

Low Value Medicines (LVM) Part 1 Blacklist

Medicines Optimisation Team Advisory Summary

Eighteen treatments (7 'blacklist' and 11 'do not prescribe') have been assessed by the recent NHS England Low Value Medicines consultation.

LVM Part 1 covers these 7 'Blacklist' treatments.

Co-proxamol	Lutein & Antioxidants
Rubefacients	Glucosamine & Chondroitin
Omega-3 Fatty Acid Compounds	Herbal treatments
Homeopathy	

Do NOT prescribe these items for any new patients. STOP treatment and advise purchase OTC for all preparations (except co-proxamol; see below).

Introduction

- NHS England (NHSE) has published national guidance on 18 medicines which should no longer be routinely prescribed in primary care to ensure people receive the safest and most effective treatment available, and save the NHS up to £141 million a year. Trafford currently spend £250,000 per annum on these and other items classed either as Low Clinical Value or "Do Not Prescribe".
- Eleven treatments are considered as 'not for routine prescribing in primary care' – see LVM Part 2.
- NHS England is recommending to the Department of Health that seven treatments are to be formally considered for the blacklist (Drug Tariff Part XVIII A - Drugs, Medicines and Other Substances not to be ordered under a General Medical Services Contract). These treatments should no longer be prescribed in primary care
- Patient information Leaflets (PILs) are available from PrescQIPP website and are linked under each specified medicine group. These are aimed at explaining the change to patients and give a contact email address at NHS England should patients have any questions about the items which are no longer going to be prescribed (england.medicines@nhs.net). These leaflets will be made available to patients where a medication is either discontinued or a change made.
- For general information about the consultation, see the PrescQIPP PIL available from: [Prescribing changes from December 2017](#)

Co-proxamol

Co-proxamol is a pain killer which had its marketing authorisation withdrawn due to SAFETY concerns in 2007. It is unlicensed and is currently costing £1,000/100 tablets. In addition Co-proxamol has been on the GMMMGM DNP list since its inception.

PrescQIPP PIL: [Changes to co-proxamol prescribing](#)

Action for existing patients: Identify patients and deprescribe co-proxamol. Patients could be changed to paracetamol alone or in conjunction with other available weak opioids (like codeine, dihydrocodeine, tramadol) or other pain treatments (like NSAIDs, amitriptyline, gabapentin or pregabalin) if clinically indicated. Avoid use of combination products that do not allow titration of the separate ingredients.

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Rubefaciants (excluding topical NSAIDs)

Rubefaciants (excluding topical NSAIDs) are warming muscle rub products, with limited evidence of efficacy. They include nicotinate, salicylate, oils or camphor known as Movelat, Algesal, Difflam, Ralgex, Deep Heat etc.

PrescQIPP PIL: [Changes to rubefaciants prescribing](#)

Action for existing patients: Identify patients who have these products on repeat and discontinue as no evidence to support long-term use. Avoid prescribing in first instance and recommend patients purchase over-the-counter. Do not automatically substitute with topical NSAID preparations.

Omega-3 Fatty Acid Compounds (fish oil)

Omega-3 Fatty Acid Compounds (fish oil) are essential fatty acids which can be obtained through diet and have low clinical effectiveness.

PrescQIPP PIL: [Changes to omega-3 fatty acids prescribing](#)

Action: Identify patients who have these items prescribed, including Omacor. A small percentage of existing patients may be on for dyslipidaemia under specialist guidance but this change in availability gives an opportunity to review ongoing need and stop treatment.

Lutein and Antioxidants

Lutein and Antioxidants are used to treat age related macular degeneration, and have low clinical effectiveness. Preparations are unlicensed as medicines; examples are including Preservision, Viteyes, lutein, zeaxanthin.

PrescQIPP PIL: [Changes to lutein and antioxidants prescribing](#)

Action: Identify patients and deprescribe (even if initiated by eye specialists). Inform patient that prescribing of these items is not supported in primary care, and the preparations are available to purchase over-the-counter.

Glucosamine and Chondroitin

Homeopathy

Herbal Medicines

PrescQIPP PIL: [Changes to glucosamine prescribing](#) [Changes to homeopathy prescribing](#)
[Changes to herbal treatment prescribing](#)

Action: Identify any existing patients and inform of future unavailability on the NHS. No new patients should be initiated and can be advised to purchase over-the-counter.

References

1. PrescQIPP Low Value Medicines support pack, background info and PILs available from <https://www.prescqipp.info/droplist/projectsection/default1/the-prescqipp-drop-list#low-value-medicines-lvm>
2. NHS England Consultation Report on Findings 30 November 2017 available from <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-consultation-report-of-findings/>

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