PrescQIPP Community Interest Company

The PrescQIPP DROP-List 2015 (Drugs to Review for Optimised Prescribing)

The PrescQIPP DROP-List (meaning **D**rugs to **R**eview for **O**ptimised **P**rescribing)[1] was first published in 2012 and was an accumulation of medicines that commissioners considered as low priority, poor value for money or for which there were safer alternatives. The DROP-List has now been updated and now also incorporates some of the NICE do not do items, which can be easily measured using prescribing data and drugs that could potentially be provided as self care, with advice and support from the community pharmacists. This bulletin discusses the potential to support medicines optimisation for the drugs listed.

Medicines optimisation is key to achieving the best outcomes for patients. The Royal Pharmaceutical Society good practice guide on medicines optimisation suggests the following principles are key to helping patients get the most out of their medicines.[2] These principles would apply when reviewing drugs in the DROP-List.

- Treatments of limited clinical value are not used and medicines no longer required are stopped.
- Optimal patient outcomes are obtained from choosing a medicine using best evidence (for example, following NICE guidance, local formularies etc.) and these outcomes are measured.
- Medicines wastage is reduced.
- The NHS achieves greater value for money invested in medicines.
- Patients are more engaged, understand more about their medicines and are able to make choices, including choices about prevention and healthy living.
- It becomes routine practice to signpost patients to further help with their medicines and to local patient support groups.
- Incidents of avoidable harm from medicines are reduced.

The drugs in table 1 on page 2 are the products with the highest total NHS spend. They have been selected as there is potential to optimise prescribing in these areas. Across the NHS, **over £336 million** was spent on products in the DROP-List between January to December 2014. If prescribing were changed in line with recommendations, **there is the potential to save over £50 million**. This could be invested in treatments representing better value for money. As with all switches, patients will need to be considered individually to determine whether a particular switch is suitable for them.

Some of the medicines on the list have a suggestion to stop any prescribing and refer the patient for pharmacist supported self care (table 2, p.4). It is important that the community pharmacist is considered as the first port of call for common ailments wherever possible. Their training and accessibility means they are well-placed to offer advice and support for minor ailments, reducing the impact upon other NHS services. The self care agenda is also associated with savings related to freeing-up the time of the GP to enable them to deal with the more complicated cases

This bulletin names the medicines in the DROP-List, provides explanations why they are included and in what circumstances prescribing might be reasonable. For each drug, prescribing alternatives are suggested together with indicative savings. If there is a PrescQIPP bulletin available to support implementing change a link to the resources has also been provided. Prescribers are encouraged to review all patients prescribed these medicines and decide whether continued prescribing is appropriate, safe and providing the NHS with value for money.

Key recommendations

- Review all patients prescribed a medicine in the DROP-List.
- Determine whether to:
  - » Continue treatment if the patient fulfils circumstances in which use might be appropriate.
  - » Change the medicine to a more cost-effective choice.
  - » Stop prescribing the medicine.
- Recommend self care and purchase of the medicine over-the-counter (OTC) with support and advice from the community pharmacist wherever appropriate.

The PrescQIPP DROP-List

Table 1: The top items included in the PrescQIPP DROP-List in descending order according to national spend.

No.	Item	NHS annual spend
1	Self care – Analgesia	£105,748,256
2	Rubefacients (excluding topical NSAIDS)	£41,497,805
3	Travel vaccines not prescribable on NHS	£30,443,400
4	Antihistamines (OTC and prescription only medicine (POM))	£29,516,336
5	Liothyronine	£14,305,142
6	Lidocaine plasters	£12,947,720
7	Nasal sprays (OTC)	£12,540,796
8	Doxazosin MR (Cardura® XL)	£9,864,731
9	Fentanyl immediate release formulations	£9,488,043
10	Tadalafil once daily (Cialis® once-a-day)	£8,619,519
11	Omega-3 fatty acids and other fish oils	£ 8,580,063
12	Haemorrhoid treatments	£8,378,119
13	Dental products on FP10	£6,074,840
14	Co-proxamol (paracetamol/dextropropoxyphene) and Tramacet® (paracetamol/tramadol)	£5,595,869
15	Oxycodone/Naloxone (Targinact®)	£4,938,512
16	Antifungal nail paint	£4,570,281
17	Multivitamins	£3,989,516
18	Dosulepin	£3,440,414
19	Eflornithine cream (Vaniqua®) for hirsutism	£2,506,910
20	Perindopril arginine (Coversyl® Arginine) and branded Coversyl®	£1,743,162
21	Lutein and antioxidant vitamins	£1,723,131
22	Cough and cold remedies	£1,680,885
23	Amiodarone	£1,114,135
24	Minocycline for acne	£1,112,241
25	Aliskiren (Rasilez®)	£1,109,777
26	Complementary therapies, herbal supplements and homeopathy	£1,109,402
27	Glucosamine	£1,072,530
28	Infantile colic	£992,878
29	Probiotics	£907,785
30	Cannabis sativa	£820,386
	Total NHS spend (January to December 2014)	**£336,432,584**

Rationale for inclusion in the DROP-List

In certain circumstances, prescribing medicines included in the DROP-List would be appropriate. However the spend in the areas listed on the DROP-List shows there is a significant opportunity to promote self care and reduce prescribing for drugs of limited clinical value or switch to an alternative product which offers better value for money.

Table 2 overleaf explains:

- Why the medicine is included in the DROP-List
- Where use might be appropriate
- Suggested alternatives
- Links to PrescQIPP resources to support change (if available)
- Indicative savings if the change is made.

Updates to this version

Amendments

- 'Non opioid and compound analgesics (excluding POM products)' has now been renamed as 'Self care – analgesia'.
- 'Hepatitis A and B vaccine (for travel)' has now been renamed 'Travel vaccines not prescribable on the NHS'.
- 'Cough mixtures, throat lozenges, aromatic inhalations, decongestants' has been renamed as 'Cough and cold remedies'.
- Antihistamines now includes all OTC and POM products.

Items removed

- Generically prescribed calcium and ergocalciferol (plus colecalciferol and ergocalciferol as individual products) has been removed as this is now included on the SPOT-List (Specials Prescribing Optimisation Tool).
- Ibandronic acid for osteoporosis, escitalopram, esomeprazole and gliclazide MR have all been removed. This is due to significant price reductions in these category M drugs meaning that they are no longer associated with such significant cost savings.

New items added

- Liothyronine, dosulepin, nasal sprays (OTC), amiodarone, cannabis sativa and complementary therapies, herbal supplements and homeopathy.
- Rubefacients now also includes topical capsaicin (including the patch).
- Colief is now also combined with Infacol and gripe water, and has been renamed as infantile colic.
- Lutein and antioxidant vitamins now also includes beta carotene supplements.
- Omega-3 fatty acids now also includes other fish oils.

See table 2, starting on the following page, for the supporting information for each of these.

Table 2: PrescQIPP DROP-List Further Information (indicative savings are based on average costs across a range of strengths and products)

Links are available to DROP-List bulletins and support materials where available. Please remember to log in to the PrescQIPP website first so that the links take you directly to the resources.

Product	Rationale for inclusion in the DROP-List	Circumstances in which use might be appropriate	Suggested alternative(s)	Indicative annual saving
Self care - Analgesia	• Short courses of analgesics for acute common ailments can be purchased by the patient under self care with community pharmacist support. • Prescribing short courses of pain relief for acute conditions costs the NHS more than the equivalent products purchased over the counter (prescription fees, GP consultation time etc).	• Regular pain relief for long-term conditions. • Where further investigation is required to rule out a serious condition.	• Purchase OTC for acute common ailments. • Advise patients to have a medicines cabinet appropriately stocked with treatment for common ailments.	£21 million Assuming 20% of prescribing is suitable for self care.
Rubefacients, including capsaicin cream and patches (excluding topical NSAIDs)	• Topical rubefacient preparations may contain nicotinate and salicylate compounds, essential oils, capsicum, and camphor which are all irritant. • The evidence available does not support the use of topical rubefacients in acute or chronic musculoskeletal pain.[3] Rubefacients should not be offered to treat osteoarthritis.[4] Stop any prescribing. • NICE states that capsaicin patches should not be used for neuropathic pain in non-specialist settings, unless advised by a specialist.[5]	• NICE states that capsaicin cream should be considered for people with localised neuropathic pain who wish to avoid, or who cannot tolerate, oral treatments[5] and patches for neuropathic pain should be used on the advice of a specialist.[5] • The NICE Clinical Guideline (CG) for osteoarthritis states that topical capsaicin should be considered as an adjunct to core treatments for knee or hand osteoarthritis.[4]	• Purchase alternatives OTC for acute musculoskeletal pain. • Topical NSAIDs for chronic pain in appropriate patients.	£41.5 million Assuming 75% of prescribing is suitable for OTC treatment instead of a prescribed alternative.

Product	Rationale for inclusion in the DROP-List	Circumstances in which use might be appropriate	Suggested alternative(s)	Indicative annual saving
Travel vaccines not prescribable on the NHS	• Certain vaccines are not available on the NHS for the purposes of travel. These include hepatitis B, Japanese encephalitis, tick-borne encephalitis, meningococcal meningitis, rabies, tuberculosis and yellow fever.[6] • Patients should be charged privately for all travel vaccines not prescribable on the NHS. • As hepatitis B is not available on the NHS for travel, the combined hepatitis A and B vaccination should not be given for travel as travellers should be asked to pay for the hepatitis B component.	• Non travel uses. • Vaccinations available on the NHS for travel are diphtheria, polio and tetanus (combined booster), typhoid, hepatitis A and cholera. This is because these diseases are thought to pose the greatest risk to public health if brought back into the UK.	• Private prescription for non-prescribable travel vaccines for the purposes of travel.	£15 million Assuming 75% is for travel.
Antihistamines for hay fever (POM and OTC)	• Hay fever symptoms can be self-treated and do not need intervention by a GP or practice nurse. A community pharmacist can support with advice and guidance. • Several products have now been declassified and are available to purchase over the counter for less than the cost of a prescription charge.	• None foreseen.	• Purchase OTC loratadine or cetirizine. Both non-sedating antihistamines that cost less than a prescription charge. NB. Prices may vary at different pharmacies.	£11.8 million Assuming a 40% reduction in prescribing.

Product	Rationale for inclusion in the DROP-List	Circumstances in which use might be appropriate	Suggested alternative(s)	Indicative annual saving
Liothyronine in primary hypothyroidism	• For primary hypothyroidism, UK and international guidelines have found no consistently strong evidence for the superiority of alternative preparations (L-T4 + L-T3 combination therapy or thyroid extract therapy – preparations containing dried animal thyroid extracts, such as Armour Thyroid) over monotherapy with levothyroxine in improving health outcomes.[7-9] • Many clinicians may not agree that a trial of L-T4/ L-T3 combination is warranted and their clinical judgement must be recognised as being valid given the current understanding of the science and evidence of treatments.[7] • Natural thyroid extract products are not licenced in the UK. The variation in hormonal content may lead to increased serum levels of T3 and subsequent thyrotoxic symptoms, such as palpitations and tremor.[10]	• Some patients, who have unambiguously not benefited from L-T4, may benefit from a trial of L-T4/L-T3 combination therapy. This is considered experimental. They should be supervised by accredited endocrinologists with documentation of agreement after a fully informed and understood discussion of the uncertain benefits, likely risks of over-replacements, potential adverse consequences and lack of safety data. Treatment should be discontinued if no imprevement is seen after three months.[7,9]	• Levothyroxine.	Difficult to quantify - £7 million based on a 50% reduction in prescribing
Lidocaine plasters	• NICE CG173 on neuropathic pain does not recommend the use of lidocaine patches as a treatment option due to limited clinical evidence supporting its use.[5] • The Scottish Medicines Consortium (SMC) advised that lidocaine patches (as Versatis®) are accepted for restricted use for the treatment of post herpetic neuralgia in patients intolerant of first-line systemic therapies or where they are ineffective.[11]	• Post herpetic neuralgia intolerant of first line systemic therapies or where they have been ineffective.	• Capsacin 0.075% cream apply 3 to 4 times daily - 45g per month. • Gabapentin 3600mg daily in 3 divided dose.	£9.7 million Assuming 75% is not for post herpetic neuralgia where other first line therapies are not suitable.
Nasal sprays (OTC)	• Nasal sprays for the symptomatic relief of hayfever and congestion can be purchased by the patient under self care with community pharmacist support.	• None foreseen.	• Purchase OTC for acute common ailments.	• £6.3 million

Product	Rationale for inclusion in the DROP-List	Circumstances in which use might be appropriate	Suggested alternative(s)	Indicative annual saving
Doxazosin MR (Cardura® XL)	• No good evidence of additional benefit over immediate release doxazosin. Both formulations provide effective blood pressure control (doxazosin is recommended only as a fourth-line antihypertensive) and are effective at controlling the symptoms of BPH and improving maximum urinary flow rate.[12] The long half-life of immediate release doxazosin allows once daily dosing.[3] • Based on switching to IR preparation, which is on average 15% of the cost of the MR preparation.	• None foreseen.	• Generic immediate release (IR) doxazosin – average 4p per dose.	£8.4 million
Fentanyl immediate release formulations	• Morphine is the most valuable opioid for severe pain.[3] Fentanyl is significantly more expensive and there are potential safety problems presented by these products, which provide relatively high doses of a potent opioid and are associated with complicated titration and maintenance instructions.[13]	Where a patient is unable to take immediate-release morphine for breakthrough cancer pain (or where breakthrough pain is of rapid onset and not controlled by oral morphine).	Morphine oral solution 10mg/5ml (Oramorph®) - 36p per 20mg dose (10ml).	£4.4 million if using Oramorph®. Assuming 50% is suitable for switching.
Tadalafil once daily (Cialis® lower doses taken once daily)	• Not recommended as not cost-effective in most patients. 'On demand' tablets taken when required are the preferred option,[14,15] generic sildenafil is currently the least costly option.[16]	• None foreseen.	• Sildenafil at four doses per month is 96% less costly than tadalafil once daily.	£8.3 million

Product	Rationale for inclusion in the DROP-List	Circumstances in which use might be appropriate	Suggested alternative(s)	Indicative annual saving
Omega-3 and other fish oils	• Not recommended. For secondary prevention of myocardial infarction NICE CG172 states: "*Do not offer or advise people use omega-3 fatty acid capsules or omega 3 fatty acid supplemented foods to prevent another MI.*" "*Advise people to eat a Mediterranean-style diet (more bread, fruit, vegetables and fish; less meat; and replace butter and cheese with products based on plant oils)*".[17] • NICE CG170 states "*Do not use omega-3 fatty acids to manage sleep problems in children and young people with autism*".[18] • NICE do not recommend fish or algal oils solely with the aim of preventing hypertensive disorders in pregnancy[19] or omega-3 fatty acid supplements for familial hypercholesterolaemia.[20] • NICE CG87 states "*Do not prescribe fish oil preparations for the primary prevention of cardiovascular disease in people with type 2 diabetes*".[21]	• Consultant initiation ONLY for hypertriglyceridemia when prescribed in accordance with local guidelines. • Review in association with psychiatrist in schizophrenia indication. • People with hypertriglyceridaemia receiving advice from a healthcare professional with special expertise in blood lipid management. A trial of highly concentrated licensed omega 3 fish oils can be considered for refractory hypertriglyceridaemia if lifestyle measures and fibrate therapy have failed.[21]	• Patients should eat a Mediterranean style diet. If people choose to purchase omega-3 fatty acid capsules or eat omega-3 fatty acid supplemented foods, be aware that there is no evidence of harm.[17]	£6.4 million Assuming 75% reduction in prescribing.
Haemorrhoid preparations (excluding POM products)	• Products can be purchased OTC as self-care. Community pharmacy advice and support also available to patients.	• GP prescribing of alternative products appropriate for anal fissure or severe prolapsed or thrombosed haemorrhoids, requiring medical attention.	• Purchase OTC for acute common ailments. • Advising patients to have a medicines cabinet stocked with treatment for common ailments.	£8.4 million

Product	Rationale for inclusion in the DROP-List	Circumstances in which use might be appropriate	Suggested alternative(s)	Indicative annual saving
Dental products	• Products recommended by dentists such as fluoride tablets, toothpastes and mouthwashes should be purchased OTC or prescribed by the dentist. It is inappropriate to ask a GP to take clinical responsibility for this prescribing.	• None foreseen.	• Purchase OTC or prescribed by dentist recommending treatment.	£6.1 million
Oxycodone/ Naloxone (Targinact®)	• Randomised controlled trials have only compared with standard-release oxycodone, NOT with other strong opioids such as morphine, with regular laxatives. Naloxone element has no effect on risk of overdose as it is not absorbed – it just acts on the GI tract. There are also no data showing that combined oxycodone and naloxone reduce the need for laxatives in the long-term. • Poor cost-effectiveness. • Rejected by SMC.[22]	• None foreseen.	• Morphine sulfate MR plus senna and lactulose (assuming 75% less costly).	£3.7 million
Antifungal nail paints	• Systemic treatments are more effective, if antifungal treatment is indicated. Nail lacquers and solutions are expensive. Amorolfine nail lacquer (pack size 3mls) is available OTC for mild cases and for treatment of a maximum of two nails.[3]	• Treatments for children - on the recommendation of a podiatrist.	• Buy OTC for mild cases.	£4.6 million

Product	Rationale for inclusion in the DROP-List	Circumstances in which use might be appropriate	Suggested alternative(s)	Indicative annual saving
Vitamins and minerals	• Vitamins should be obtained through dietary means. If a multivitamin supplement is required it should be purchased as self-care. • ACBS criteria for vitamins and minerals is as follows:[16] *Only in the management of actual or potential vitamin or mineral deficiency; not to be prescribed as dietary supplements or "pick-me-ups."* • Sure Start vitamins are available to some groups of patients.	• Renal dialysis. • ACBS criteria met. • Where appropriate in malnutrition.	• Purchase OTC or obtain through Sure Start schemes where available.	£3 million Assuming 75% reduction in prescribing.
Dosulepin	• NICE CG90 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."*[23]	• None foreseen.	• SSRIs are first-line. Where non SSRI antidepressants are required, prescribers should follow the NICE CG.[23]	£1.3 million Based on switching to citalopram as an alternative, which is on average 62% of the cost of dosulepin.
Co-proxamol	• Markedly more toxic in overdose than paracetamol. Withdrawn from the market in 2005 due to safety concerns and marketing authorisations cancelled at end of 2007.[24]	• Unlicensed so clinical and product liability lies with the prescriber.[24]	• Paracetamol £3.03/100 tablets. • Co-codamol 30/500 £4.45/100 capsules vs. £21.38 for co-proxamol.[16]	£2.4 million

Product	Rationale for inclusion in the DROP-List	Circumstances in which use might be appropriate	Suggested alternative(s)	Indicative annual saving
Paracetamol/ Tramadol (Tramacet®)	• Fixed dose combination of 37.5mg tramadol plus 325mg paracetamol per tablet.[3] No more effective than established analgesics in acute or chronic pain,[25] contains a sub-therapeutic amount of paracetamol and is more expensive than alternatives. • There are safety concerns with tramadol (harms and misuse) as well as an increased number of deaths.[26]	• None foreseen.	• Paracetamol £3.03/100 tablets vs. £15.37/100 paracetamol/ tramadol combined.[16]	£2 million
Eflornithine cream (Vaniqua®) for hirsutism	• There is no evidence of its efficacy in comparison to existing treatments and it is substantially more expensive. It needs to be used indefinitely but the long-term benefits and safety have not been established (past 24 weeks).[27]	• None foreseen.	• No direct drug alternative foreseen.	£2.5 million
Perindopril arginine (Coversyl® Arginine and Coversyl® Arginine Plus)	• No benefit over generic perindopril erbumine and it is more costly.[28] • Coversyl® prescribed by brand name will be dispensed as Coversyl® arginine.	• None foreseen.	• Perindopril erbumine.	£1.4 million
Lutein and other antioxidant vitamins	• Evidence base does not show that lutein and other eye vitamins are beneficial.[29] • Products are food supplements and not licenced medicines.	• None foreseen.	• Purchase OTC.	£1.7 million

Product	Rationale for inclusion in the DROP-List	Circumstances in which use might be appropriate	Suggested alternative(s)	Indicative annual saving
Cough and cold remedies	• Limited clinical value for these treatments – cough mixtures, aromatic inhalations, decongestants, sore throat lozenges etc. • For some drugs (such as decongestants) there is a potential for interactions with other medicines.	• None foreseen.	• Purchase appropriate treatments OTC for acute common ailments. • Advising patients to have a medicines cabinet stocked with treatment for common ailments.	£1.7 million
Amiodarone	• Amiodarone is no longer recommended by NICE for long-term rate control due to its potentially fatal, long-term side effects. Digoxin is equally as effective.[30] • Review patients on amiodarone to ensure treatment is being appropriately monitored and that it is discontinued in indication where use is short-term only.	• Consider amiodarone for rhythm control in people with left ventricular impairment or heart failure.[30] • Pre (4 weeks) and post (up to 12 months) electrical cardioversion.[30] • Pharmacological cardioversion in new onset AF.[30] • People undergoing cardiothoracic surgery to reduce risk of post-op AF.[30]	• Digoxin	£560,000 Assuming 50% is for long-term rate control.

Product	Rationale for inclusion in the DROP-List	Circumstances in which use might be appropriate	Suggested alternative(s)	Indicative annual saving
Minocycline for acne	• Not considered first line tetracycline for acne. Increased risk of side effects, including greater risk of lupus erythematosus-like syndrome and irreversible pigmentation.[3]	• Patients intolerant of alternatives such as oxytetracycline, tetracycline, doxycycline and lymecycline, only if oral treatment is indicated.[3]	• Oxytetracycline (500mg twice daily)	£720,000
Aliskiren (Rasilez®)	• Not recommended for routine use by SMC as comparable efficacy to other antihypertensive agents in terms of blood pressure reduction and more costly.[31] • NICE state there is insufficient evidence of its effectiveness to determine its suitability for use in resistant hypertension.[32]	• None foreseen.	• For hypertension, a generic ACE inhibitor. • For resistant hypertension, follow the NICE CG127.[32]	£1 million

Product	Rationale for inclusion in the DROP-List	Circumstances in which use might be appropriate	Suggested alternative(s)	Indicative annual saving
Complementary therapies, herbal supplements and homeopathy	• There is a 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 delay accurate diagnosis of underlying pathology. None reviewed by NICE recommend their use.[33] • The available evidence does not support: » Homeopathy or herbal supplements for the induction of labour.[34] » Homeopathy for the management of otitis media with effusion (OME) in children.[35] » Homeopathy or Chinese medicine for hyperbilirubinaemia in neonates.[36] » Homeopathy or phytotherapy for lower urinary tract symptoms (LUTS) in men.[37] » Rheumatoid arthritis - little or no long-term benefit.[38] » Urinary incontinence or overactive bladder syndrome in women.[39] » St John's wort or other OTC medications and preparations for anxiety to treat social anxiety disorder.[40] » St John's wort for depression with or without a chronic physical health problem.[41,42] • NICE states that women should not assume that complementary therapies are safe and they should be used as little as possible during pregnancy.[43]	• None foreseen.	• Purchase OTC if patient wants to try this but beware of potential ADRs and interactions.	£1.1 million

Product	Rationale for inclusion in the DROP-List	Circumstances in which use might be appropriate	Suggested alternative(s)	Indicative annual saving
Glucosamine-containing products for osteoarthritis.	• Do not do recommendation in NICE CG177.[4] *"Do not offer glucosamine or chondroitin products for the management of osteoarthritis."*	• None foreseen.	• Purchase OTC if patient wants to take the supplement.	£1.1 million
Infantile colic products: Colief, Infacol and gripe water to treat infantile colic.	• Colief is not considered to be a medicinal product suitable for prescribing on the NHS unless the criteria set out by the Advisory Committee on Borderline Substances (ACBS) are met. • Infacol is denoted in the BNF as being less suitable for prescribing on the NHS.[3] Evidence does not support use. • Gripe water is not licenced for the treatment of infantile colic and should not be used.	• Colief: if ACBS criteria are confirmed - for the relief of symptoms associated with lactose intolerance in infants, provided this is confirmed by the presence of reducing substances and/ or excessive acid in stools, a low concentration of the corresponding disaccharide enzyme on intestinal biopsy or by breath hydrogen test or lactose intolerance test.[3] • Infacol and gripe water: none foreseen.	• Purchase OTC. • For Colief - avoid lactose in diet.	£500,000 Assuming 50% of Colief prescriptions are for ACBS criteria.
Probiotics	• VSL#3 ACBS: For use under the supervision of a physician for the maintenance of remission of ileoanal pouchitis only in adults as induced by antibiotics.[3] Other probiotics are classed as food supplements.	• ACBS-criteria confirmed. • Cannot be prescribed for other conditions.	• Purchase OTC. • Assume 75% does not meet ACBS criteria.	£680,000

Product	Rationale for inclusion in the DROP-List	Circumstances in which use might be appropriate	Suggested alternative(s)	Indicative annual saving
Cannabis sativa	• Do not use cannabis sativa extract to treat neuropathic pain in non-specialist settings, unless advised by a specialist.[5] • For multiple sclerosis, the cost effectiveness evidence did not support its use.[44]	• On the advice of a specialist for neuropathic pain.	• Alternatives as per the relevant NICE CG.[44]	£410,000 Assuming 50% for neuropathic pain is not on the advice of a specialist.
			INDICATIVE TOTAL	**£50,854,000**

Summary

- The PrescQIPP DROP-List is an accumulation of drugs that NICE have comprehensively reviewed and produced 'do not dos' for or where PrescQIPP CCG members consider them to be low priority, poor value for money and can safely be considered for self-care or where safer alternatives are available.
- The top items are highlighted as the PrescQIPP Drop-List and over £336 million is spent each year on these medicines on the NHS.
- Prescribers are encouraged to review all patients prescribed these medicines, checking if the drugs are appropriate, safe and if they are providing the NHS with value for money. If prescribing were changed in line with suggested alternatives, **this could save over £50 million across the PrescQIPP membership. This equates to £89,390 per 100,000 population.**

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Further PrescQIPP resources available


Maps


Webinar

Available here: http://www.prescqipp.info/droplist

Information compiled by Gemma Dowell, PrescQIPP Programme, June 2015 and reviewed by Katie Smith, East Anglia Medicines Information Service, June 2015.

Non-subscriber publication October 2015.

Updated July 2016 (4.1)

At the time of publication the PrescQIPP NHS Programme was hosted by Papworth NHS Trust and the Eastern Academic Health Science Network.

Contact help@prescqipp.info with any queries or comments related to the content of this document.

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