

To: All Community Pharmacists

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Dear Colleague

PRESCRIBING OF OVER THE COUNTER MEDICINES AND ITEMS ON THE STOP / LIMITED EVIDENCE LIST

We are writing to ask for your assistance in reducing the numbers of prescriptions that are issued for over-the-counter (OTC) medicines and medicines that are on the [HSCB Limited Evidence and Stop List](#).

(i) OTC Medicines

Almost £7million was spent last year in Northern Ireland on OTC medicines supplied against a HS21 prescription.

Whilst some of this prescribing will be appropriate and the spend justifiable, guidance from the Northern Ireland Department of Health (DH) and the Health and Social Care Board (HSCB) advises GPs not to prescribe medicines that can be purchased over-the-counter (OTC) by patients when they are being used to treat **minor conditions or self-limiting illnesses** ([HSCB/DH guidance, December 2016](#)).

Patients are encouraged to self-care and seek advice from their local community pharmacist to help manage these minor and self-limiting conditions. Please refer to the resources in the [Patient Zone](#) section of the NI Formulary website that can be used to promote self-care.

A list of conditions and examples of medicines that are readily available and should be bought OTC has been drawn up by DH and HSCB and can be found in Appendix A. Additional resources on OTC hay fever treatment and painkillers can be found on the [Northern Ireland Formulary](#) website.

(ii) Limited evidence / Stop List

The DH and HSCB do not support prescribing of products on the Health Service where there is insufficient evidence of effectiveness.

Over £7 million was spent last year in Northern Ireland on prescriptions for items on the 'Limited Evidence list' (approx. £6million) and 'Stop list' (approx. £1million).

Given the current constraints on the Health Service, in many cases this money could be more appropriately invested in evidence-based treatments. To note, in addition to the cost of the product, there is significant cost associated with producing and dispensing prescriptions, e.g. GP and practice staff time; community pharmacy costs.

Please refer to [Deprescribing section](#) of the NI Formulary website and Appendix A for current Limited Evidence / Stop list (November 2020). Some items on the Stop list may be purchased by the patient from community pharmacies.

Actions for community pharmacies:

- Community pharmacists are asked to support DH and HSCB guidance and share this correspondence with all staff (including locums) and in particular counter staff. Ensure awareness is raised during team meetings or staff training
- Community pharmacists or their staff are asked not to refer patients to their GP for a prescription when they visit the pharmacy to purchase a product OTC.
- Support deprescribing decisions already made by GPs and other prescribers. Patients should be counselled and reassured that there is a lack of evidence supporting a benefit of items on the Stop list. Should they wish to trial an item on the Stop list, they should be advised to purchase the product OTC, where appropriate.

Thank you for your support.

Yours sincerely,



Joe Brogan
Assistant Director of Integrated Care
Head of Pharmacy and Medicines Management

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Appendix A

OTC indications and examples of restricted medicines

(<https://niformulary.hscni.net/deprescribing/over-the-counter-medicines/>)

OTC indication	Examples of restricted medicines
Aches and pains (mild) e.g. headache, occasional migraine, teething	<ul style="list-style-type: none"> • Anti-inflammatory gels or creams, e.g. ibuprofen gel, diclofenac gel • Oral painkillers, e.g. paracetamol, ibuprofen
Athlete's foot	<ul style="list-style-type: none"> • Antifungal creams, e.g. clotrimazole, miconazole, terbinafine
Cold sores	<ul style="list-style-type: none"> • Anti-viral creams, e.g. acyclovir 5%
Colic	<ul style="list-style-type: none"> • Colic drops, e.g. Infacol[®], Dentinox Colic Drops[®], Colief[®] • Gripe water
Coughs, colds and sore throats	<ul style="list-style-type: none"> • Cough bottles • Lozenges and spays for sore throats • Oral painkillers/antipyretics, e.g. paracetamol, ibuprofen • Nasal decongestants, e.g. pseudoephedrine tables, decongestant sprays and drops
Diarrhoea (occasional) or constipation	<ul style="list-style-type: none"> • Oral rehydration solutions, e.g. Dioralyte[®] • Antidiarrhoeal medicines, e.g. loperamide • Laxatives, e.g. ispaghula husk (Fybogel[®]), bisacodyl, lactulose, senna
Ear wax	<ul style="list-style-type: none"> • Drops for softening ear wax
Fungal nail infections	<ul style="list-style-type: none"> • Amorolfine 5% nail lacquer (mild infections only– max 2 nails affected)
Haemorrhoids (Piles)	<ul style="list-style-type: none"> • Haemorrhoid creams, ointments and suppositories, e.g. Anusol[®]
Hayfever and allergies	<ul style="list-style-type: none"> • Oral antihistamines, e.g. cetirizine, loratadine, chlorphenamine • Antihistamine creams • Steroid nasal sprays, e.g. beclometasone, fluticasone
Head lice	<ul style="list-style-type: none"> • Head lice lotions and sprays, e.g. dimeticone lotion
Indigestion and heartburn (mild)	<ul style="list-style-type: none"> • Antacids, e.g. co-magaldrox (Maalox[®], Mucogel[®]) • Alginates, e.g. Gaviscon[®]
Infant feeding	<ul style="list-style-type: none"> • Baby milks, e.g. comfort milks, lactose free formulas for colic, reflux milks (Note - some babies may require cow's milk free formulas on HSC prescription where clinically appropriate)
Nappy rash	<ul style="list-style-type: none"> • Barrier creams and ointments, e.g. Metanium[®], Sudocrem[®], Zinc and Castor oil cream
Oral health	<ul style="list-style-type: none"> • Mouthwashes, e.g. chlorhexidine

Sunscreen	<ul style="list-style-type: none"> • Sunscreens unless for ACBS approved conditions, i.e. skin protection against UV radiation in abnormal cutaneous photosensitivity resulting from genetic disorders or photodermatoses, including vitiligo and those resulting from radiotherapy, chronic or recurrent herpes simplex labialis
Threadworms	<ul style="list-style-type: none"> • Mebendazole tablets and suspension
Vaginal thrush	<ul style="list-style-type: none"> • Oral antifungal, e.g. fluconazole capsule • Topical antifungals, e.g. clotrimazole cream and pessaries
Vitamins and minerals	<ul style="list-style-type: none"> • All vitamins and minerals unless in line with an ACBS approved indication, i.e. only in the management of actual or potential vitamin or mineral deficiency; they are not to be prescribed as dietary supplements or as a general 'pick-me-up'

Limited Evidence / Stop list (November 2020)

(<https://niformulary.hscni.net/deprescribing/prescribing-stop-list/>)

Limited Evidence list	<ul style="list-style-type: none"> • Fentanyl immediate release • Lidocaine patches • Liothyronine • Methocarbamol • Omacor® / Maxepa® • Quinine • Aliskiren • Trimipramine • Vitamins – multivitamins, ascorbic acid, Forceval®, Ketovite®, vitamins BPC, Vivioptal®, cod liver oil.
Stop list	<ul style="list-style-type: none"> • 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 preparations, e.g. Lift glucose Juice shots®, Lift • Glucose tablets®, Dextro energy®, Lucozade tablets®, Glucotabs® and Glucojuice®

	<ul style="list-style-type: none">• Gluten free non-staple foods, e.g. biscuits, sausage rolls• Green-lipped mussel (Pernaton gel®)• Naltrexone (low dose)• Omega-3 fish oils, e.g. Eye Q® and Efalex®• Rubefaciants, e.g. Movelat gel/cream®, Transvasin Heat Rub®, Deep Heat Rub/spray®• Souvenaid®• Spatone®
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