

# County Durham and Darlington Grey List

November 2016

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
<b>Chapter 1 Gastrointestinal</b>	Esomeprazole (Nexium®)	Appropriate option under consultant gastroenterologist recommendation if not responded to other PPIs	Green+ (N.B.non-formulary)		
<b>Chapter 2 Cardiovascular</b>	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
	Omega-3-acid ethyl ester (Omacor®)	Omega-3-fatty acids (e.g. Omacor) should only be used for the treatment of hypertriglyceridaemia under the care of a lipid management specialist, all patients receiving this medication, other than for hypertriglyceridaemia under a lipid management specialist, should have the medication discontinued.	Green+	Not recommended. For secondary prevention of myocardial infarction NICE CG172 states: “Do not offer or advise people use omega-3 fatty acid capsules or omega 3 fatty acid supplemented foods to prevent another MI.” “Advise people to eat a	NICE: KTT3  PrescQIPP DROP List

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				<p>Mediterranean-style diet (more bread, fruit, vegetables and fish; less meat; and replace butter and cheese with products based on plant oils)".</p> <p>NICE CG170 states "Do not use omega-3 fatty acids to manage sleep problems in children and young people with autism".</p> <p>NICE do not recommend fish or algal oils solely with the aim of preventing hypertensive disorders in pregnancy<sup>19</sup> or omega-3 fatty acid supplements for familial hypercholesterolaemia.</p> <p>NICE CG87 states "Do not prescribe fish oil preparations for the primary prevention of cardiovascular disease in people with type 2 diabetes".</p>	
<b>Chapter 4 Central Nervous System</b>	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.	

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	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.	
	Novel fentanyl formulations oromucosal (Abstral®, Effentora®) and nasal (Instanyl®) plus (PecFent®)	Where patient is unable to take immediate release morphine or oxycodone for breakthrough cancer pain. Only to be used on the advice of palliative care consultant.	Green+ (N.B.non-formulary)	The North East Treatment Advisory Group does not recommend the novel fentanyl analgesics (Abstral®, Effentora®, Instanyl® and PecFent®) for breakthrough pain associated with cancer.	NTAG
	Lidocaine 5% plaster (Versatis®)	Only licensed for treatment of postherpetic neuralgia (PHN). Approved for use in the treatment of chronic neuropathic pain on the advice of pain specialists only, and subject to an appropriate trial of efficacy in each individual patient.	Green+	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.	PrescQIPP DROP List  NICE CG173
<b>Chapter 7 Obstetrics, gynae and urinary tract disorders</b>	Duloxetine (Yentreve®) (stress urinary incontinence)	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	Green+	Modest effects in women with severe SUI and no benefit in women with mild SUI	NICE CG171
<b>Chapter 9 Nutrition and blood</b>	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
	Co-enzyme Q10	Should only be used for the treatment of	Red	Poor evidence base.	CG181

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		mitochondrial disorders under the care of a specialist.			
	Vitamin B tablets, Compound Strong	Should only be used on the advice of a dietician or in secondary care to prevent "re-feeding syndrome".	Green+	Poor evidence base	NICE CG100
<b>Chapter 10 Musculo-skeletal and joint diseases</b>	Piroxicam oral therapies	Oral piroxicam should only be used on the advice of specialists as a 2 <sup>nd</sup> line treatment for arthritis. Patients who currently take piroxicam should be assessed at a routine appointment.	Green+ (N.B.non-formulary)	Safety concerns.	MHRA DSU
<b>Chapter 12 Ear, Nose and Oropharynx</b>	Fluticasone/Azela stine (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.	
<b>Chapter 13 Skin</b>	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.	
<b>Misc</b>	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
	Probiotics	Only to be used as per ACBS criteria	Green+		BNF

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		VSL#3 ACBS: For use under the supervision of a physician for the maintenance of remission of ileoanal pouchitis only in adults as induced by antibiotics	(N.B.non-formulary)		PrescQIPP DROP List
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