NHS Frimley

# Medicines Optimisation Position Statement

| Position Statement | **Items which should not routinely be prescribed in primary care** |
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| Position Statement number | 002 |
| Approved by Medicines Optimisation Group | April 2024 |
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| Date of planned review | May 2026 |

**Statement:** Having considered the recommendations and with regard to reducing health inequalities and advancing equality, Frimley Integrated Care Board have adopted NHS England policy[i]. Prescribers should follow local policies in their prescribing practice

This policy guidance is issued as general guidance under s14Z51 of the NHS Act 2006 to reduce unwarranted variation, improve patient outcomes and provide value for money for the NHS. It provides recommendations for items which should not routinely be prescribed in primary care because:

- there are significant safety concerns with the item
- there is a lack of robust evidence of clinical effectiveness for the item
- the item is clinically effective but more cost-effective interventions are available
- the item is clinically effective but deemed a low priority for NHS funding.

These items include medicines, devices, food supplements and other treatments.

**About the recommendations**

The policy recommendations are grouped under two categories:

- Items where no prescribing is appropriate (no exceptions apply).
- Items where prescribing may be appropriate in some exceptional circumstances.

The following policy recommendations apply to all items in both categories:

- do not initiate in primary care
- deprescribe in patients currently prescribed this item.

The following policy recommendations apply to some items in the second category due to one or more exceptions:

- prescribe only if no other item or intervention is clinically appropriate.
- prescribe only if no other item or intervention is available.
- prescribe only if the item is for an indication named in this guidance.

Additional prescribing guidance is provided for some items, including alternatives and where a multidisciplinary approach is required. Prescribers should also follow local prescribing policies.

The recommendations do not override the individual responsibility of healthcare professionals to

support their patients in agreeing the most appropriate treatment options for them through taking a shared decision-making approach.

**Policy recommendations**

**Items where no prescribing is appropriate (that is, no exceptions apply):** Items where no prescribing is appropriate because there are significant safety concerns or there is no evidence of clinical effectiveness for all patient populations.

**Recommendations**

- Do not initiate in primary care.
- Deprescribe in patients currently prescribed this medicine.

These recommendations apply to:

- co-proxamol
- glucosamine and chondroitin
- herbal treatments and other natural products
- homeopathy
- minocycline for acne
- omega-3 fatty acid compounds (excluding icosapent ethyl [Vazkepa®])
- silk garments.

**Items where prescribing may be appropriate in some exceptional circumstances:** For all items, if no other item is clinically appropriate or available it may be appropriate to prescribe following a shared decision-making conversation between the prescriber and patient, based on evidence-based good quality information, clinical judgement and the patient's values and preferences. For some items there are also named exceptional circumstances where it is clinically justifiable to prescribe.

**Recommendations (1)**

- Do not initiate in primary care.
- Deprescribe in patients currently prescribed this item.
- Prescribe only if no other item or intervention is clinically appropriate.
- Prescribe only if no other item or intervention is available.

**These recommendations apply to:**

- aliskerin
- bath and shower preparations for dry and pruritic skin conditions:
  - substitute with 'leave-on' emollients.
- dosulepin:
  - prescribing decision should be made after a multidisciplinary team discussion
- doxazosin (prolonged release)
- lutein and antioxidants
- oxycodone and naloxone combination product:
  - prescribing decision should be made after a multidisciplinary team discussion
- paracetamol and tramadol combination product
- perindopril arginine
- rubefacients, benzydamine, mucopolysaccharide and cooling products (excluding NSAIDs and capsaicin)
- trimipramine.

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**Recommendations (2)**

- Do not initiate in primary care.
- Deprescribe in patients currently prescribed this item.
- Prescribe only if no other item or intervention is clinically appropriate.
- Prescribe only if no other item or intervention is available.
- Prescribe only if for an indication named in this guidance.

**These recommendations apply to:**

- amiodarone:
  - may be suitable in patients prior and post cardioversion
  - may be suitable in patients who also have heart failure or left ventricular impairment
  - must be initiated by a specialist
  - if a patient is taking amiodarone, implementation of a shared care arrangement is recommended, if not already in place, to ensure safe and appropriate prescribing (see NICE Guideline on atrial fibrillation management and the NHS England shared care protocol Amiodarone for patients within adult services)
- dronedarone:
  - may be used for the maintenance of sinus heart rhythm after cardioversion in clinically stable patients with paroxysmal or persistent atrial fibrillation, when alternative treatments are unsuitable
  - must be initiated by a specialist and a shared care arrangement should be used – see NICE Guideline on atrial fibrillation management and the NHS England shared care protocol Dronedarone for patients within adult services
- immediate release fentanyl:
  - the recommendations do not apply to patients undergoing palliative care treatment and where the recommendation to use immediate release fentanyl, in line with the NICE Guideline opioids in palliative care, has been made by a multidisciplinary team and/or other healthcare professional with a recognised specialism in palliative care
- lidocaine plasters:
  - the recommendations do not apply to patients who have been treated in line with NICE guidance on chronic pain but are still experiencing neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia) – see NICE guideline Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain
- liothyronine:
  - follow NHS England prescribing advice on liothyronine when initiating or reviewing the prescribing of liothyronine
  - the recommendations do not apply to patients who have already been reviewed by an NHS consultant endocrinologist
  - all other patients currently taking liothyronine should be reviewed by an NHS consultant endocrinologist to determine future treatment plans
  - new patients with overt hypothyroidism whose symptoms persist on levothyroxine may be prescribed liothyronine after a 3-month or longer review by an NHS consultant endocrinologist
- needles for pre-filled and reusable insulin pens:
  - these recommendations do not apply when the cost is <£5 per 100 needles
- travel vaccines: only the following vaccines may be administered on the NHS exclusively for the purposes of travel, if clinically appropriate:
  - cholera, diphtheria/tetanus/polio, hepatitis A, typhoid.

Further detail, including useful references and the rationale for an item's inclusion, can be found in the Appendix.

Prescribers may also wish to note recent changes (2023) for

- Aliskiren
- Amiodarone
- Bath and shower preparations for dry and pruritic skin conditions
- Co-proxamol
- Immediate release fentanyl
- Herbal treatments and other natural products
- Lidocaine plasters
- Liothyronine (including Armour Thyroid and liothyronine combination products)
- Lutein and antioxidants
- Omega-3 fatty acid compounds (excluding icosapent ethyl [Vazkepa®])
- Paracetamol and tramadol combination product
- Rubefacients, benzydamine, mucopolysaccharide and cooling products (excluding topical NSAIDs* and capsaicin)

**Implementation and monitoring**

Effective implementation of the policy recommendations requires engagement across primary and secondary care, and development and use of shared care arrangements where appropriate. Frimley ICB highlights guidance on Shared care for medicines and Responsibility for prescribing between primary and secondary/tertiary care.

Dashboards showing current prescribing patterns for the items included in this guidance are available (ePACT2, PrescQIPP and OpenPrescribing.net). When monitoring, the clinical exceptions defined in this guidance will be taken into account and care taken to ensure that zero prescribing goals are not used inappropriately.

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[i] NHS England » Policy guidance: conditions for which over the counter items should not be routinely prescribed in primary care