

Sunderland DROP list

July 2017

The following medicines have been deemed **less suitable or not suitable** for prescribing for adults and children in primary or secondary care within Sunderland.

This includes all medicines classified in the [BNF](#) as not suitable for prescribing at NHS expense, 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 and those that have not been approved by the Northern Treatment Advisory Group ([NTAG](#)). It is based on a list produced by PrescQIPP (www.prescqipp.info/drop-list/headline-areas/the-prescqipp-drop-list) on behalf of their CCG subscribers – including Sunderland CCG. For more information on the Drop List, and links to resources to support its implementation click [here](#).

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. Existing historical prescribing should be reviewed on individual patient basis and determination made of clinical appropriateness. Any items for consideration for inclusion in the list should be submitted to the Sunderland Joint Formulary Committee.

BNF Chapter	Medicine	Rationale	Supporting information
Chapter 1 Gastrointestinal	Liquid Paraffin Oral Emulsion	Not a cost effective use of NHS resources	BNF: less suitable for prescribing
	Liquid paraffin with magnesium hydroxide	Not a cost effective use of NHS resources	BNF: less suitable for prescribing
	Kaolin & Morphine	Not a cost effective use of NHS resources	BNF: less suitable for prescribing
	Kaolin	Not a cost effective use of NHS resources	BNF: less suitable for prescribing
Chapter 2 Cardiovascular	Cilostazol (Pletal®)	Poor evidence base	NICE: TA223

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Chapter 2 Cardiovascular	Omega-3-acid ethyl ester (Omacor®)	<p>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 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 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>	<p>NICE: Key Therapeutic Topic 3 (Lipid-modifying drugs)</p> <p>PrescQIPP DROP List</p>
	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
	Inositol Nicotinate (Hexopal®)	Poor evidence base	NICE: TA223

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Chapter 2 Cardiovascular	Oxerutins	Poor evidence base	BNF: less suitable for prescribing
	Moxisylyte (Opilon®)	Poor evidence base	CKS: Raynaud's Phenomenon
	Pentoxifylline (Trental®)	Poor evidence base	NICE: TA223
	Simvastatin/ ezetimibe combination	Not a cost effective use of NHS resources	NICE: TA132
	Trandolapril/ verapamil combination	Not a cost effective use of NHS resources	eMIMS: deleted products 2014
	Co-flumactone		BNF: less suitable for prescribing
	Guanethidine	No longer recommended.	BNF – no longer recommended
	Etamasylate	Less effective than other treatments in the management of heavy menstrual bleeding.	BNF: less suitable for prescribing
	Doxazosin MR	No good evidence of increased benefit over immediate release doxazosin. Both formulations provide effective blood pressure control and are effective at controlling the symptoms of BPH and improving maximum urinary flow rate. • Half-life of immediate release doxazosin is about 22 hours, allowing once daily dosing.	PrescQIPP DROP List
Perindopril arginine	No benefit of evidence over generic perindopril erbumine and it costs more.	PrescQIPP DROP List	

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Chapter 2 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
	Levocetirizine (Xyzal®)	Not a cost effective use of NHS resources.	CKS: Allergic Rhinitis
Chapter 3 Respiratory System	Cough and Cold remedies (incl local anaesthetic throat lozenges)	Not a cost effective use of NHS resources.	PrescQIPP DROP List
	Ciclesonide	There are alternative inhaled corticosteroids available at a lower cost. Lack of long-term data on clinical outcomes.	
Chapter 4 Central Nervous System	Cannabis extract (Sativex®)	Poor evidence base.	NICE
	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
	Co-proxamol	Safety concerns	BNF: Compound
	Co-codamol 8/500	Fixed-dose combination analgesics containing low doses of opioids (such as codeine 8 mg plus paracetamol 500 mg) are no more effective than paracetamol alone, and can cause opioid adverse effects (such as constipation)	NICE CKS

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Chapter 4 Central Nervous System	Ergotamine containing products (Migril)	<p>Safety concerns. NICE: Do not Do recommendation: Do not offer ergots or opioids for the acute treatment of migraine.</p> <p>NICE: Do not Do recommendation: Do not offer paracetamol, NSAIDS, opioids, ergots or oral triptans for the acute treatment of cluster headache.</p>	<p>Analgesic NICE</p> <p>BNF: less suitable for prescribing</p>
	Meprobamate	Safety concerns	BNF: meprobamate
	Oxycodone/naloxone MR tablets (Targinact®)	<p>Poor evidence base and not a cost effective use of NHS resources.</p> <p>Trials have only compared with standard-release oxycodone not with other strong opioids such as morphine with regular laxatives. There is no data showing that combined oxycodone and naloxone reduces the need for laxatives in the long-term.</p>	PrescQIPP DROP List
	Paracetamol and tramadol combination product (Tramacet®)	<p>Not a cost effective use of NHS resources</p> <p>This combined preparation has both drugs at lower than suggested dosages and is also more expensive than the separate components.</p>	PrescQIPP DROP List
	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
	Tranlycypromine		BNF: less suitable for

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Chapter 4 Central Nervous System			prescribing
	Clomipramine (Anafranil SR®)		BNF: less suitable for prescribing
	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.”	BNF: less suitable for prescribing PrescQIPP DROP List https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/
	Promazine		BNF: less suitable for prescribing
	Pentazocine		BNF: less suitable for prescribing
	Flurazepam		BNF: less suitable for prescribing
	Nitrazepam		
	Fentanyl IR products	Should not be routinely prescribed in primary care.	https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/

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	Lidocaine plasters	Should not be routinely prescribed in primary care.	https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/
Chapter 5 Infections	Ketoconazole (for oral administration)	Safety concerns	MHRA: Drug Safety Update
	Antifungal nail paints e.g. amorolfine nail lacquer	Systemic treatments are more effective.	PrescQIPP DROP List
	Minocycline for acne	Not considered first line tetracycline for acne and increased risk of side- effects.	PrescQIPP DROP List NICE KTT11
	Malaria prophylaxis	Not prescribable on the NHS.	
	Methenamine hippurate	It is considered less suitable for prescribing because it requires an acidic urine for its antimicrobial activity and it is ineffective for upper urinary-tract infections; it may, however, have a role in the prophylaxis and treatment of chronic or recurrent uncomplicated lower urinary-tract infections.	BNF: less suitable for prescribing

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Chapter 6 Endocrine System	Chlorpropamide	Safety concerns.	CKS: Type 2 diabetes
	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?
	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
	Liothyronine (Tri-iodothyronine) thyroid extract, Armour thyroid preparations	Poor evidence base. There is no robust evidence for the use of liothyronine either alone or in combination with levothyroxine, and it is not licensed for longterm use.	Royal College of Physicians position statement: The diagnosis and management of primary hypothyroidism PrescQIPP DROP List https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/
	Testosterone patches (Intrinsa®)	Poor evidence base	EMA Public Statement: Intrinsa (testosterone): Withdrawal of the marketing authorisation in the European Union
	Yohimbine	Poor evidence base and safety concerns	

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Chapter 6 Endocrine System	Tolvaptan for hyponatraemia	Not routinely commissioned.	NHS England
	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	Not for routine use
Chapter 7 Obstetrics, gynae and urinary tract disorders	Bethanechol		BNF: less suitable for prescribing
	Tadalafil once daily	Not recommended as not cost-effective in most patients.	PrescQIPP DROP List https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/
	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
Chapter 8 Malignant disease	Fulvestrant	Poor evidence base and not a cost effective use of NHS resources	NICE TA239
Chapter 9 Nutrition and blood	Cod liver oil capsules	Poor evidence base	NHS Choices: Supplements who needs them
	Calcium 500mg and	Not a cost effective use of NHS resources	CKS: sub-therapeutic

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<p>Chapter 9 Nutrition and blood</p>	<p>coleciferol 200units (e.g. Calcichew D-3, Calcium & Ergocalciferol Tablets)</p>	<p>A daily dose of 800 units of vit D is required to prevent fractures.</p>	<p>dose for fracture prevention</p>
	<p>Iron – all modified release iron preparations</p>	<p>Poor evidence base</p>	<p>BNF: No therapeutic advantage and should not be used</p>
	<p>Multivitamin and mineral preparations for the management of age- related macular degeneration (ARMD) e.g. Icaps, Occuvite preservision, Preservision lutein, Viteyes original plus-lutein, Ocuville lutein, Visionace, Vitalux-plus)</p>	<p>Poor evidence base. No data to support use in prevention of AMD.</p>	<p>NTAG</p>
	<p>Gamolenic Acid/ Starflower oil (Epogam®) and Efamast®)</p>	<p>Poor evidence base</p>	
	<p>Vitamin B Compound</p>	<p>Alcohol-use disorders: diagnosis and management of physical complications NICE CG100 only includes the use of thiamine.</p>	<p>BNF: less suitable for prescribing BNF</p>

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<p>Chapter 10 Musculo-skeletal and joint diseases</p>	Glucosamine (+/- chondroitin)	Poor evidence base. NICE CG177: Do not Do recommendation: Do not offer glucosamine or chondroitin products for the management of osteoarthritis.	NICE CG177
	Diclofenac & Misoprostol combination product (Misofen® and Arthrotec®)	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
	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
	Piroxicam oral therapies	Safety concerns.	MHRA DSU
	Methocarbamol	Not cost effective use of NHS resources, deemed less suitable for prescribing in BNF.	BNF: less suitable for prescribing BNF
	Rubefacients (Topical rubefacient products may contain nicotinate and salicylate compounds, essential	Poor evidence base	NICE do not do: Do not offer rubefacients for treating osteoarthritis BNF (2016): The evidence available does

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Chapter 10 Musculo-skeletal and joint diseases	oils, capsicum, and camphor. However, topical NSAID preps or Capsaicin preps are not rubefaciants)		not support the use of topical rubefaciants in acute or chronic musculoskeletal pain PrescQIPP DROP List https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/
	Quinine	MHRA advice states that quinine should not be used routinely in the treatment of nocturnal leg cramps, and should only be considered when cramps cause regular disruption of sleep. After a period of 4 weeks, treatment should be discontinued if no benefit is gained. If benefit, treat for 3 months then reassess.	https://www.gov.uk/drug-safety-update/quinine-not-to-be-used-routinely-for-nocturnal-leg-cramps
Chapter 12 Ear, nose and Oropharynx	Fluticasone/Azelastine (Dymista®)	Not a cost effective use of NHS resources.	
Chapter 13 Skin	Lanolin cream (Lansinoh HPA®)	Not a cost effective use of NHS resources	Cochrane Review 2014: Interventions for treating painful nipples among breastfeeding women
	Eflornithine (Vaniqa®)		PrescQIPP DROP List

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	Molludab (potassium hydroxide 5%) topical solution for the treatment of molluscum contagiosum	Poor evidence base	CKS: Molluscum contagiosum
	Idoxuridine in dimethyl sulfoxide (Herpid®)	Poor evidence base	No evidence to support use
	Silk garments (Dermasilk®, Dreamskin®, Skinnies Silk®)	Poor evidence base	PrescQIPP: Silk and antimicrobial garments
Chapter 14 Immunological products and vaccines	Travel vaccines not prescribable on the NHS e.g. Japanese encephalitis, tick-borne encephalitis, rabies, yellow fever, meningitis, tuberculosis	Patients should be charged privately for all travel vaccines not prescribable on the NHS.	https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/
Misc	Probiotics	NA	BNF
	Soya Milk for babies and other milk for babies/young children	NA	BNF
	Bio Oil	Poor evidence base. More cost effective preparations available	
	Caphosol	NA	BNF
	Herbal supplements and Homeopathy	Poor evidence base	PrescQIPP DROP List

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Air fresheners	Not routinely required	Prescipp Stoma bulletin
Stoma underwear/support underwear (unless on advice of specialist)	Not necessary unless patient must wear support underwear on advice of specialist	Prescipp Stoma bulletin