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3<sup>rd</sup> May 2018

Dear Colleague,

## **REMINDER: INTERFACE BETWEEN PRIVATE AND HSC TREATMENT AND SUPPLY OF LIOTHYRONINE MEDICATION**

You will be aware of previous correspondence from HSCB in May 2017 that clarified expectations in the responsibility of prescribing by private healthcare providers (Appendix 1). It advised that where patients elect to seek alternative treatment from a private provider, the prescription of any medicines linked to this treatment should be managed by the private provider.

The purpose of this letter is to provide further advice in relation to Liothyronine specifically.

### **HSCB PRESCRIBING GUIDANCE**

The British Thyroid Association (BTA) statement<sup>1</sup> on the management of hypothyroidism endorses the use of levothyroxine (L-T4) as the thyroid hormone of choice and this is reflected in the Northern Ireland Formulary<sup>2</sup>.

Levothyroxine is suitable for once daily dosing due to its long half-life, and provides stable and physiological quantities of thyroid hormones for patients requiring replacement therapy. In comparison Liothyronine has a much shorter half-life and steady state levels cannot be maintained with once daily dosing. There is currently insufficient clinical evidence to support the use of Liothyronine (either alone or in combination)<sup>3</sup>.

The HSCB has produced a Limited Evidence List which details products that must not be routinely prescribed by GPs in primary care and should only be used in recommended circumstance (Appendix 2). Liothyronine has now been included in the Limited Evidence List. Prescribers in primary care have been advised that they should not initiate Liothyronine

and existing prescribing in primary care should be reviewed to ensure that Liothyronine is used only in the approved circumstances.

## **PRIVATE PRESCRIPTION OF LIOTHYRONINE**

The HSCB has been advised that patients unwilling to accept this treatment have seen private providers for prescription of Liothyronine. Where this occurs, private providers should NOT refer patients back to their HSC GP for a health service prescription for Liothyronine.

As the private provider has clinical responsibility for the patient they should issue a private prescription and manage this treatment privately.

## **ACTION REQUIRED**

Private providers are asked:

- not to recommend Liothyronine treatment which is not considered appropriate under the HSC;
- to advise their staff of the clinical responsibilities and prescribing requirements when treating patients.

Yours sincerely



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



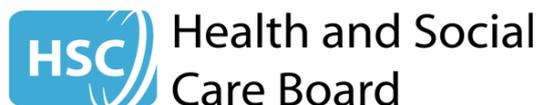
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Encs. Appendix 1: Letter dated 8<sup>th</sup> May 2017  
Appendix 2: Limited Evidence List and Stop List

Ref.

1. [http://www.british-thyroid-association.org/news/BTA\\_Hypothyroidism\\_Standard.pdf](http://www.british-thyroid-association.org/news/BTA_Hypothyroidism_Standard.pdf)
2. [http://niformulary.hscni.net/Formulary/Adult/PDF/Chapter%20summaries/Chapter06\\_End\\_o\\_Summary.pdf](http://niformulary.hscni.net/Formulary/Adult/PDF/Chapter%20summaries/Chapter06_End_o_Summary.pdf)
3. [http://www.british-thyroid-association.org/sandbox/bta2016/bta\\_statement\\_on\\_the\\_use\\_of\\_armour\\_thyroid\\_and\\_combined\\_t4\\_and\\_t3.pdf](http://www.british-thyroid-association.org/sandbox/bta2016/bta_statement_on_the_use_of_armour_thyroid_and_combined_t4_and_t3.pdf)



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8<sup>th</sup> May 2017

Dear Colleague(s)

### **Reminder: Interface between Private and HSC treatment and supply of medications**

We have previously highlighted the issue of inappropriate requests from private providers to GPs to issue HSC prescriptions for medications which run contrary to HSCB prescribing guidance<sup>1</sup>. It is apparent from ongoing complaints from GP colleagues that such recommendations and requests continue to be made by a number of providers.

A number of recent examples have been brought to our attention where a GP was asked to prescribe inappropriately:

- A GP was presented with an 'advice note' from a private provider asking for Mirena® intrauterine system to be prescribed on HSC prescription. The GP practice in question did not provide IUS contraceptive insertion and therefore insertion of the device would be carried out by the private provider. The GP did not wish to accept clinical responsibility and appropriately did not issue a HSC prescription
- A patient's partner presented an 'advice note' on a Friday afternoon to a GP to obtain a HSC prescription for tramadol in advance of the

patient's discharge over the weekend following surgery. In this case and under duress the GP did supply a prescription as it would not have been in the patient's best interest to refuse.

- GPs have been advised, that in line with the NI Formulary, levothyroxine is the treatment of choice for hypothyroidism. We have been advised that patients unwilling to accept this treatment have seen private providers for prescription of liothyronine. Where this occurs, private providers should not be referring patients back to their HSC GP for a prescription for liothyronine under the Health Service. We expect the private provider to issue a private prescription and manage this treatment privately.
- A patient presented a GP with a discharge note for ongoing supply of enoxaparin following a hip replacement having received an initial 5 day supply from the private hospital. Enoxaparin is classed an 'amber drug'<sup>ii</sup> and GPs are not obliged to prescribe in the absence of a Shared Care Arrangement with private providers outlining prescribing and monitoring responsibility.

Where a GP considers that a privately recommended treatment is clinically appropriate and does choose to prescribe then under the HSC terms of service they can issue an HSC prescription. However, the GP is accepting clinical responsibility for this decision. They will be held accountable for the prescribing by HSCB should this fall outside accepted recommendations for the health service, i.e. the Northern Ireland Formulary <sup>iii</sup>. Private providers are asked not to recommend treatments which are not considered appropriate under the HSC and which are without robust clinical evidence for the GP to make a decision on.

**The purpose of this letter is to clarify expectations on the responsibility of prescribing by private healthcare providers as follows:**

1. Sufficient post-op medication including analgesia, anticoagulation etc. is provided at discharge following procedures provided by private healthcare without reference for GP prescription
2. Where procedures are being provided on behalf of HSC Trusts, up to 28 day supply of medication is provided by private healthcare

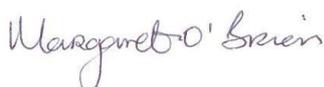
3. Where patients elect to seek alternative treatment from a private provider, the prescription of any medicines linked to this treatment is managed by the private provider
4. Where a procedure is being undertaken by a private provider, any medicine or appliance is prescribed / supplied from the private provider and not sought from the GP practice.
5. GPs are not asked to provide prescriptions for Amber List drugs in the absence of a Shared Care Arrangement outlining ongoing prescribing and monitoring arrangements

### **Action for Private Healthcare Providers**

We would be grateful for confirmation by Private Healthcare providers that they will advise staff of the requirements, review and update their procedures in light of the letter, and confirm that their procedures have been updated.

Please contact Mr Matthew Dolan ([matthew.dolan@hscni.net](mailto:matthew.dolan@hscni.net)) with responses and/or if there are any queries.

Yours sincerely,



**Dr Margaret O'Brien**  
**Head of General Medical**  
**Services**



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**Assistant Director of Integrated Care**  
**Head of Pharmacy and Medicines**  
**Management**

Cc Dr Sloan Harper  
Dr Carolyn Harper  
Mrs Mary Hinds  
Mr Dean Sullivan  
Dr Lourda Geoghan (RQIA)

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<sup>i</sup> Letter from HSCB July 2013 [www.hscboard.hscni.net/our-work/integrated-care/pharmacy-and-medicines-management/correspondence-pharmacy-medicines-management/](http://www.hscboard.hscni.net/our-work/integrated-care/pharmacy-and-medicines-management/correspondence-pharmacy-medicines-management/)

<sup>ii</sup> [www.ipnsm.hscni.net/red-amber/](http://www.ipnsm.hscni.net/red-amber/)

<sup>iii</sup> Northern Ireland Formulary [niformulary.hscni.net](http://niformulary.hscni.net)

# Deprescribing: Limited Evidence List and Stop List



April 2018

The Northern Ireland Department of Health (NI DH) and Health and Social Care Board (HSCB) do not support prescribing of products on the Health Service where there is insufficient evidence of effectiveness. Over £2,000,000 was spent last year in Northern Ireland 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).

Products on the **Stop List** should not prescribed on HS21 prescriptions. 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.

- Lidocaine patches **NEW**
- Liothyronine **NEW**
- Methocarbamol **NEW**
- Omacor<sup>®</sup> / Maxepa<sup>®</sup>
- Probiotics, e.g. VSL#3<sup>®</sup>, lactobacillus, bifidobacterium
- Quinine
- Trimipramine **NEW**
- Vitamins – multivitamins, ascorbic acid, Forceval<sup>®</sup>, Ketovite<sup>®</sup>, vitamins BPC, Vivioptal<sup>®</sup>, cod liver oil.

## Stop List

Prescribing of these products is not supported by the HSCB.

- Bio-Oil<sup>®</sup>
- Blephaclean<sup>®</sup> wipes **NEW**
- CoEnzyme Q10
- Colic products, e.g. Infacol<sup>®</sup> or Dentinox<sup>®</sup>
- Comfort milks (Aptamil<sup>®</sup>, Cow & Gate<sup>®</sup> and SMA<sup>®</sup>) or Colief<sup>®</sup> drops
- Co-proxamol
- Cubitan<sup>®</sup>
- Dosulepin **NEW**
- Eye supplements, e.g. Icaps<sup>®</sup>, Ocuville<sup>®</sup>, Macushield<sup>®</sup>, PreserVision<sup>®</sup>, Viteyes<sup>®</sup>
- Gamolenic acid / evening primrose oil
- Glucosamine containing products
- Glucose preparations, e.g. Dextro energy<sup>®</sup>, Lucozade tablets<sup>®</sup>, Glucotabs<sup>®</sup> and Glucojuice<sup>®</sup> **NEW**
- Gluten free non-staple foods, e.g. biscuits, sausage rolls
- Green-lipped mussel (Pernaton gel<sup>®</sup>)
- Naltrexone (low dose) **NEW**
- Omega-3 fish oils, e.g. Eye Q<sup>®</sup> and Efalex<sup>®</sup>
- Perindopril arginine **NEW**
- Souvenaid<sup>®</sup>
- Spatone<sup>®</sup>
- Tadalafil (once daily) **NEW**

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 <http://niformulary.hscni.net>

## 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.

<b>Quinine</b>	The <a href="#">MHRA</a> 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. A review tool is available on the <a href="#">Primary care intranet</a> .
<b>Omacor<sup>®</sup> / Maxepa<sup>®</sup></b>	NICE advise that there is no evidence that omega-3 fatty acid compounds help to prevent cardiovascular disease, including following a myocardial infarction. Treatment should not be initiated in primary care, but rather under the <a href="#">direction of a specialist</a> (cardiology or non-cardiology use). A review tool is available on the <a href="#">Primary care intranet</a> .
<b>Vitamins</b>	E.g. Forceval, <sup>®</sup> multivitamins, ascorbic acid, Ketovite <sup>®</sup> , vitamins BPC, Vivioptal <sup>®</sup> , 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 <a href="#">Northern Ireland Formulary</a> for further guidance on prescribing of vitamins.
<b>Probiotics</b>	As per <a href="#">HSCB letter June 2016</a> , VSL#3 <sup>®</sup> may be used, under the supervision of a physician, for the maintenance of remission of ileoanal pouchitis induced by antibacterials in adults. In all other circumstances, e.g. traveller's diarrhoea, antibiotic associated diarrhoea etc., prescribing of probiotics is not recommended within the HSC. All patients on probiotics should be reviewed to check the indications for using a probiotic, and for clinical benefit.
<b>Lidocaine patches</b>	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 <a href="#">Primary care intranet</a> .
<b>Liothyronine (including Armour<sup>®</sup> Thyroid and liothyronine combination products)</b>	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 <a href="#">Health Service endocrine specialist in secondary care</a> — 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. Review guidance is available on the <a href="#">Primary care intranet</a> . A shared care guideline is available on the <a href="#">Interface Pharmacy website</a> .
<b>Methocarbamol</b>	Methocarbamol is licensed as a short-term adjunct to the symptomatic treatment of acute musculoskeletal disorders associated with painful muscle spasms. It is currently listed in the BNF as 'less suitable for prescribing' as the evidence for its use in muscle spasm or spasticity is limited.
<b>Fentanyl immediate release (IR)</b> (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.
<b>Trimipramine</b>	The cost of trimipramine is significantly more expensive than other antidepressants. NICE CG90: Depression in Adults recommends selective serotonin reuptake inhibitor (SSRI) antidepressants first line medicines are indicated as they have a more favourable risk to benefit ratio compared to TCA. However, if a TCA is required, there are more cost-effective TCAs available.

# STOP LIST

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

## Products that can be purchased OTC

Product	Background and rationale
<b>Gluten-Free Non-Staple Foods</b>	Only staple foods should be supplied on prescription as per Coeliac UK and <a href="#">HSCB guidance</a> . 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 <a href="#">Primary care intranet</a> .
<b>Infacol<sup>®</sup> or Dentinox<sup>®</sup> drops</b>	There is no good evidence that infantile colic is caused by excess intestinal gas. Therefore Infacol <sup>®</sup> or Dentinox <sup>®</sup> Colic Drops (simeticone) should not be prescribed, as evidence for these products is lacking.
<b>Comfort Milk or Colief<sup>®</sup></b>	There is no good evidence that <b>transient lactase deficiency</b> either occurs, or that it could cause infantile colic. Hence there is <b>no evidence</b> to support prescribing of either Colief <sup>®</sup> Drops, or a partially hydrolysed, low-lactose formula (comfort formula) such as Aptamil Comfort <sup>®</sup> , Cow&Gate Comfort <sup>®</sup> or SMA Comfort <sup>®</sup> milks. Comfort milks are not on the ACBS list and therefore should not be prescribed on HS21 prescription.  Refer to <a href="#">Primary Care Infant Feeding Guidelines</a> for further information. A <a href="#">Parents/Carers Information Leaflet for the Management of Babies with Colic</a> is available in Patient Zone of the Northern Ireland Formulary.
<b>Supplements for Age-related Macular Degeneration</b>	E.g. Icaps <sup>®</sup> , Ocuvite <sup>®</sup> , Macushield <sup>®</sup> , PreserVision <sup>®</sup> , Viteyes <sup>®</sup> Evidence for effectiveness of supplements for AMD is weak. A <a href="#">HSCB letter</a> 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 <a href="#">HSCB Optometry Practice Newsletter</a> .
<b>Omega 3 Fatty Acids Products for brain power, etc.</b>	E.g. EyeQ <sup>®</sup> and Efalex <sup>®</sup> 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.
<b>Souvenaid<sup>®</sup></b>	There is some evidence that Souvenaid <sup>®</sup> 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 <sup>®</sup> is not on the ACBS list and therefore should not be prescribed on HS21 prescription.
<b>Spatone<sup>®</sup></b>	The BNF recommends that the oral dose of elemental iron for iron deficiency is 100 to 200mg daily. <b>Spatone<sup>®</sup> contains 5mg of ferrous iron per sachet and is therefore inadequate for the treatment of proven iron deficiency.</b> If iron supplementation is indicated a full therapeutic dose should be used. Refer to <a href="#">Northern Ireland Formulary</a> for further guidance on prescribing of oral iron.
<b>Bio-Oil<sup>®</sup></b>	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.

## STOP LIST

<b>Green Lipped Mussel (GLM) (Pernaton Gel®)</b>	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.
<b>Glucose preparations</b>	E.g. Glucotabs® (all flavours), Dextro energy® tablets (all flavours), Glucojuice®, Lucozade® tablets (all flavours). These products should not be prescribed. Patients can purchase glucose preparations or use alternatives to treat their hypo, e.g. jelly babies. Refer to <a href="#">Northern Ireland Formulary</a> for <a href="#">PIL</a> on management of 'hypos'. Glucose preparations are not on the ACBS list and therefore should not be prescribed on HS21 prescription.
<b>Glucosamine and Chondroitin</b>	NICE do not recommend prescribing glucosamine or chondroitin for osteoarthritis as evidence of benefit is limited. This advice is reflected in the Northern Ireland <a href="#">Formulary</a> and a <a href="#">HSCB letter</a> on glucosamine sent out in Oct 2010.
<b>Gamolonic Acid / Evening Primrose Oil</b>	Gamolonic 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.
<b>Cubitan®</b>	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.
<b>Blephaclean® wipes</b>	Refer to Treatment of Blepharitis patient information leaflet in <a href="#">Northern Ireland Formulary</a> website for tips on how to control or manage blepharitis.
<b>Products that are not available for purchase OTC</b>	
<b>Tadalafil (once daily)</b> E.g. Cialis® 2.5mg, 5mg tablets	Although tadalafil is effective in treating erectile dysfunction, there is not enough evidence to routinely recommend 'once daily' (2.5mg, 5mg) preparations in preference to 'when required' (10mg, 20mg) preparations. Prescribers should review patients prescribed 'once daily' tadalafil for potential switch to 'when required' <b>generic</b> tadalafil preparations.
<b>Naltrexone (low dose)</b>	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.
<b>Dosulepin</b>	NICE includes dosulepin in its 'do not do' recommendation because it has a high chance of causing heart problems, is toxic in overdose and there are other anti-depressants available which are safer to use. Refer to <a href="#">Medicines Management March 2018 newsletter</a> for further information.
<b>Perindopril arginine</b>	There is no evidence of benefit over generic perindopril erbumine, and it costs more.
<b>Co-proxamol</b>	Co-proxamol was withdrawn from the UK market in 2007 due to safety concerns. All use in the UK is now on an <b>unlicensed</b> basis. An alternative analgesic should be prescribed if appropriate.

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy Advisors in your local HSCB office:

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Northern Office: 028 9536 2845      Western Office: 028 9536 1010

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