However, OTC treatment can help to reduce swelling and ease any discomfort. | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Nappy Rash | Up to a third of babies and toddlers in nappies have nappy rash at any one time. Nappy rash can usually be treated at home using barrier creams purchased at the supermarket or pharmacy. Nappy rash usually clears up after about three to seven days if recommended hygiene tips are followed | <ul style="list-style-type: none"> No routine exceptions have been identified |

| Treatment/ condition | Rationale ² | Exceptions |
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| Oral Thrush | Oral Thrush is a minor condition that can be treated without the need for a GP consultation or prescription in the first instance. It is common in babies and older people with dentures or those using steroid inhalers. It can easily be treated with over the counter gel. | <ul style="list-style-type: none"> • Pregnancy and breastfeeding • Patients taking warfarin • Babies under 4 months |
| Prevention of dental caries | The dentist may advise on using higher-strength fluoride toothpaste if you are particularly at risk of tooth decay. Some higher fluoride toothpastes (~1500 ppm) and mouthwashes can be purchased over the counter. | <ul style="list-style-type: none"> • No routine exceptions have been identified |
| Ringworm/Athletes foot | Ringworm is a common fungal infection that can cause a red or silvery ring-like rash on the skin. Despite its name, ringworm doesn't have anything to do with worms. Athlete's foot is a rash caused by a fungus that usually appears between the toes. These fungal infections, medically known as "tinea", are not serious and are usually easily treated with over the counter treatments. However, they are contagious and easily spread so it is important to practice good foot hygiene. | <ul style="list-style-type: none"> • Lymphoedema or history of lower limb cellulitis • Diabetes • Children |
| Teething/Mild toothache | <p>Teething can be distressing for some babies, but there are ways to make it easier for them. Teething gels often contain a mild local anaesthetic, which helps to numb any pain or discomfort caused by teething and these can be purchased from a pharmacy. If baby is in pain or has a mild raised temperature (less than 38°C) then paracetamol or ibuprofen suspension can be given.</p> <p>Toothache can come and go or be constant. Eating or drinking can make the pain worse, particularly if the food or drink is hot or cold. Mild toothache in adults can also be treated with over the counter painkillers whilst awaiting a dental appointment for further investigation.</p> | <ul style="list-style-type: none"> • No routine exceptions have been identified |
| Threadworms | Threadworms (pinworms) are tiny worms in your stools. They are common in children and can be spread easily. They can be effectively treated without the need to visit the GP. Treatment for threadworms can easily be bought from pharmacies. This is usually a chewable tablet or liquid you swallow. Strict hygiene measures can also help clear up a threadworm infection and reduce the likelihood of reinfection. Everyone in the household will require treatment, even if they don't have symptoms. | <ul style="list-style-type: none"> • Children under 2 years • Pregnancy and breastfeeding |
| Travel Sickness | Mild motion sickness can be treated by various self-care measures (e.g. stare at a fixed object, fresh air, listen to music etc.); more severe motion sickness can be treated with over the counter medicines. | <ul style="list-style-type: none"> • No routine exceptions have been identified |
| Warts and Verrucae | Most people will have warts at some point in their life. They are generally harmless and tend to go away on their own eventually. Several treatments can be purchased from a pharmacy to get rid of warts and verrucae more quickly if patients require treatment. | <ul style="list-style-type: none"> • Diabetic patients • Face and neck • Hairy warts or skin lesions • Broken skin |

Part 2: NHS England items which should not routinely be prescribed in primary care³

In line with NHS England guidance³, Hartlepool and Stockton-on-Tees and South Tees CCGs do not support the prescribing of products which fall into one or more of the following categories:

- Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns
- Products which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation
- Products which are clinically effective but due to the nature of the product, are deemed a low priority for NHS funding

PrescQIPP have developed a series of patient information leaflets explaining why each of the 18 medicines are included in the NHSE items which should not routinely be prescribed in primary care guidance and where further help is available. Leaflets are available to download from the [PrescQIPP website](#).

| Treatment/ condition | Rationale | Exceptions |
|---|---|--|
| Co-proxamol | <p>The NHS Regional Drug and Therapeutics Centre bulletin (January 2008) states that co-proxamol should not be prescribed under any circumstances to new patients; existing patients should be converted to alternative analgesics. Co-proxamol has an unfavourable adverse-events profile, particularly toxicity in accidental and intentional overdose. The MHRA Drug Safety Update (January 2011) further confirms the cardiac risks associated with co-proxamol. NHS England (November 2017) supports the deprescribing of co-proxamol.</p> <p>Responsibility for adverse events associated with co-proxamol lies with the prescriber. Studies suggest co-proxamol is no more effective than standard doses of paracetamol taken alone.</p> | <ul style="list-style-type: none"> • No routine exceptions have been identified |
| Dosulepin | <p>NICE guidance for depression (CG90, October 2009) states that patients should not be initiated on dosulepin as the cardiac risks and toxicity in overdose outweigh potential benefits; additionally, PrescQIPP (Bulletin 126, April 2016) advise that dosulepin should not be prescribed for unlicensed indications. NHS England (November 2017) supports the deprescribing of dosulepin.</p> <p>Patients prescribed dosulepin should be reviewed for suitability for swapping to a safer suitable alternative. Dosulepin should not be stopped abruptly unless serious side effects have occurred; gradual tapering is recommended to help prevent discontinuation symptoms.</p> | <ul style="list-style-type: none"> • No routine exceptions have been identified |
| Prolonged-release Doxazosin (also known as Doxazosin Modified Release | <p>NHS England (November 2017) supports the deprescribing of doxazosin modified-release tablets.</p> <p>Patients newly prescribed doxazosin should be initiated at 1mg daily, then titrated at weekly or fortnightly intervals according to response. For patients established on modified-release preparations, consider swapping to the same dose of the immediate-release preparation, or consider swapping to half the dose of the immediate-release preparation, or re-initiate therapy as described for new initiations. Dose adjustment may be necessary dependent on patient response.</p> | <ul style="list-style-type: none"> • No routine exceptions have been identified |

³ [NHS England/ NHS Clinical Commissioners. Items which should not routinely be prescribed in primary care: Guidance for CCGs \(November 2017\)](#)

| Treatment/ condition | Rationale | Exceptions |
|---|---|---|
| Immediate Release Fentanyl | <p>NHS England (November 2017) advises that primary care prescribers should not initiate immediate-release fentanyl preparations for new patients. NHS England also supports the deprescribing of immediate-release fentanyl preparations. More cost-effective preparations are available.</p> <p>NHS England recommendations for immediate-release fentanyl do not apply to patients undergoing palliative care treatment arranged with a suitable specialist.</p> | <ul style="list-style-type: none"> 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 (see below), has been made by a multidisciplinary team and/or other healthcare professional with a recognised specialism in palliative care. |
| Glucosamine and Chondroitin | <p>NICE guidance for the management of osteoarthritis (CG177) does not recommend glucosamine or chondroitin preparations; there is limited and uncertain evidence on the effectiveness of these preparations in the management of osteoarthritis. NHS England (November 2017) supports the deprescribing of glucosamine and/or chondroitin preparations.</p> | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Herbal, homeopathic and alternative remedies | <p>PrescQIPP bulletin 117 (July 2015) states that available evidence does not support the use of herbal and/or homeopathic products. Herbal products may cause significant adverse reactions and interact in an unknown manner with existing therapies. NHS England (November 2017) supports the deprescribing of herbal and homeopathic preparations.</p> | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Lidocaine Plasters | <p>NHS England (November 2017) advises that primary care prescribers should not initiate lidocaine plasters for new patients, and supports the deprescribing of lidocaine plasters for existing patients; this does not apply to patients still experiencing post-herpetic neuralgia having been treated in accordance with NICE Guidance for neuropathic pain in adults (CG173, February 2017). In exceptional clinical need, lidocaine plasters may be prescribed in co-operation with a suitable specialist.</p> <p>NICE CG173 recommends offering initial treatment with amitriptyline, duloxetine, gabapentin or pregabalin, offering one of the remaining three drugs if the initial treatment is not effective or not tolerated; consider capsaicin cream for patients with localised neuropathic pain who wish to avoid, or cannot tolerate, oral treatments.</p> | <ul style="list-style-type: none"> 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) | <p>The British Thyroid Association (June 2015) recommend that levothyroxine monotherapy is the treatment of choice in hypothyroidism; there is no convincing evidence to support routine use of liothyronine, thyroid extracts, or compounded thyroid hormones in the management of hypothyroidism. NHS England (November 2017) state that prescribers should not initiate liothyronine for any new patient; individuals currently prescribed liothyronine should be reviewed by a consultant endocrinologist with consideration given to swapping to levothyroxine where clinically appropriate.</p> | <ul style="list-style-type: none"> 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. 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. |

| Treatment/ condition | Rationale | Exceptions |
|--|--|--|
| Lutein and Antioxidants | <p>The PrescQIPP Drop-List 2015 (Bulletin 86, December 2014) states there is little evidence to support the use of lutein and antioxidant vitamin preparations to prevent progression of AMD, they are considered low priority and poor value for money. Concerns have been raised that the high doses of vitamins and minerals needed may cause harm in some people. NHS England (November 2017) supports the deprescribing of vitamin and mineral supplements for AMD.</p> <p>NHS England support the self-care agenda. A healthy diet rich in oily fish, leafy green vegetables and fresh fruit may be recommended or alternatively advise patients to purchase dietary supplements over the counter.</p> | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Omega-3 Fatty Acid Compounds | <p>PrescQIPP (Bulletin 117, July 2015) states that vitamins should be obtained through dietary means and should not be prescribed as dietary supplements. If a multivitamin supplement is required it should be purchased over the counter or obtained through Sure Start schemes where available.</p> <p>NHS England support the self-care agenda.</p> | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Oxycodone and Naloxone Combination Product | <p>Oxycodone and naloxone combination product is used to treat severe pain and can also be used second line in restless legs syndrome. The opioid antagonist naloxone is added to counteract opioid-induced constipation by blocking the action of oxycodone at opioid receptors locally in the gut.</p> <p>PrescQIPP CIC have issued a bulletin and did not identify a benefit of oxycodone and naloxone in a single product over other analgesia (with laxatives if necessary).</p> <p>Due to the significant cost of the oxycodone and naloxone combination product and the unclear role of the combination product in therapy compared with individual products, the joint clinical working group considered oxycodone and naloxone suitable for inclusion in this guidance.</p> | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Paracetamol and Tramadol Combination Product | <p>NHS England (November 2017) supports the deprescribing of combination tramadol/paracetamol preparations.</p> <p>The recommended dose of both paracetamol 500mg tablets and tramadol 50mg capsules is one to two every four to six hours when required up to four times daily.</p> | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Perindopril Arginine | <p>NHS England (November 2017) supports the deprescribing of perindopril arginine preparations.</p> <p>PrescQIPP bulletin 59 (March 2014, version 2) recommends swapping from perindopril arginine/indapamide 5mg/1.25mg preparations to perindopril erbumine 4mg and a suitable diuretic as separate components as the best option; although there is no direct switch for the indapamide component, indapamide 1.5mg modified-release tablets may be an appropriate alternative.</p> | <ul style="list-style-type: none"> No routine exceptions have been identified |
| Rubefaciants (excluding topical NSAIDs) | <p>PrescQIPP (Bulletin 117, July 2015) states that the evidence available does not support the use of topical rubefaciants in acute or chronic musculoskeletal pain. NHS England (November 2017) supports the deprescribing of rubefaciants.</p> <p>NHS England support the self-care agenda. The NICE Clinical Guideline (CG177) for osteoarthritis states that topical capsaicin should be considered as an adjunct to core treatments for knee or hand osteoarthritis.</p> | <ul style="list-style-type: none"> No routine exceptions have been identified |

| Treatment/ condition | Rationale | Exceptions |
|--|--|--|
| Once Daily Tadalafil | <p>NHS England (November 2017) supports the deprescribing of once daily tadalafil (2.5mg, 5mg) tablets.</p> <p>There are no restrictions on prescribing generic sildenafil for erectile dysfunction on the NHS in England; prescriptions do not need the Selected Scheme List (SLS) endorsement. NICE guidance on Lower Urinary Tract Symptoms in Men (CG97, June 2015) recommends that phosphodiesterase-5-inhibitors should not be offered for the treatment of lower urinary tract symptoms in men (such as benign prostatic hyperplasia) except as part of a randomised controlled trial.</p> | <ul style="list-style-type: none"> • No routine exceptions have been identified |
| Travel Vaccines (vaccines administered exclusively for the purposes of travel) | <p>This guidance covers the following vaccinations which should not be prescribed on the NHS exclusively for the purposes of travel:</p> <ul style="list-style-type: none"> • Hepatitis B • Japanese Encephalitis • Meningitis ACWY • Yellow Fever • Tick-borne encephalitis • Rabies • BCG <p>These vaccines should continue to be recommended for travel but the individual traveller will need to bear the cost of the vaccination. For all other indications, as outlined in Immunisation Against Infectious Disease – the green book – the vaccine remains free on the NHS.</p> | <ul style="list-style-type: none"> • The following vaccines may still be administered on the NHS exclusively for the purposes of travel, if clinically appropriate, pending any future review: <ul style="list-style-type: none"> ○ Cholera ○ Diphtheria/Tetanus/Polio ○ Hepatitis A ○ Typhoid • Vaccines prescribed NOT exclusively for the purpose of travel. |
| Trimipramine | <p>NHS England (November 2017) advises that primary care prescribers should not initiate trimipramine for new patients. NHS England also supports the deprescribing of trimipramine.</p> | <ul style="list-style-type: none"> • No routine exceptions have been identified |

Part 3: Products not suitable for prescribing in primary care in Hartlepool and Stockton-on-Tees and South Tees CCGs⁴

The following medicines have been deemed **not suitable** for prescribing for adults and children in primary or secondary care within Hartlepool & Stockton-on-Tees and South Tees. This includes all medicines classified in the BNF as 'not NHS' or that are considered by the 'Joint Formulary Committee' of the British National Formulary (BNF) as less suitable for prescribing. It also includes those medicines included within the NICE "Do not do" list. Decisions for inclusion of medicines on the list have been made on the basis of safety, efficacy and cost-effectiveness of the product.

This list applies to new initiations only and existing historical prescribing should be reviewed on individual patient basis if clinically appropriate.

| Treatment/ condition | Rationale | Supporting information |
|--|--|---|
| Cardiovascular | | |
| Aliskiren | Not cost-effective compared to other antihypertensives. NICE CG127 states that there is insufficient evidence of its effectiveness to determine its suitability for use in resistant hypertension. | PrescQIPP DROP List NICE: CG127 |
| Cilostazol (Pletal®) | Poor evidence base | NICE: TA223 |
| Diuretics with Potassium | There is sufficient concern over safety that it is not appropriate to be prescribed due to K+ supplements increasing levels. | BNF: Diuretics with potassium |
| Moxisylyte (Opilon®) | Poor evidence base | CKS: Raynaud's Phenomenon |
| Oxerutins | Poor evidence base | BNF: less suitable for prescribing |
| Pentoxifylline (Trental®) | Poor evidence base | NICE: TA223 |
| Perindopril arginine | No benefit of evidence over generic perindopril erbumine and it costs more. | PrescQIPP DROP List |
| Simvastatin/ ezetimibe combination product (Inegy®) | Not a cost effective use of NHS resources | NICE: TA132 |
| Respiratory | | |
| Ciclesonide | There are alternative inhaled corticosteroids available at a lower cost. Lack of long-term data on clinical outcomes. | |
| Levocetirizine (Xyzal®) | Not a cost effective use of NHS resources. | CKS: Allergic Rhinitis |
| Central nervous system | | |
| Cannabis extract (Sativex®) | Poor evidence base. NTAG – not recommended for use for the treatment of spasticity due to MS. | NICE NTAG |
| Chloral hydrate (insomnia) | | BNF: less suitable for prescribing |
| Clomipramine (Anafranil SR®) | | BNF: less suitable for prescribing |
| Co-careldopa intestinal gel (Duodopa®) | Not a cost effective use of NHS resources. | NHS Commissioning Board : Duodopa policy statement DC43 |
| Codeine and aspirin combination product (Co-codaprin®) | Poor evidence base. This preparation does not allow for effective dose titration and the advantages of using a compound formulation have not been substantiated. There is no instance where this product is appropriate to use from a safety or efficacy point of view, over existing treatments. | BNF: less suitable for prescribing |

⁴ Adapted from County Durham and Darlington APC Do Not Prescribe List

| Treatment/ condition | Rationale | Supporting information |
|--|--|--|
| Dosulepin | NICE CG90 for depression in adults states: "Do not switch to, or start, dosulepin because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose." | PrescQIPP bulletin 126: Dosulepin NICE CG90: Depression in adults: recognition and management |
| Ergotamine containing products (Migril) | Safety concerns. NICE: Do not Do recommendation: Do not offer ergots or opioids for the acute treatment of migraine. NICE: Do not Do recommendation: Do not offer paracetamol, NSAIDs, opioids, ergots or oral triptans for the acute treatment of cluster headache. | NICE BNF: less suitable for prescribing |
| e-Voke® electronic inhaler | The Northern (NHS) Treatment Advisory Group does not recommend the use of e-Voke® as a stop smoking aid on the NHS. | NTAG |
| Isocarboxazid | | BNF: less suitable for prescribing |
| Pentazocine | | BNF: less suitable for prescribing |
| Promazine | | BNF: less suitable for prescribing |
| Tranlycypromine | | BNF: less suitable for prescribing |
| Infections | | |
| Antifungal nail paints e.g. amorolfine nail lacquer | Systemic treatments are more effective. Nail lacquers and solutions are expensive. Amorolfine nail lacquer (pack size 3mls) is available OTC for mild cases and for treatment of a maximum of two nails. | PrescQIPP DROP List |
| Ketoconazole (for oral administration) | Safety concerns | MHRA: Drug Safety Update |
| Malaria prophylaxis | Medication for malaria prophylaxis is not reimbursable on the NHS. Prescription only medicines for malaria prophylaxis should be prescribed privately and other medications can be purchased via a local community pharmacy. | North East & Cumbria CCG Prescribing Forum Self-Care and OTC Product Guidance NECS Useful prescribing information – a guide for prescribers |
| Minocycline for acne | There are safety concerns associated with minocycline including greater risk of lupus erythematosus-like syndrome and irreversible pigmentation. Minocycline and it should not routinely be used for the treatment of acne. Oxytetracycline is the current first line treatment choice for acne. | PrescQIPP DROP List NICE: KTT11 PrescQIPP briefing 60: Minocycline in acne vulgaris North East and Cumbria antimicrobial prescribing guideline for primary care |
| Endocrine | | |
| Norethisterone or medroxyprogesterone for postponement of menstruation | For the postponement of menstruation for non-medical reasons prescribing should be via private prescription as this is considered a lifestyle choice rather than the treatment of a medical condition (please note medroxyprogesterone is unlicensed for this indication). Some community pharmacies may supply norethisterone (in store or online) via a private PGD. | North East & Cumbria CCG Prescribing Forum Self-Care and OTC Product Guidance |
| Alendronate plus Vitamin D (Fosavance®) | Not a cost effective use of NHS resources. No convincing randomised controlled evidence of benefits over existing bisphosphonate therapy. | NICE- TA161 CKS- osteoporosis |
| Gliclazide MR (Diamicon MR®) | Not a cost effective use of NHS resources. | BNF note: equivalent therapeutic effect to standard prep |

| Treatment/ condition | Rationale | Supporting information |
|---|---|--|
| Hydrocortisone sodium phosphate (Efcortisol®) | Paraesthesia and pain may follow intravenous injection. | BNF: less suitable for prescribing |
| Ibandronic acid (Bonviva®) | Once monthly preparation – unclear whether advantageous | |
| Prednisolone EC tablets | Poor evidence base. | UKMI Q&A: Is there any evidence to support the use of enteric coated (EC) over uncoated prednisolone tablets? |
| Testosterone patches (Intrinsa®) | Poor evidence base | EMA Public Statement: Intrinsa (testosterone): Withdrawal of the marketing authorisation in the European Union |
| Teriparatide (atypical fractures) | NTAG does not recommend the use of teriparatide for the treatment of bisphosphonate induced atypical fractures due to lack of evidence and concerns around cost-effectiveness. | NTAG |
| Tolvaptan for hyponatraemia | Not routinely commissioned. | NHS England |
| Obstetrics, gynae and urinary tract disorders | | |
| Bethanechol | | BNF: less suitable for prescribing |
| Dapoxetine | NTAG does not recommend the use of dapoxetine for premature ejaculation because of concerns around cost-effectiveness, lack of long-term safety data and lack of any published active comparator trials. | NTAG |
| Malignant disease and immuno-suppression | | |
| Fulvestrant | Poor evidence base and not a cost effective use of NHS resources | NICE TA239 |
| Nutrition and blood | | |
| Gluten-free non-staple foods All gluten-free products except flour, plain bread rolls or loaves, and part baked bread. | Practices should only prescribe gluten-free staple foods to patients with a confirmed diagnosis or gluten-sensitive enteropathies, in line with local guidelines for recommended number of units per month. Only the following staple foods are approved on NHS prescription in Tees: <ul style="list-style-type: none"> • Flour e.g. flour mix, blended mix, white or fibre mix and multipurpose mix • Plain bread rolls or loaves • Part baked bread e.g. white bread, fibre loaf, flat bread Patients may still purchase other gluten-free products which are readily available from pharmacies, health stores and supermarkets. | Guidelines for the supply of gluten-free products in Tees CCGs |
| Lactose-free infant milks | Prescribing of formula milk is only to be initiated by GPs whilst awaiting referral to a paediatrician/ dietetics. To be prescribed only under consultant paediatrician/ dietetics advice and then only in accordance with ACBS guidelines. | Hartlepool & Stockton-on-Tees CCG and South Tees CCG summary of prescribing for infant feeding problems PrescQIPP bulletin 146: Appropriate prescribing of specialist infant formulae |
| Calcium 500mg and colecalciferol 200units (e.g. Calcichew D-3, Calcium & Ergocalciferol Tablets) | Not a cost effective use of NHS resources A daily dose of 800 units of vit D is required to prevent fractures. | CKS: sub-therapeutic dose for fracture prevention |
| Iron – all modified release iron preparations | Poor evidence base | BNF: No therapeutic advantage and should not be used |
| Spatone - iron-rich spa water from the mountains of Snowdonia | Poor evidence base | |
| Vitamin B Compound | Alcohol-use disorders: diagnosis and management of physical complications NICE CG100 only includes the use of thiamine. | BNF: less suitable for prescribing BNF |
| Musculo-skeletal and joint diseases | | |
| Diclofenac & Misoprostol combination product | BNF recommends a higher starting dose of misoprostol for prophylaxis against NSAID induced GI ulceration that that provided by combination preparations. | BNF: less suitable for prescribing BNF |

| Treatment/ condition | Rationale | Supporting information |
|---|--|--|
| (Misofen® and Arthrotec®) | | |
| Methocarbamol | Not cost effective use of NHS resources, deemed less suitable for prescribing in BNF. | BNF: less suitable for prescribing BNF |
| Naproxen & esomeprazole combination product (Vimovo®) | Not a cost effective use of NHS resources | CKS: Proven GORD |
| Synovial fluid injections including Hyaluronan and sodium hyaluronate injection | Poor evidence base. NICE Do not Do recommendation: Do not offer intra-articular hyaluronan injections for the management of osteoarthritis. | NICE |
| Skin | | |
| Eflornithine cream (Vaniqa®) for hirsutism | No evidence of efficacy in comparison to existing treatments and it is substantially more expensive. It needs to be used indefinitely but the long-term benefits and safety have not been established (past 24 weeks). To be used only in line with laser therapy. | PrescQIPP briefing 57: Eflornithine review |
| Lanolin cream (Lansinoh HPA®) | Not a cost effective use of NHS resources | Cochrane Review 2014: Interventions for treating painful nipples among breastfeeding women CKS: Molluscum contagiosum |
| Molludab (potassium hydroxide 5%) topical solution for the treatment of molluscum contagiosum | Poor evidence base | CKS: Molluscum contagiosum |
| Silk garments (Dermasilk®, Dreamskin®, Skinnies Silk®) | Poor evidence base | UKMI 2014: Silk garments for eczema/atopic dermatitis |
| Bio Oil | Poor evidence base. More cost effective preparations available | |
| Eyelid cleaning products for blepharitis e.g. Blephaclean, Lid-Care, Optrex, Ster Eye | Prescribing at NHS expense is not recommended. Patients who wish to use these products should be advised to purchase them over the counter and follow NHS Choices self-care advice. | Moorfields Eye Hospital: Blepharitis information for Health Professionals NHS Choices: Blepharitis |