

Items which should not be routinely prescribed in primary care, Version 2 (updated June 2019)

Recommendation →	Advise CCGs that prescribers in primary care should not initiate [item] for any new patient.	Advise CCGs to support prescribers in deprescribing [item] in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.	Advise CCGs that if, in exceptional circumstances, there is a clinical need for [item] to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional.	Exceptions and further recommendations
Item ↓				
Aliskiren [New 2019]	✓	✓		No routine exceptions have been defined
Amiodarone [New 2019]	✓		✓	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 <a href="#">NICE Guidance CG180</a> . It may also be suitable in patients prior and post cardioversion or in specific patients who also have heart failure or left ventricular impairment.
Bath and shower preparations for dry and pruritic skin conditions [New 2019]	✓	Substitute for "leave-on" emollients		No routine exceptions have been defined
Co-proxamol [2017]	✓	✓		No routine exceptions have been defined
Dosulepin [2017]	✓	✓	✓	No routine exceptions have been defined
Prolonged-release Doxazosin (also known as Doxazosin Modified Release) [2017]	✓	✓		No routine exceptions have been defined
Dronedarone [New 2019]	✓		✓	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 <a href="#">NICE Guidance CG180</a> .
Immediate-Release Fentanyl [2017]	✓	✓	✓	These recommendations do not apply to patients undergoing palliative care treatment and where the recommendation to use immediate release fentanyl in line with NICE guidance <a href="#">CG140 Opioids in Palliative Care</a> , has been made by a multidisciplinary team and/or other healthcare professional with a recognised specialism in palliative care.
Glucosamine and Chondroitin [2017]	✓	✓		No routine exceptions have been defined
Herbal Treatments [2017]	✓	✓		No routine exceptions have been defined
Homeopathy [2017]	✓	✓		No routine exceptions have been defined
Lidocaine Plasters [2017]	✓	✓	✓	These recommendations do not apply to patients who have been treated in line with <a href="#">NICE CG173 Neuropathic pain</a> in adults: pharmacological management in non-specialist settings but are still experiencing neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia)
Liothyronine (including Armour Thyroid and liothyronine combination products) [2017]	✓	Advise CCGs that individuals currently prescribed liothyronine should be reviewed by a consultant NHS endocrinologist with consideration given to switching to levothyroxine where clinically appropriate.	Advise CCGs that a local decision, involving the Area Prescribing Committee (or equivalent) informed by National guidance (e.g. from NICE or the Regional Medicines Optimisation Committee), should be made regarding arrangements for on-going prescribing of liothyronine. This should be for individuals who, in exceptional circumstances, have an on-going need for liothyronine as confirmed by a consultant NHS endocrinologist.	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 recommend liothyronine for individual patients 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. In these situations it is appropriate for patients to obtain their prescriptions from the centre undertaking the treatment and not be routinely obtained from primary care prescribers.
Lutein and Antioxidants [2017]	✓	✓		No routine exceptions have been defined
Minocycline for acne [New 2019]	✓	✓		No routine exceptions have been defined
Needles for Pre-Filled and Reusable Insulin Pens [New 2019]	Advise CCGs that prescribers in primary care should not initiate insulin pen needles that cost >£5 per 100 needles for any diabetes patient.	Advise CCGs to support prescribers in deprescribing insulin pen needles that cost >£5 per 100 needles and, where appropriate ensure the availability of relevant services to facilitate this change.		No routine exceptions have been defined
Omega-3 Fatty Acid Compounds [2017]	✓	✓		No routine exceptions have been defined
Oxycodone and Naloxone Combination Product [2017]	✓	✓	✓	No routine exceptions have been defined
Paracetamol and Tramadol Combination Product [2017]	✓	✓		No routine exceptions have been defined
Perindopril Arginine [2017]	✓	✓		No routine exceptions have been defined
Rubefacients (excluding topical NSAIDs and capsaicin) [Updated 2019]	✓	✓		No routine exceptions have been defined
	Capsaicin cream is now excluded as well as topical NSAIDs. i.e. capsaicin can now be prescribed as per NICE guidance.			
Silk Garments [New 2019]	✓	✓		No routine exceptions have been defined
Once Daily Tadalafil [2017]	✓	✓		No routine exceptions have been defined
Travel Vaccines (vaccines administered exclusively for the purposes of travel) [2017]	N.B This is a restatement of existing regulations and no changes have been made.			The following vaccines may still be administered on the NHS exclusively for the purposes of travel, if clinically appropriate, pending any future review: <ul style="list-style-type: none"> <li>• Cholera</li> <li>• Diphtheria/Tetanus/Polio</li> <li>• Hepatitis A</li> <li>• Typhoid</li> </ul> This guidance covers the following vaccinations which should not be prescribed on the NHS exclusively for the purposes of travel: <ul style="list-style-type: none"> <li>• Hepatitis B</li> <li>• Japanese Encephalitis</li> <li>• Meningitis ACWY</li> <li>• Yellow Fever</li> <li>• Tick-borne encephalitis</li> <li>• Rabies</li> <li>• BCG</li> </ul> These vaccines should continue to be recommended for travel but the individual traveller will need to bear the cost of the vaccination. For all other indications as outlined in Immunisation against Infectious Diseases - The Green Book, the vaccine remains free on the NHS.
Trimipramine [2017]	✓	✓		No routine exceptions have been defined

Further tools and Resources to support prescribers:

This document should be used in conjunction with

[NHS England CCG Guidance: Items which should not be routinely prescribed in primary care](#)

[Frequently Asked Questions](#)

[NICE – Clinical Knowledge Summaries](#)

[Patient Information Leaflets – PrescQIPP CIC](#)