Deprescribing: Limited Evidence List and Stop List

June 2025

The Northern Ireland Department of Health (DoH) does not support prescribing of products on the Health Service where there is insufficient evidence of effectiveness. Each year in Northern Ireland, approximately **£6,000,000 is spent on prescriptions for items on the 'Limited Evidence list' and 'Stop list'**. As the Health Service only has a limited pot of money, payment for certain items on prescription may be considered a waste of scarce resources that could be better spent on evidence-based treatments. In addition to the cost of the product, there is significant cost associated with producing prescriptions, e.g. GP and practice staff time.

Medicines on the Limited Evidence List should be reviewed to ensure that they are used only in the approved circumstances (see page 2).

Prescribing of products on the Stop List is not supported by the DoH. Some of these products may be purchased by the patient from community pharmacies or supermarkets.

Limited Evidence List

Products on this list must not be routinely prescribed and should be reviewed to ensure that they are used only in the approved circumstances

- Fentanyl immediate release
- Lidocaine patches
- Liothyronine
- Methocarbamol
- Omega-3 fatty acid compounds
- Quinine
- Aliskiren
- Trimipramine
- Vitamins – multivitamins, ascorbic acid, Forceval®, Ketovite®, vitamins BPC, Vivioptal®, cod liver oil
- Propranolol for anxiety
- Bath and shower preparations for dry / pruritic skin conditions
- Oxycodone and naloxone combination products, e.g. Targinact®

Stop List

Prescribing of these products is not supported by the DoH

- Probiotics, e.g. VSL#3®, Vivomixx®, lactobacillus
- Bio-Oil®
- Preparations for managing blepharitis, e.g. Blephaclean® wipes, Blephagel® and Blephasol®
- CoEnzyme Q10
- Colic products, e.g. Infacol® or Dentinox®
- Comfort milks (Aptamil®, Cow & Gate® and SMA®) or Colief® drops
- Co-proxamol
- Cubitan®
- Dosulepin
- Eye supplements, e.g. Icaps®, Ocuvite®, Macushield®, PreserVision®, Viteyes®
- Gamolenic acid / evening primrose oil
- Glucosamine containing products
- Glucose tablets / shots, e.g. Lift glucose Juice shots®, Lift Glucose tablets®, Dextro energy®, Lucozade tablets®, Glucotabs® **Note:** this does not apply to oral glucose gel.
- Gluten free non-staple foods, e.g. biscuits, sausage rolls
- Green-lipped mussel (Pernaton gel®)
- High fluoride toothpastes, e.g. Duraphat® 2800ppm or 5000ppm fluoride toothpaste, sodium fluoride 0.619% or 1.1% dental paste SF
- IQoro® neuromuscular training device
- Naltrexone (low dose)
- Omega-3 fish oils, e.g. Eye Q® and Efalex®
- Low calorie oral nutritional supplements (1kcal/ml or less)
- Ostomy deodorants
- Rubefacients, e.g. Movelat gel/cream®, Transvasin®, Deep Heat®
- Souvenaid®
- Spatone®

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.

LIMITED EVIDENCE LIST

Products on this list must not be routinely prescribed and should be reviewed to ensure that they are used only in the approved circumstances.

Quinine	The MHRA advise that quinine is not a routine treatment for nocturnal leg cramps, and should only be used when cramps regularly disrupt sleep. Treatment should be interrupted every 3 months to reassess. Review tool is available on Primary care intranet.
Omega-3 fatty acid compounds *updated*	NICE NG238 states that omega-3 fatty-acid compounds should not be offered*, either alone or in combination with a statin, for the primary or secondary prevention of cardiovascular events as their use is not supported by clinical evidence; prescribing such supplements is not a cost-effective use of limited resources. The MHRA (Jan 2024) also states that there is a dose-dependent increased risk of atrial fibrillation in patients with established cardiovascular diseases or cardiovascular risk factors; patients should be advised to seek medical advice and to stop taking the medicine if symptoms develop. * Icosapent ethyl is an exception to this if used as described in NICE TA805 guidance on icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides.
Vitamins	E.g. Forceval,® multivitamins, ascorbic acid, Ketovite®, vitamins BPC, Vivioptal®, cod liver oil. Vitamins may be prescribed to prevent or treat deficiency, but NOT as dietary supplements. Patients should be given dietary advice instead. Refer to Northern Ireland Formulary for further guidance on prescribing of vitamins.
Lidocaine patches	The NICE guideline on neuropathic pain does not make a recommendation on the use of lidocaine patches as a treatment option, due to limited clinical evidence supporting its use. Lidocaine patches may be considered in post herpetic neuralgia if the patient is intolerant of first line systemic therapies or where they have been ineffective or are contra-indicated. A review audit is available on the Primary care intranet.
Liothyronine (including Armour® Thyroid and liothyronine combination products)	The majority of people with hypothyroidism can be managed with levothyroxine. However, a small proportion of patients treated with levothyroxine continue to suffer with symptoms despite adequate biochemical correction. For these people, liothyronine may be used on the recommendation of a *Health Service* endocrine specialist in secondary care — prescribers in primary care should not initiate liothyronine. Recommendations from private healthcare consultants to GPs to prescribe should not occur. Note: liothyronine is also indicated for patients with thyroid cancer, in preparation for radioiodine ablation, iodine scanning, or stimulated thyroglobulin test. A shared care guideline is available on the Interface Pharmacy website.
Methocarbamol	Methocarbamol is licensed as a short-term adjunct to the symptomatic treatment of acute musculoskeletal disorders associated with painful muscle spasms. It is listed in the BNF as 'less suitable for prescribing' as evidence for its use in muscle spasm or spasticity is limited.
Fentanyl immediate release (IR) (tablets, lozenges, film, nasal spray)	IR fentanyl is licensed for the treatment of breakthrough pain in adults with cancer who are already receiving at least 60mg oral morphine daily or equivalent. Use in palliative care by a recognised multidisciplinary team professional is acceptable and appropriate patients should not have the medicine deprescribed at this point. The amount of IR fentanyl being prescribed however makes it likely that in many cases it is being used for other types of pain than cancer. IR fentanyl can cause addiction.
Trimipramine	The cost of trimipramine is significantly more expensive than other antidepressants. NICE NG222 recommends selective serotonin reuptake inhibitor (SSRI) first line, when antidepressants are indicated, as they have a more favourable risk to benefit ratio compared to tricyclic antidepressants (TCAs). However, if a TCA is required, there are more cost-effective TCAs available.
Aliskiren	Aliskiren is not recommended for primary hypertension, due to insufficient clinical and cost-effectiveness data. Insufficient evidence of its effectiveness to determine its suitability for use in resistant hypertension. In addition, the MHRA has reported on a risk of adverse outcomes (hypotension, syncope, stroke, hyperkalaemia and change in renal function including acute renal failure) when aliskiren is combined with ACE inhibitors or angiotensin II receptor blockers, especially in patients with diabetes and those with impaired renal function. Aliskiren should therefore only be used if initiated and under review by secondary care.
Propranolol for anxiety	Propranolol has been used for many years to treat the physical symptoms of anxiety. However, it does not treat the underlying condition of anxiety disorder; a systemic review found that there is insufficient evidence to support the routine use of propranolol in the treatment of anxiety disorder. Furthermore, propranolol prescribed for anxiety has been reported in more than half of patients who took a deliberate overdose, according to a NPIS report. Co-ingestion with an SSRI may increase the risk of severe toxicity in those taking propranolol overdoses. Beta blockers are not included in NICE guideline CG113 Generalised anxiety disorder and panic disorder in adults: management. British Association Psychopharmacology (BAP) advise there is little to no evidence of efficacy and do not recommend propranolol for acute or longer-term treatment.

LIMITED EVIDENCE LIST

Products on this list must not be routinely prescribed and should be reviewed to ensure that they are used only in the approved circumstances.

Bath and shower preparations for dry / pruritic skin conditions	Emollient bath and shower preparations are not routinely recommended for use in dry/pruritic skin conditions due to a lack of robust evidence of clinical effectiveness. They should not be routinely initiated in primary care and current prescribing should be reviewed with a view to discontinuation. Application of leave-on emollients, including their use as a soap substitute, should be the mainstay of treatment for dry skin conditions. Many leave-on emollients can be used as a soap substitute or body wash when handwashing, showering or in the bath and most leave-on ointments can also be used as a bath additive – See the Northern Ireland Formulary for further information. PrescQIPP bulletins Bulletin 244: Bath and shower emollient preparations and Bulletin 239: Emollients also provide useful information. Patient information is available in the Patient Area of the NI Formulary at Emollient bath and shower preparations | NI Formulary (hscni.net).
Oxycodone and naloxone combination products, e.g. Targinact® ***NEW***	Oxycodone and naloxone combination product is licensed for severe pain, which can be adequately managed only with opioid analgesics, and second line symptomatic treatment of patients with severe to very severe idiopathic restless legs syndrome after failure of dopaminergic therapy. The opioid antagonist naloxone is added to counteract opioid-induced constipation by blocking the action of oxycodone at opioid receptors in the gut. PrescQIPP has issued a bulletin, which does not identify a benefit of oxycodone and naloxone in a single product over other analgesia with laxatives if necessary: morphine plus appropriate laxatives is the first line option where a strong opioid is required. Due to the significant cost of the oxycodone and naloxone combination product and the unclear role of the combination product in therapy compared with individual products, oxycodone and naloxone combination product should not be routinely prescribed.

STOP LIST

Prescribing of these products is not supported by the DoH. Patients should be counselled accordingly and advised that some products on the Stop list may be purchased, as appropriate, if desired.

Products that can be purchased	
Gluten-Free Non-Staple Foods	Only staple foods should be supplied on prescription as per Coeliac UK and SPPG 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 Primary care intranet.
Infacol® or Dentinox® or Colief® drops	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. 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 Colief® Drops. A Parents/Carers Information Leaflet for the Management of Babies with Colic is available on the Northern Ireland Formulary.
Comfort Milk	There is no evidence to support prescribing of a partially hydrolysed, low-lactose formula (comfort formula) such as Aptamil Comfort ® and Cow&Gate Comfort First® milks. Comfort milks are not on the ACBS list and therefore should not be prescribed on HS21 prescription. Refer to Primary Care Infant Feeding Guidelines for further information.
Supplements for Age-related Macular Degeneration	E.g. Icaps®, Ocuvite®, Macushield®, PreserVision®, Viteyes® Evidence for effectiveness of supplements for AMD is weak. A SPPG letter was issued in February 2016 advising that supplements for AMD should not be prescribed on the Health Service. This advice is supported by optometrists in the SPPG Optometry Practice Newsletter.

Products that can be purchased	
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. Refer to NI Formulary for further guidance on prescribing of oral iron.
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. Bio-Oil is not on the ACBS list and therefore should not be prescribed on HS21 prescription.
Preparations for blepharitis	E.g. Blephaclean®, Blephagel®, Blephasol® Refer to Treatment of Blepharitis patient information leaflet in Northern Ireland Formulary website for tips on how to control or manage blepharitis.
Green Lipped Mussel (GLM) (Pernaton Gel®)	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.
Co-enzyme Q10	NICE guideline CG181 states: "Do not offer coenzyme Q10 to increase adherence to statin treatment." Studies which evaluate the effect of CoQ10 in improving adherence to statins are currently lacking which is why NICE do not recommend its use.
Glucose tablets / shots **(note: this does not apply to oral glucose gel)**	E.g. Lift glucose Juice shots®, Lift Glucose tablets®, Dextro energy®, Lucozade tablets®, and Glucotabs®. These products should not be prescribed. Patients can purchase glucose preparations or use alternatives to treat their hypo, e.g. jelly babies. Refer to Diabetes UK for patient information leaflets on management of 'hypos'. Glucose preparations are not on the ACBS list and therefore should not be prescribed on HS21 prescription. **Note:** this advice does not apply to oral glucose gel which may be prescribed (refer to NI Formulary).
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 NI Formulary and a HSCB letter on glucosamine sent out in Oct 2010.
Gamolenic Acid / Evening Primrose Oil	Gamolenic acid is found in evening primrose oil which was previously available 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, rheumatoid arthritis or multiple sclerosis.
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.
Probiotics	ACBS recently removed VSL#3® and Vivomixx® from the Drug Tariff as a review of the evidence did not sufficiently demonstrate that the products are clinically effective. There are therefore no indications where probiotics are recommended for prescribing within the HSC.
Rubefacients	E.g. Movelat gel/cream®, Transvasin Heat Rub®, Deep Heat Rub/spray® There is limited evidence that rubefacients work. The BNF says that the evidence does not support the use of rubefacients in short- or long-term muscle pain. In addition, CKS states that there is no evidence for the use of rubefacients in the management of osteoarthritis. Rubefacients can be bought from a pharmacy or supermarket.
IQoro® neuromuscular training device	The IQoro® device has been advocated to strengthen the muscles of the oropharynx, oesophagus and diaphragm, potentially reducing the symptoms of conditions such as hiatus hernia and dysphagia. IQoro® has been advocated for treatment of stroke related dysphagia, hiatus hernia as well as snoring, sleep apnoea and speech issues. However there is limited evidence available to support the use of IQoro® currently. Refer to PrescQIPP for further information.
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.

Souvenaid®	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 to slow or prevent cognitive decline. The Alzheimer's Society issued a statement to say that patients would be better spending their 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. Souvenaid® is not on the ACBS list and therefore should not be prescribed on HS21 prescription.
Ostomy deodorants	In accordance with PrescQIPP guidance ostomy deodorants should not be routinely prescribed for patients with a stoma as there is no clinical need. If a bag is fitted correctly and has a good seal around the stoma no odour should be apparent except for when the bag is being emptied or changed. For odour when emptying or changing their stoma bag, patients could consider buying an inexpensive air freshener to mask toilet odour.
Low calorie oral nutritional supplements (1kcal/ml or less)	Adult ready to drink oral nutritional supplements providing 1kcal/ml (e.g. Ensure® liquid and Fresubin® Original) are low calorie supplements. They are not cost effective and should not be prescribed. Patients that only require a small additional nutritional intake should instead be advised how to manage using fortified food. See PrescQIPP guidance (page 17).
Products that are not available to purchase OTC	
Co-proxamol	Co-proxamol was withdrawn from the UK market in 2007 due to safety concerns. All use in the UK is now on an **unlicensed** basis. An alternative analgesic should be prescribed if appropriate.
Dosulepin	Dosulepin should not be prescribed as evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose. Therefore, dosulepin should not be initiated in primary care for any indication and existing patients should be reviewed for suitability for switching to a safer agent. This may require consulation with a specialist. Dosulepin should not be stopped abruptly unless serious side effects have occurred. Refer to Medicines Management March 2018 newsletter and PrescQIPP bulletin for further information.
High fluoride toothpastes	E.g. Duraphat® 2800ppm or 5000ppm fluoride toothpaste, sodium fluoride 0.619% or 1.1% dental paste sugar free. High fluoride content toothpastes are used to reduce the risk of dental caries in those patients who are at increased risk of developing caries. High concentration fluoride toothpaste should only be prescribed by a dentist following clinical assessment and as part of an overall dental health management plan. GPs should not commence any patients on these products and current prescribing should be stopped and patients referred to a dentist for clinical assessment.
Naltrexone (low dose)	Low dose naltrexone (3mg to 4.5mg daily) is an unlicensed treatment. It has been used anecdotally to improve some symptoms of multiple sclerosis, but evidence to support its use is lacking. Refer to HSCB letter (January 2017) for further information. GPs should not start new patients on this treatment. Existing patients should be reviewed and treatment stopped if not beneficial to the patient. Where there is any uncertainty, the initiating specialist should be consulted.