

Policy for items which should not routinely be prescribed in primary care

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Target audience	<ul style="list-style-type: none"> • Patients registered with a Birmingham and Solihull CCG GP Practice • General practice within Birmingham and Solihull CCG (All clinicians prescribing, or making recommendations for prescribing, for patients in the primary care setting) • Provider services (all clinicians making recommendations for prescribing for patients in the Birmingham and Solihull CCG primary care setting)

Review and amendment log:

Version no Description of change	Type of change	Date	Description of change	Author of changes
v2.0	Update following change to national guidance	September 2019	Addition of 7 items and revision of one recommendation in line with update to national guidance for CCGs from NHSE/NHSCC	Rakhi Aggarwal
v2.1	Clarification of recommendations for prescribing	November 2019	Clarification of recommendation for amiodarone prescribing with RICaD following BSSE Area Prescribing Committee decision	Liz Thomas Angela Barker
	Clarification of recommendations for prescribing	November 2019	Clarification of recommendation for dronedarone in line with BSSE Area Prescribing Committee formulary status.	Liz Thomas Angela Barker
	Minor amendments and clarification	November 2019	Hyperlinks added or updated Minor grammatical and formatting changes	Liz Thomas Angela Barker

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1.0 INTRODUCTION

In the last financial year¹ 21.3 million prescription items² were dispensed in Birmingham and Solihull Clinical Commissioning Group (CCG) at a cost of approximately £179 million.

CCGs have limited budgets which are used to commission healthcare that meets the reasonable requirements of their patients³. By implementing this policy, we can prioritise resources using the best evidence about what is clinically effective, to provide the greatest proven health gain for the whole of the CCG's population. Our intention is to ensure access to NHS funding is equal and fair, whilst considering the needs of the overall population and evidence of clinical and cost effectiveness.

This policy is based on the NHS England/NHS Clinical Commissioners [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#). Following this guidance helps us to stop variation in access to NHS services in different areas (which is sometimes called 'postcode lottery' in the media) and allow fair and equitable treatment for all local patients.

2.0 BACKGROUND

During 2017, NHS England and NHS Clinical Commissioners established a clinical working group, with membership including GPs and pharmacists, CCGs, Royal College of General Practitioners, National Institute for Health and Care Excellence (NICE), Department of Health, the Royal Pharmaceutical Society and others. The clinical working group were tasked with identifying products which should no longer be routinely prescribed in primary care.

The recommendations from the group were subject to consultation during the period July to October 2017. Following a period of consultation, final guidance on eighteen items was published in November 2017.

In the autumn of 2018 the guidance was reviewed, and a further consultation was undertaken between November 2018 and February 2019. The second iteration of the guidance was published in June 2019 and this included one updated item (rubefaciants) and the addition of seven new items.

The guidance document, Items which should not routinely be prescribed in primary care: Guidance for CCGs (version 2, June 2019) details seventeen recommendations and one updated recommendation (rubefaciants) from the original 2017 guidance and seven new recommendations. Following the consultation, it was decided that further work was required before recommendations could be issued for blood glucose testing strips.

The joint clinical working group identified products which fell 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 options are available, including products which have been subject to excessive price inflation
- Products which are clinically effective, but due to the nature of the product, are deemed low priority for NHS funding

In reaching its recommendations, the group considered guidance from NICE. Where this was not available it considered evidence from a variety of other sources including 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 full guidance document describes the process for how recommendations were derived.

¹ April 2018-March 2019

² An item is anything which can be prescribed on an NHS prescription. More information on what is prescribed on an NHS prescription is available in the [Drug Tariff](#).

³ Subject to the CCG staying within the budget it has been allocated

3.0 RESPONSE OF BIRMINGHAM AND SOLIHULL CCG

During the national initial consultation, a concurrent engagement exercise was undertaken across Birmingham and Solihull CCG. This included information on the CCG website, social media activity (including paid for Facebook promotion), internal and external newsletters, existing patient forums and a briefing to key stakeholders. The CCG's communications and engagement team also created standard content to support the consultation, which was used by NHS England and other CCGs based in the Midlands and East.

During the second national consultation the recommendations for blood glucose testing strips for type 2 diabetes was removed from the final outcome as recommendations of further work was required in this area. It was determined that more work was required on the features of different testing meters available and how this may impact on the choice of blood glucose testing strips and therefore no recommendations were made. Initial recommendations on rubefacients that were issued in November 2017 have been updated to highlight that capsaicin cream can be prescribed in line with NICE guidance and would therefore be excluded from the recommendations for rubefacients.

During the initial consultation, a face to face meeting was held with members of the Midlands Thyroid Support Group, who wished to focus their comments on liothyronine, one of the medicines included in the consultation document. The CCGs agreed the text of the feedback from the meeting with the support group, and submitted it on their behalf. The CCGs, as commissioners, also responded to the consultation. As a result of the initial national consultation, the recommendations for liothyronine were further developed, as noted on page 8 of the NHS England and NHS Clinical Commissioners guidance.

The CCG accepts the recommendations made within the second iteration of NHS England and NHS Clinical Commissioners guidance and they form the clinical content of this policy.

4.0 SCOPE OF THE POLICY

This policy sets out the commissioning policy of NHS Birmingham and Solihull CCG in relation to the following twenty-five products:

- Aliskiren
- Amiodarone
- Bath and shower preparations for dry and pruritic skin conditions
- Co-proxamol
- Dosulepin
- Dronedarone
- Prolonged release doxazosin
- Immediate release fentanyl
- Glucosamine and chondroitin
- Herbal treatments
- Homoeopathy
- Lidocaine plasters
- Liothyronine
- Lutein and antioxidants
- Minocycline for acne
- Needles for pre-filled and reusable insulin pens
- Omega-3 fatty acid compounds
- Once daily tadalafil
- Oxycodone and naloxone combination product
- Paracetamol and tramadol combination product
- Perindopril arginine

- Rubefacients (excluding topical non-steroidal anti-inflammatory drugs (NSAIDs) and capsaicin)
- Silk Garments
- Trimipramine
- Vaccines administered exclusively for the purposes of travel

The circumstances, if any, under which the CCGs commission these products are set out in the following monographs.

The policy applies to all clinicians who prescribe for patients in the Birmingham and Solihull CCG, and to all who make recommendations for others to prescribe within primary care.

5.0 IMPLEMENTATION

Commissioners, GPs, service providers and clinical staff treating registered patients of the CCG are expected to implement this policy.

Birmingham, Sandwell, Solihull and environs Area Prescribing Committee (BSSE APC) Formulary will be notified of the policy once it has been ratified.

It is anticipated that no new patients will be commenced on any of the products included in this policy from the date of its publication, other than in exceptional circumstances (see below)

However, we recognise that for patients who have been established on a product for some time, it may be necessary to explore further options, or seek further management advice prior to deprescribing. There will therefore be an implementation period of up to 6 months from the date of publication to facilitate this.

Where the policy allows for on-going prescribing under a co-operation arrangement, commissioners may request confirmation from prescribers that an agreement is in place, to allow for reconciliation against prescribing data. This policy does not remove the clinical discretion of the prescriber in accordance with their professional duties.

6.0 EXCEPTIONAL CIRCUMSTANCES - NEW PATIENTS

We recognise there may be exceptional circumstances where it is clinically appropriate to fund each of the products listed in this policy for new patients and these will be considered on a case-by-case basis. Funding for such cases will be considered by the CCG following application to the CCG's Individual Funding Request (IFR) Panel, whereby the IFR process will be applied.

Guidance regarding IFRs, and an application form, can be found on the CCG website.

IFR contact information follows, however please refer to the CCG [IFR policy](#) for more information.

Individual Funding Request Case Manager

Floor Two, Kingston House, 438 High Street, West Bromwich, West Midlands, B70 9LD

Telephone: 0121 612 1660

Email address for Individual Funding Request team: ifr.bsol1@nhs.net

7.0 EXCEPTIONAL CIRCUMSTANCES – ESTABLISHED PATIENTS

In the context of this guidance, “exceptional circumstances” should be interpreted as: “Where the prescribing clinician considers no other medicine or intervention is clinically appropriate and available for the individual⁴”.

⁴ Reference: [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

8.0 UPDATE AND REVIEW

The policy will be reviewed and updated every two years or in line with the recommendations arising from any updates in the national guidance by the clinical working group; or in response to any emergent over-riding clinical concerns if sooner.

9.0 COMMISSIONING STATEMENTS FOR THE PRODUCTS

Aliskiren
Commissioning Statement Prescribers should not initiate aliskiren for any new patient. Aliskiren should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.
Background, rationale and references As set out on page 14 of Items which should not routinely be prescribed in primary care: Guidance for CCGs
Patient information leaflet Via Home page for Patient Information Leaflets

Amiodarone
Commissioning Statement Primary care prescribers should not initiate amiodarone for any new patient. If, in exceptional circumstances ⁵ , there is a clinical need for amiodarone to be prescribed in primary care, this should be undertaken in a cooperation agreement with a multi-disciplinary team and/or other healthcare professional.
Background, rationale and references Must be initiated by a specialist 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. Transfer of prescribing to primary care should be supported by the Rationale for Initiation, Continuation and Discontinuation (RICaD) document As set out on page 15 of Items which should not routinely be prescribed in primary care: Guidance for CCGs
Patient information leaflet Via Home page for Patient Information Leaflets

⁵ "Where the prescribing clinician considers no other medicine or intervention is clinically appropriate and available for the individual."

Bath and shower preparations for dry and pruritic skin conditions

Commissioning Statement

Prescribers in primary care should not initiate bath and shower preparations for any new patient with dry and pruritic skin conditions.

Prescribers should deprescribe in this category and substitute with "leave-on" emollients to include support from relevant services where necessary.

Background, rationale and references

As set out on page 16 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

Co-proxamol

Commissioning Statement

Prescribers should not initiate co-proxamol for any new patient.

Co-proxamol should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

Background, rationale and references

As set out on page 17 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

MHRA Drug Safety Update [November 2007](#); [January 2011](#)

Patient Information Leaflet

Via [Home page for Patient Information Leaflets](#)

Dosulepin

Commissioning Statement

Prescribers should not initiate Dosulepin for any new patient.

Dosulepin should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

If, in exceptional circumstances⁶, there is a clinical need for dosulepin to be prescribed in primary care, this should be undertaken in a cooperation agreement with a multi-disciplinary team and/or other healthcare professional

Background, rationale and references

As set out on page 17 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient Information Leaflet

Via [Home page for Patient Information Leaflets](#)

⁶ "Where the prescribing clinician considers no other medicine or intervention is clinically appropriate and available for the individual."

Prolonged released doxazosin (also known as doxazosin modified release)

Commissioning Statement

Prescribers should not initiate prolonged release doxazosin for any new patient.

Prolonged release doxazosin should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

Background, rationale and references

As set out on page 18 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient Information leaflet

Via [Home page for Patient Information Leaflets](#)

Dronedarone

Commissioning Statement

Prescribers should not initiate dronedarone for any new patient.

In exceptional circumstances⁷ if a specialist considers dronedarone treatment is necessary (where other treatments cannot be used, have failed or is in line with NICE Guidance CG180), prescribing will be undertaken by the specialist service in line with the RED designation in the [BSSE Area Prescribing Committee Formulary](#).

Background, rationale and references

As set out on page 19 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient Information leaflet

Via [Home page for Patient Information Leaflets](#)

⁷ "Where the prescribing clinician considers no other medicine or intervention is clinically appropriate and available for the individual."

Immediate Release Fentanyl

Commissioning Statement

The statement below applies to prescribing outside [NICE CG140 Opioids in Palliative Care](#) .

Prescribers should not initiate immediate release fentanyl for any new patient other than in line with [NICE CG140 Opioids in Palliative Care](#). However, please note that immediate release fentanyl for palliative care is classified as RED (initiation and maintenance prescribing by specialist only) within the [BSSE Area Prescribing Committee Formulary](#) , and **even when use is in line with NICE CG140, primary care clinicians should not be asked to assume prescribing responsibilities.**

Immediate release fentanyl should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

If, in exceptional circumstances⁸, there is a clinical need for immediate release fentanyl to be prescribed in primary care, this should be undertaken in a cooperation agreement with a multi-disciplinary team and/or other healthcare professional

Background, rationale and references

As set out on page 20 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

Glucosamine and/or Chondroitin

Commissioning Statement

Prescribers should not initiate glucosamine and/or chondroitin for any new patient.

Glucosamine and/or chondroitin should be discontinued from primary care prescribing (deprescribed).

Background, rationale and references

As set out on page 21 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

Herbal treatments

Commissioning Statement

Prescribers should not initiate herbal treatments for any new patient.

Herbal treatments should be discontinued from primary care prescribing (deprescribed).

Background, rationale and references

As set out on page 22 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

⁸ Where the prescribing clinician considers no other medicine or intervention is clinically appropriate and available for the individual.”

Homeopathy

Commissioning Statement

Prescribers should not initiate homeopathic items for any new patient.

Homeopathic items should be discontinued from primary care prescribing (deprescribed).

Background, rationale and references

As set out on page 23 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

Lidocaine Plasters

Commissioning Statement

NOTE: This statement does 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)

Apart from the exception above:

Prescribers should not initiate lidocaine plasters for any new patient.

Lidocaine plasters should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

If, in exceptional circumstances⁹, there is a clinical need for lidocaine plasters to be prescribed in primary care, this should be undertaken in a cooperation agreement with a multi-disciplinary team and/or other healthcare professional

Background, rationale and references

As set out on page 24 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

⁹ Where the prescribing clinician considers no other medicine or intervention is clinically appropriate and available for the individual.”

Liothyronine (including Armour Thyroid and Liothyronine combination products)

Commissioning Statement

Primary care prescribers should not initiate liothyronine for any new patient.

Individuals currently prescribed liothyronine should be reviewed by an NHS endocrinologist with consideration given to switching to levothyroxine where clinically appropriate.

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 prescribe liothyronine for individual patients after a carefully audited trial of at least 3 months' duration of liothyronine.

Where, in exceptional circumstances¹⁰, individuals have an on-going need for liothyronine, as confirmed by a consultant NHS endocrinologist, prescribing will be undertaken by the specialist service, in line with the RED designation in the [BSSE Area Prescribing Committee Formulary](#) or in line with local arrangements.

Background, rationale and references

As set out on page 25 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

Lutein and Antioxidants

Commissioning Statement

Prescribers should not initiate lutein and antioxidants for any new patient.

Lutein and antioxidants should be discontinued from primary care prescribing (deprescribed).

Background, rationale and references

As set out on page 26 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

Minocycline for acne

Commissioning Statement

Prescribers should not initiate minocycline for any new patient with acne.

Minocycline for acne should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary

Background, rationale and references

As set out on page 27 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

¹⁰ "Where the prescribing clinician considers no other medicine or intervention is clinically appropriate and available for the individual."

Needles for Pre-Filled and Reusable Insulin Pens

Commissioning Statement

Prescribers should not initiate insulin pen needles or GLP-1 agonist pen needles that cost >£5 per 100 needles for any diabetes patient.

Needles that cost >£5 per 100 needles for pre-filled and reusable insulin pens and GLP1 agonist pens should be discontinued from primary care prescribing (deprescribed); where appropriate ensure the availability of relevant services to facilitate this change.

Background, rationale and references

As set out on page 28 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Prescribers should refer to BSSE Area Prescribing Committee [Insulin Pen Needles guidance](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

Omega-3 Fatty Acid Compounds

Commissioning Statement

Prescribers should not initiate omega-3 fatty acids for any new patient.

Omega-3 fatty acids should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

Background, rationale and references

As set out on page 29 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

Oxycodone and naloxone combination product

Commissioning Statement

Prescribers should not initiate oxycodone and naloxone combination product for any new patient.

Oxycodone and naloxone combination product should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

If, in exceptional circumstances¹¹, there is a clinical need for oxycodone and naloxone combination product to be prescribed in primary care, this should be undertaken in a cooperation agreement with a multi-disciplinary team and/or other healthcare professional

Background, rationale and references

As set out on page 31 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

¹¹ Where the prescribing clinician considers no other medicine or intervention is clinically appropriate and available for the individual.”

Paracetamol and tramadol combination product

Commissioning Statement

Prescribers should not initiate paracetamol and tramadol combination product for any new patient.

Paracetamol and tramadol combination product should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

Background, rationale and references

As set out on page 32 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

Perindopril arginine

Commissioning Statement

Prescribers should not initiate perindopril arginine for any new patient.

Perindopril arginine should be discontinued from primary care prescribing (deprescribed).

Background, rationale and references

As set out on page 33 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

Rubefacients (excluding topical NSAIDs, such as ibuprofen or diclofenac, and capsaicin)

Commissioning Statement

Prescribers should not initiate rubefacients (excluding topical NSAIDs and capsaicin) for any new patients.

Rubefacients (excluding topical NSAIDs and capsaicin) should be discontinued from primary care prescribing (deprescribed) with support from specialist services if necessary

Background, rationale and references

As set out on page 34 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

Silk Garments

Commissioning Statement

Prescribers should not initiate silk garments for any patient.

Silk garments should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

Background, rationale and references

As set out on page 35 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

Once-daily tadalafil

Commissioning Statement

Prescribers should not initiate once daily tadalafil for any new patient.

Once daily tadalafil should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

Background, rationale and references

As set out on page 36 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

Travel Vaccines (Vaccines administered exclusively for the purposes of travel)

Commissioning Statement

This guidance covers the following vaccinations which should not be prescribed on the NHS exclusively for the purposes of travel. These vaccines should continue to be recommended for travel but the individual traveller will need to bear the cost of the vaccination.

- Hepatitis B
- Japanese encephalitis
- Meningitis ACWY
- Yellow fever
- Tick-borne encephalitis
- Rabies
- BCG

To note the following vaccines may still be administered on the NHS exclusively for the purposes of travel, if clinically appropriate, pending any future review:

- *Cholera*
- *Diphtheria/Tetanus/Polio*
- *Hepatitis A*
- *Typhoid*

For all other indications, as outlined in Immunisation Against Infectious Disease – the green book – the vaccine remains free on the NHS.

Background, rationale and references

As set out on page 37 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

Trimipramine

Commissioning Statement

Prescribers should not initiate trimipramine for any new patient.

Trimipramine should be discontinued from primary care prescribing (deprescribed), with support from specialist services if necessary.

Background, rationale and references

As set out on page 38 of [Items which should not routinely be prescribed in primary care: Guidance for CCGs](#)

Patient information leaflet

Via [Home page for Patient Information Leaflets](#)

10.0 GLOSSARY

BSSE APC	Birmingham, Sandwell, Solihull and environs Area Prescribing Committee
CCG	Clinical Commissioning Group
GP	General Practitioner
MHRA	Medicines and Healthcare Products Regulatory Agency
NICE	National Institute of Health and Care Excellence
NSAIDs	Non-steroidal anti-inflammatory drugs