

NHS England Drugs of Low Clinical Value – summary of recommendations August 2019

In partnership with NHSCC, NHS England appointed a joint clinical working group to review the available clinical evidence and develop commissioning guidance.

The guidance is part of the Medicines Value Programme which aims to ensure greater value from the NHS' £18.2 billion medicines bill (NHS Digital, 2017/18) through improving health outcomes; reducing waste, over-prescribing and over-treatment; and addressing excessive price inflation by drug companies.

Guidelines have focused on medicines and products which fall 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 products are available, including some products that have been subject to excessive price inflation; and
- Products which are clinically effective but due to the nature of the product are deemed a low priority for NHS funding.

In the majority of cases there are other more effective, safer and/or cheaper alternatives available to the treatments that NHS England is recommending should not be routinely prescribed in primary care.

<https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/>

We recognise that some are easier to implement than others and therefore have RAG rated them accordingly. **Green items** (Easy to stop 100% compliance), **Amber items** (50% compliance) and **Red** (Difficult to stop/swap 10% compliance).

Item and ease of implementation	Indications	Rationale	Recommendation	Exceptions
Co-proxamol	Pain	Quality and safety issue. Unlicensed drug and is the subject of an MHRA safety alert.	No new patients Stop and change to licensed alternatives	None
Gluten free food	Nutrition	Low clinical priority	No new patients. Stop existing prescribing. Advise patients to purchase	PKU patients requiring GF and low protein products
Doxazosin MR	Hypertension, BPH	All formulations of doxazosin have a t _{1/2} ~ 22 hours and are suitable for Once Daily dosing. Doxazosin MR is six times the cost of doxazosin IR. There is no good evidence of additional benefit of MR over IR doxazosin.	No new patients. Switch existing patients to doxazosin immediate release	None
Rubefacients	Soft-tissue disorders and topical pain relief	Insufficient evidence for effectiveness	No new patients. Stop existing prescribing Advise patients to	Capsaicin cream and topical NSAIDs No other exceptions

Item and ease of implementation	Indications	Rationale	Recommendation	Exceptions
			purchase.	
Omega 3 fatty acids	Primary prevention of coronary heart disease Secondary prevention post myocardial infarction Hypertriglyceridaemia All other indications	Insufficient evidence for effectiveness	No new patients Stop existing prescribing Advise patients that omega 3 fatty acids can be obtained in the diet or available to purchase.	None
Lutein and oral antioxidants vitamin supplements	Age related macular degeneration Any indication	NICE state that the effectiveness and cost-effectiveness of the use of lutein and antioxidants for age related macular degeneration is currently a research recommendation rather than a proven treatment.	No new patients Stop existing prescribing Advise patients that lutein and oral antioxidants can be obtained in the diet or available to purchase.	None
Homeopathy	Various	No clear or robust evidence to support the use of homeopathy on the NHS Mid Essex has a Service Restriction Policy (SRP)	No new prescribing Stop existing prescribing Advise patients to purchase note that injectables and any specially made ones will not be available to purchase.	None
Herbal treatment	Various	No clear or robust evidence to support the use of herbal medicines on the NHS Mid Essex has a Service Restriction Policy (SRP)	No new prescribing Stop existing prescribing. Advise patients to purchase	None
Glucosamine	Osteoarthritis	NICE "Do not do" due to lack of evidence of benefit Low clinical priority	No new prescribing Stop existing prescribing. Advise patients to purchase	None
Targinact (Oxycodone/naloxone combination)	Severe pain	Insufficient evidence of benefit of combination product over other analgesia More cost effective products available Non-formulary, do not prescribe	No new prescribing Review existing prescribing and switch patients to equivalent morphine or oxycodone with additional laxative	None
Tramacet (Paracetamol and tramadol combination)	Pain	Insufficient evidence of benefit over single products More cost effective options available Non-formulary	No new prescribing Review existing prescribing and switch to equivalent paracetamol and codeine	None
Perindopril Arginine (Coversyl Arginine and Coversyl Arginine Plus)	Hypertension	Perindopril arginine is significantly more expensive than perindopril erbumine and a PrescQIPP CIC review of the topic found there was no	No new prescribing Review existing prescribing and switch to perindopril erbumine	None

Item and ease of implementation	Indications	Rationale	Recommendation	Exceptions
		clinical advantage of the arginine salt. More cost effective options available Non-formulary		
Tadalafil 2.5mg or 5mg daily	Erectile dysfunction	Insufficient evidence of benefit over 'when required' preparations There is no evidence that tadalafil 5mg daily is more effective than tadalafil 10mg or 20mg taken on demand for ED, which itself is no more effective than generic sildenafil. Using the daily formulation promotes continuous use of a medication where it may not be necessary. On demand tadalafil is now generic while the 2.5 / 5mg daily formulations are not. Also licensed for treating lower urinary tract symptoms in men but this is not recommended by NICE except for clinical trials.	No new prescribing Review existing prescribing and amend to tadalafil 10mg or 20mg and restrict to 4 tablets per month as per the erectile dysfunction prescribing policy	None
Bath and shower preparations NEW 2019	Dry and pruritic skin conditions	Limited evidence of clinical benefit	No new prescribing Stop existing prescribing. Advise patients with diagnosed dermatological condition to use usual emollient in bath or shower. Advise to purchase	None
Minocycline NEW 2019	Acne	NICE CKS advises Minocycline is not recommended for use in acne as it is associated with an increased risk of adverse effects such as drug induced lupus, skin pigmentation and hepatitis. A PrescQIPP CIC review found there is no evidence to support the use of one tetracycline over another in terms of efficacy for the treatment of acne vulgaris and alternative once daily products are available.	No new prescribing Review existing prescribing and stop. Offer alternative according to the acne pathway.	None

Item and ease of implementation	Indications	Rationale	Recommendation	Exceptions
Needles for Pre-Filled and Reusable Insulin NEW 2019	Diabetics using insulin	Pen needles are available in a complete range of sizes from 4mm to 12mm; different needles will fit different pens; however, some pen needles will fit all major insulin delivery pen devices currently available. There are many different types of insulin pen needles available at a varying cost from £2.75 to £30.08 for 100. Rationalising use ensures that the most cost-effective options are used first line.	insulin pen needles that cost >£5 per 100 needles for any diabetes patient. Mid Essex CCG have first line products that universally fit on all insulin pen device that cost £2.75 per 100 needles.	None
Silk garments NEW 2019	Eczema or dermatitis	The PrescQIPP document on silk garments states that the evidence relating to their use is weak and is of low quality.	No new prescribing Review and stop existing prescribing	None
Travel vaccines	Travel	Only a restricted list of vaccines available on NHS for travel	The travel vaccines that should be self-funded are: <ul style="list-style-type: none"> o Hepatitis B (including Twinrex®) o Japanese Encephalitis o Meningitis ACWY o Yellow Fever o Tick-borne Encephalitis o Rabies o BCG. Patients requiring both Hep A&B are entitled to receive Hep A on the NHS and should self-fund the hepatitis B vaccine, therefore these should be separate vaccines to facilitate doing this and Twinrex® should not be used.	For purposes other than travel, if clinically appropriate.
Liothyronine	Hypothyroidism	Insufficient evidence of benefit over Levothyroxine. Price of Liothyronine continuing to increase and is not a cost effective option. RCGPs considers this to be specialist prescribing. More cost effective options available	No new prescribing Patients should either switch to levothyroxine or be referred back to secondary care for on-going monitoring and management.	Where levothyroxine has failed and in line with BTA guidance, endocrinologists providing NHS services may recommend liothyronine for individual patients

Item and ease of implementation	Indications	Rationale	Recommendation	Exceptions
				after a carefully audited trial of at least 3 months duration of liothyronine. Liothyronine is used for patients with thyroid cancer, in preparation for radioiodine ablation, iodine scanning, or stimulated thyroglobulin test but prescribed by secondary care.
Dosulepin	Depression	Non-formulary, safety concerns due to increased cardiac risk and toxicity in overdose subject to MHRA safety advice and NICE “do not do”	Review and switch to alternative antidepressants	None
Trimipramine	Depression	Non-formulary NICE CG90: SSRI antidepressants have a more favourable risk:benefit ratio compared to tricyclic antidepressants (TCA). Trimipramine is significantly more expensive than other TCAs	No new prescribing. Review existing prescribing and switch to an alternative. Switching protocol available to support stopping.	None
Aliskiren NEW 2019	Hypertension	NICE states there is insufficient evidence of its effectiveness to determine its suitability for use in resistant hypertension	No new prescribing. Review existing prescribing and switch to alternative according to NICE guidelines for hypertension CG 127 https://www.nice.org.uk/guidance/cg127	None
Amiodarone NEW 2019		NICE have issued the “Do not do” recommendation: Do not offer amiodarone for long-term rate control. Only to be used where other treatments cannot be used, have failed or in line with NICE guidance QG180.	Specialist initiation only and continued in primary care under shared care arrangements.	Only where other treatments cannot be used, have failed or is in line with NICE Guidance CG180
Dronedarone NEW 2019		Only used for patients where other treatments cannot be used, have failed or is in line with NICE Guidance CG180.	Must be initiated by a specialist and only continued under a shared care arrangement	Only used for patients where other treatments cannot be used, have failed
Lidocaine	Pain	Only licensed in post herpetic	No new patients to be	Neuropathic pain

Item and ease of implementation	Indications	Rationale	Recommendation	Exceptions
patches/plasters		pain Unlicensed and lack of evidence for use in other pain indications	started Review existing patients to come off lidocaine patches	associated with previous herpes zoster infection (post-herpetic neuralgia).
Fentanyl Immediate release (IR)	Pain	Safety and quality Inappropriate use of immediate release fentanyl (e.g. lozenges) has led to patient dependence. Only indicated for 3rd line breakthrough pain in adult patients using maintenance opioid therapy for chronic cancer pain.	No new patients to be started Review existing patients to come off fentanyl IR	Palliative care treatment and Recommended by MDT to use and/or other healthcare professional with a recognised specialism in palliative care.

1. If following discussion with a patient, for any of the amber or red items, the prescriber feels there is a valid clinical reason for the patient to remain on the medicine/item deemed to be low clinical value, the prescriber should contact the CCG Medicines Optimisation Team on MECCG.PIMMS@nhs.net for advice/ guidance
2. If it is felt that there is not a valid clinical reason for the patient to remain on the medicine/item deemed to be low clinical value and the patient is unhappy with the decision to stop, in line with NHS England guidance and Mid Essex CCG policies, the patient should be directed to the CCG Patient Advice and Liaison Service (PALS) on 01245 459459 or MECCG.patientexperience@nhs.net or by writing to PALS, Mid Essex Clinical Commissioning Group, Wren House, Hedgerows Business Park, Chelmsford, CM2 5PF.