

**NHS England Guidance - Items Which Should Not Be Routinely Prescribed  
In Primary Care - Phase 3**

**Prescribing tip for actioning with support of the Medicines Optimisation team**

In November 2017, NHS England first published guidance for CCGs containing specific recommendations for **a range of medicines which it considered should no longer be routinely prescribed in primary care**. An updated version of this [guidance](#) was issued in June 2019 and contains recommendations on a number of additional treatments. Where appropriate the guidance includes recommendations on the circumstances in which continued use of these preparations may still be appropriate and on suitable alternatives which can be used.

Item	Indication for which it is included in this list	RAG rating	Are there circumstances in which its use might be appropriate? Please click links for further information.
<b>Aliskiren (Rasilez®)</b>	Primary hypertension, resistant hypertension and in combination with ACE inhibitors or angiotensin II receptor blockers.	Black	None foreseen
<b>Amiodarone</b>	Long term rate control in atrial fibrillation (AF)	Amber 0	<a href="#">Yes</a>
<b>Bath and shower preparations</b>	Treatment of dry and pruritic skin conditions in the standard management of eczema.	Black	Soap avoidance and 'leave on' emollient moisturisers should still be used for treating eczema and these emollients can still be used as soap substitutes.
<b>Dronedarone</b>	Atrial fibrillation	Amber 0	<a href="#">Yes</a> – in line with specific indications set out by NICE. Dronedarone must only be initiated by a specialist and only continued under a shared care arrangement.
<b>Minocycline</b>	Treatment of acne	Black	None foreseen
<b>Needles for pre-filled and reusable insulin pens</b>	All pen needles greater than 4mm in length.		None foreseen
<b>Silk garments</b>	Eczema and atopic dermatitis.	Black	None foreseen

**Advice for prescribers**

**Identify all patients prescribed a medicine in the 'items which should not routinely be prescribed in primary care' list. Exclude those prescribed for the exceptions above and then determine whether to:**

- Stop prescribing the medicine and provide the patient with advice on self-care or non-drug alternatives.
- Change the medicine to a more cost-effective/safe choice and provide the patient with information on why their medicine has been changed.
- If it is appropriate in exceptional circumstances to continue treatment, ensure that the patient is assessed and managed through a multidisciplinary team as appropriate.
- For items available to purchase over-the-counter (OTC), recommend self-care and purchase of the medicine OTC with support and advice from the community pharmacist wherever appropriate.

PrescQIPP has produced some excellent patient information leaflets to be used as an information source for patients who are currently prescribed medicines which should not be routinely prescribed and which require review: <https://www.prescqipp.info/our-resources/webkits/drop-list/low-value-medicines-lvm/patient-information-pdf-versions/>

**To contact the Medicines Optimisation Team please phone 01772 214302**