

GREY LIST - DRUGS NOT ROUTINELY RECOMMENDED

The prescribing of the following drugs is generally discouraged in the South West Essex health economy. Drugs in this group include those which have little evidence of effectiveness, cost-effectiveness or safety, or those drugs where there are more suitable alternatives. It may include those drugs which have been rejected by the South West Essex Medicines Management Committee, or those not approved nationally (e.g. by NICE). Furthermore, the grey list may contain drugs which are either unlicensed or being used for unlicensed conditions.

The Medicines Management Team recognises that there may be exceptional patients or situations where prescribing of these items may be necessary and such situations should be managed through the usual exceptionality processes.

Prescribers should contact the CCG Medicines Management Team for further advice.

BNF Chapter	Drug-generic name/brand name	Rationale/indication
Chapter 1- Gastro-intestinal system	Colief [®]	Lack of evidence to support use. Available OTC, patients can self-purchase.
	Esomeprazole tablets as a branded preparation (Nexium [®] , Nexium Control [®])	Branded preparations are significantly more costly and offer no added value over the generic. Generic prescribing is recommended.
	Linaclotide (Constella [®])	Non-formulary. Licensed for moderate to severe IBS with constipation.
	Omeprazole as a branded preparation (Losec [®] capsules)	Branded preparations are significantly more costly and offer no added value over the generic. Generic prescribing is recommended.
	Oral Atropine	Poor benefit to risk ratio for use as an anti-spasmodic.
	Rowachol	No evidence base to support use.
	Simeticone (Infacol [®] , Dentinox [®] Drops)	Infantile colic-lack of evidence to support use.
Chapter 2- Cardiovascular system	Atorvastatin as a branded preparation (Lipitor [®])	Branded preparations are significantly more costly and offer no added value over the generic. Generic prescribing is recommended.
	Cilostazol (Pletal [®])	Not recommended by NICE for intermittent claudication in people with peripheral arterial disease.
	Diuretics with potassium	Most patients do not require potassium supplements and many of the preparations have low levels of potassium insufficient for those who do require supplementation.
	Doxazosin MR (Cardura XL [®])	No good evidence of additional benefit over immediate release doxazosin. The long half-life of immediate release doxazosin allows once daily dosing.
	Inositol nicotinate (Hexopal [®])	Not recommended by NICE for intermittent claudication in people with peripheral arterial disease.
	Omega-3 fatty acids (Omacor [®] , Prestylon [®] , Teromeg [®] , Dualtis [®] , Nebbaro [®]).	Not recommended by NICE for secondary prevention of MI.
	Pentoxifylline (Trental [®])	Not recommended by NICE for intermittent claudication in people with peripheral arterial disease.
	Perindopril arginine (Coversyl [®] Arginine) and	Not recommended as no benefit over generic perindopril erbumine and it is more costly. Coversyl [®]

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	Coversyl [®] Arginine Plus (contains indapamide and perindopril arginine)	prescribed by brand name will be dispensed as Coversyl [®] arginine.
	Oxerutins (Paroven [®])	Not regarded as effective treatments for cramp.
	Simvastatin with ezetimibe (Inegy [®])	Not cost effective. Prescribe as separate agents if continued use of ezetimibe is required.
	Trandolapril/Verapamil (Tarka [®])	No flexibility for dose titration. Prescribe as separate agents.
Chapter 3- Respiratory system		
	Desloratadine (Neoclarityn [®])	Pro-drug of loratadine which is more cost effective. Desloratadine offers no additional benefit.
	Grass and tree pollen extracts (Grazax [®])	Not funded.
	Levocetirizine (Xyzal [®])	Pro-drug of cetirizine which is more cost effective. Levocetirizine offers no additional benefit
	Montelukast as branded preparations (Singulair [®])	Branded preparations are significantly more costly and offer no added value over the generic. Generic prescribing is recommended.
	Roflumilast (Daxas [®])	Not recommended by NICE unless in the context of research as part of a clinical trial for adults with severe COPD.
Chapter 4- Nervous System		
	Co-careldopa intestinal gel (Duodopa [®])	Non-formulary.
	Co-codamol 15mg/500mg	Single dose compound preparations do not allow for effective dose titration and the advantages of using a compound formulation have not been substantiated. Prescribe as separate agents.
	Co-proxamol tablets	Unlicensed, safety concerns, abuse potential and a lack of evidence of efficacy.
	Compound preparations of aspirin (Co-codaprin)	Single dose compound preparations do not allow for effective dose titration and the advantages of using a compound formulation have not been substantiated. Prescribe as separate agents.
	Dosulepin/dothiepin (Prothiaden [®])	NICE guidance for depression in adults states, 'Do not switch to, or start, dosulepin because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose'. SSRIs are first-line.
	Lidocaine 5% plaster (Versatis [®])	Only licensed for symptomatic relief of neuropathic pain associated with herpes zoster infection (postherpetic neuralgia) following Pain Specialist Team recommendation. Not recommended by NICE for the treatment of neuropathic pain due to limited clinical evidence.
	Lurasidone (Latuda [®])	Schizophrenia-non-formulary.
	Meprobamate	Risks outweigh the benefits. Risk of serious CNS side

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		effects.
	Migravele [®] all presentations	Other more effective agents are available. If necessary prescribe pain relief and anti-emetic separately. Available OTC, patients can self-purchase. Migravele [®] yellow tablets are co-codamol 8/500mg.
	Oxycodone with Naloxone (Targinact [®])	Non-formulary. Poor clinical and cost effectiveness data. Use an appropriate formulation of morphine sulfate (or oxycodone if morphine not suitable) with additional concomitant regular laxative therapy.
	Paracetamol/tramadol tablets (Tramacet [®])	No evidence that Tramacet is more effective or safer than established analgesics in acute or chronic pain, contains subtherapeutic amounts of the individual agents, and is not a cost effective option. There are safety concerns with tramadol (harms and misuse) as well as an increased number of deaths.
	Sodium Oxybate (Xyrem [®])	Not recommended for the treatment of cataplexy in patients with narcolepsy, due to limited evidence of clinical effectiveness and cost effectiveness.
Chapter 5- Infection	Inosine pranobex (Imunovir [®])	Not recommended due to lack of evidence base.
	Ketonazole oral	Not recommended by MHRA in view of safety concerns and risk of liver injury.
	Methenamine hippurate (Hiprex [®])	Should not generally be used because it requires an acidic urine for its antimicrobial activity and is ineffective for upper UTIs.
	Minocycline (Minocin MR [®] , Aknemin [®] , Acnamino MR [®])	Safety concerns and safer alternative tetracyclines for the treatment of acne.
	Rifaximin (Xifaxanta [®] , Targaxan [®])	Restricted use for hepatic encephalopathy in line with agreed pathway. Not recommended for the treatment of travellers' diarrhoea.
Chapter 6- Endocrine system	Alendronate plus vitamin D (Fosavance [®]) tablets	Not recommended due to poor cost effectiveness. Prescribe as separate agents with vitamin D from a calcium combination preparation separately.
	Anastrozole as branded preparations (Arimidex [®])	Branded preparations are significantly more costly and offer no added value over the generic. Generic prescribing is recommended.
	Armour Thyroid preparations and liothyronine	There is no robust evidence on the use of liothyronine either alone or in combination with levothyroxine and it is not licensed for long-term use. The combination is inconsistent with normal physiology, has not been unequivocally proven to be of any benefit to patients, and may be harmful.
	Insulin degludec (Tresiba [®]) alone or in combination with liraglutide (Xultophy [®])	Non-formulary and not recommended.
	Prednisolone EC/gastro-resistant (Deltacortril Enteric [®])	There is no evidence that EC prednisolone is less likely than plain tablets to cause peptic ulceration.

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	Prednisone MR tablets (Lodotra [®])	Not recommended as no significant benefits compared to immediate release prednisolone and not cost effective.
	Testosterone Patches for hypoactive sexual desire (Intrinsa [®])	Marketing licence in the UK was withdrawn.
Chapter 7- Genito-urinary system	Duloxetine (Yentreve [®])	Non-formulary. NICE states do not use duloxetine as a first-line treatment for women with predominant stress UI. Do not routinely offer duloxetine as a second-line treatment for women with stress UI, although it may be offered as second-line therapy if women prefer pharmacological to surgical treatment or are not suitable for surgical treatment.
	Propiverine (Detrunorm [®])	Non-formulary.
	Sildenafil as a branded preparation e.g. Viagra [®]	Branded preparations are significantly more costly and offer no added value over the generic. Generic prescribing is recommended.
	Tadalafil and tadalafil once-a-day (Cialis and Cialis once-a-day)	Non-formulary and not recommended for erectile dysfunction.
	Yohimbine (Prowess Plain [®])	Not recommended for erectile dysfunction-due to lack of robust efficacy and safety data, and unlicensed.
Chapter 9- Blood and nutrition	Cod liver oil	Not recommended due to lack of evidence of efficacy and cost effectiveness in osteo-arthritis.
	Glucosamine and glucosamine with chondroitin	NICE do not recommend prescribing glucosamine or chondroitin for osteoarthritis as evidence of benefit is limited. For OTC use patients should be advised that if not effective after a 3 month trial no benefit is likely to be gained.
	Modified release iron Preparations (Ferrograd [®] , Feospan [®])	Release most of the iron beyond the point in the gut where it can be absorbed. Prescribe as standard iron tablets (ferrous fumarate 210mg tablets first line).
	Potassium aminobenzoate (Potaba [®])	Not recommended in Peyronie's disease due to limited evidence to support use.
	Spatone [®] 100% natural iron supplement. Spatone [®] liquid iron supplement with vitamin C	Not recommended due to limited evidence of efficacy and cost effectiveness. Spatone can be purchased. The BNF recommends that the oral dose of elemental iron for iron deficiency is 100mg to 200mg daily. Spatone [®] contains 5mg of ferrous iron per sachet and is therefore inadequate for the treatment of proven iron deficiency. If iron supplementation is indicated a full therapeutic dose should be used.
Dental products	Fluoride tablets, fluoride toothpastes (Duraphat [®] 2800ppm and 5000ppm) and fluoride mouthwashes (En-De-Kay [®] , FluoriGard [®])	Not recommended. Prescribing and continuation should remain with a dentist. The dentist is best placed to monitor the benefits and adverse effects of treatment including the risk of fluorosis. Available OTC, patients can self-purchase.
Chapter 10-	Cannabinoids (Sativex [®])	Not recommended by NICE to treat spasticity in

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Musculoskeletal system	oromucosal spray)	people with MS. Limited evidence of efficacy and cost effectiveness.
	Dexketoprofen (Keral [®])	Non-formulary NSAID.
	Hyaluronic acid derivatives: Durolane [®] , Euflexxa [®] , Fermathron [®] , Hyalgan [®] , Orthovisc [®] , Orthovisc [®] mini, Ostenil [®] , Ostenil Plus [®] , Reneha Vis [®] , Suplasyn [®] , Synocrom [®] , Synocrom [®] mini, Synopsis [®] , Synvisc [®] , Synvisc [®] ONE	There is limited evidence of effectiveness and NICE does not recommend intra-articular hyaluronan injections for the management of osteoarthritis.
	Methocarbamol (Robaxin [®])	Limited evidence base to support use.
	Naproxen MR and esomeprazole (Vimovo [®])	Non-formulary and significantly more costly than prescribing naproxen gastro-resistant tablets with a formulary PPI, including lansoprazole capsules or omeprazole capsules.
Chapter 11- Eye	Latanoprost eye drops as a branded preparation (Xalatan [®])	Branded preparations are significantly more costly and offer no added value over the generic. Generic prescribing is recommended.
	Vitamin and mineral supplements for age related macular degeneration: Icaps [®] , MacuShield [®] , Occuvite PreserVision [®] , PreserVision [®] with lutein, Viteyes Original Plus Lutein [®] , Ocuvite [®] Lutein, Visionace [®] , Vitalux [®] plus	Not recommended due to limited evidence for effectiveness and a lack of long term safety data of these preparations. Available OTC or from health food stores, patients can self-purchase.
Chapter 12- Ear, nose and oropharynx	Compound preparations for ear wax removal (Otex [®] , Earex [®])	Offer little added benefit over simple treatments e.g. olive oil, or sodium bicarbonate 5% ear drops.
Chapter 13- Skin	Aluminium based antiperspirants (Anhydrol [®] , Driclor [®] , Odaban [®])	Available OTC, patients can self-purchase.
	Antifungal nail paints e.g. amorolfine 5% medicated nail lacquer (Loceryl [®] , Omicur [®])	Not recommended as systemic treatments are more effective, if antifungal treatment is indicated. Nail lacquers and solutions are not cost effective. Amorolfine nail lacquer (pack size 3mls) is available OTC for mild cases and for treatment of a maximum of two nails. Exception may be treatments for children on the recommendation of a podiatrist.
	Bio-Oil [®]	Cosmetic product for the treatment of minor scars. Not recommended due to poor evidence for efficacy. Available OTC, patients can self-purchase.

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	Brimonidine (Mirvaso [®]) Gel	Facial erythema in rosacea-non-formulary.
	Eflornithine (Vaniqa) [®] cream	There is no evidence of its efficacy in comparison to existing treatments and it is substantially more costly. It needs to be used indefinitely but the long-term benefits and safety have not been established (past 24 weeks).
	Gamolenic acid (all formulations)	Not recommended for any indication, including treatment of eczema and mastalgia due to lack of evidence for efficacy and cost effectiveness.
	Minoxidil ointment, cream, lotion and foam (Regaine [®] for Men Extra Strength 5% scalp foam, Regaine [®] for Men Extra Strength 5% solution, Regaine [®] for Women Regular Strength 2% solution)	Blacklisted and cannot be prescribed on FP10 prescription. These are cosmetic products and not recommended for prescribing.
	Potassium hydroxide 5% solution (Molludab [®] or Molutrex [®])	Not recommended due to limited evidence of efficacy in molluscum contagiosum, and the self-limiting nature of the condition.
	Silk Garments e.g. DermaSilk [®] , Skinnies Silk [®] and DreamSkin [®]	Not recommended due to poor evidence for clinical effectiveness and cost effectiveness.
	Camouflage preparations and covering creams: Covermark [®] Classic Foundation and Finishing Powder, Dermacolor [®] Camouflage Cream and Fixing Powder, Keromask [®] Finishing Powder and Masking Cream, Veil [®] Cover Cream and Finishing Powder	ACBS approved for the following indications only: For post-operative scars and other deformities and as adjunctive therapy in the relief of emotional disturbance due to disfiguring skin disease, such as vitiligo.
Specialist Dressings	Silicone gel therapy: Advasil Conform [®] , Bapscarcare [®] , Cica-Care [®] Ciltech [®] , Dermatix [®] , Kelo-cote [®] , Mepiform [®] , NewGel+ [®] , Pro-Sil, Scar Fx [®] , Silgel [®]	Not recommended for the treatment and prevention of hypertrophic and keloid scars, due to poor evidence for effectiveness.
Complementary therapies, herbal supplements and homeopathy	All	Not recommended due to limited evidence base and a lack of robust randomised controlled trials directly comparing them with standard treatments. Some are also associated with severe adverse effects, they may significantly interact with other medicines and can

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		delay accurate diagnosis of underlying pathology. None reviewed by NICE recommend their use. Available OTC, patients can self-purchase, but beware of potential adverse drug reactions and interactions.
Others	Co-enzyme Q10	Not recommended for lipid modification, or to reduce the risk of myotoxicity of statins, due to insufficient evidence to support prescribing.
	Low dose naltrexone (LDN)	Not recommended due to limited evidence to support safety and efficacy, and unlicensed.
	ViraSoothe [®]	Not recommended for the relief of chickenpox symptoms. Available OTC, patients can self-purchase.
	VSL#3 (probiotic food supplement)	Not recommended for indications other than in accordance with ACBS criteria (for the maintenance of remission of ileoanal pouchitis only in adults as induced by antibiotics). Available OTC, patients can self-purchase.