# Drugs Less Suitable for Prescribing- Grey List

The grey list is a list of drugs which are not recommended for use in normal practice.

Medicines are included on the basis of safety, efficacy and cost-effectiveness. The list is intended to support good prescribing and help make balanced decisions.

The medicines that are included in the grey list do not mean a complete ban on the use of these medicines. Inclusion should instead encourage prescribers to think carefully before prescribing or recommending these medicines. These should only be prescribed in exceptional circumstances and practices are requested to review prescribing practice in order to ensure prescriptions of these drugs are reduced.

**New additions to the previous grey list are at the front of this section**

| BNF Section | Medicine | Reasons and Rationale for inclusion in list |
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| 2.12 | ****NEW****<br>Simvastatin/Ezetimibe (Inegy®) | **Cost-effectiveness and efficacy**<br>• Separate constituents are most cost-effective<br>• Ezetimibe should only be used in accordance with criteria set out in NICE TA132 & CG67 and should be prescribed as a single agent |
| 2.2.8 | ****NEW****<br>Diuretics with potassium (Diumide-K Continus®, Neo-NaClex-K®) | **Cost-effectiveness and efficacy**<br>• Most patients do not require potassium supplements<br>• Many preparations have low levels of potassium that are insufficient for those that do require supplementation |
| 2.5.5.1 | ****NEW****<br>Trandolapril/Verapamil (Tarka®) | **Cost-effectiveness**<br>• Combination products do not allow for effective dose titration<br>• Advantages of using a combination product have not been substantiated<br>• Prescribing separate products is more cost-effective |
| 2.6.4 | ****NEW****<br>Cilostazol (Pletal®); pentoxifylline (Trental®); inositol nicotinate (Hexopal®) | **Cost-effectiveness and efficacy**<br>• NICE TA223 states that these products are **not recommended** for the treatment of intermittent claudication in peripheral arterial disease<br>• Naftidrofuryl oxalate is the only treatment recommended by NICE for this indication |
| 3.1 | ****NEW****<br>Ciclesonide inhalation (Alvesco®) | **Cost-effectiveness**<br>• There are alternative inhaled corticosteroids available at a lower cost which do have clinical outcome data<br>• There is a lack of long-term data for ciclesonide on clinical outcomes such as exacerbations<br>• There is a lack of evidence to show that its use translates into fewer long-term (>52 weeks) adverse effects compared with other corticosteroids<br>• It may be an option **only** in those patients where compliance or adverse effects with other inhaled corticosteroids is an issue |
| 4.7.2 | ****NEW****<br>Oxycodone/Naloxone (Targinact®) | **Cost-effectiveness and efficacy**<br>• No demonstration of clinical or cost-effectiveness |

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| 7.4.1 | ****NEW****<br>Tamsulosin/Dutasteride (Combodart®) | **Cost-effectiveness**<br>• Not as cost-effective compared to finasteride and tamsulosin |
| 10.1.1. | ****NEW****<br>Naproxen/Esomeprazole (Vimovo®) and Ketoprofen/Omeprazole (Axorid®) | **Cost-effectiveness and safety**<br>• If patient requires an NSAID with PPI gastroprotection, a low cost PPI with a low risk NSAID should be prescribed as separate products e.g. generic omeprazole or lansoprazole and naproxen or ibuprofen<br>• Combination products are generally more costly and do not allow for dose titration |
| 13.9 | ****NEW****<br>Eflornithine cream (Vaniqa®) | **Cost-effectiveness**<br>• Should **not** be used for patients with purely cosmetic facial hirsuitism<br>• Only to be used in patients with an associated raised free androgen index due to androgenic disease (e.g. polycystic ovary disease) **and;**<br>• Restricted to use in women for whom alternative therapy (e.g. co-cyprindiol) is ineffective, contraindicated or considered inappropriate<br>• Discontinue if no benefit at 4 months |
| 13.10.1.1 | ****NEW****<br>Retapamulin ointment (Altargo®) | **Cost-effectiveness and safety**<br>• More costly than other anti-infective preparations<br>• Lack of comparative efficacy compared with usual treatments at a higher cost, and without national support from Health Protection Agency guidelines on the management of infection is primary care. |
| 13.10.3 | ****NEW****<br>Idoxuridine in dimethyl sulfoxide (Herpid®) | **Cost-effectiveness and efficacy**<br>• Offers little value<br>• Superseded by more effective agents |
| App. 2.5.1 | ****NEW****<br>Colief® drops | **Cost-effectiveness and efficacy**<br>• Lack of supporting evidence base<br>• Can be bought over the counter if patient feels that the product will benefit |
| Not in BNF | ****NEW****<br>Multivitamin and mineral preparations for the management of age-related macular degeneration (AMD) (e.g. Icaps®, Occuvite Preservision®, Preservision Lutein®, Viteyes Original Plus Lutein®, Ocuvite Lutein®, Visionace®, Vitalux-Plus®) | **Cost-effectiveness, efficacy and safety**<br>• Lack of robust efficacy and safety data<br>• All are unlicensed<br>• Available to buy over the counter |
| Not in BNF | ****NEW****<br>Vitamins, minerals and antioxidants as adjuncts to cancer therapy (vitamins A, C, E and selenium) | **Cost-effectiveness, safety and efficacy**<br>• Not recommended for this indication **unless there is a confirmed deficiency**<br>• No licensed preparation for this indication<br>• Absence of proven benefit and potential for harm<br>• Potential for supplements to interfere with prescribed therapy |

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| 1.3.5 | Esomeprazole (Nexium®) | **Cost effectiveness**<br>• Isomer of omeprazole<br>• N.B. Appropriate option only in patients who have had an endoscopy and scoping specialist has indicated patient has severe GORD or Barrett's. |
| 3.4.1 | Desloratadine (Neoclarityn®) | **Cost effectiveness**<br>• Isomer of loratadine. No evidence of advantages over loratadine (which is off patent).<br>• Circumstances in which use may be appropriate - patients who have not tolerated or responded to an adequate trial of other, less costly antihistamines. |
| 3.4.1 | Levocetirizine (Xyzal® ▼) | **Cost effectiveness**<br>• Isomer of cetirizine.<br>• No evidence of advantages over cetirizine (which is off patent).<br>• Circumstances in which use may be appropriate - patients who have not tolerated or responded to an adequate trial of other, less costly antihistamines. |
| 3.4.2 | Grazax▼ (sublingual tablet) | **Safety and efficacy**<br>• Once daily preparation licensed for the treatment of seasonal allergic hay fever due to grass or tree pollen in adults and children over 5yrs who have not responded to anti-allergy drugs.<br>• It should only be initiated by a specialist because of the possible side effects and monitoring required.<br>• Long-term efficacy and safety are not known<br>• **Due to the need for specialist monitoring prescribing is not recommended in Primary Care** |
| 4.1.1 | Melatonin MR 2mg tablets (Circadin®▼) | **Safety and Cost-effectiveness**<br>• No comparative trials with existing therapies for insomnia (drugs and/or sleep hygiene)<br>• Licensed for over 55s only and max 13 weeks.<br>• More expensive than existing pharmacological therapies if used as 6 x 21 day courses per 12 months<br>• No medium/long term safety data<br>• **N.B. Green (SI) for cerebral palsy**<br>• **N.B. Red for unlicensed indications e.g. head injury or stroke** |
| 4.2.1 | Aripiprazole (Abilify®) at doses >15mg | **Safety, efficacy, and cost-effectiveness**<br>• Enhanced efficacy above 15mg per day has not been shown generally for any indication. However some individuals may benefit from higher doses. Individual cases should be considered in conjunction with secondary care.<br>• 28 day costs: 15mg = £96.04, 30mg = £192.08<br>• **This is supported by SWYPFT**<br>• |

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| 4.2.1 | **Low Dose Antipsychotics:**<br>• Quetiapine (Seroquel®) 25mg & 50mg (inc. XL)<br>• Olanzapine (Zyprexa®) 2.5mg | **Safety, efficacy, and cost-effectiveness**<br>• Low dose antipsychotics are most often used off-license for the management of behavioural symptoms in dementia<br>• There is little evidence of benefit from the use of antipsychotics these patients, yet there is evidence of an increased incidence of stroke in the short term, and increased mortality both in the short term and the longer term<br>• Antipsychotics should not be used in dementia with Lewy Bodies or in mild to moderate non-cognitive symptoms. However occasional use may be required in severe non-cognitive symptoms after careful consideration.<br>• Choice of antipsychotic should take licensed indications and cost into account.<br>• Treatment should be at the lowest effective dose for the shortest period of time, ideally less than 12 weeks.<br>• **Significant work is ongoing to review the prescribing of low dose antipsychotics and tools to facilitate this are available at www.southwestyorkshire.nhs.uk under the Right Prescription Campaign**<br>• **This is supported by SWYPFT** |
| 4.2.1 | Atypical antipsychotic liquids and dispersible tablets | **Cost-effectiveness**<br>• There is no need for antipsychotics to be prescribed in liquid or dispersible formulation in primary care unless the patient has swallowing difficulties<br>• Liquid and dispersible formulations are more costly than standard formulations.<br>• **This is supported by SWYPFT** |
| 4.3.1 | Dosulepin (Dothiepin) | **Relative Safety.**<br>• Has small margin of safety between maximum therapeutic dose and potentially fatal dose.<br>• NICE guidance recommends it should only be routinely initiated by specialist mental health professionals, including GPs with a specialist interest in Mental Health. Similar advice has been issued by the MHRA in December 2007. |
| 4.3.3 | Escitalopram (Cipralex®▼) | **Cost-effectiveness.**<br>• Isomer of citalopram – which is off patent.<br>• RCT evidence suggests any benefits over other antidepressants are unlikely to be clinically significant. |
| 4.3.3 | Paroxetine (Seroxat®) | **Relative Safety**<br>• Poor safety profile compared to other available agents. |
| 4.7.2 | Tramadol plus paracetamol (Tramacet®▼) | **Efficacy, cost-effectiveness**<br>• Fixed dose combination of 37.5mg tramadol plus 375mg paracetamol per tablet. No more effective than established analgesics in acute or chronic pain. |

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| | | • Specialist initiation in exceptional circumstances by pain physicians. |
| 6.1.2 | Modified release gliclazide (Diamicron MR®) | **Cost-effectiveness**<br>• Similar effects on blood glucose control as the standard release formulation. Risk of confusion in dose. |
| 6.3.2 | Prednisolone enteric-coated tablets | **Efficacy, cost-effectiveness**<br>• Large price differential between the enteric-coated and standard prednisolone (current cost for 28 x 5mg tablets is £8.84 for e/c compared to £1.24 for standard) prompted a review of evidence around the perceived gastro-protective benefits of the e/c formulation<br>• No evidence that the e/c preparation is less likely to cause peptic ulcers<br>• Limited evidence that it is less likely to cause dyspepsia |
| 6.6.2 | Alendronic acid and colecalciferol (Fosavance®▼) | **Cost-effectiveness**<br>• No convincing randomised controlled trial evidence of benefits over existing bisphosphonate therapy. |
| 7.4.1 | Tamsulosin MR Tablets (Flomaxtra XL®) | **Cost-effectiveness**<br>• Generic capsules less expensive than branded tamsulosin tablets. |
| 7.4.2 | Duloxetine for stress urinary incontinence (Yentreve®▼) | **Efficacy, cost**<br>• Modest effects in women with severe SUI and no benefit in women with mild SUI.<br>• NICE advises that it should not be used as a first line treatment for SUI, nor routinely as a second line treatment but only as an alternative to surgery. |
| 9.6.4 | Calcium & Vitamin D (calcichew D3®) Calcium 500mg/colecalciferol 200 units per tablet | **Efficacy, cost**<br>• It is thought that a daily dose of 800 units of vitamin D (20microgram colecalciferol) is required to prevent fractures and falls, which this product does not provide. Other calcium and vitamin D products (Adcal D3®, Calcichew D3 Forte® and Calfovit D3®) provide the required daily dose of vitamin D (refer to BNF). |
| 10.1.1 | Diclofenac and misoprostol (Arthrotec®) | **Efficacy, cost-effectiveness**<br>• In patients at high risk of NSAID-associated serious upper gastrointestinal (GI) complications, gastroprotection with misoprostol or a proton pump inhibitor should be considered.<br>• Only misoprostol 800 micrograms a day has been shown to reduce serious upper GI complications in a large clinical outcome trial (MUCOSA).<br>• If gastro-protection is required when taking long term NSAID, it is more cost effective to prescribe NSAID and PPI treatment separately rather than combination therapy. |