

South East London Guidance on alternatives to prescribing unlicensed Specials in Primary Care

Specials, like all unlicensed medicines, should only be prescribed when there is no available licensed medicine which fully meets the patient's special clinical needs. **This document aims to support clinicians in reviewing their prescribing of unlicensed Specials and signposts to relevant local and national guidance for advice.** The medicines listed below (whilst not exhaustive) are those most commonly being prescribed across SEL, where licensed, more appropriate and/or more cost effective medicines are on formulary and may be a suitable alternative for the patient.

If the recommendation/suggested alternative results in a change in liquid concentration or solid dosage form strength, the patient/carer **MUST** be counselled to ensure they understand any resulting change(s) to administration. **Refer to resources in Appendix I for support with switching for liquid to solid formulations.**

If you have any queries relating to the prescribing of unlicensed Specials please email the team on: gstt.medicinesvalueandinterfacesupportpharmac@nhs.net

Interface Prescribing Support in South East London

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We provide individualised medicines support to primary care and community pharmacy, with a focus on promoting prescribing in line with local and national guidance from all healthcare settings

Contact us: gstt.medicinesvalueandinterfacesupportpharmac@nhs.net

South East London

Formulary and Guidance

- Improve information provision in the SEL formularies
- Gather information on prescribing for non-formulary indications and liaise with relevant specialist teams to implement recommendations
- Create and optimise SEL wide guidance including prescribing pathways and shared care

Interface Support

- Assist with prescription queries in primary care and community pharmacy
- Support prescribing from an appropriate care setting
- Liaise with specialist teams across SEL for prescribing and medicines advice
- Support continuity of medicines supply

Prescribing Support and Medicines Value

- Provide recommendations on potential alternatives to unlicensed specials to individual practices in line with SEL formularies, local & national guidance
- Advise on cost-effective licensed medication switches including melatonin, methylphenidate and omeprazole
- Advise on prescribing standardised liquid concentrations
- Assist with medication reviews for complex paediatric patients

Education and Training

- Individual/practice/PCN level MS Teams calls
- SEL-wide webinars with ICS training hub

Medication Safety and Shortage Support

- Provide guidance on shortage management via SEL formularies and bulletins
- Consult on medication safety incidents and consider shared learning

Improving medicines value for you and your patients:

- Unlicensed Specials spend reduced by ~£200k (~16%) from 2023/24 to 2024/25
 - >250 specific patient queries responded to over a 12 month period

Please note: this is an interface link advisory service. We do not have access to EMIS and we are unable to offer direct contact with patients/parents/carers.

DRUGS PRESCRIBED TO ADULTS	RECOMMENDATION/ALTERNATIVE
Colecalciferol (multiple formulations)	<p>Prescribe by BRAND. SEL preferred brands: Invita D3® 50,000 units capsules, Stexerol D3® 25,000 units capsules, Stexerol D3® 1000 units tablets, Invita D3® 400 units capsules or Thorens® 10,000units/ml (200units/drop) oral drops sugar free</p> <p>Refer to the SEL Adult Vitamin D Guideline</p> <p>Please review if able to purchase OTC in line with self-care guidance. Consult with local borough guidance, and refer to SEL IMOC self-care guidance</p>
Co-proxamol 32.5mg/325mg tablets	<p>Based on advice from NHSE (GREY RATING) - Not recommended for prescribing in SEL. Refer to the NHS England: Items which should not routinely be prescribed in primary care: policy guidance, PrescQIPP NHS Bulletin 194 version 2.0 January 2018, and SEL Prescribing Factsheet.</p>
Cyanocobalamin 1mg MR tablets	<p>Consider switch to licensed 1mg tablet formulation – prescribe as the Orobalin® brand</p> <p>Approved for the treatment of vitamin B12 deficiency only. Refer to the SEL Joint Medicines Formulary for detail.</p>
Cyanocobalamin 100 microgram tablets	<p>Please review if able to purchase OTC in line with self-care guidance. Consult with local borough guidance, and refer to SEL IMOC self-care guidance</p> <p>Consider switch to licensed 50microgram tablets if ongoing prescription is deemed necessary.</p> <p>Approved for the treatment of vitamin B12 deficiency only. Refer to the SEL Joint Medicines Formulary for detail.</p>
Gabapentin oral liquids (multiple concentrations)	<p>If liquid formulation is clinically necessary, consider switch to licensed 50mg/ml oral solution sugar free.</p> <p>Consider switch to capsule formulation. Capsules may be opened and the contents dispersed in water/squash/juice for those unable to swallow whole capsules.</p>
Glucose monohydrate 20g/Sodium chloride 3.5g/Sodium bicarbonate 2.5g powder	<p>Please review and consider whether it would be appropriate for the patient to purchase OTC ingredients, or to prescribe the ingredients separately as a more cost-effective option.</p> <p>Please refer to the SEL Joint Medicines Formulary, GSTT PILs on Oral Rehydration Salts and Potassium-free Oral Rehydration Salts, as well as the Specialist Pharmacy Service “Using St Mark’s electrolyte solution” for advice on prescribing oral rehydration therapy.</p>
Lansoprazole or omeprazole oral liquids (multiple concentrations)	<p>Consider switch to first line choice:</p> <ol style="list-style-type: none"> 1. Either omeprazole capsules 2. OR lansoprazole capsules (if also taking clopidogrel) <p>In patients with swallowing difficulties: Omeprazole dispersible tablets or Lansoprazole dispersible tablets (if also taking clopidogrel)</p> <p>In patients with enteral feeding tubes: Lansoprazole dispersible tablets</p> <p>Please review as per SEL Joint Medicines Formulary</p>
Magnesium oral preparations (multiple concentrations and formulations e.g. glycerophosphate, oxide)	<p>Approved to prescribe for the treatment of hypomagnesaemia only. Refer to the SEL Joint Medicines Formulary for detail</p> <p>First line choice: magnesium aspartate (magnesium 10mmol) oral powder sachets</p> <p>Second line choice: magnesium glycerophosphate (magnesium 97.2mg (4mmol)) chewable tablets</p> <p>The prescribing of magnesium for migraine or headache prevention is NOT supported by specialist teams across SEL. NHS England advises that vitamins and minerals should not usually be prescribed by GPs. Please refer to The NICE Clinical Knowledge Summary for Management of Migraine in Adults and refer patients to The Migraine Trust’s information page: Supplements for migraine for further information. The SEL Adult Treatment Pathway for Migraine is available, however does not include any recommendations on the use of vitamins or minerals. Magnesium is available as a food supplement and may be purchased OTC from any pharmacy.</p> <p>For other indications, please review if able to purchase OTC in line with self-care guidance. Consult with local borough guidance, and refer to SEL IMOC self-care guidance.</p>
Melatonin tablets, capsules and oral liquids (various concentrations)	<p>Refer to the SEL Joint Medicines Formulary and consider prescribing of the licensed 2mg MR tablet OR the licensed 1mg/ml oral solution</p> <p>Please note the liquid is restricted to use in those with swallowing difficulties, or in patients on a specific dose that is not practical to be given from the 2mg MR tablets.</p>
Riboflavin tablets and capsules	<p>Approved to prescribe for riboflavin deficiency in metabolic disorders only. Refer to the SEL Joint Medicines Formulary for detail.</p> <p>The prescribing of riboflavin for migraine or headache prevention is NOT supported by specialist teams across SEL. NHS England also advises that vitamins and minerals should not usually be prescribed by GPs. Please refer to The NICE Clinical Knowledge Summary for Management of Migraine in Adults and refer patients to The Migraine Trust’s information page: Supplements for migraine for further information. The SEL Adult Treatment Pathway for Migraine is available, however does not include any recommendations on the use of vitamins or minerals. Riboflavin is available as a food supplement and may be purchase over the counter from any pharmacy.</p> <p>For other indications, please review if able to purchase OTC in line with self-care guidance. Consult with local borough guidance, and refer to SEL IMOC self-care guidance</p>
Sertraline oral liquid (multiple concentrations)	<p>If liquid is prescribed due to swallowing difficulties, consider whether the licensed 50mg/5ml oral solution, or a crushed and dispersed tablet may be an appropriate alternative in line with guidance from SPS: SSRI suggestions for adults with swallowing difficulties – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice.</p>
Sodium chloride 5% eye ointment	<p>Consider prescribing (if clinically suitable) as sodium chloride 5% (Alissa Healthcare) eye ointment 5g preservative free tube as per SEL Joint Medicines Formulary (approved for the treatment of corneal oedema)</p>

DRUGS PRESCRIBED TO CHILDREN	RECOMMENDATION/ALTERNATIVE
Colecalciferol (multiple formulations)	<p>Prescribe by BRAND. SEL preferred brands: Thorens® 10,000units/ml (200units/drop) oral drops sugar free and Strivit D3® 20,000units capsules</p> <p>Refer to the SEL Paediatric Vitamin D Guideline for additional dosing and formulation advice. Care is needed when switching to a different liquid concentration. Ensure patient/carer understands the change and the new volume for administration.</p>
Dihydrocodeine 10mg/5ml oral suspension	<p>Non-formulary formulation - refer to the SEL Paediatric Formulary for additional dosing and formulation advice</p> <p>Consider switch to licensed tablets (off label) which can be crushed and dispersed in water if required.</p>
Flecainide liquids	<p>Consider switch to tablet formulation. Flecainide tablets can be crushed and dispersed in water if the child is unable to swallow whole.</p> <p>See SEL Paediatric Formulary for additional dosing and formulation advice. If a liquid is deemed the most appropriate formulation, please switch to the licensed 25mg/5ml oral solution.</p>
Gabapentin oral liquid (multiple concentrations)	<p>Consider switch to licensed gabapentin 50mg/ml oral solution sugar free</p> <p>Refer to the SEL Paediatric Formulary for additional dosing and formulation advice.</p>
Glycopyrronium bromide oral liquid (multiple concentrations)	<p>Consider switch to licensed glycopyrronium bromide 400micrograms/ml oral solution sugar free (Sialanar® 320micrograms/ml oral solution)</p> <p>Refer to the SEL Paediatric Formulary for additional dosing and formulation advice.</p>
Lamotrigine 50mg/5ml oral liquid	<p>Non-formulary formulation - refer to the SEL Paediatric Formulary for additional dosing and formulation advice</p> <p>Consider switch to licensed lamotrigine dispersible tablets available in 2mg, 5mg, 50mg and 100mg strengths.</p> <p>If this formulation has been recommended by a hospital specialist team please email the medicines value and interface team (email in poster on page 1 of this document) with the relevant details e.g. clinic letter, discharge letter to help support a review. Switching formulation may require specialist involvement.</p>
Magnesium oral preparations (multiple concentrations and formulations e.g. glycerophosphate)	<p>First line choice (children 2 years and above): Magnesium aspartate (magnesium 10mmol) oral powder sachets</p> <p>Magnesium glycerophosphate (magnesium 121.25mg/5ml (5mmol/5ml)) oral solution (MagnaPhos®) is reserved for patients under 2 years of age or those who cannot tolerate magnesium aspartate powder for oral solution.</p> <p>Approved to prescribe for the treatment of hypomagnesaemia only. Refer to the SEL Paediatric Formulary for additional dosing and formulation advice. Please note that the magnesium content differs between formulations.</p>
Melatonin liquids (multiple concentrations)	<p>Refer to the SEL Paediatric Melatonin Prescribing Guidance and SEL Paediatric Formulary for advice on the most appropriate formulation to prescribe, dependent on indication and presence of enteral tube. Melatonin oral solution is reserved for use in patients with fine-bore enteral feeding tubes where there is a risk of tube occlusion or if there are compliance issues with the crushed tablets.</p> <p>The preferred oral solution (if tablets are clinically unsuitable) is the licensed Ceyesto® 1mg/ml oral solution</p>
Midazolam oromucosal (multiple concentrations) or oral liquid	<p>Please prescribe by brand where possible. Buccal and oromucosal route terminologies are interchangeable, however presentation on clinical systems may be different. The formulation choice for an individual patient is dependent on the indication for its use. The formulations have different release characteristics therefore it is vital that the most appropriate one is prescribed and supplied.</p> <p>Midazolam is available in several licensed and unlicensed formulations and strengths including:</p> <ul style="list-style-type: none"> • Oromucosal (buccal) solution in pre-filled oral syringes – SEL preferred brand is Buccolam® • Buccal (oromucosal) solutions • Oral solutions <p>Refer to the SEL Paediatric Formulary for additional dosing and formulation advice</p>
Omeprazole liquids (multiple concentrations)	<p>Omeprazole dispersible tablets first-line for patients without enteral feeding tube and dose ≥5mg.</p> <p>If liquid formulation is clinically appropriate, switch to licensed 20mg/5ml oral suspension sugar free.</p> <p>Refer to the SEL Paediatric PPI Pathway and SEL Paediatric Formulary for additional dosing and formulation advice.</p>
Phenobarbital liquids (multiple concentrations)	<p>Phenobarbital 50mg/5ml alcohol-free oral solution or suspension (unlicensed Special) is the recommended formulation and concentration.</p> <p>Refer to the SEL Paediatric Formulary for additional dosing and formulation advice.</p>

DERMATOLOGY SPECIALIST MEDICINES PRESCRIBED TO CHILDREN AND ADULTS	RECOMMENDATION/ALTERNATIVE
Coal tar and salicylic acid ointment BP	Non-formulary item – refer to the SEL Joint Medicines Formulary and SEL Dermatology Guidelines for Primary Care for suggested alternatives.
Coal tar 5% in clobetasone 0.05% ointment	Non-formulary item – refer to the SEL Joint Medicines Formulary and SEL Dermatology Guidelines for Primary Care for suggested alternatives.
Gentamicin 0.1% cream	Non-formulary item – please review and liaise with relevant trust formulary team
Emulsifying ointment 50%/liquid paraffin 50% ointment	Non-formulary item – refer to the SEL Joint Medicines Formulary and SEL Dermatology Guidelines for Primary Care for suggested alternatives.
Glycopyrronium bromide 0.1% topical solution	RED on SEL Joint Medicines Formulary (hospital prescribing only). Please review if appropriate to continue prescribing.
Glycopyrronium bromide 2% in aqueous cream	Non-formulary item – refer to the SEL Joint Medicines Formulary and SEL Dermatology Guidelines for Primary Care for suggested alternatives.
Glycopyrronium bromide 1% in cetomacrogol cream (Formula A)	Non-formulary item – refer to the SEL Joint Medicines Formulary and SEL Dermatology Guidelines for Primary Care for suggested alternatives.
Lactic acid 10% in aqueous cream	Non-formulary item – refer to the SEL Joint Medicines Formulary and SEL Dermatology Guidelines for Primary Care for suggested alternatives.
Propylene glycol 40% in aqueous cream	Non-formulary item – refer to the SEL Joint Medicines Formulary and SEL Dermatology Guidelines for Primary Care for suggested alternatives.
Salicylic acid ointment (in any base) 5%, 10%, 20% and 50%	RED on SEL Joint Medicines Formulary (hospital prescribing only). Please review if appropriate to continue prescribing.

References

- 1) The South East London Joint Medicines Formulary [South East London Joint Medicines Formulary Formulary \(selondonjointmedicinesformulary.nhs.uk\)](https://selondonjointmedicinesformulary.nhs.uk)
- 2) The South East London Paediatric Formulary [Clinibee: Configurable Digital Tools for Clinical Care and Research](#)
- 3) South East London Dermatology Guidelines for Primary Care. March 2025. [SEL-Primary-Care-Dermatology-Guidelines-March-2025-final.pdf](#)
- 4) South East London Adult Guidelines and Pathways [SEL IMOC - Adult guidelines and pathways - NHS South East London](#)
- 5) South East London Paediatric Guidelines and Pathways [SEL IMOC - Paediatric guidelines and pathways - NHS South East London \(selondonics.org\)](#)
- 6) South East London Shared Care Agreements [SEL IMOC - Shared Care Agreements - NHS South East London \(selondonics.org\)](#)
- 7) Medicines for Children [Leaflets – Medicines for Children](#)
- 8) Specialist Pharmacist Service Guidance, SSRI suggestions for patients with swallowing difficulties, last updated July 2023. [SSRI suggestions for adults with swallowing difficulties – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)
- 9) The Royal Pharmaceutical Society. Professional Standards. Prescribing Specials, Guidance for the prescribers of specials. April 2016. [professional-standards---prescribing-specials.pdf \(rpharms.com\)](#)
- 10) The British Inherited Metabolic Diseases Group Formulary (medications). [BIMDG: British Inherited Metabolic Disease Group](#)

Appendix I: Resources to support manipulation of solid oral dosage forms

Approved by SEL IMOC: March 2026. Review date: March 2028 (or sooner if evidence or practice changes) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS**

South East London Integrated Medicines Optimisation Committee (SEL IMOC). A partnership between NHS organisations in South East London Integrated Care System: NHS South East London (covering the boroughs of Bexley/Bromley/Greenwich/ Lambeth/Lewisham and Southwark) and GSTFT/KCH /SLaM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust Not to be used for commercial or marketing purposes. Page 4 of 5

- 1) Evelina Pill School: Supporting children to make the switch from oral liquid medicines to solid pill medications [Pill school | Evelina London](#). Register for training [here](#).
- 2) Kidzmed: An e-learning resource for healthcare professionals teaching children to swallow pills [KidzMed - elearning for healthcare](#)
- 3) Specialist Pharmacy Service: Swallowing Difficulties <https://www.sps.nhs.uk/home/guidance/swallowing-difficulties/>
- 4) NEWT Guidelines <https://www.newtguidelines.com/>
- 5) Drug Administration via Enteral Feeding Tubes (available via Medicines Complete) <https://www.medicinescomplete.com/>
- 6) Medicines for Children – How to give medicines: part dose of a tablet or capsule <https://www.medicinesforchildren.org.uk/advice-guides/giving-medicines/part-dose-of-a-tablet-or-capsule/>
- 7) Guy's and St Thomas' Medicines Information Service can be contacted for additional advice: 020 718 83849 / 83855 / 88750 (Mon to Fri 9am-5.30pm) Email: gstt.medicinesinformation@nhs.net

Appendix II: RAGG Rating Definitions (taken from SEL Joint Medicines Formulary)

Traffic Light Status Information

Status	Description
 RED	Specialist or hospital prescribing only. The responsibility for prescribing, monitoring, dose adjustment and review should remain with the specialist or hospital. In very exceptional circumstances, transfer of clinical responsibility including prescribing for an individual patient may be agreed between the specialist and primary care/GP.
 AMB 1	Suitable for initiation in primary care, following specialist recommendation. The first prescription can originate from primary care after recommendation by an appropriate specialist. The recommendation may be provided in writing, verbally, or based on clinical guidelines
 AMB 2	Specialist initiation with maintenance in primary care. These medicines require specialist involvement during initiation and may require a period of treatment stabilisation before primary care prescribing is appropriate. Initial prescription(s) are issued by the specialist. If a specified minimum duration of specialist prescribing is required, this will be detailed in local recommendations
 AMB 3	Specialist Initiation with shared/collaborative/transfer of care documentation. These medicines require specialist initiation/first prescription and a period of stabilisation. However, it may not be appropriate for full transfer of clinical responsibility to primary care prescribers, therefore a sharing/collaborative agreement should be in place
 GREEN	Medicines that can be initiated in primary and secondary care. 'GREEN' medicines are suitable for non-specialist initiation
 Non-Formulary	These medicines are not recommended for routine use in primary or secondary care. There is an active position locally for not recommending the treatment.