

## Sheffield STOP list

The following preparations or groups of preparations are not considered suitable for NHS prescribing in Sheffield.

The list includes:

- Medicines or indications where there is a lack of evidence to support use, these include preparations where NICE has specifically advised not to prescribe e.g., NICE '*do not dos*' and a selection of preparations annotated as having limited clinical value in the BNF.
- Medicines which offer poor value for money to the NHS and considered not to be cost effective, alternative preparations may be more suitable.
- Medicines that are readily available over the counter (often at lower cost than to the NHS), encouraging self-care.

There will be circumstances when it may be appropriate to prescribe these medicines and wherever possible we have tried to add guidance to reflect this. As can be seen from the list there is a significant opportunity to promote self-care, reduce waste, reduce prescribing of drugs of limited clinical value and increase the effectiveness of NHS resources.

The list reflects NHS England, NHS Improvement and NHS Clinical Commissioners guidance - '[items which should not routinely be prescribed in primary care: Guidance for CCGs](#)' Version 2 published June 2019.

### Suggested action

Review all patients prescribed a medicine in the stop list. 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/safer choice and provide the patient with information on why their medicine has been changed, see supporting patient resources.
- 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.

Medication - Hyperlinks take you to further supporting information/resources where available	Rationale for including	Examples of circumstances in which use may be appropriate	Annual spend based on Quarter 1 19/20 (to nearest £1000)*	Patient resources
<b>Items included in the NHS England (NHSE)/NHS Improvement(NHSI) / NHS Clinical Commissioners (NHS CC) guidance – ‘<a href="#">Items which should not routinely be prescribed in primary care: Guidance for CCGs</a>’ – Version 2: June 2019</b>				
Aliskiren	<a href="#">NICE NG136</a> states there is insufficient evidence of the effectiveness to determine its suitability for use in resistant hypertension.	No routine exceptions have been defined	£6,000	<a href="#">PrescQIPP PIL</a>
Amiodarone	<a href="#">NICE CG180</a> (Atrial Fibrillation) – do not offer amiodarone for long-term rate control. NICE puts greater emphasis on rate rather than rhythm control and has clarified the place of amiodarone in the treatment pathway.	Must be initiated by a specialist and only continued under a shared care arrangement for patients where other treatments cannot be used, have failed or is in line with NICE Guidance CG180. It may also be suitable in patients prior and post cardioversion or in specific patients who also have heart failure or left ventricular impairment.  <b>When prescribing in line with the locally agreed <a href="#">shared care protocol for amiodarone</a></b>	£5,000	<a href="#">PrescQIPP PIL</a>
Bath and shower preparations for dry pruritic skin conditions	No evidence of clinical benefit for including emollient bath additives in the standard management of eczema in children and adults.	No routine exceptions have been defined in national guidance. Local specialists within SC(NHS)FT may ask for ongoing prescribing in primary care for a small number of patients where topical emollients alone/used as a soap substitute has not been shown to be effective. Information should be	£110,000	<a href="#">PrescQIPP PIL</a>

		provided on a case-by-case basis and continued need regularly reviewed and confirmed to the GP at each specialist review.		
Co-proxamol	Withdrawn from market in 2005 due to safety concerns, markedly more toxic in overdose than paracetamol. All preparations are unlicensed and significantly more costly than alternate analgesics.	None foreseen. Unlicensed so clinical and product liability lies with the prescriber.	£28,000	<a href="#">PrescQIPP PIL</a>
<a href="#">Dosulepin</a>	Less suitable for prescribing. Safer alternatives available. Should not be initiated in new patients. <a href="#">NICE CG90</a> 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."	If in exceptional circumstances, there is a clinical need this should be undertaken as part of a multidisciplinary team (MDT)	£48,000	<a href="#">PrescQIPP PIL</a>
Doxazosin MR preparations	No good evidence of additional benefit over immediate release doxazosin regarding blood pressure control and symptoms of BPH. The MR preparations do allow for once daily dosing (note - IR generally once daily dosing).		£61,000	<a href="#">PrescQIPP PIL</a>
Dronedarone	<a href="#">NICE CG180</a> puts greater emphasis on rate rather than rhythm control and has clarified the place of dronedarone in the treatment pathway.	Must be initiated by a specialist and only continued under *shared care arrangement where other treatments cannot be used, have failed or is in line with NICE CG180.  *Note there are no shared care arrangements agreed in Sheffield. If primary care are to consider prescribing, this can be agreed on a case by case basis by all parties (specialist, primary care clinician and patient). Monitoring responsibilities and ongoing review should be clearly understood by all	£7,000	<a href="#">PrescQIPP PIL</a>

		parties. Regular ECG and blood monitoring required. See <a href="#">SPC</a> for further details		
<a href="#">*Immediate release fentanyl</a>	Immediate release fentanyl is more costly than other immediate release opioids.	Patients undergoing palliative care treatment where use is in line with NICE guidance and is prescribed as part of an MDT by a specialist in palliative care.	£63,000	<a href="#">PrescQIPP PIL</a>
<a href="#">Glucosamine and chondroitin</a>	<a href="#">NICE CG177</a> (osteoarthritis) - Do not offer glucosamine or chondroitin products for the management of osteoarthritis		£2,000	<a href="#">PrescQIPP PIL</a>
Complementary therapies, herbal supplements and homeopathy	There is limited clinical evidence and a lack of robust randomised controlled trials directly comparing them with standard treatments. Some are 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.	£3,000	PrescQIPP PILs; <a href="#">Herbal</a> <a href="#">Homeopathy</a>
<a href="#">Lidocaine plasters</a>	<a href="#">NICE CG173</a> does not recommend the use of lidocaine patches as a treatment option in neuropathic pain due to limited clinical evidence.	Post herpetic neuralgia intolerant of first line systemic therapies or where they have been ineffective. If in exceptional circumstances there is a clinical need, it should be undertaken as part of a MDT	£139,000	<a href="#">PrescQIPP PIL</a>
<a href="#">*Liothyronine (including armour thyroid and liothyronine combination products)</a>	Note - Use in thyroid cancer - patients should obtain prescriptions from the centre undertaking treatment.	Black in the TLDL. New patients - IFR requests only See <a href="#">Q and A</a> for further information and guidance	£71,000	
Lutein and other antioxidant vitamins	Lack of evidence to support benefit of lutein and other antioxidant vitamins.		£5,000	<a href="#">PrescQIPP PIL</a>
Minocycline for acne	Lack of robust evidence of clinical effectiveness. <a href="#">NICE CKS</a> (Acne Vulgaris) advises Minocycline is not recommended for use in acne as it is associated with an increased risk of adverse effects such as drug induced lupus, skin pigmentation and hepatitis.	No routine exceptions have been identified	£8,000	<a href="#">PrescQIPP PIL</a>

Needles for Pre-Filled and reusable Insulin Pens	<p>Prescribers in primary care should not initiate insulin pen needles that cost more than £5 per 100. Rationalising use ensures that the most cost-effective options are used first line. In addition, the <a href="#">Forum for Injection Technique (FIT)</a> UK considers 4mm needle to be the safest pen needle for adults and children regardless of age, gender and Body Mass Index (BMI).</p> <p>Using needles of a shorter length helps to prevent intramuscular injection of insulin. (IM injection of insulin should be avoided as it can result in unpredictable blood glucose levels). Therefore, needle choice should be the most cost effective 4mm needle.</p> <p>For patients currently using longer pen needle lengths (8mm, 12mm), it is advisable to change to a shorter needle length (6mm or less) but only after discussion with a healthcare professional, to ensure they receive advice on the correct injection technique.</p> <p>For patients that are not able to self-administer it may be appropriate that a safety needle is used by the health care professional, however this would not need to be prescribed on prescription.</p>	If after a risk assessment with a healthcare professional, it is deemed in the patients and the care givers best interest to use a safety engineered devices (SED). See <a href="#">link</a> for more details.	£179,000	<a href="#">PrescQIPP PIL</a>
<a href="#">Omega-3 and other fish oils</a> (note, need password to access resources – contact Medicines Optimisation Team member for information)	<p>NICE states do not use.</p> <ul style="list-style-type: none"> <li>• For secondary prevention of MI</li> <li>• To manage sleep problems in children with autism</li> <li>• Preventing hypertension in pregnancy</li> <li>• Familial hypercholesterolemia</li> <li>• Primary or secondary prevention of cardiovascular disease</li> </ul>	Amber traffic light drug for the management of hypertriglyceridemia to prevent acute pancreatitis	£20,000	<a href="#">PrescQIPP PIL</a>
<a href="#">*Oxycodone and naloxone combination product (Targinact®)</a> (note, need password to access resources – contact Medicines Optimisation Team	There are more cost-effective products available.	If in exceptional circumstances there is a clinical need, it should be undertaken as part of a MDT	£18,000	<a href="#">PrescQIPP PIL</a>

member for information)				
<a href="#">*Paracetamol and tramadol combination products (Tramacet®)</a> (note, need password to access resources – contact Medicines Optimisation Team member for information)	There are more cost-effective products available.		£3,000	<a href="#">PrescQIPP PIL</a>
<a href="#">*Perindopril arginine</a>	There are more cost-effective products available. (e.g., other ACE inhibitors or if perindopril preferred, the perindopril erbumine salt)		£4,000	<a href="#">PrescQIPP PIL</a>
Rubefacients (excluding topical NSAIDs and capsaicin). Note see below for <a href="#">topical NSAIDs</a>	Low clinical effectiveness and are inexpensive and freely available to buy over the counter. Note <ul style="list-style-type: none"> <li>➤ Preparations may be irritant.</li> <li>➤ Evidence does not support the use in acute or chronic musculoskeletal pain. Rubefacients should not be offered to treat osteoarthritis.</li> <li>➤ Capsaicin cream is now excluded as well as topical NSAIDs. i.e. capsaicin can now be prescribed as per NICE guidance</li> </ul>	Capsaicin cream should be considered for people with localised neuropathic pain who wish to avoid, or who cannot tolerate, oral treatments and patches. Patches should be used on the advice of a specialist. (See <a href="#">NICE CG173</a> ) Topical capsaicin should be considered as an adjunct to core treatments for knee or hand osteoarthritis (See <a href="#">NICE CG177</a> )	£81,000	Sheffield produced PIL – ‘ <a href="#">Why your doctor may not prescribe your usual medicines.</a> ’
Silk Garments	Products of low clinical effectiveness. The <a href="#">PrescQIPP document on silk garments</a> states that the evidence relating to their use is weak and is of low quality.	No routine exceptions have been identified.	£26,000	<a href="#">PrescQIPP PIL</a>
<a href="#">*Once daily tadalafil</a>	There are more cost-effective products available.		£49,000	<a href="#">PrescQIPP PIL</a>
*Travel vaccines (administered exclusively for the purposes of travel)	Restatement of existing regulation that allows only selected travel vaccines to be administered on the NHS	See <a href="#">local guidance</a> for details of exceptions.	£3,000	
<a href="#">*Trimipramine</a>	There are more cost-effective products available			<a href="#">PrescQIPP</a>

			£50,000	<a href="#">PIL</a>
<b>Items not included in the NHSE/NHSI/ NHS CC guidance, but evidence lacking or cost effective alternatives available</b>			<b>Estimated annual spend, based on Q1 19/20 ePACT data</b>	
Probiotics	Limited evidence and preparations and food supplements available OTC.		£7,000	
Intra-articular hyaluronic injections	<a href="#">NICE CG177</a> (osteoarthritis) states 'Do not offer intra- articular hyaluronan injections for the management of osteoarthritis.'		No evidence of recent prescribing	
<b>Items not included in the NHSE /NHSI/ NHS CC guidance, but where evidence lacking or preparations can be purchased over the counter, promoting self-care.</b>			<b>Estimated annual spend, based on Q1 19/20 ePACT data</b>	
Cough and cold remedies	Limited clinical value for the use of these treatments; cough mixtures, aromatic inhalations, decongestants sore throat lozenges etc. Potential for dependence with codeine linctus.	Paediatric simple linctus is used as a vehicle for budesonide for children with eosinophilic oesophagitis	£9,000	Sheffield produced PIL – ' <a href="#">Why your doctor may not prescribe your usual medicines.</a> '
Vitamin B complex		Medically diagnosed deficiency, including for those patients who may have a lifelong or chronic condition or have undergone surgery that results in malabsorption. Refeeding syndrome (although ongoing prescribing in primary care unlikely). Those with alcohol use disorders with significant neurological damage including ataxia and dementia. Those with advanced liver disease secondary to alcohol related liver disease (ARLD) often presenting with decompensation.	Figure included in vitamins and supplements	

		Continuing need should however be reviewed on a regular basis. NB maintenance or preventative treatment is not an exception. If clinical need established, prescribe as vitamin B compound <b>strong</b>		
Cyanocobalamin	OTC vitamins are inexpensive - encourage self-care with OTC preparations if oral vitamin B12 is recommended. Prescribed oral vitamin B12 (cyanocobalamin) is much more expensive than the injectable form (Hydroxocobalamin).	<a href="#">Vitamin B12 Guidance for Primary Care</a>	£145,000	
Antifungal nail paints	Systemic treatments are more effective, if an antifungal treatment is indicated. Amorolfine nail lacquer (pack size 3ml) is available OTC for mild cases and for treatment of a maximum of two nails.	Treatments for children - on the recommendation of a podiatrist, dermatologist or paediatrician	£14,000	
Topical NSAIDs	Products can be purchased OTC as self-care for acute musculoskeletal pain.	NICE CG177 recommends topical NSAIDs for knee or hand osteoarthritis only	£421,000	
Painkillers for acute pain in adults: paracetamol, aspirin 300mg, ibuprofen 200-400mg and co-codamol 8/500mg	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	If long-term treatment is required. Note – ordinary tablets are recommended as more cost effective. Soluble preparations have a high sodium content compared with standard formulations and are up to 3 times more expensive.	£800,000	
Vitamin supplements and tonics	Vitamins should be obtained through dietary means where possible, if a supplement is required patients should be encouraged to purchase these over the counter.  Healthy Start vitamins are available free to eligible pregnant and breast-feeding women from all children's centres in Sheffield, or at low cost from children's centres and some pharmacies. Other	Renal dialysis. ACBS criteria met. Where appropriate in malnutrition.	£193,000 *includes vitamin B prescribing	Sheffield produced PIL – ' <a href="#">Why your doctor may not prescribe your usual medicines.</a> '



	low-cost supplements suitable for conception and pregnancy are also available from pharmacies, supermarkets and health food shops.			
Hay fever preparations (OTC antihistamines)	Products can be purchased OTC as self-care.	Chronic rhinitis and urticaria, and for children	£228,000	

\*All those annotated are new editions to the Sheffield STOP list, November 2017.

Minor update July 2018, October 2018, March 2019. July 2019, Sept 2019

Updated September 2019 to include minor amendments and the following additions in line with NHSE update; Aliskiren, amiodarone, bath and shower preparations for dry pruritic skin conditions, dronedarone, minocycline for acne, needles for pre-filled and reusable Insulin pens and silk garments.

Minor update July 2020, removal of Cannabis sativa.

Minor update February 2022: Bath & shower preparations, to exceptions section following liaison with local specialists within SC(NHS)FT

## References

NICE savings and productivity – ‘do not do’ - <https://www.nice.org.uk/savingsandproductivity/collection?page=1&pagesize=2000&type=do%20not%20do>

BNF – Medicines less suitable for prescribing - <https://www.medicinescomplete.com/mc/bnf/current/search.htm?q=less+suitable+for+prescribing&searchButton>

PrescQIPP DROP-List bulletin and supporting documents - <https://www.prescqipp.info/our-resources/webkits/drop-list/>

CKS - <https://cks.nice.org.uk>

NHSE /NHSI/ NHS CC – Items which should not routinely be prescribed in primary care: Guidance for CCGs. – <https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf>

Note the details for the local minor ailments scheme can be found here - <http://www.intranet.sheffieldccg.nhs.uk/minor-ailments-scheme.htm>

[safety of sharps in diabetes](#). 1<sup>st</sup> edition -