

## Hartlepool & Stockton-on-Tees and South Tees Do Not Prescribe List and Grey List

The following medicines have been deemed **not suitable** for prescribing for adults and children in primary or secondary care within Hartlepool & Stockton-on-Tees and South Tees.

This includes all medicines classified in the BNF as 'not NHS' or that are considered by the 'Joint Formulary Committee' of the British National Formulary (BNF) as less suitable for prescribing. It also includes those medicines included within the NICE "Do not do" list. Decisions for inclusion of medicines on the list have been made on the basis of safety, efficacy and cost-effectiveness of the product.

Products classified as 'grey' are also included on this list and are shaded in grey. These are products where prescribing is discouraged in primary care where there is little evidence of effectiveness, safety, or cost-effectiveness, or those drugs there where are more suitable alternatives. Whilst prescribers should think very carefully before prescribing or recommending any of the products classified as 'grey', there may be exceptional circumstances when the use of one of these products is necessary for a particular patient.

**This list applies to new initiations only and existing historical prescribing should be reviewed on individual patient basis if clinically appropriate.**

BNF Chapter	Medicine	Rationale	Supporting information
<b>Chapter 1 Gastrointestinal</b>	Haemorrhoid preparations (excluding POM products)	Products can be purchased OTC as self-care. Community pharmacy advice and support also available to patients	
	Kaolin	Not a cost effective use of NHS resources	BNF: less suitable for prescribing
	Kaolin & Morphine	Not a cost effective use of NHS resources	BNF: less suitable for prescribing
	Liquid Paraffin Oral Emulsion	Not a cost effective use of NHS resources	BNF: less suitable for prescribing
	Liquid paraffin with magnesium hydroxide	Not a cost effective use of NHS resources	BNF: less suitable for prescribing
<b>Chapter 2 Cardiovascular</b>	Aliskiren	Not cost-effective compared to other antihypertensives.  NICE CG127 states that there is insufficient evidence of its effectiveness to determine is suitability for use in resistant hypertension.	<a href="#">PrescQIPP DROP List</a>  NICE: <a href="#">CG127</a>
	Cilostazol (Pletal®)	Poor evidence base	NICE: <a href="#">TA223</a>
	Co-flumactone		BNF: less suitable for prescribing
	Diuretics with Potassium	There is sufficient concern over safety that it is not appropriate to be prescribed due to K+ supplements increasing levels.	BNF: <a href="#">Diuretics with potassium</a>
	Doxazosin MR	No good evidence of increased benefit over immediate release doxazosin. Both formulations provide effective blood pressure control and are effective at controlling the symptoms of BPH and improving maximum urinary flow rate. • Half-life of immediate release doxazosin is about 22 hours, allowing once daily dosing.	<a href="#">PrescQIPP DROP List</a>

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	Etamasylate	Less effective than other treatments in the management of heavy menstrual bleeding.	BNF: less suitable for prescribing
	Guanethidine	No longer recommended.	BNF – no longer recommended
	Inositol Nicotinate (Hexopal®)	Poor evidence base	NICE: <a href="#">TA223</a>
	Moxisylyte (Opilon®)	Poor evidence base	CKS: <a href="#">Raynaud's Phenomenon</a>
	Oxerutins	Poor evidence base	BNF: less suitable for prescribing
	Pentoxifylline (Trental®)	Poor evidence base	NICE: <a href="#">TA223</a>
	Perindopril arginine	No benefit of evidence over generic perindopril erbumine and it costs more.	<a href="#">PrescQIPP DROP List</a>
	Simvastatin/ ezetimibe combination product (Inegy®)	Not a cost effective use of NHS resources	NICE: <a href="#">TA132</a>
	Trandolapril/ verapamil combination product (Tarka®)	Not a cost effective use of NHS resources	eMIMS: deleted products 2014
<b>Chapter 3 Respiratory System</b>	OTC antihistamines for hay fever	Hay fever symptoms can be self-treated and do not need intervention by a GP or practice nurse. A community pharmacist can support with advice and guidance. Several products have now been declassified and are available to purchase over the counter for less than the cost of a prescription charge. Continue to prescribe for children or patients with chronic allergic conditions although patients should be reminded that these medications are also available to purchase.	<a href="#">Hartlepool &amp; Stockton-on-Tees CCG and South Tees CCG hayfever prescribing guideline</a>  <a href="#">North East &amp; Cumbria CCG Prescribing Forum Self-Care and OTC Product Guidance</a>
	OTC nasal sprays	Nasal sprays for the symptomatic relief of hayfever and congestion can be purchased by the patient under self-care with community pharmacist support.	<a href="#">Hartlepool &amp; Stockton-on-Tees CCG and South Tees CCG hayfever prescribing guideline</a>  <a href="#">North East &amp; Cumbria CCG Prescribing Forum Self-Care and OTC Product Guidance</a>
	Ciclesonide	There are alternative inhaled corticosteroids available at a lower cost. Lack of long-term data on clinical outcomes.	
	Cough and Cold remedies (incl local anaesthetic throat lozenges)	Not a cost effective use of NHS resources. There is limited clinical value for these treatments – cough mixtures, aromatic inhalations, decongestants, sore throat lozenges etc. For some drugs (such as decongestants) there is a potential for interactions with other medicines.	<a href="#">PrescQIPP DROP List</a>
	Levocetirizine (Xyzal®)	Not a cost effective use of NHS resources.	CKS: <a href="#">Allergic Rhinitis</a>
<b>Chapter 4 Central Nervous System</b>	Fentanyl immediate release formulations	Morphine is the most valuable opioid for severe pain. Fentanyl is significantly more expensive and there are potential safety problems presented by these products, which provide relatively high doses of a potent opioid and are associated with complicated titration and maintenance instructions.	<a href="#">PrescQIPP briefing 132: Immediate release fentanyl</a>

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	Lidocaine plasters	NICE CG173 on neuropathic pain does not recommend the use of lidocaine patches as a treatment option due to limited clinical evidence supporting its use. If, in exceptional circumstances there is a clinical need for lidocaine plasters to be prescribed in primary care, this should be undertaken in a co-operation arrangement with the recommending physician.	<a href="#">NICE CG173: Neuropathic pain in adults: pharmacological management in non-specialist settings</a>
	Nefopam	Nefopam should not be initiated for acute or chronic pain, or continued post discharge following secondary care acute initiation. Only continue nefopam in line with recommendations of the specialist pain service. Review existing patients - assess benefits versus adverse effects and consider stopping; withdraw slowly over 1-2 weeks following chronic use. Adverse effects are common, nefopam is toxic in overdose and has abuse potential through its psychostimulant-like effects. Nefopam is very expensive.	<a href="#">Hartlepool &amp; Stockton-on-Tees CCG and South Tees CCG position statement on nefopam</a>
	Self-care analgesia including Migralveve® preparations	Short courses of analgesics for acute common ailments can be purchased by the patient under self-care with community pharmacist support. Continue to prescribe for children and when required for chronic conditions although patients should be reminded that these medications are also available to purchase. Prescribing short courses of pain relief for acute conditions costs the NHS more than the equivalent products purchased over the counter (prescription fees, GP consultation time etc.)	<a href="#">North East &amp; Cumbria CCG Prescribing Forum Self-Care and OTC Product Guidance</a>  <a href="#">PrescQIPP DROP List</a>
	Cannabis extract (Sativex®)	Poor evidence base. NTAG – not recommended for use for the treatment of spasticity due to MS.	<a href="#">NICE NTAG</a>
	Chloral hydrate (insomnia)		BNF: less suitable for prescribing
	Clomipramine (Anafranil SR®)		BNF: less suitable for prescribing
	Co-careldopa intestinal gel (Duodopa®)	Not a cost effective use of NHS resources.	<a href="#">NHS Commissioning Board: Duodopa policy statement DC43</a>
	Codeine and aspirin combination product (Co-codaprin®)	Poor evidence base. This preparation does not allow for effective dose titration and the advantages of using a compound formulation have not been substantiated. There is no instance where this product is appropriate to use from a safety or efficacy point of view, over existing treatments.	BNF: less suitable for prescribing
	Co-proxamol	Safety concerns Co-proxamol is markedly more toxic in overdose than paracetamol and was withdrawn from the market in 2005 due to safety concerns and marketing authorisations cancelled at end of 2007.	BNF: <a href="#">Compound Analgesic Preparations</a>
	Dosulepin	NICE CG90 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.”	<a href="#">PrescQIPP bulletin 126: Dosulepin</a>  <a href="#">NICE CG90: Depression in adults: recognition and management</a>
	Ergotamine containing products (Migril)	Safety concerns. NICE: Do not Do recommendation: Do not offer ergots or opioids for the acute treatment of migraine.	<a href="#">NICE</a>  BNF: less suitable for prescribing

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		NICE: Do not Do recommendation: Do not offer paracetamol, NSAIDS, opioids, ergots or oral triptans for the acute treatment of cluster headache.	
	e-Voke® electronic inhaler	The Northern (NHS) Treatment Advisory Group does not recommend the use of e-Voke® as a stop smoking aid on the NHS.	<a href="#">NTAG</a>
	Flurazepam		BNF: less suitable for prescribing
	Isocarboxazid		BNF: less suitable for prescribing
	Meprobamate	Safety concerns	BNF: <a href="#">meprobamate</a>
	Oxycodone/naloxone MR tablets (Targinact®)	Poor evidence base and not a cost effective use of NHS resources.  Trials have only compared with standard-release oxycodone not with other strong opioids such as morphine with regular laxatives. There is no data showing that combine oxycodone and naloxone reduce the need for laxatives in the long-term.	<a href="#">PrescQIPP DROP List</a>
	Paracetamol and tramadol combination product (Tramacet®)	Not a cost effective use of NHS resources  This combined preparation has both drugs at lower than suggested dosages and is also more expensive than the separate components.	<a href="#">PrescQIPP DROP List</a>
	Pentazocine		BNF: less suitable for prescribing
	Promazine		BNF: less suitable for prescribing
	Tranlycypromine		BNF: less suitable for prescribing
	Trimpramine	Not a cost effective use of NHS resources.	NHS England
<b>Chapter 5 Infections</b>	Antifungal nail paints e.g. amorolfine nail lacquer	Systemic treatments are more effective. Nail lacquers and solutions are expensive. Amorolfine nail lacquer (pack size 3mls) is available OTC for mild cases and for treatment of a maximum of two nails.	<a href="#">PrescQIPP DROP List</a>
	Ketoconazole (for oral administration)	Safety concerns	MHRA: <a href="#">Drug Safety Update</a>
	Malaria prophylaxis	Medication for malaria prophylaxis is not reimbursable on the NHS. Prescription only medicines for malaria prophylaxis should be prescribed privately and other medications can be purchased via a local community pharmacy.	<a href="#">North East &amp; Cumbria CCG Prescribing Forum Self-Care and OTC Product Guidance</a>  <a href="#">NECS Useful prescribing information – a guide for prescribers</a>
	Minocycline for acne	There are safety concerns associated with minocycline including greater risk of lupus erythematosus-like syndrome and irreversible pigmentation. Minocycline and it should not routinely be used for the treatment of acne. Oxytetracycline is the current first line treatment choice for acne.	<a href="#">PrescQIPP DROP List</a>  NICE: <a href="#">KTT11</a>  <a href="#">PrescQIPP briefing 60: Minocycline in acne vulgaris</a>  <a href="#">North East and Cumbria antimicrobial prescribing guideline for primary care</a>

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Chapter 6 Endocrine System	Norethisterone or medroxyprogesterone for postponement of menstruation	For the postponement of menstruation for non-medical reasons prescribing should be via private prescription as this is considered a lifestyle choice rather than the treatment of a medical condition (please note medroxyprogesterone is unlicensed for this indication). Some community pharmacies may supply norethisterone (in store or online) via a private PGD.	<a href="#">North East &amp; Cumbria CCG Prescribing Forum Self-Care and OTC Product Guidance</a>
	Alendronate plus Vitamin D (Fosavance®)	Not a cost effective use of NHS resources.  No convincing randomised controlled evidence of benefits over existing bisphosphonate therapy.	NICE- <a href="#">TA161</a>  CKS- <a href="#">osteoporosis</a>
	Chlorpropamide	Safety concerns.	CKS: <a href="#">Type 2 diabetes</a>
	Gliclazide MR (Diamicon MR®)	Not a cost effective use of NHS resources.	BNF note: equivalent therapeutic effect to standard prep
	Hydrocortisone sodium phosphate (Efcortisol®)	Paraesthesia and pain may follow intravenous injection.	BNF: less suitable for prescribing
	Ibandronic acid (Bonviva®)	Once monthly preparation – unclear whether advantageous	
	Liothyronine (Tri-iodothyronine) thyroid extract, Armour thyroid preparations	Poor evidence base.  There is no robust evidence for the use of liothyronine either alone or in combination with levothyroxine, and it is not licensed for longterm use.  Natural thyroid extract products are not licensed in the UK. The variation in hormonal content may lead to increased serum levels of T3 and subsequent thyrotoxic symptoms, such as palpitations and tremor.	Royal College of Physicians position statement: <a href="#">The diagnosis and management of primary hypothyroidism</a>  <a href="#">PrescQIPP DROP List</a>  <a href="#">PrescQIPP bulletin 121: Switching liothyronine to levothyroxine in the management of primary hypothyroidism</a>
	Prednisolone EC tablets	Poor evidence base.	UKMI Q&A: <a href="#">Is there any evidence to support the use of enteric coated (EC) over uncoated prednisolone tablets?</a>
	Testosterone patches (Intrinsa®)	Poor evidence base	EMA Public Statement: <a href="#">Intrinsa (testosterone): Withdrawal of the marketing authorisation in the European Union</a>
	Teriparatide (atypical fractures)	NTAG does not recommend the use of teriparatide for the treatment of bisphosphonate induced atypical fractures due to lack of evidence and concerns around cost-effectiveness.	<a href="#">NTAG</a>
	Tolvaptan for hyponatraemia	Not routinely commissioned.	NHS England
Yohimbine	Poor evidence base and safety concerns		
Chapter 7 Obstetrics, gynae and urinary tract disorders	Tadalafil once daily	Not recommended as not cost-effective in most patients. 'On demand' tablets taken when required are the preferred option, generic sildenafil is currently the least costly option.	PrescQIPP DROP List <a href="#">PrescQIPP briefing 144: Tadalafil once daily</a>
	Bethanechol		BNF: less suitable for prescribing

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	Dapoxetine	NTAG does not recommend the use of dapoxetine for premature ejaculation because of concerns around cost-effectiveness, lack of long-term safety data and lack of any published active comparator trials.	NTAG
<b>Chapter 8 Malignant disease and immuno-suppression</b>	Fulvestrant	Poor evidence base and not a cost effective use of NHS resources	<a href="#">NICE TA239</a>
<b>Chapter 9 Nutrition and blood</b>	Gluten-free non-staple foods All gluten-free products except flour, plain bread rolls or loaves, and part baked bread.	Practices should only prescribe gluten-free staple foods to patients with a confirmed diagnosis or gluten-sensitive enteropathies, in line with local guidelines for recommended number of units per month. Only the following staple foods are approved on NHS prescription in Tees: <ul style="list-style-type: none"> <li>• Flour e.g. flour mix, blended mix, white or fibre mix and multipurpose mix</li> <li>• Plain bread rolls or loaves</li> <li>• Part baked bread e.g. white bread, fibre loaf, flat bread</li> </ul> Patients may still purchase other gluten-free products which are readily available from pharmacies, health stores and supermarkets.	<a href="#">Guidelines for the supply of gluten-free products in Tees CCGs</a>
	Lactose-free infant milks	Prescribing of formula milk is only to be initiated by GPs whilst awaiting referral to a paediatrician/ dietetics. To be prescribed only under consultant paediatrician/ dietetics advice and then only in accordance with ACBS guidelines.	<a href="#">Hartlepool &amp; Stockton-on-Tees CCG and South Tees CCG summary of prescribing for infant feeding problems</a>  <a href="#">PrescQIPP bulletin 146: Appropriate prescribing of specialist infant formulae</a>
	Probiotics	VSL#3 ACBS: For use under the supervision of a physician for the maintenance of remission of ileoanal pouchitis only in adults as induced by antibiotics. Other probiotics are classed as food supplements.	<a href="#">PrescQIPP briefing 82: Probiotics</a>
	Vitamins and minerals	Vitamin and mineral supplements should only be prescribed in line with an ACBS 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”. If patients still want to take vitamins and minerals for dietary supplementation or as a “pick-me-up” they should be advised that they can be purchased as self-care over-the-counter. Some patients may be eligible for NHS Healthy Start vitamins which are specifically designed for pregnancy, breastfeeding and growing children. They are available free of charge from local distribution points. More information is available on the Healthy Start Vitamins website.	<a href="#">PrescQIPP bulletin 107: The prescribing of vitamins and minerals</a>  <a href="#">Healthy Start Vitamins website</a>
	Calcium 500mg and colecalciferol 200units (e.g. Calcichew D-3, Calcium & Ergocalciferol Tablets)	Not a cost effective use of NHS resources A daily dose of 800 units of vit D is required to prevent fractures.	CKS: sub-therapeutic dose for fracture prevention
	Cod liver oil capsules	Poor evidence base	<a href="#">NHS Choices: Supplements who needs them</a>

BNF Chapter	Medicine	Rationale	Supporting information
	Gamolenic Acid/ Starflower oil (Epogam®) and Efamast®)	Poor evidence base	
	Iron – all modified release iron preparations	Poor evidence base	BNF: No therapeutic advantage and should not be used
	Multivitamin and mineral preparations, lutein and other antioxidants for the management of age-related macular degeneration (ARMD) e.g. Icaps, Occuvite preservision, Preservision lutein, Viteyes original plus-lutein, Ocuville lutein, Visionace, Vitalux-plus)	There is little evidence to support the use of lutein and antioxidant vitamin preparations to prevent progression of AMD, they are considered low priority and poor value for money. There is some concern that the high doses of vitamins and minerals needed may cause harm in some people. A healthy diet rich in oily fish, leafy green vegetables and fresh fruit may be recommended or alternatively advise patients to purchase dietary supplements over the counter. Products are food supplements and not licensed medicines.	<a href="#">NTAG</a> <a href="#">PrescQIPP briefing 86: Lutein and antioxidant vitamins</a>
	Omega-3 and other fish oils	Not recommended. For secondary prevention of myocardial infarction NICE CG172 states: “Do not offer or advise people use omega-3 fatty acid capsules or omega 3 fatty acid supplemented foods to prevent another MI.” “Advise people to eat a Mediterranean-style diet (more bread, fruit, vegetables and fish; less meat; and replace butter and cheese with products based on plant oils)”. NICE CG170 states “Do not use omega-3 fatty acids to manage sleep problems in children and young people with autism”. NICE do not recommend fish or algal oils solely with the aim of preventing hypertensive disorders in pregnancy or omega-3 fatty acid supplements for familial hypercholesterolaemia. NICE CG87 states “Do not prescribe fish oil preparations for the primary prevention of cardiovascular disease in people with type 2 diabetes”.	<a href="#">PrescQIPP bulletin 47: Omega-3 fatty acids</a>
	Spatone - iron-rich spa water from the mountains of Snowdonia	Poor evidence base	
	Vitamin B Compound	Alcohol-use disorders: diagnosis and management of physical complications NICE CG100 only includes the use of thiamine.	BNF: less suitable for prescribing BNF
<b>Chapter 10 Musculo-skeletal and joint diseases</b>	Diclofenac & Misoprostol combination product (Misofen® and Arthrotec®)	BNF recommends a higher starting dose of misoprostol for prophylaxis against NSAID induced GI ulceration that that provided by combination preparations.	BNF: less suitable for prescribing BNF
	Glucosamine (+/- chondroitin)	Poor evidence base. NICE CG177: Do not Do recommendation: Do not offer glucosamine or chondroitin products for the management of osteoarthritis.	NICE: <a href="#">CG177</a>
	Methocarbamol	Not cost effective use of NHS resources, deemed less suitable for prescribing in BNF.	BNF: less suitable for prescribing BNF
	Naproxen & esomeprazole combination product (Vimovo®)	Not a cost effective use of NHS resources	CKS: <a href="#">Proven GORD</a>

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	Rubefacients  (Topical rubefacient products may contain nicotinate and salicylate compounds, essential oils, capsicum, and camphor. However, topical NSAID preps or Capsaicin preps are not rubefacients)	Topical rubefacient preparations may contain nicotinate and salicylic acid compounds, essential oils, capsicum, and camphor which are all irritant The evidence available does not support the use of topical rubefacients in acute or chronic musculoskeletal pain. Rubefacients should not be offered to treat osteoarthritis. Stop any prescribing. NICE states that capsaicin patches should not be used for neuropathic pain in non-specialist settings, unless advised by a specialist.	NICE do not do: <a href="#">Do not offer rubefacients for treating osteoarthritis</a>  BNF (2016): The evidence available does not support the use of topical rubefacients in acute or chronic musculoskeletal pain  <a href="#">PrescQIPP DROP List</a>  <a href="#">PrescQIPP briefing 114: Rubefacients</a>
	Synovial fluid injections including Hyaluronan and sodium hyaluronate injection	Poor evidence base. NICE Do not Do recommendation: <a href="#">Do not offer intra-articular hyaluronan injections for the management of osteoarthritis.</a>	NICE
<b>Chapter 13 Skin</b>	Eflornithine cream (Vaniqa®) for hirsutism	No evidence of efficacy in comparison to existing treatments and it is substantially more expensive. It needs to be used indefinitely but the long-term benefits and safety have not been established (past 24 weeks). To be used only in line with laser therapy.	<a href="#">PrescQIPP briefing 57: Eflornithine review</a>
	Sunscreens	Not a cost-effective use of NHS resources. For patients having treatment that may render them susceptible to sunlight only to be prescribed as per ACBS indications: <i>Protection from UV radiation in abnormal cutaneous photosensitivity resulting from genetic disorders, photodermatoses, including vitiligo and those resulting from radiotherapy; chronic or recurrent herpes simplex labialis.</i>	<a href="#">PrescQIPP bulletin 138: Use of sunscreens for approved indications</a>  <a href="#">North East &amp; Cumbria CCG Prescribing Forum Self-Care and OTC Product Guidance</a>
	Idoxuridine in dimethyl sulfoxide (Herpid®)	Poor evidence base	No evidence to support use
	Lanolin cream (Lansinoh HPA®)	Not a cost effective use of NHS resources	Cochrane Review 2014: <a href="#">Interventions for treating painful nipples among breastfeeding women</a>
	Molludab (potassium hydroxide 5%) topical solution for the treatment of molluscum contagiosum	Poor evidence base	<a href="#">CKS: Molluscum contagiosum</a>
	Silk garments (Dermasilk®, Dreamskin®, Skinnies Silk®)	Poor evidence base	UKMI 2014: Silk garments for eczema/atopic dermatitis
<b>Chapter 14 Immunological products and vaccines</b>	Travel vaccines not prescribable on the NHS e.g. hepatitis B, Japanese encephalitis, tick-bourne encephalitis, rabies, yellow fever, meningitis ACWY, tuberculosis, combined hepatitis A&B	Patients should be charged privately for all travel vaccines not prescribable on the NHS.  Combined Hepatitis A&B added to DNP list as Hep B not prescribable on the NHS for travel purposes. The APC noted the current supply shortages with Hep B vaccine and that Public Health England have issued guidance to mitigate the shortages and the combined vaccine is recommended in certain circumstances to help manage the shortages currently. Prescribers are advised to follow Public Health England until supply issues are resolved.	

BNF Chapter	Medicine	Rationale	Supporting information
<b>Misc</b>	Bio Oil	Poor evidence base. More cost effective preparations available	
	Complementary therapies, Herbal supplements and Homeopathy	Limited evidence base and a lack of robust randomised controlled trials directly comparing complementary therapies with standard treatments.  Some are also 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.	<a href="#">PrescQIPP DROP List</a>
	Dental products	Products recommended by dentists such as fluoride tablets, toothpastes and mouthwashes should only be prescribed by dentists and GPs should not accept requests to prescribe medicines that the dentist could reasonably prescribe themselves, nor accept requests from patients to issue FP10 prescriptions for items prescribed on a private prescription by their dentist. Patients should be advised of self-care measures and signposted to purchase over the counter remedies for dental conditions where appropriate.	<a href="#">PrescQIPP bulletin 95: Medicines for dental conditions on FP10</a>
	Ear wax softening drops	Ear wax softening drops should be purchased for self-care. Drops containing simple remedies such as olive oil, almond oil and sodium bicarbonate are available.	<a href="#">PrescQIPP bulletin 167: Medical devices DROP-List</a>
	Eyelid cleaning products for blepharitis e.g. Blephaclean, Lid-Care, Optrex, Ster Eye	Prescribing at NHS expense is not recommended. Patients who wish to use these products should be advised to purchase them over the counter and follow NHS Choices self-care advice.	<a href="#">Moorfields Eye Hospital: Blepharitis information for Health Professionals</a>  <a href="#">NHS Choices: Blepharitis</a>
Infantile colic products Colief, Infacol and gripe water to treat infantile colic	Colief is not considered to be a medicinal product suitable for prescribing on the NHS unless the criteria set out by the Advisory Committee on Borderline Substances (ACBS) are met. Infacol is denoted in the BNF as being less suitable for prescribing on the NHS. Evidence does not support use. Gripe water is not licensed for the treatment of infantile colic and should not be used.	BNF Appendix 2.5  NICE CKS – Colic – infantile (Nov 2014): Lactase drops  <a href="#">PrescQIPP DROP List</a>  <a href="#">PrescQIPP bulletin 99: Infantile colic</a>	

Adapted from County Durham and Darlington APC Do Not Prescribe List