

## Medicines Optimisation Position Statement

Position Statement	Items which should not routinely be prescribed in primary care
Position Statement number	002
Approved by Medicines Optimisation Group	July 2023
Ratified by Medicines Board	July 2023
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### Summary of Prescribing Principles:

NHS England partnered with NHS Clinical Commissioners to support Clinical Commissioning Groups (CCGs), (now Integrated Care Boards (ICBs)) in ensuring that they can use their prescribing resources effectively and deliver best patient outcomes from the medicines that their local population uses.

They published guidance<sup>i</sup> which included recommendations on 18 items which were consulted on from July – Oct 2017<sup>ii</sup>. In 2018 the guidance was reviewed, and further consultation was undertaken from Nov 2018 – Feb 2019 on an update to one of the 18 items (rubefaciants) and 8 new items.

The guidance objective (issued under s14Z10 and S2 of the NHS Act 2006) was to support CCGs to fulfil their duties around appropriate use of prescribing resources, in their decision-making, to address unwarranted variation, and to provide clear national advice to make local prescribing practices more effective. Items were considered for inclusion if they were:

- 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; and/or
- Items which are clinically effective but, due to the nature of the product, are deemed a low priority for NHS funding.

In reaching its recommendations for the 25 products listed, where relevant, recommendations from NICE were considered to support CCGs in implementing NICE guidance. Where NICE guidance was not available, the group considered evidence from a range of sources; the Medicines and Healthcare products Regulatory Agency (MHRA), the British National Formulary, the Specialist Pharmacist Service and PrescQIPP Community Interest Company (CIC) evidence reviews.

The aim was a more equitable basis on which CCGs can take individual and local implementation decisions. Local systems were expected to take this guidance into account

in formulating local policies. After considering the results of the consultation and NHS England guidance, the following recommendations have been adopted by Frimley ICB.

Items which will no longer be prescribed in Frimley ICB

- Aliskiren
- Bath and shower emollients<sup>iii</sup>  
NICE CG57 (June 2023) recommend washing children with leave-on emollients or emollient soap substitutes, which may also be added to bath water. Children under 12 years should use leave-on emollients instead of shampoo. Older children should use an unperfumed shampoo.
- Co-proxamol
- Doxazosin modified/prolonged release
- Glucosamine and/or chondroitin
- Herbal treatments
- Homeopathy
- Lutein, antioxidants and vitamins for eye health
- Minocycline for acne
- Needles for pre-filled and reusable insulin pens costing more than £5 per 100
- Omega-3 fatty acid compounds
- Paracetamol plus Tramadol combination product
- Perindopril arginine
- Rubefacients (excluding topical NSAIDs and capsaicin)
- Silk garments
- Once daily tadalafil 2.5mg tablets
- Vaccinations for travel: Hepatitis B, Japanese Encephalitis, Meningitis ACWY, Yellow Fever, Tick-borne encephalitis, Rabies, BCG.

Items which will no longer be initiated in Frimley ICB

- Dosulepin
- Liothyronine (including Armour Thyroid and liothyronine combination products) unless NHS patient with approved shared care with NHS specialist.
- Oxycodone plus Naloxone combination product
- Trimipramine

Items which will no longer be initiated in Frimley ICB except in the circumstances highlighted:

- Amiodarone – 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 NICE Guidance CG180. It may also be suitable in patients prior and post cardioversion or in specific patients who also have heart failure or left ventricular impairment
- 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 NICE Guidance CG180.
- Immediate release fentanyl – except when used in palliative care.
- Lidocaine plasters/patches – 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).

The guidance does not remove the clinical discretion of the prescriber in accordance with their clinical judgement and professional duties. When monitoring, clinical exceptions defined in the guidance should be taken account of and targets of zero prescribing are not used inappropriately.

#### Useful references

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<sup>i</sup> Items which should not be routinely prescribed in primary care: Guidance for CCGs version 2, June 2019. NHS England & NHS Clinical Commissioners. Accessed June 2019 via <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf>

<sup>ii</sup> Items which should not be routinely prescribed in primary care: Consultation Report of Findings, November 2017. NHS England & NHS Clinical Commissioners. Accessed March 2018 via <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-consultation-report.pdf>

<sup>ii</sup> [Recommendations | Atopic eczema in under 12s: diagnosis and management | Guidance | NICE](#)