

Local 'SOS' prescribing list (Stop Or Switch): Ensuring that prescribing resources are used effectively and deliver best patient outcomes from the medicines commissioned for our local population.

NHS Cambridgeshire and Peterborough Clinical Commissioning Group, in conjunction with NHS England, would like to support clinicians to ensure that prescribing resources are used effectively and that they deliver best patient outcomes from the medicines commissioned for our local population. This is supported by The GP Forward View which reminds us that 'A significant proportion of demand must be managed through helping patients to stay well, self-care and navigate to other team members, or alternate services'.

The CCG has developed a local SOS (**Stop Or Switch**) prescribing list (Appendix 1) to support clinicians when discussing treatments with patients. Items have been considered for inclusion within the local 'SOS' prescribing list if they are any of the following:

- Items of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns;
- Items which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation;
- Items which are clinically effective but, due to the nature of the product, are deemed a low priority for NHS funding;
- Items which treat a condition that is considered to be self-limiting and so does not need treatment as it will heal/be cured of its own accord;
- Items which are clinically effective but alternative non-pharmacological treatments are available or management of the condition can be achieved by life style changes.

Items included within the local SOS (**Stop Or Switch**) prescribing list are not listed in Part XVIII A of the National Drug Tariff (known as the 'National Blacklist'), and if prescribed on a FP10 prescription will currently be reimbursed.

Recommendation

Where an item is included in the local 'SOS (Stop Or Switch) prescribing list prescribing list, it is recommended that:

- Prescribers in primary care should not routinely initiate the item for any new patient.
- Prescribers should review all current prescribing of an item on the local 'SOS' list and consider de-prescribing, if needed, ensuring the availability of relevant alternatives where required to facilitate this change or in conjunction with the patients normal review process.
- Prescribers in secondary care should not initiate the item for any new patient unless prescribing is to remain with the specialist.

Literature will be available to support communication to relevant patients. The CCG Medicines Optimisation Team and Patient Experience Team will be able to support practices to manage any complaints should they arise (through materials or 1:1 advice).

Appendix 1: Local ‘SOS’ prescribing list (Stop Or Switch): Ensuring that prescribing resources are used effectively and deliver best patient outcomes from the medicines commissioned for our local population.

Drug / Device	Rationale	Stop or Switch
Agomelatine	Not recommended; insufficient evidence of benefit over other antidepressants. Not included in NICE depression guidance.	Review continued need for an antidepressant and Stop if no longer needed OR Switch to a better tolerated and safer alternative – SSRI e.g. Sertraline or Citalopram.
Atorvastatin 30mg tablets Atorvastatin 60mg tablets	Not routinely commissioned as other strengths of atorvastatin (10mg, 20mg, 40mg and 80mg) are more cost effective:	Stop and Switch to a more cost-effective combination of tablet strengths. For 30mg dose use 10mg and 20mg tablets; for 60mg dose use either 3 x 20mg tablets or 1 x 20mg plus 1 x 40mg tablet.
Aveeno	Clinical case not established. Formulary choices should be tried.	Stop and advise patient to self-care or Switch to formulary choice emollient, e.g. Epimax® (OTC)
Baby Milks (Soya Based, Lactose Based, Stay Down and Thickener)	These can be purchased at prices similar to standard baby milks. Vouchers are available to support low income families.	Stop and advise self-care.
Cannabinoids (SATIVEX)	The evidence for clinical and cost effectiveness of medicinal cannabinoids in spasticity, chronic pain and other symptoms associated with MS, and chronic pain from other causes is currently insufficient to support their use for any indication. (NICE Do NOT Do: Do not offer Sativex to treat spasticity in people with MS because it is not a cost effective treatment.)	Stop.
Cholib® (fenofibrate and simvastatin)	This is not routinely commissioned as this combination of drugs would NOT usually be recommended. If it was required the drugs could be prescribed separately.	Stop and Switch to prescribing drugs separately e.g. Fenofibrate 160mg 28 tablets) plus Simvastatin 40mg (28 tablets)

Drug / Device	Rationale	Stop or Switch
Complementary therapies	The CCG policy is at: http://www.cambsphn.nhs.uk/Libraries/Lower_Clinical_Priority_Policies/COMP_THERAPY_SEPT_2016_-_V6.sflb.ashx	Stop Or Switch to self-care
Co-proxamol	Highly toxic in even small overdoses. The MHRA has withdrawn the marketing authorisation for co-proxamol due to the poor benefit/risk profile for the drug.	Stop Or Switch to a safer alternative or advise self-care.
Dental products	To be purchased over the counter or prescribed by dentists only http://www.cambsphn.nhs.uk/Libraries/Prescribing_Guidelines_and_Policies/Dental_Prescribing_Patient_Information_Leaflet.sflb.ashx	Stop Or Switch to self-care or refer to dentist or if for patients following treatment for cancer for example radiotherapy, this can be prescribed in primary care.
Diconal	Not recommended; Limited licence (Acute pain only). Contains cyclizine, which is subject to abuse. Safer alternatives available.	Stop Or Switch to safer alternative and advise self-care
Dicycloverine	There is insufficient evidence to demonstrate a significant difference in effectiveness between hyoscine, mebeverine, peppermint oil and dicycloverine. Evidence from generally small, heterogeneous studies suggests that antispasmodics improve symptoms of pain, bloating, and bowel habits compared with placebo. There does not appear to be a difference in efficacy between antimuscarinics and smooth muscle relaxants. Dicycloverine is significantly more expensive than other alternative treatment options available on the NHS. Some alternatives are available over the counter.	Stop Or Switch to more cost-effective alternative mebeverine or hyoscine butylbromide or advise self-care.
Dosulepin	Not recommended due to safety. CCG policy is 'not recommended'. NICE 'DO not DO'. http://www.cambsphn.nhs.uk/Libraries/Decision_Documents/Dosulepin_for_the_treatment_of_symptoms_of_depressive_illness_May_2016.sflb.ashx	Review continued need for an antidepressant and Stop if no longer needed OR Switch to a better tolerated and safer alternative – SSRI e.g. Sertraline or Citalopram.
Doxazosin MR	No evidence of superiority over standard release formulation which is more cost effective. See https://www.sps.nhs.uk/articles/what-is-the-evidence-comparing-doxazosin-xl-with-standard-doxazosin/	Stop Or Switch to immediate release doxazosin.

Drug / Device	Rationale	Stop or Switch
Dymista nasal spray (azelastine plus fluticasone)	Not recommended; Dymista has only been compared favourably with placebo and individual components. The co-administration of fluticasone with azelastine as two separate sprays was compared to fluticasone monotherapy and azelastine monotherapy and demonstrated a superior effect. Dymista has not been compared head-to-head with the co-administration of both fluticasone and azelastine.	Stop Or Switch to self-care with Beconase nasal spray or use single component of fluticasone or azelastine.
Eflornithine cream (Vaniqa®)	Not recommended; Evidence equivocal. Funding for cosmetic purposes not supported	Stop Or Switch to self-care with shaving, plucking or waxing. Vaniqa® is a prescription only medicine.
Exforge (Amlodipine besylate/ valsartan)	Non-formulary. Generic prescribing of separate components recommended as more cost effective.	Stop and Switch to amlodipine and valsartan prescribed separately.
Fosavance (Alendronic acid 70mg / Colecalciferol 70microgram tablets)	Not recommended; more expensive than individual components prescribed separately	Stop and Switch to Alendronic acid and Colecalciferol separately or Switch to prescribed Alendronic acid 70mg one weekly and self-care with calcium and vitamin D supplements
Gliclazide MR	Similar effects on blood glucose control as standard release but more expensive.	Stop and Switch to immediate release gliclazide.
Glucosamine +/- Chondroitin	Clinical case not proven – not recommended by NICE or SMC.	Stop Or Switch to self-care if the patient considers it beneficial and wishes to continue.
Gluten Free Foods	Gluten free foods are now available in the majority of supermarkets and shops at prices considerable cheaper than when prescribed on the NHS.	Stop and Switch to self-care.
Haemorrhoid creams, suppositories and ointments (symptomatic treatment)	<p>Haemorrhoid symptoms often settle down after a few days without needing treatment. Haemorrhoids that occur during pregnancy often get better after giving birth. Making lifestyle changes to reduce the strain on the blood vessels in and around your anus is often recommended.</p> <p>If a patient wishes to treat the symptoms of haemorrhoids treatments can be bought from a pharmacy without a prescription.</p>	Stop Or Switch to self-care.

Drug / Device	Rationale	Stop or Switch
Head lice treatments	Can be purchased over the counter. Non-pharmacological treatment options available as recommended by NHS Choices (Wet Combing)	Stop Or Switch to self-care.
Heel balms (e.g. Dermatronics®, Flexifoot®, Flexitol®, Vesagex®)	Can be purchased over the counter. Patients who are diabetic are encouraged to attend their foot check appointments and follow self-care advice for maintaining healthy feet.	Stop Or Switch to self-care.
Inegy® (ezetimibe / simvastatin)	This is not routinely commissioned because the individual components can be prescribed. Generic prescribing of separate components recommended as more cost effective.	Stop and Switch to ezetimibe and simvastatin prescribed separately.
Lutein and Antioxidants	There is insufficient evidence to recommend lutein and zeaxanthin supplements for prevention of age related macular degeneration. However, eating a healthy diet rich in oily fish, leafy green vegetables and fresh fruit is likely to improve concentrations of macular pigment in the fundus and is unlikely to do any harm. https://www.prescqipp.info/resources/send/133-lutein-and-antioxidant-vitamins/1706-bulletin-86-lutein-and-antioxidant-vitamins-drop-list	Stop Or Switch to self-care.
Multivitamins	Vitamins and minerals are essential nutrients which most people should get from eating a healthy, varied and balanced diet. Patients should be advised that this can be achieved by eating a balance of starchy foods (wholegrain where possible) with plenty of fruit and vegetables (at least five portions a day); some protein-rich foods; some milk and dairy foods; and not too much fat, salt or sugar. This will give them all the nutrients they need. If patients still want to take vitamins and minerals for dietary supplementation or as a "pick-me-up" they should be advised that	Stop Or Switch to self-care.

Drug / Device	Rationale	Stop or Switch
	they can be purchased as self-care over-the-counter with the support of the community pharmacist.	
Nortriptyline (pain)	Not recommended; very high cost compared to alternatives for neuropathic pain	Stop and Switch to more cost-effective alternative, e.g. amitriptyline.
Omega-3 acid ethyl esters (OMACOR and all other brands)	Omega-3 fatty acids feature on the PrescQIPP DROP-List as an item which has limited clinical value and has several NICE do not do recommendations associated with it. Not supported for any indication.	Stop Or Switch to self-care.
Ostomy underwear	Included in the PrescQIPP drop list https://www.prescqipp.info/drop-list/headline-areas/the-prescqipp-drop-list#ostomy-underwear	Stop Or Switch to self-care.
Oxycodone/naloxone (TARGINACT)	Evidence of superiority over alternative treatment pathways weak. Active ingredients not in-line with cost effective formulary choices where a strong opioid is required. https://www.prescqipp.info/-oxycodone/naloxone-prolonged-release-tablets/send/105-oxycodone-naloxone-prolonged-release-targinact-tablets/1307-bulletin-56-oxycodone-naloxone-prolonged-release	Stop and Switch to a more cost-effective preparation, e.g. Morphine sulfate MR (Zomorph®) plus senna and lactulose. *Always prescribe morphine sulphate MR by brand*
Paracetamol 500mg oral solution and oral suspension	Not recommended; due to unfamiliarity with this strength, there is the potential risk that a patient or healthcare professional may administer an incorrect dose by assuming it is the 250mg/5ml strength. Paracetamol 500mg/5ml oral suspension and oral solution represents a cost pressure when compared to paracetamol 250mg/5ml oral suspension.	Stop Or Switch to self-care or paracetamol strength 250mg/5ml oral suspension.
Paracetamol 500mg tablets	Recommended for self-care for quantities used up to 100 tablets.	Stop Or Switch to self-care.

Drug / Device	Rationale	Stop or Switch
Pentoxifylline (TRENAL)	NICE does not advocate use (TA223)	Stop Or Switch to Naftidrofuryl oxalate.
Perindopril Arginine	Coversyl® Arginine (perindopril arginine) has no clinical benefit over generic perindopril erbumine and is more costly. In view of the substantial difference in cost between perindopril arginine (Coversyl® Arginine, Coversyl® Arginine Plus) and generic perindopril erbumine the preferred choice is generic perindopril erbumine. The principal reason for the change in the Coversyl® Arginine formulation originally (from erbumine to arginine salt) was improved stability which makes it better suited to extremes of (the Australian) climate. The improved stability increases shelf life from two to three years. This is of minor consequence in the UK.	Stop and Switch to generic Perindopril erbumine.
Potassium Hydroxide solution 5% (Molludab, Mollutrex)	Potassium hydroxide solution for treating molluscum contagiosum is not recommended for prescribing in primary care; there is currently insufficient evidence of efficacy and a risk of side-effects. Included in PrescQIPP DROP list https://www.prescqipp.info/drop-list/headline-areas/the-prescqipp-drop-list#potassium-hydroxide-solution	Stop Or Switch to Self-care.
Reboxetine	Not recommended; poor level of evidence, and some evidence of harm. Use SSRIs or TCAs.	Review continued need for an antidepressant and Stop if no longer needed OR Switch to a better tolerated and safer alternative – SSRI e.g. Sertraline or Citalopram.
Rubefacients (excl. topical NSAIDs)	Limited benefit; can be purchased over the counter.	Stop Or Switch to Self-care.
Saline nasal spray (Sterimar etc)	Limited benefit; can be purchased over the counter or non-pharmacological treatment can be recommended (NHS Choices).	Stop Or Switch to Self-care.
Sevikar (Amlodipine/ olmesartan)	Contains a non-formulary angiotensin II receptor antagonist. Inflexible dosage form.	Stop and Switch to cost-effective alternative, e.g. Losartan plus amlodipine.

Drug / Device	Rationale	Stop or Switch
Silicone scar dressings	There is weak evidence of the benefit of silicone gels and sheets for the treatment or prevention of hypertrophic and keloid scarring and is not recommended to be prescribed on the NHS for routine cosmetic treatment. Silicone gels and sheets are available to purchase if patients wish to use these products.	Stop Or Switch to Self-care.
Silk garments for eczema	There is currently only poor evidence from published trials to support prescribing of silk garments in children or adults with eczema/atopic dermatitis.	Stop Or Switch to Self-care or may be prescribed in primary care if recommended by a Dermatologist when all standard treatments have failed.
Tadalafil (CIALIS) ONCE DAILY	Tadalafil once daily (Cialis® 2.5mg and 5mg tablets) is licensed for erectile dysfunction in men who anticipate a frequent use of tadalafil (i.e. at least twice weekly). However, the available data do not suggest that taking tadalafil on a daily basis gives better results compared with on demand treatment in the general erectile dysfunction population. This should be considered in the context of treatment costs, with tadalafil once daily costing between seven to 25 times more than treatment with generic sildenafil on demand. Clinical evidence for the unlicensed use of PDE5 Inhibitors (including tadalafil once daily) in penile rehabilitation programmes is limited and conflicting. C&P policy recommendation- 'not recommended'.	Stop and Switch to generic sildenafil. See Prescribing Policy: Drugs and devices used in the treatment of erectile dysfunction
Thyroid Extract (Armour / Efra)	This is not routinely commissioned because the evidence that it is superior to levothyroxine is not robust, there are some safety concerns and it is not advised by The British Thyroid Association.	Stop and Switch to levothyroxine.
Topical Antifungal Nail Treatments	Unightly nails due to fungal infection are primarily a cosmetic problem. Self-care measures alone (incorporating good nail hygiene) are recommended if the person has few troublesome symptoms. Topical antifungal therapy offers very little benefit for the management of fungal nail infections and can be bought over the counter if the patient wishes. The patient should be informed that there is no need for	Stop Or Switch to Self-care.

Drug / Device	Rationale	Stop or Switch
	<p>treatment.</p> <p>https://www.prescgipp.info/resources/send/63-amorolfine-5-nail-lacquer/891-bulletin-55-amorolfine-5-nail-lacquer</p>	
Tramadol and Paracetamol (Tramacet and effervescent)	<p>This is not routinely commissioned because the individual components can be prescribed. Prescribing the individual components allows for more flexible dosing and maximum dose of paracetamol. There is no evidence that Tramacet® is more effective or safer than paracetamol 500mg and codeine 30mg (either as individual drugs, or combined as co-codamol 30/500).</p>	<p>Stop or Switch to paracetamol alone, paracetamol with codeine or Marol® (branded generic tramadol). *Always prescribe tramadol MR by brand*</p>
Travel Vaccines	<p>Not to be prescribed on the NHS except for designated exceptions</p>	<p>Stop Or Switch to self-care.</p>
Trimipramine	<p>A review of the literature failed to identify any indications where trimipramine is considered the only pharmacological treatment available. Where trimipramine is indicated alternative cost effective treatment options should be considered.</p>	<p>Review continued need for an antidepressant and Stop if no longer needed OR Switch to a more cost-effective choice – SSRI e.g. Sertraline or Citalopram.</p>
Wart and verruca treatments	<p>Most people will have warts at some point in their life. They're generally harmless and tend to go away on their own eventually. Most warts and verrucas will eventually clear up without treatment. Over the counter treatments are available if patients wish to self care.</p>	<p>Stop Or Switch to self-care.</p>