Prescribing Stop List and Limited Evidence List

April 2017

The Northern Ireland Department of Health (NI DH) and Health and Social Care Board (HSCB) do not support prescribing of products on the NHS where there is insufficient evidence of effectiveness.

Medicines on the **Stop List** should be purchased by the patient from community pharmacies or supermarkets, and not prescribed on HS21 prescription.

Medicines on the **Limited Evidence List** should be reviewed to ensure that they are used only in the approved circumstances (see page 4).

Many practices get by without prescribing any of the items on the Stop List. However, some practices still spend quite a lot on these items. Last year in Northern Ireland, almost £200,000 was spent on prescriptions for items on the Stop list.

<table>
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<th>Stop List</th>
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<td>Prescribing of these products is not supported by the HSCB</td>
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- Bio-Oil®
- CoEnzyme Q10
- Colic products, e.g. Infacol® or Dentinox®
- Comfort milks (Aptamil®, Cow & Gate® and SMA®) or Colief® drops
- Cubitan®
- Eye supplements, e.g. Icaps®, Ocuvite®, Macushield®, PreserVision®, Viteyes®
- Gamolenic acid / evening primrose oil
- Glucosamine containing products
- Gluten free non-staple foods, e.g. biscuits, muffins, sausage rolls
- Green-lipped mussel (Pernaton gel®)
- Omega-3 fish oils, e.g. Eye Q® and Efalex®
- Souvenaid®
- Spatone®

<table>
<thead>
<tr>
<th>Limited Evidence List</th>
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<tr>
<td>Products on this list must not be routinely prescribed and should be reviewed to ensure that they are used only in the approved circumstances</td>
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- Omacor® / Maxepa®
- Probiotics, e.g. VSL#3®, lactobacillus, bifidobacterium
- Quinine
- Vitamins – multivitamins, ascorbic acid, Forceval®, Ketovite®, vitamins BPC, Viviopetal®, cod liver oil.

For a List of Medicines for Minor Conditions and Self-limiting Illnesses that are recommended to be purchased over the counter, refer to **OTC Medicines** on NI Formulary website [http://niformulary.hscni.net](http://niformulary.hscni.net).
Gamolenic Acid / Evening Primrose Oil

Gamolenic acid is found in evening primrose oil which was previously available as licensed medicines for the treatment of atopic eczema and mastalgia before the product licences were withdrawn in 2002 due to lack of sufficient efficacy data. No large trials are available to confirm its efficacy for pre-menstrual syndrome (PMS), rheumatoid arthritis or multiple sclerosis.

Omega 3 Fatty Acids Products for Brain Power etc

E.g. EyeQ® and Efalex®

Products containing omega-3 fatty acids, alone or in combination with other supplements are sometimes promoted for a range of neurological conditions including attention deficit hyperactivity disorder (ADHD) and autism in children but the evidence to support this is sparse.

Spatone®

The BNF recommends that the oral dose of elemental iron for iron deficiency is 100 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.

Bio-Oil®

This product is marketed for improvement of the appearance of scars, stretch marks and uneven skin tone, but availability of large randomised controlled trials (RCTs) is lacking.

Green Lipped Mussel (Pernaton Gel®)

Green-lipped mussel (GLM) is a source of omega fatty acids which has been used as an adjunctive treatment in the symptomatic management of osteoarthritis, but there is currently limited evidence of efficacy. There is no evidence to suggest that GLM is effective for rheumatoid arthritis.

Glucosamine and Chondroitin

NICE do not recommend prescribing glucosamine or chondroitin for osteoarthritis as evidence of benefit is limited. This advice is reflected in the Northern Ireland Formulary and a HSCB letter on glucosamine sent out in Oct 2010.

Cubitan®

Cubitan® is a high protein, high energy nutritional supplement for the dietary management of patients with chronic wounds. It is not on the ACBS list and therefore should not be prescribed on HS21 prescription.
**Co-enzyme Q10** 15-19

Co-enzyme Q10 has been used in diseases linked to co-enzyme Q10 deficiency, including cardiovascular disease, phenylketonuria, cancer, neurodegenerative diseases and statin-induced decrease of co-enzyme Q10. Whilst it is known that exogenous co-enzyme Q10 increases the plasma levels of co-enzyme Q10 in humans and animals, it seems that tissue levels of co-enzyme Q10 are determined by local endogenous synthesis.

**Infacol® or Dentinox® Drops** 20

There is no good evidence that infantile colic is caused by excess intestinal gas. Therefore Infacol® or Dentinox® Colic Drops (simeticone) should not be prescribed, as evidence for these products is lacking.

**Comfort Milk® or Colief®** 20

There is no good evidence that transient lactase deficiency either occurs, or that it could cause infantile colic. Hence there is no evidence to support prescribing of either Colief® Drops, or a partially hydrolysed, low-lactose formula such as Comfort® (Aptamil, Cow & Gate or SMA).

**Gluten-Free Non-Staple Foods** 21

Only staple foods should be supplied on prescription as per Coeliac UK guidance. Items which are not consistent with healthy eating advice, such as biscuits, cakes, muffins, pasties, sausage rolls, should not be supplied on HS21 prescription. Further guidance is available on the HSCB website.

**Souvenaid®** 22

There is some evidence that Souvenaid® may improve memory function in people in the early stages of Alzheimer’s disease (treatment naïve people). However, trials were not able to show any effect on the ability of to slow or prevent cognitive decline. The Alzheimer’s Society issued a statement to say that patients would be better spending the money on regular exercise, as this is a far more effective way of reducing cognitive decline, and that NHS money would be better spent on other treatments for Alzheimer’s disease.

**Supplements for Age-related Macular Degeneration (AMD)** 14

E.g. Icaps®, Ocuvit®, Macushield®, PreserVision®, Viteyes®

Evidence for effectiveness of supplements for AMD is weak. A HSCB letter was issued in February 2016 advising that supplements for AMD should not be prescribed on the NHS.
The NHS has a limited pot of money. Payment for certain items on prescription may be considered a waste of scarce NHS resources that could be better spent on evidence-based treatments.

In addition to the cost of the product, there is much cost associated with producing prescriptions, e.g. GP and practice staff time.

Patients should be counselled accordingly and advised that these products may be purchased over the counter as appropriate, if desired.

The HSCB Medicines Management team recognise and appreciate the valuable role that GP practices, community pharmacists and their staff have in supporting this and other initiatives.
References


13) NICE. NICE CG177, Osteoarthritis, February 2014.


19) NICE. NICE CG181, Cardiovascular disease: risk assessment and reduction, including lipid modification, July 2014.


This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy Advisors in your local HSCB office:

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