

Low Value Medicines (LVM) Part 2 Do not routinely prescribe

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 2 covers these 11 'Do not prescribe routinely in primary care'.

Liothyronine	Oxycodone & Naloxone
Trimipramine	Paracetamol & Tramadol
Immediate release Fentanyl	Dosulepin
Travel Vaccines	Prolonged release Doxazosin
Once daily Tadalafil	Perindopril arginine
Lidocaine plasters/patches	

Do NOT prescribe these items for any new patients and REVIEW existing patients as per the suggested actions listed under each treatment.

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".
- Seven treatments are considered for the 'blacklist' – see LVM Part 1.
- Eleven treatments are considered as 'not for routine prescribing 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 NHSE 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](#)

Liothyronine

Liothyronine (or T3) for any new patient is to be initiated by Consultant NHS Endocrinologists.

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

Action: Identify all patients on liothyronine and ensure prescribing meets criteria. Liothyronine monotherapy only in secondary care; levothyroxine (T4) and liothyronine combination therapy shared care with NHS Endocrinologist.

Medicines Optimisation Team Advisory Summary

Trimipramine

Trimipramine is a tricyclic antidepressant which is significantly more expensive than other antidepressants because of excessive price inflation.

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

Action: No new patients to be initiated on this least cost-effective TCA. Identify all existing patients and review choice of anti-depressant with view to switching therapies. Utilise PrescQIPP supporting resources.

Immediate release Fentanyl

Fentanyl is a strong opioid analgesic. Immediate-release or fast-acting fentanyl has a place in the therapy of patients undergoing palliative care treatment. There are established issues with long-term use, dependence and tolerance.

PrescQIPP PIL: [Changes to immediate release fentanyl prescribing](#)

Action: No new patients should be prescribed immediate release fentanyl unless recommended by palliative care team. All existing patients should be identified and indication checked. (If non-palliative care indication, then an Individual Funding Request (IFR) must be completed so that suitable support can be offered to manage use and consider other treatment options.)

Travel Vaccines

Travel vaccines should not be initiated in primary care when the vaccines are exclusively for the purposes of travel. NHSE recognises that the availability of travel vaccines on the NHS can be confusing for prescribers and will be issuing further guidance.

- Cholera, Diphtheria/Tetanus/Polio, Hepatitis A and Typhoid vaccines can still be offered on the NHS if clinically appropriate.
- Hepatitis B, Japanese encephalitis, Meningitis ACWY, yellow fever, tick borne encephalitis, rabies, or BCG
 - Can be recommended for travel, but costs are borne by the traveller
 - If for other indications (as per the 'green book'), these are free on the NHS.

Once daily Tadalafil

Tadalafil is a phosphodiesterase inhibitor licensed for the treatment of erectile dysfunction. It is a second-line treatment option for ED when given on a PRN or weekly basis. Daily tadalafil is non-formulary. There is no specific evidence of benefit of once daily over weekly use for ED or any other indication like penile rehabilitation post radical prostatectomy.

PrescQIPP PIL: [Changes to once daily tadalafil prescribing](#)

Action: No new patients to be initiated on once daily tadalafil. Identify all existing patients and switch to once weekly or PRN sildenafil/tadalafil (even if initiated by Urology specialists) and treat as per usual ED guidance.

Lidocaine plasters

Low Value Medicines (LVM) Part 2 Do not routinely prescribe

Medicines Optimisation Team Advisory Summary

Lidocaine plasters are items of low clinical effectiveness as there is limited, low quality evidence for even the licensed indication in post-herpetic neuralgia (PHN). NICE CG173 does NOT recommend lidocaine plasters for treating neuropathic pain.

PrescQIPP PIL: [Changes in lidocaine prescribing](#)

Specialist Pharmacy Service review of evidence for PHN indication:

<https://www.england.nhs.uk/wp-content/uploads/2017/11/sps-lidocaine-plasters.pdf>

Action: No initiation of new patients in primary care; requires specialist initiation (for licensed indication only). Identify current patients and review ongoing need.

Oxycodone & naloxone combination (Targinact)

Oxycodone & naloxone is a combination preparation used to treat severe pain where the naloxone is added to counteract opioid-induced constipation.

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

PrescQIPP Bulletin: [Oxycodone/naloxone Targinact](#)

Action: Do not prescribe for any new patients. Existing patients should be reviewed and converted to opioid plus separate laxative as per PrescQIPP bulletin guidance.

Paracetamol & Tramadol combination (Tramacet)

Paracetamol and tramadol combination preparations are more expensive than the individual products combined. There is no evidence that the combination product is safer or more efficacious than use of the separate items.

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

Action: Do not prescribe for new patients. Review existing patients with aim of prescribing as separate medicines so that doses can be optimised and titrated individually.

Dosulepin

Dosulepin (previously known as dothiepin) is a tricyclic antidepressant that NICE CG90 Depression in Adults lists as a 'Do Not Do' because of significant safety concerns around increased cardiac risk and overdose.

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

PrescQIPP: [Dosulepin Bulletin](#)

Action: Do not initiate or switch patients to dosulepin. Existing patients should be reviewed with aim of deprescribing.

Prolonged release Doxazosin

Doxazosin is a fourth line antihypertensive agent. Prolonged- or modified-release doxazosin does not offer any benefits over immediate release formulations, but costs six times as much. Both are administered once a day.

Low Value Medicines (LVM) Part 2 Do not routinely prescribe

Medicines Optimisation Team Advisory Summary

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

PrescQIPP Bulletin: [Doxazosin MR](#)

Action: No new initiations in primary care and actively de prescribe in existing patients, using the PrescQIPP guidance for dosage conversion.

Perindopril arginine

Perindopril arginine is a different salt version of the more commonly prescribed perindopril version erbumine. The arginine salt version is more expensive without offering any clinical benefit. The arginine formulation has longer shelf-life that is not of benefit in the UK and is non-formulary option across all Wiltshire formularies.

PrescQIPP PIL: [Changes to perindopril arginine prescribing](#)

PrescQIPP Bulletin 59: [Perindopril arginine](#)

Action: Do not initiate any treatment with the arginine salt in new patients. Identify existing patients and convert to the erbumine salt. Offer the PIL to explain the change. Convert from arginine 2.5mg, 5mg, or 10mg to erbumine 2mg, 4mg, or 8mg respectively.

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/>
3. NHS England Guidance for CCGs available from: <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf>

Acknowledgments – NHS Wiltshire Clinical Commissioning Group