

# NHS dictionary of medicines and devices (dm+d)

**Editorial policy**

Release 2.0 Version 4.1

March 2025

This document is produced and maintained by NHS Prescription Services (provided by NHS Business Services Authority) in partnership with NHS England.

The NHS dm+d is the interoperability standard that must be used when electronic systems exchange or share information about medicines directly relating to a patient’s care in the NHS in England.

[SCCI0052: Dictionary of medicines and devices (dm+d) - NHS England Digital](https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci0052-dictionary-of-medicines-and-devices-dm-d)

##### Document control since 2023

|  |  |  |
| --- | --- | --- |
| **Date Issued** | **NHS dm+d** | **Change summary** |
| February 2023 | Release 2.0 Version 3.6 | Appendix II Virtual Medicinal Product Identifier & Previous Product Identifier, Field Population: SNOMED CT, Additional Information: as part of the dm+d and SNOMED CT UK Drug Extension Enhancements work, text updated to reflect a move away from using SNOMED CT International identifiers for VMPs and to exclusively allocating SNOMED CT Drug Extension name space identifiers (except invalid concepts are out of scope of this change). |
| January 2024 | Release 2.0 Version 3.7 | NHS Digital name change to NHS England throughoutActual Medicinal Product, Actual Product Excipients and Appendix X – ‘Interesting excipients’ text updated to reflect ending of excipient data in October 2022Semantic Normal Form patterns in dm+d – table added to show new form to be used in VMP namingAppendix V, List C, VMP Forms table updatedAppendix VI, List D, VMP Routes table updatedRemoval of Route table in Appendix IV and adding reference to Route table in Appendix VIRe-ordering of Forms in Appendix V so that e.g. all ‘capsules’ are togetherNote: more forms and routes are in the process of being added and will be included in a future version update |
| May 2024 | Release 2.0Version 3.8 | Appendix II. Virtual Medicinal Product Name > Exceptions > Note added following the decision by the Content Committee to amend authoring of INN ‘benzylpenicillin’ to ‘benzylpenicillin sodium’. Virtual Medicinal Product Pack > Section added on ‘Authoring of Products Requiring Reconstitution’.Values Part VIIIC and Part VIIID added to list of Drug Tariff payment categories. Form names updated where appropriate following Enhancement work.Actual Medicinal Product Pack > ‘Authoring of Products Requiring Reconstitution’ section also added.Modification and form – updated to reflect enhancement work.Appendix V updated with Phase 2 forms and definitions. The source of Phase 2 form definitions annotated where appropriate as ‘Adapted by Terminologists – 2023/24 work on enhancements.’ Many other definitions updated in line with current EDQM definitions too.Appendix VI updated route information and definitions. |
| October 2024 | Release 2.0Version 4.0 | Reference to template for papers to Content Committee added.SNOMED CT codes clarified as either UK extension only or both UK Extension and International along with supporting information.VTM ingredient section added.Restricted Availability at AMP level definition expanded to include other brands of Clozapine.Addition of restricted value at AMP level of ‘For Patient Safety Consideration’Retirement of Hospital Indicator at AMP level noted.Appendix V Forms clarified to indicate those where the source is EDQM, those where it was an Amended EDQM and those from other sources. Table updated with new forms.Addition of Part VIIID Supplier added to Appendix XV.Information relating to attributes in the Ingredient file moved to the section on the Ingredient file.Historical information – Information relating to UKCPRS programme, phases of the dictionary, benefits and use cases moved to Annex 1. A number of old historical date references removed e.g. reference that ‘updates to dm+d will be done in line with timescales for updating of CD status in 2015 for temazepam’. Reimbursement use case clarified as Primary Care reimbursement.Appendix VII Units of Measure updated.Appendix XXIII Radiopharmaceuticals updated with replacement appendix.Where possible examples have been updated to reflect available products (October 2024) however some ‘currently unavailable’ examples remain where needed to illustrate authoring.Appendix XXVI – Differences between dm+d and SNOMED CT UK Drug Extension added. |
| March2025 | Release 2.0Version 4.1  | VTM ingredient – reference to no ingredients being added to the VTMs listed in Appendix XXVI on a temporary basis.Appendix XXVI updated with two additional VTM ingredients where unable to assign International ID, Peppermint (oil) VTMs section added and 6 routes previously included but no longer in dm+d release. |

**Contents**

[NHS dictionary of medicines and devices (dm+d) 1](#_Toc192497840)

[Contents 4](#_Toc192497841)

[NHS dictionary of medicines and devices and its governance structure 7](#_Toc192497842)

[Appendix I 9](#_Toc192497843)

[Background 9](#_Toc192497844)

[Appendix II 10](#_Toc192497845)

[Fields and sources for identifiers and other attributes 10](#_Toc192497846)

[Virtual Therapeutic Moiety 10](#_Toc192497847)

[Virtual Medicinal Product 14](#_Toc192497848)

[Actual Medicinal Product 31](#_Toc192497849)

[Virtual Medicinal Product Pack 40](#_Toc192497850)

[Actual Medicinal Product Pack 44](#_Toc192497851)

[Ingredient Substance 53](#_Toc192497852)

[Form 54](#_Toc192497853)

[Route 54](#_Toc192497854)

[Supplier 55](#_Toc192497855)

[Unit of Measure 56](#_Toc192497856)

[Semantic Normal Form Patterns used in NHS dm+d 57](#_Toc192497857)

[Appendix III 65](#_Toc192497858)

[List A — Virtual Medicinal Product Reason For Name Change 65](#_Toc192497859)

[Appendix IV 66](#_Toc192497860)

[List B — Virtual Medicinal Product Combined Route and Form 66](#_Toc192497861)

[Appendix V 71](#_Toc192497862)

[List C – Virtual Medicinal Product Form 71](#_Toc192497863)

[Appendix VI 121](#_Toc192497864)

[List D – Virtual Medicinal Product Route 121](#_Toc192497865)

[Appendix VII 126](#_Toc192497866)

[List E – Units of Measure 126](#_Toc192497867)

[Appendix VIII 128](#_Toc192497868)

[List F 1 – Actual Medicinal Product Manufacturer 128](#_Toc192497869)

[Appendix IX 129](#_Toc192497870)

[List G – Actual Medicinal Product Flavours 129](#_Toc192497871)

[Appendix X 130](#_Toc192497872)

[List H – Actual Medicinal Product Excipients 130](#_Toc192497873)

[Appendix XI 134](#_Toc192497874)

[List I – Abbreviated name (for label name only) at VMP & AMP level 134](#_Toc192497875)

[Appendix XII 146](#_Toc192497876)

[Homeopathic Preparations 146](#_Toc192497877)

[Appendix XIII 147](#_Toc192497878)

[Unlicensed Products 147](#_Toc192497879)

[Appendix XIV 154](#_Toc192497880)

[Injections and Infusions 154](#_Toc192497881)

[Appendix XV 157](#_Toc192497882)

[Appendix XV (a) - ‘Specials’ 157](#_Toc192497883)

[Appendix XV (b) – Raw materials 158](#_Toc192497884)

[Appendix XVI 159](#_Toc192497885)

[Authoring of bandages 159](#_Toc192497886)

[Appendix XVII 160](#_Toc192497887)

[Investigational Medicinal Products 160](#_Toc192497888)

[Appendix XVIII 161](#_Toc192497889)

[Global Trade Item Numbers 161](#_Toc192497890)

[Appendix XIX 163](#_Toc192497891)

[Amino Acids 163](#_Toc192497892)

[Appendix XX 164](#_Toc192497893)

[VMP and AMP Strength Description Differences 164](#_Toc192497894)

[Appendix XXI 168](#_Toc192497895)

[British Pharmacopoeia (‘BP’) reference in a Virtual Medicinal Product (VMP) description 168](#_Toc192497896)

[Appendix XXII 170](#_Toc192497897)

[Medical Devices that may be prescribed in Secondary Care 170](#_Toc192497898)

[Appendix XXIII 172](#_Toc192497899)

[Radiopharmaceuticals 172](#_Toc192497900)

[Appendix XXIV 174](#_Toc192497901)

[Representation of diluents for Special Order cytotoxic infusions – SACT 174](#_Toc192497902)

[Appendix XXV 175](#_Toc192497903)

[Authoring of Systemic Anticancer Therapy (SACT) dose banded products 175](#_Toc192497904)

[Biosimilar SACT Dose Banded Special Order products 175](#_Toc192497905)

[SACT Dose Banded Special Order products with a strength equal to or over 1g/1000mg 175](#_Toc192497906)

[Appendix XXVI 176](#_Toc192497907)

[Differences between dm+d and SNOMED CT UK Drug Extension 176](#_Toc192497908)

[Annex I 178](#_Toc192497909)

[Document control prior to 2022 178](#_Toc192497910)

[Previous Historical Information detailed in Appendix 1 185](#_Toc192497911)

[Background to primary care drug dictionary (NHS dm+drelease 1.0) 185](#_Toc192497912)

[Glossary of terms 187](#_Toc192497913)

# NHS dictionary of medicines and devices and its governance structure

**dm+d — the NHS Medicines Standard**

Following recommendation by the Standardisation Committee for Care Information (SCCI), the Department of Health has provided authority to publish the [SCCI0052 Dictionary of Medicines and Devices (dm+d)](http://content.digital.nhs.uk/isce/publication/scci0052) information standard under section 250 of the Health and Social Care Act 2012. This information standard was formerly approved by the Standards Board for Health and Social Care (ISB). SCCI published the updated SCCI0052 information standard in April 2017; it is a conversion from the original ISB 0052 information standard. In 2017, the responsibility for the approval of Information Standards transferred to the Data Alliance Partnership Board (DAPB).

The information standard is a dictionary for use in the National Health Service (NHS) of medicines licensed in the United Kingdom. The scope of the standard in terms of content is for medicines only; medical devices/appliances are currently excluded in terms of complying with the Standard although users can use all the content within dm+d should it support their needs.

The primary purpose is to support interoperability. Therefore electronic systems that exchange or share information about medicines relating directly to a patient's care must conform to the standard by using dm+d identifiers and descriptions when transferring information.

This Notice does not extend this conformance date from the previous ISB 0052 information standard.

**dm+d Content Committee**

The Content Committee is responsible for:

* Defining and maintaining the editorial policy to ensure the safe and usable delivery of the clinical content.
* Ensuring the dm+d is maintained in accordance with its policy.
* Approving major content changes such as those necessary to support new use-cases.
* Changes in dm+d that impact on the suppliers’ ability to implement dm+d systems.
* Changes that impact on the dm+d Team’s capacity to deliver the products and services.
* Overseeing structural changes and extensions or adjuncts to dm+d.
* Overseeing the technical changes that may be required to meet authoring and user requirements.

The dm+d Content Committee is made up of representatives from Department of Health, NHS England, NHS Business Services Authority, Medicines and Healthcare products Regulatory Agency and Clinical safety. However the committee will draw from a wide variety of stakeholders and interested parties to identify or clarify issues and solutions relating to the maintenance of dm+d. These may include but are not limited to:

* Clinical system suppliers
* Other NHS England work streams
* Clinical Safety Representatives
* Practicing Clinicians
* Users of dm+d

The dm+d Content Committee meets quarterly.

**Approach to and the re-visiting of issues.**

* General dm+d enquiries should be raised in the first instance via the dm+d help desk:

**Email:**

* + dmdenquiries@nhsbsa.nhs.uk
	+ dmdsecondarycare@nhsbsa.nhs.uk
* An issue’s form is available for raising a potentially serious safety concern or clinical issue. For more information see:
	+ <http://www.nhsbsa.nhs.uk/1121.aspx>
* Papers for the Content Committee to consider will be submitted via the Content Committee Secretariat and will detail the proposal plus alternative options and an assessment of the impact on the use cases as well as the physical structure or editorial policy where appropriate. It is strongly recommended that you contact the dm+d secretariat to obtain the template for Content Committee papers to ensure that all of the relevant information is submitted.
* Decisions made by the Content Committee will only be revisited when there is additional relevant information to be considered that was not available to the Content Committee at the time of their decision. Examples could be Department of Health policy changes, new patient safety issues, changes in clinical practice etc.
* For a diagram of the processes for handling enquiries and issues see: <https://www.nhsbsa.nhs.uk/sites/default/files/2017-02/dmd_issues_process_18.05.16.pdf>

# Appendix I

## Background

The NHS dictionary of medicines and devices (NHS dm+d) was developed and delivered through the UK Clinical Products Reference Source (UKCPRS) programme — a partnership between NHS Information Authority (now NHS England) and the Prescription Pricing Authority (now NHS Business Services Authority ).

Phase 1 covered the release of the Primary Care Drug Dictionary component (Release 1.0).

Phase 2 extended the use of the dictionary into secondary care with the inclusion of the Secondary Care Drug Dictionary component (Release 2.0).

Further development of the NHS dm+d, Phase 3, will cover the extension of the dictionary to include medical devices/appliances.

The UKCPRS programme’s aim was to deliver a standard electronic vocabulary (terminology) and identifiers for clinical products (medicines, appliances and personal medical devices) to support interoperability through facilitating the transfer of medicines information between diverse clinical systems.

In July 2012 the NHS dm+d was approved as an ‘interoperability’ standard – SCCI0052. In August 2013 the standard was amended to include the Global Trade Item Numbers (GTIN) previously published as a bonus file. Please note that the BNF/ATC/DDD file, VTM Ingredient and History files do not form part of the Standard.

[SCCI0052: Dictionary of medicines and devices (dm+d) - NHS England Digital](https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci0052-dictionary-of-medicines-and-devices-dm-d)

*Please see Annex 1 for further historical background information*

# Appendix II

# Fields and sources for identifiers and other attributes

## Virtual Therapeutic Moiety

*A Virtual Therapeutic Moiety (VTM) is the abstract representation of the substance(s), formulated as a medicinal product, intended by an authorising health care professional for use in the treatment of the patient.*

The virtual therapeutic moiety (VTM) is the abstract conceptual representation of the material defining the prescriber’s therapeutic intent, divorced from formulation, dose or strength.

Examples of VTMs include:

Atenolol

Co-amoxiclav

Paracetamol Metoclopramide

For combination names e.g. Paracetamol + Metoclopramide, since 2016, the source manufacturer SmPC documentation has tended to be used to guide the dm+d editorial style in an attempt to join up the word sequence used in the company literature and packaging with the dm+d descriptions.

**Virtual Therapeutic Moiety Identifier & Previous VTM identifier**

*Field Population*

SNOMED CT International or UK extension ID

*Additional Information*

A unique identifier for the VTM.

From 2023 VTM IDs have been updated to utilise the “Medicinal product containing only” concepts where there is an existing SNOMED CT International concept equivalent to the VTM.

Where a SNOMED CT International identifier exists it will be assigned. If no Identifier is available then a SNOMED CT UK extension identifier will be assigned. If at a later date an International identifier is available the concept will be updated to the International identifier. Please note that it is also possible for a SNOMED CT International identifier to be no longer appropriate in which case the concept would be assigned a new UK extension identifier.

A SNOMED identifier will not be re-used and given to another concept (e.g. VTM, VMP, AMP, VMPP, AMPP, ingredient, form, route, unit of measure or supplier).

**Virtual Therapeutic Moiety Identifier Date**

*Field Population:*

Date

**Invalidity Flag**

*Additional Information:*

Flag indicating that this dictionary entry is invalid

The entry will be retained in case it was used prior to its invalidation. Although it is unlikely it is possible for a concept to subsequently have the invalidity flag removed if further information proves that the concept should not have been marked as invalid.

**Management of invalidity flag**

Where a concept is to be made invalid, a communication message will be issued to all license holders in the run up to the weekly publication of the database affected by the change. This communication will provide notification of any replacement concept (where possible), and explain one of the following reasons for the invalidation i.e.

* Duplicate – a concept representing the identical item has been found to already exist.
* Outdated – where policy changes mean that the concept no longer fits with the dm+d Editorial policy.
* Ambiguous – a concept is deemed to be poorly described by either coded data or its term. There may be one or more replacement concepts.
* Erroneous – a concept has been created to represent something that is subsequently found not to exist. It may not be possible to identify a replacement concept for these.
* Reason not stated – invalidation of a concept due to a different reason.

**Note:** this will apply to all the appropriate concepts that contain the Invalidity Flag.

**Virtual Therapeutic Moiety Name, Virtual Therapeutic Moiety Abbreviated Name**

Field Population:

* rINN — recommended international non-proprietary name
* INNM — modified recommended international non-proprietary name
* pINN — proposed international non-proprietary name
* BAN — British approved name
* BANM — modified British approved name
* USAN — United States adopted name
* Other

*Additional Information:*

The recommended international non-proprietary name (rINN) or modified recommended international non-proprietary name (INNM) will be used to name a VTM. Where there is no rINN available a proposed international non-proprietary name (pINN), British approved name (BAN) or modified British approved name (BANM) will be used, followed by other approved or clinically intuitive names.

A VTM may be linked to one or many VMPs. A VMP may only link to one VTM but a VMP is not required to link to a VTM. For example the following groups of VMP concepts would not normally be linked to a VTM.

* Invalid concepts (although VMP concepts that are subsequently invalidated would not have the linkage removed)
* Drug Tariff appliance/medical device concepts
* Medical gases
* VMPs that have a VMP name of the format ‘generic xxxx’
* VMPs that have more than 3 active ingredients
* VMPs that are non-specific in format used for unlicensed medicines (see type D VMPs in Appendix XIII of the dm+d Editorial Policy)

**Exceptions** to the above are where a well-defined use case for VTMs has been identified for these products e.g. use in datasets to support disease state management. For example the antiretrovirals dataset contains a VTM (Abacavir + Lamivudine + Zidovudine) for the VMP Generic Trizivir tablets.

The VTM abbreviated name is a 60 character name field.

The likelihood of a VTM name needing to be abbreviated is very rare.

**Note:** following safety concerns regarding concatenation of dm+d VTM and VMP concept terms into a prescribable entity, in order to avoid the risk of Peppermint Oil being dispensed when Peppermint Water is intended or vice versa, Peppermint Oil containing VTM names have been updated with the word oil removed i.e.

|  |  |
| --- | --- |
| **Former VTM name** | **New VTM name** |
| Menthol + Peppermint oil | Menthol + Peppermint |
| Morphine + Peppermint oil | Morphine + Peppermint |
| Peppermint oil | Peppermint |

For further detail see Appendix XXVI

**VTM Ingredient**

From 2023 VTM identifiers were updated to utilise the “Medicinal product containing only” concepts where there is an existing SNOMED CT International concept. This allows an active ingredient to be assigned to VTM concepts. From Q4 2024 ingredients will be populated for VTMs and available as a dm+d xml file from TRUD.

An ingredient or ingredients will be assigned to all VTMs with the following exceptions:

* Homeopathic VTMs will not have ingredients stated
* Invalid concepts will not have ingredients stated
* Vaccines are currently out of scope and will not have ingredients stated however this is under review

In addition, on a temporary basis, no ingredients will be assigned to the VTMs detailed in Appendix XXVI until such time as the way forward on handling these anomalies is identified

Ingredients will only be assigned to a VTM if all of the appropriate ingredients can be assigned. Where all the ingredients cannot be assigned then no ingredients will be allocated to the VTM.

VTMs representing “Co-drugs” or those of the format X+Y (e.g. Tramadol + Paracetamol) will have more than one ingredient listed.

If an appliance has a VTM associated with it for example silicone then ingredient(s) will be assigned where possible.

**Ingredient Substance Identifier, Previous Ingredient Substance Identifier and Ingredient Substance**

Information on the above concepts can be found in Other Data – Ingredient substance section towards the back of this Appendix.

## Virtual Medicinal Product

*A Virtual Medicinal Product (VMP) is an abstract concept representing the properties of one or more clinically equivalent Actual Medicinal Products, where clinical is defined as relating to the course of a disease.*

A virtual medicinal product (VMP) is an abstract concept representing a template of the properties which constitute one or more actual medicinal products. The VMP describes a generic product without supplier or trade name information. The only exceptions are those products named Generic “Brand name” – please see section below on VMP names

Drug VMPs will usually follow the format of name + strength + form. Modification(s), unit dose and ‘freeness’ information will be provided where applicable. Further information on how VMPs are named is provided under VMP name. Examples of drug VMPs include:

Paracetamol 500mg tablets

Paracetamol 250mg/5ml oral suspension sugar free

Heparin sodium 25,000units/5ml solution for injection vials

Aqueous cream

Generic Ensure Shake oral powder 57g sachets

Sometimes there is a difference in how the strength is described in a VMP description compared with its linking AMP description(s). For more information, see Appendix XX VMP and AMP Strength Description Differences.

Appliance/medical device VMPs will be assigned VMP names consistent with Drug Tariff headings where possible. Incontinence and stoma type appliances will not usually have size at VMP level, other appliances like bandages, dressings and catheters will have size at VMP level. Examples of appliance VMPs include:

Colostomy bags

Colostomy sets

Cotton crepe bandage 10cm x 4.5m

Alginate dressing sterile 10cm x 15cm

Nelaton catheter female 14Ch

For an explanation of how medical devices/appliances that may be prescribed in secondary care that are not listed in the Drug Tariff are considered in dm+d, see Appendix XXII Medical Devices that may be prescribed in Secondary Care.

For combination names e.g. Paracetamol + Metoclopramide, since 2016, the source manufacturer SmPC documentation has tended to be used to guide the dm+d editorial style in an attempt to join up the word sequence used in the company literature and packaging with the dm+d descriptions.

Unless the virtual product prescribing status is set to the contrary VMPs are prescribable.

A new VMP will be created for each different strength of a licensed medicinal product.

If an existing product has a change of ingredient such that it does not conform to the ingredients of the original VMP then a new VMP will be created for the new product.

Unlicensed products that are prescribed within primary care, for example herbal and health supplements and dietary and toiletry products, are populated depending upon which category or types they fall into — see Appendix XIII, unlicensed products.

**Virtual Medicinal Product Identifier**

*Field Population:*

SNOMED CT UK extension ID

From 2023, all valid VMP concepts were assigned a SNOMED CT UK Drug Extension name space identifier and no longer use International concept identifiers.

**Note:** Invalid concepts were not in scope for this change.

*Additional Information:*

A unique identifier for the VMP.

The identifier will not be re-used and given to another concept (e.g. VTM, VMP, AMP, VMPP, AMPP, ingredient, form, route, unit of measure or supplier).

The NHSBSA is authorised to allocate codes as part of the NHS name space identifier.

**Virtual Medicinal Previous Product Identifier**

*Field Population:*

SNOMED CT International or UK extension ID

**Virtual Medicinal Product Identifier Date**

*Field Population:*

Date

**Combination Product Indicator**

Used to provide information about combination products and the packs that are contained within them.

A combination product contains two or more components each of which is a virtual medicinal product in its own right although it may not be available or prescribable.

*Field Population:*

* Combination product
* Component only product

*Additional Information:*

Combination product identifies a VMP that is a combination product e.g. Clotrimazole 500mg pessary and Clotrimazole 2% cream (*Canesten Combi*), Aprepitant 125mg capsules and Aprepitant 80mg capsules (*Emend*).

Component only product identifies a combination product component that is not available separately, i.e. it identifies those entities which cannot be prescribed in their own right e.g. Apremilast 10mg tablets are only encountered as a part of a combination pack and are therefore not prescribable in their own right.

For appliances/medical devices that are combination products, these should be populated in a similar way to a combination medicinal product pack.

**Virtual Medicinal Product Name, Virtual Medicinal Product Abbreviated Name, Basis of Preferred Name, Previous Name, Basis of Previous Name**

*Field Population:*

* rINN — recommended international non-proprietary name
* INNM — modified recommended international non-proprietary name
* pINN — proposed international non-proprietary name
* BAN — British approved name
* BANM — modified British approved name
* USAN — United States adopted name
* Other

**Exceptions** to this rule include:

* **Certain inhaled medicines** where a Summary of Product Characteristics (SmPC) reports the strength in terms of the active moiety (e.g. tiotropium, compared with tiotropium bromide which is the rINN). In these instances, dm+d will follow the SmPC in order to be consistent with the product labelling and literature.
* **Where a specific patient safety reason provides a rationale** to author differently to the field population hierarchy. For example, ‘benzylpenicillin’ is an INN but the dm+d Content Committee has decided concepts are to be authored as ‘benzylpenicillin sodium’ in order to try to mitigate against the risk of ‘benzypenicillin benzathine’ being mistakenly used instead and *vice versa*.

Products for which no generic title available will be named as follows:

* Two active substances:
* Populate with generic name of active substances in-line with the British National Formulary (BNF) word order for the active substances which should, where practicable, follow the SmPC.
* In the event of more than one AMP being attached to a VMP and the AMPs having different word orders in their SmPCs, dm+d will follow the word order of the first product to market.
* More than two active substances — populate with title ‘Generic XXXX’, where XXXX will usually reflect the brand name of the product.

**Exceptions** to the more than two active substances rule include:
Parenteral products that are vaccines or large volume parenteral fluids, containing three or more active ingredients, and for which no current approved generic name is in existence, a true VMP name will be supplied.
Scenarios where the clinical advantage of referring to three or more active ingredients outweighs the disadvantages e.g.

* VMP Efavirenz 600mg / Emtricitabine 200mg / Tenofovir disoproxil 245mg tablets, reflecting the SmPC product description.
* VMP Generic Dermovate-NN cream was changed to VMP.
Clobetasol 500 microgram / Neomycin 5mg / Nystatin 100,000units/g cream where no brand named product version is available.

**Note:** Since 2012 VMPs for food supplements that are not derived from the Drug Tariff and include the brand in the VMP name have been reverted to ‘Generic XXXX’.

Abbreviated name (short name or label name) - 60 character maximum name — previously applicable to medicines only but in 2008, the scope was widened (see Appendix XI).

*Additional Information:*

A VMP will always be issued with a name, even if the product is non-prescribable. A new VMP may be allocated a temporary name that is replaced at a later date.

A VMP will utilise an approved generic name where one is available. This will be the rINN or INNM, with the **exception** of adrenaline and noradrenaline only. If there is no rINN the BAN will be used. If there is no BAN then another approved name will be used providing it is ‘clinically intuitive’ (The name basis field will specify which of the above has been used for population — ‘British Approved Names 2002’, a list of drug names for regulatory use in the UK, incorporates rINNs. This will be used as the prime source for allocation of name basis).

If a VMP is available in one form as two or more salts and the rINN is insufficiently precise the INNM will be used. An exception to this is where a BP monograph or the MHRA has determined that the preparations are clinically equivalent e.g. amlodipine tablets etc.

Examples:

**rINN INNM Populate with**

Acebutolol capsule Acebutolol hydrochloride rINN

Thyroxine tablet Thyroxine sodium tablet rINN

Promethazine tablet Promethazine hydrochloride tablet INNM

Promethazine teoclate tablet INNM

For drugs with narrow therapeutic indices (phenytoin, theophylline etc.) the VMP name will reflect the strength i.e. Phenytoin sodium 50mg capsules – (Epanutin) contain 50mg Phenytoin sodium. Phenytoin 50mg tablets – (Epanutin infatabs) contain 50mg Phenytoin.

In circumstances where a rINN or a BAN is not available another approved name will be used. . For example Lithium Carbonate Prolonged-release Tablets BP 2023 (Slow Lithium Carbonate Tablets) or Lithium Carbonate Extended-release Tablets USP 2023 (USAN) are clinically known as “Lithium Carbonate Modified release tablets”, and in this example, the clinically intuitive name will be used.

With reference to the release time (e.g. 12-hour for a twice a day modified release dose, and 24-hour for a once a day modified release dose) of a product this will not be included in the VMP name unless there is an established European or British standard or monograph for duration of action for the modified release products.

The naming convention followed will be NAME, STRENGTH then FORM.

Fucidin H cream is Hydrocortisone acetate 1% / Fusidic acid 2% cream

Canesten HC cream is Hydrocortisone 1% / Clotrimazole 1% cream

Solpadeine Plus tablets contain more than two active substances and will be populated as ‘Generic Solpadeine Plus tablets ’, Ensure as ‘Generic Ensure’ etc. Where there is more than one proprietary product that would fit the ’generic proprietary’ description the proprietary that is first to the market place will be used in the title.

The dm+d Content Committee (formerly Editorial Group) will pursue the allocation of an official approved name for such products via the British Pharmaceutical Commission.

The VMP name for appliances/medical devices will be based upon Drug Tariff (England & Wales) headings where possible. For some appliances the dimension details will be included in the virtual product name, for example, width of bandages, dressings. Incontinence and Stoma appliances use a variety of ‘sizings’ e.g. SI units (mm), descriptions (small) or a mixture of both. A small incontinence sheath may have a diameter ranging from 22mm to 28.5mm – size will therefore not be included in the title.

**Note:** for information about the use of concentrate / concentrated terms, see Appendix V

VMP abbreviated name (also known as short or label name) — The VMP name will be abbreviated to 60 characters or less as detailed in Appendix XI (LIST I). Where the VMP name is already 60 characters or less or is invalid as a prescribable product, never valid to prescribe as a VMP or not recommended to prescribe as a VMP there is no requirement to provide an abbreviated name.

For further information and examples see Semantic Normal Form Patterns used in NHS dm+d at the end of Appendix II.

**Reference to the inhaled delivered dose in a VMP description**

Following an update to British Pharmacopoeia (BP) policy, inhalers are now being listed with their delivered dose in line with the European Pharmacopeia. Manufacturers’ SmPCs for inhaled medicines submitted to the Medicines and Healthcare Products Regulatory Agency (MHRA) now include the actual dose and the delivered dose.

For new inhaled medicines (where there are no brands already on the market) that are added to dm+d, the VMP name will be described using the delivered dose(s) and the AMP name will reflect the naming in the SmPC (which ideally should reflect the product packaging too).

In line with Editorial policy, where appropriate, the dm+d will use the recommended international non-proprietary name (rINN) in the VMP name. However, where SmPCs report the delivered dose strength of the active moiety, to keep dm+d more consistent with the product literature/packaging, the delivered dose of the active moiety will be used. VMP names will also include ‘(delivered dose)’ in the name of the new VMPs where appropriate.

**Reference to the British Pharmacopoeia (‘BP’) in a VMP description**

The suffix BP is referred to in the VMP name where it may influence (assist) the prescribing decision when selecting a product to use.

The principles that will be applied to determine whether or not ‘BP’ should be used in the VMP name are outlined in a decision tree in Appendix XXI. Reference to ‘BP’ will not usually be appropriate for inclusion in a VMP name where a linking AMP is a licensed medicinal product.

For licensed products, the Summary of Product Characteristics (SmPC) is available for reference; the decision making process will therefore only usually be of consideration for an unlicensed products.

In communications with the British Pharmacopoeia Commission that publishes the BP, we have been made aware that the publication is moving away from providing a specific formula in a Formulated Specifications: Specific Monograph. Therefore Specific Monographs are increasingly applicable to more products. Where a BP monograph contains a formula, this is provided to assist extemporaneous preparation. This does not mean that only products made to the formula comply with the monograph. Formulations can be changed for bulk manufacture and a product will still conform to the monograph so long as the change in formulation does not change the fundamental characteristics of the product.

The VMP name in dm+d does not routinely include information to identify the diluent used. Exceptions are the Special Order products within scope of the support the Systemic Anti-Cancer Therapies (SACT) dataset. See Appendix XXIII for further details.

**Date of Name Applicability**

Date from which the name became the preferred name for the medicinal product

*Field Population:*

Date

**Reason for Name Change**

If a new approved name has to be allocated to an existing VMP the dictionary maintainer will ensure the history and reason for the change is maintained.

*Field Population*

Appendix III List A contains the reason options.

**Sugar Free Indicator, Gluten Free Indicator, Preservative Free Indicator and CFC Free Indicator**

*Field Population*

Confirms absence. The setting of this flag only confirms that the substance is absent from the VMP; a null value does not necessarily indicate that it is present.

*Additional Information:*

This provides a means of identifying that an ingredient substance is absent (as in sugar free or CFC free). This flag will be used routinely in four circumstances only to denote

* absence of sugar in sugar free products (further defined below). This flag only applies to products with a longer contact period in the mouth for example oral liquids or other forms that are dissolved/suspended before use, oromucosal, buccal or dental products
* absence of CFC in CFC free products (applies only to pressurised inhalers)
* absence of gluten in gluten free products
* absence of preservative in preservative free eye preparations.

In addition sugar free, CFC free, gluten free and preservative free will be included in the VMP name where appropriate.

The definition of absence of sugar has been defined in the BNF — oral liquid preparations that do not contain fructose, glucose or sucrose are described as sugar free. Preparations containing hydrogenated glucose syrup, mannitol, maltitol, sorbitol or xylitol are also marked sugar free since there is evidence that they do not cause dental caries. As the marking of oral liquid preparations is designed to identify those products that do not contain cariogenic sugars those products that have a prolonged contact in the mouth will be annotated sugar free where appropriate.

**Note:** where there is a clinically insignificant presence of sugar such as a low level of sucrose in an excipient, then this may also be described as sugar-free e.g. in the BNF, Fybogel Granules are referred to as sugar free.

**Virtual Medicinal Product Prescribing Status**

Further to the consultation ‘Proposal to change values for VMP prescribing status’ which closed in November 2016, the revised text below has been endorsed by the Content Committee. The following VMP Prescribing Status values have been retired:

* VMP not recommended to prescribe - brands not bioequivalent,
* VMP not recommended to prescribe - patient training required,
* VMP not recommended to prescribe -no published specification

These 3 values have been combined and replaced by the following single new value:

* Caution – AMP level prescribing advised

This was completed by April 2019.

*Field Population:*

* valid as a prescribable product,
* invalid to prescribe in NHS primary care,
* never valid to prescribe as a VMP
* caution – AMP level prescribing advised

*Additional Information:*

**Valid as a prescribable product**

All products that do not fall into the following categories will be valid as a prescribable product.

**Invalid to prescribe in NHS primary care**

* VMPs included in Schedule 1 of the NHS (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004 and VMPs where all of the AMPPs are Schedule 1 will be annotated as invalid unless the VMP is a recognised official title.
* Components of a multipack that are not individually marketed will also be annotated as invalid to prescribe,
	+ e.g. Terazosin 1mg x 7 tablets is a component of the combination ‘Hytrin tablets starter pack’ but Terazosin 1mg tablets are not available on their own and so are invalid to be prescribed.
* Appliances where all of the AMPPs are no longer reimbursable (i.e. not included in the Drug Tariff (for England and Wales) then the VMP will be set to invalid.

Note: Even though some products e.g. some travel vaccinations such as Yellow Fever Vaccine are not available on the NHS they can be prescribed and administered in primary care and are valid as a prescribable product.

**Never valid to prescribe as a VMP**

* Products for which the VMP is not prescribable by a generic name i.e. there is no approved non-proprietary name (e.g. Generic XXXX) will be annotated never valid to prescribe as a VMP.
* Investigational Medicinal Products (IMPs) will have a prescribing status of never valid to prescribe as a VMP.
* Drug Tariff approved medical devices with no official DT specification (or not specified by a BP or EP monograph)

**Caution – AMP level prescribing advised**

The value ‘Caution – AMP level prescribing advised’ will be applied to licensed medicinal products and to medical devices in the following circumstances:

* the VMP represents AMPs that are licensed medicinal products where there may be issues with interchangeability between innovator and generic products, or where continuity of supply is desirable for clinical reasons
* the VMP is a medical device (including appliances) where the VMP name is an approved non-proprietary name but it cannot be assumed that devices prescribed using the VMP name will be equivalent

Explanatory notes

A. Licensed medicinal products

Under European medicines legislation, a medicinal product can be granted a Marketing Authorisation on the basis of demonstrating equivalence to an existing ‘reference medicinal product’, these are so called generic medicinal products. A “generic medicinal product” is defined as a medicinal product which has the same qualitative and quantitative composition in active substances and the same pharmaceutical form as the reference medicinal product (innovator), and whose bioequivalence with the reference medicinal product has been demonstrated by appropriate bioavailability studies. This entails establishing through studies on human volunteers, that comparable blood levels of the generic and innovator product are achieved thus demonstrating comparable efficacy and safety (Article 10(1) of Directive 2001/83/EC). Where the “generic medicinal product” is fully interchangeable with the innovator reference product for all indications and patient populations, it can be licensed with a generic name and prescribed under a generic name.

European law also allows for cases where bioequivalence of the medicinal product cannot be demonstrated through comparable blood levels. Therefore additional results of appropriate pre-clinical tests or clinical trials are required. In such cases, MHRA requires that therapeutic equivalence to the innovator product is demonstrated in the intended patient population and for the indications claimed. Licences for these types of products are granted under a specific legal basis (Article 10(3) of Directive 2001/83/EC); they are not considered to be true generics and, in the UK, may be required to have a brand name, unless they are considered to be interchangeable for all indications and patient populations.

An example of the above is inhaled products on the UK market that are not considered wholly interchangeable with the innovator for all the indications and patient populations and which have been licensed with differences in potency, indications, restricted populations, available strengths, or with an administration device which requires different techniques of administration and training. These differences may require the products to have a brand name.

However, the European Medicines legislation also allows for the licensing of a product referring to an innovator product without including all of the indications or patient populations that have been approved for the innovator product, provided that there are no associated safety concerns.

For the reasons above for some VMPs, prescribers and pharmacists/dispensers need to be able to identify which AMP is appropriate for a particular patient for continuity of treatment and these VMPs will be assigned the status ‘Caution – AMP level prescribing advised’. This may be established through review of the Summary of Product Characteristics (SmPC) and/or the BNF.

Where the release characteristics and therapeutic index mean that the clinical effect may differ between brands and so the relevant authorities (Commission on Human Medicines, British National Formulary, National Institute for Health and Care Excellence) recommend brand name prescribing, the VMP prescribing status ‘Caution – AMP level prescribing advised’ will also be assigned.

However where only one licensed AMP is/has been available and the VMP has an ‘approved’ generic name, then that product should not be marked with ‘Caution – AMP level prescribing advised’.

A biosimilar medicine (Article 10(4) of Directive 2001/83/EC) is a biological product that has been demonstrated as similar in terms of Quality, Safety and Efficacy to a medicine that has already been authorised to be marketed (the biological reference medicine) in the EU product. The BNF advises that when prescribing ‘biosimilar medicines’, it is good practice to use the brand name, and therefore the value ‘Caution – AMP level prescribing advised’ will be assigned .

B. Medical Devices

This value is used for medical devices that are appliances listed in Part IX of the Drug Tariff where the VMP name is an approved non-proprietary name but there is no official Drug Tariff specification. Medical devices do not have to demonstrate that they meet Drug Tariff specifications unless they are prescribed on an FP10 prescription when Drug Tariff Part 1 Clause 2 requires products listed in Part IX to conform to the specifications shown in Part IX.

**Non-Availability Indicator and Non-Availability Status date**

*Field Population:*

* 0 = actual products available (though not necessarily prescribable in primary care)
* 1 = actual products not available

*Additional Information:*

A flag indicating that there are currently no actual medicinal products which correspond to this VMP

This attribute is optional. When absent the VMP shall be considered to have corresponding actual product(s) (although these may not be generally prescribable in Primary care).

When present with a value of 1 (actual products not available) this shall indicate that the VMP has previously been available as one or more actual products but has now ceased to be. The non-availability status date may be used to indicate when this status change occurred.

When present with a value of 0 (actual products available) this shall indicate that the VMP has previously ‘not been available as an actual product’ but which now has at least one associated product. The non-availability status date may be used to indicate when this status change occurred.

**Invalidity Flag**

*Additional Information:*

Flag indicating that this dictionary entry is invalid

The entry will be retained in case it was used prior to its invalidation. Although it is unlikely it is possible for a concept to subsequently have the invalidity flag removed if further information proves that the concept should not have been marked as invalid.

**Note:** where a concept is to be made invalid, a communication message will be issued to all license holders in the run up to the weekly publication of the database affected by the change. This communication will explain the reason for the invalidation and where possible provide notification of any replacement concept.

**Dose Form Indicator, Unit Dose Form Size, Unit Dose Form Units and Unit Dose Unit of Measure**

*Field Population:*

Dose form indicator has 3 values:

* discrete
* continuous
* not applicable

Unit dose form size is represented by a numerical value

Unit dose form units is the unit of measure relating to the size (units of measure Appendix VII List E)

Unit of measure is a description of the ‘thing’ that can be handled (units of measure – Appendix VII List E)

Where the dose form indicator has the value ‘continuous’ or ’not applicable’ there is no requirement to populate information in unit dose form size, unit dose form unit or unit of measure.

*Additional Information:*

The unit dose is an elemental and numeric machine-readable representation or description of what the single unit dose or ‘each’ is for a VMP. There are some groups of products for which a unit dose cannot be substantiated e.g. continuous solids, semi-solids and liquids, because a consistent, physically measurable unit or sub-unit cannot be defined.

The dose form indicator will identify if a product has a unit dose form (discrete), if the product is regarded as a continuous substance (continuous) or if the product belongs to a category where the identification of dose form is not appropriate e.g. urinary catheters, colostomy bags, etc. (not applicable).

All oral liquids described in their Summary of Product Characteristics as having a strength expressed in whole multiples of 5ml will be described as ‘discrete’ with a unit dose form size and unit dose form units of 5ml. All oral liquids described in their Summary of Product Characteristics as having a strength expressed other than in whole multiples of 5ml will be described as continuous. Where a VMP has more than one AMP associated with it and where the respective Summary of Product Characteristics differ in their expression of strength, some in multiples of 5ml and others not, then the VMP will be described as continuous.

Examples:

**VMP** **DFI** **UDFS** **UDFU**  **UOM**

Atenolol 50mg tablets Discrete 1 tablet tablet

Furosemide 20mg/2ml solution for

injection ampoules Discrete 2 ml ampoule

Diamorphine 30mg powder for

solution for injection ampoules Discrete 1 ampoule ampoule Hydrocortisone 1% cream Continuous

Mesalazine 1g/application foam enema Discrete 1 application application

Metronidazole 200mg/5ml oral suspension Discrete 5 ml spoonful

Digoxin 50microgram/ml oral liquid Continuous

Amoxicillin 500mg powder for solution

for injection vial Discrete 1 vial vial

Tobramycin 80mg/2ml solution for

injection vials Discrete 2 ml vial

Chloramphenicol 0.5% eye drops Continuous

Fluticasone 50microgram/dose inhaler

CFC Free Discrete 1 dose dose

Generic Juvela gluten free pasta Not applicable

Crepe bandage BP 1988 10cm x 4.5m Not applicable

**Form and Route Information**

Information relating the VMP to its form and route(s) of administration, both as a combined concept and also as a separate concept. For a combination pack, VMP route, form and unit dose should all be marked as not applicable and no entry should be made for ingredients. The route not applicable will be used for combination products.

In the autumn of 2008 a change was made to add route information to ACBS (and non-ACBS) liquid and powder food products on dm+d in order to assist with secondary care prescribing of these products. Where this information cannot be confidently obtained, then this attribute will be set to not applicable.

In September 2009, the Editorial Group approved a proposal that dose forms for products that move from medicine to medical device status (and new medical devices that share similar features to some conventional licensed medicines) should be populated in dm+d with the dose form.

Examples of medical devices populated with the dose form:

|  |
| --- |
| Emulsifying wax 30% / Yellow soft paraffin 30% ointment |
| Generic Balneum Intensiv cream |
| Glucose 25% in glycerol nasal drops |
| Generic Balneum Intensiv cream |
| Hylan B 4.125mg/0.75ml solution for injection pre-filled syringes |
| Sodium chloride 0.9% irrigation solution 25ml sachets |
| Sodium hyaluronate 0.18% eye drops preservative free |
| Water for irrigation 2litre bottles |

**Ontology Form & Route Information**

**Virtual Medicinal Product Form and Route**

*Field Population:*

Combined route and form list provided by decision support domain

*Additional Information:*

The VMP form and route (ontology form/route) is required by decision support domain and will represent the form/route at administration. A specific list for field population is provided. The dictionary maintainers will populate according to the list. (LIST B)

**Form Information**

**Virtual Medicinal Product Form**

The Dose Form of a concept in the NHS dm+d is the representation of the orderable physical form of the AMP from which the concept derives.

*Field Population:*

European Directorate for the Quality of Medicines & HealthCare (EDQM) List of Standard Terms as amended.

*Additional Information:*

This is a list of pharmaceutical dosage form terms drawn up in response to a request from the European Commission and utilised in the licensing of medicines.

Combination products may have a mixture of forms. For example tablets and capsules or cream and pessaries. The form ‘not applicable’ will be used for combination products. The form data will be populated for the individual component packs.

**Route Information**

**Virtual Medicinal Product Route**

The Route of Administration of a concept in the NHS dm+d is the representation of the place in or on the body where the product is introduced in order to achieve the desired therapeutic effect.

*Field Population:*

European Directorate for the Quality of Medicines & HealthCare (EDQM) List of Standard Terms as amended.

*Additional Information:*

This is a list of pharmaceutical route of administration terms drawn up in response to a request from the European Commission and utilised in the licensing of medicines (LIST D)

For licensed medicinal products licensed routes only will be included in the dictionary, this will be a super set of the linked AMP licensed routes. Unlicensed products will be allocated a route based upon the manufacturer’s literature when applicable or will have the route ‘route of administration not applicable’.

**Virtual Medicinal Product Ingredient**

The Ingredient Substance of a concept in the NHS dm+d is the representation of any component that is intended to furnish a direct effect, pharmacological or other, in the diagnosis, cure, mitigation, treatment or prevention of disease or to affect the structure or any function of the body of the patient.

At the VMP level only ingredient substances deemed to be ‘significant’ to the prescribing act are detailed. This is the “active” ingredients for a product.

All active ingredients declared in SmPC, BNF and BP as appropriate will be assigned to a VMP concept in the dictionary wherever possible. However the strengths or quantities of the ingredients will be included if of clinical or reimbursement significance only. Homeopathic preparations will not have ingredients assigned.

As far as is practicable records without full details of ingredients will be kept to a minimum.

As with the VMP name the ingredient substance will utilise the rINN where possible.

When two or more actual medicinal products are clinically equivalent but the ingredient substance stated on the SmPC differs then the BoSS will be used as the ingredient substance. Examples:

Lisinopril 5mg tablets are available as 2 brands Carace and Zestril. Both contain 5mg of lisinopril and are regarded as clinically equivalent. The ingredient substance stated for Carace is lisinopril whilst that for Zestril is lisinopril dihydrate. In this situation the ingredient substance will be lisinopril.

Amlodipine tablets may be manufactured using different salt forms that are clinically and therapeutically equivalent. Again the BoSS of Amlodipine will be used as the ingredient substance.

**Ingredient Substance Identifier, Ingredient Substance, Basis of Strength Substance Identifier**

Information on the above concepts can be found in Other Data – Ingredient substance section towards the back of this Appendix.

**Basis of Pharmaceutical Strength**

*Field Population:*

The following options are available:

* ingredient substance
* ‘base’ substance

*Additional Information:*

The strength of the active ingredient(s) of a product can be expressed as a complete substance (e.g. amitriptyline hydrochloride) or by part of the complete substance, the ‘base’ (e.g. acebutolol). The basis of the strength included in the dictionary will be determined by the description within the British Pharmacopoeia (BP), the British National Formulary (BNF) or in the Summary of Product Characteristics (SmPC).For example:

‘Acebutolol 100mg capsules’ contain acebutolol hydrochloride – the strength of 100mg refers to acebutolol. (Basis of Pharmaceutical strength = ‘base’)

‘Amitriptyline 10mg tablets’ contain amitriptyline hydrochloride – the strength of 10mg refers to amitriptyline hydrochloride, (Basis of Pharmaceutical strength = ingredient substance)

For drugs with narrow therapeutic indices (phenytoin, theophylline etc.) the VMP title will reflect the strength i.e. Phenytoin sodium 50mg capsules — (Epanutin) contain 50mg Phenytoin sodium. Phenytoin 50mg tablets — (Epanutin infatabs) contain 50mg Phenytoin

This attribute is mandatory when a value is present in the attribute ‘pharmaceutical strength’

**Basis of Strength Substance (BoSS)**

*Field Population:*

‘Base’ substance or part of the complete substance upon which the strength is based.

*Additional Information:*

When the pharmaceutical strength is not based upon the ingredient but upon the ‘base’ (or basis of strength substance – BoSS) then the ‘base’ will be identified. The ‘base’ may be any part of the complete substance including an element.

Examples:

|  |  |  |
| --- | --- | --- |
| VMP | Ingredient | BoSS |
| Dexamethasone 20mg/5ml oral solution sugar free | Dexamethasone sodium phosphate | Dexamethasone |
| Dexamethasone 0.1% eye drops preservative free | Dexamethasone sodium phosphate | Dexamethasone phosphate |

Where there is a patient safety issue, that the VMP could be misinterpreted then the VMP and AMP names may be described with further clarity. For example, in noradrenaline solution for infusion ampoules, the ingredient is noradrenaline acid tartrate but the VMP name is expressed using only the base noradrenaline. However, this can lead to confusion as it is not immediately apparent what the strength refers to i.e. salt or base. Therefore to minimise any confusion, the VMP and AMP in this instance is authored in the following style in dm+d:

* Noradrenaline (base) 10mg/10ml solution for infusion ampoules
* Noradrenaline (base) 10mg/10ml concentrate for solution for infusion ampoules (AS Kalceks)

Similarly safety concerns have been raised regarding parenteral dexamethasone, that some prescribing guideline resources present dosing guidance expressed as the dexamethasone phosphate (salt) and others (including the manufacturer’s packaging) as the ‘base’. Authoring of parenteral dexamethasone VMPs and linking AMPs has now been updated to include reference to base in brackets e.g.

* Dexamethasone (base) 3.8mg/1ml solution for injection vials
* Dexamethasone (base) 3.8mg/1ml solution for injection vials (Aspen Pharma Trading Ltd)

**Pharmaceutical Strength**

The amount of ingredient substance.

This attribute indicates the quantity of the substance per defined unit of measure in the VMP (e.g. one tablet, one ml) measured by weight or volume per unit or concentration. An ingredient may be present without a strength.

For homeopathic products ingredient details will not be populated but the ingredient name and expression of potency within the name will be based upon the common, accepted expressions of dilution issued in the homeopathic community. See Appendix XII.

**Strength Value Numerator, Strength Value Numerator Unit, Strength Value Denominator, Strength Value Denominator Unit**

*Field Population:*

Strength value numerator and strength value denominator are numerical values. Strength value denominator (SVD) is used to express ‘per’ strengths. Ingredient strengths are usually expressed per 1 ‘unit of measure’ (per 1 gram, per 1ml), however the expression of strength for patches will reflect the VMP e.g. Estradiol 100micrograms/24hours patches – SVD is 24.

Strength value numerator unit and strength value denominator unit are units of measure as listed in Appendix VII List E.

*Additional Information:*

Pharmaceutical strength has 4 components, where a strength is provided the strength value numerator (SVN) and strength value numerator unit (SVNU) are mandatory. Strength value denominator (SVD) and strength value denominator unit (SVDU) are used to fully express ‘per’ strengths.

Examples:

Paracetamol 500mg tablets

 *Ingredient SVN SVNU SVD SVDU*

 Paracetamol 500 mg

Paracetamol 250mg/5ml oral suspension

 *Ingredient SVN SVNU SVD SVDU*

 Paracetamol 50 mg 1 ml

Hydrocortisone 1% cream

 *Ingredient SVN SVNU SVD SVDU*

 Hydrocortisone 10 mg 1 g

Hyoscine 1mg/72hours patches

 *Ingredient SVN SVNU SVD SVDU*

 Hyoscine 1 mg 72 hour

Furosemide 20mg/2ml solution for injection ampoules

 *Ingredient SVN SVNU SVD SVDU*

 Furosemide 10 mg 1 ml

**Controlled Drug Prescribing Information**

Information relating to VMP where these are drugs and in particular where the drug is controlled under the Misuse of Drugs Act.

**Controlled Drug Category, Controlled Drug Category Change Date, Controlled Drug Category Prior to Change Date**

*Field Population:*

The following options will be available:

* No CD status
* Schedule 1 (CD Lic)
* Schedule 2 (CD)
* Schedule 2 (CD exempt safe custody)
* Schedule 3 (CD no reg)
* Schedule 3 (CD no reg, exempt safe custody)
* Schedule 3 (CD no reg Phenobarbital)
* Schedule 3 (CD no reg Temazepam)[[1]](#footnote-1)
* Schedule 4 (CD Anab)
* Schedule 4 (CD Benz)
* Schedule 5 (CD Inv)

*Additional Information:*

* 0 = No CD status
* 1 = Schedule 1 (CD Lic) – drugs with virtually no therapeutic use e.g. LSD
* 2 = Schedule 2 (CD) – Schedule 2 controlled drugs where full requirements apply e.g. morphine and cocaine. 30 November 2015 ketamine moved from Schedule 4 (CD Benz) to Schedule 2 (CD) status
* 3 = Schedule 2 (CD exempt safe custody) – as 2 but exempt from safe custody requirements e.g. secobarbital
* 4 = Schedule 3 (CD no reg) – Schedule 3 CD requirements apply but supply not required to be recorded in register
* 5 = Schedule 3 (CD no reg, exempt safe custody) – as 4 but exempt from safe custody requirements.
* 6 = Schedule 3 (CD no reg Phenobarbital) – as 5 but exempted from handwriting requirements and emergency supply allowed for epilepsy
* 7 = Schedule 3 (CD no reg Temazepam) – as 4 but exempted from handwriting and prescription requirements — June 2025 Temazepam changed to Schedule 3 (CD no register)1
* 8 = Schedule 4 (CD Anab) – Schedule 4 drugs liable to misuse including most anabolic steroids and some growth hormones
* 9 = Schedule 4 (CD Benz) – Schedule 4, contains most benzodiazepines and zolpidem
* 10 = Schedule 5 (CD Inv) – Contains preparations of certain controlled drugs e.g. codeine which are exempt from full control when present in medicinal products of low strength

The controlled drug category will be allocated according to the Misuse of Drugs Act 1971 and the restrictions of the Misuse of Drugs Regulations.

The data will be collated from the SmPC, Medicines, Ethics and Practice, and Medicines and Healthcare products Regulatory Agency (MHRA) as appropriate.

The date at which the category of the controlled drug changed will be included. The dictionary will be populated from a specified date and updated from that date. The full past history prior to population will not be included.

## Actual Medicinal Product

*An Actual Medicinal Product (AMP) is a single dose unit of a finished dose form (unless the product is presented as a continuous dosage form), attributable to an identified supplier that contains a specified amount of an ingredient substance.*

Examples of single dose units of a finished dose form include tablets, capsules, suppositories, pessaries, sachets — this category covers discrete entities that have a consistent physically measurable dose.

Examples of continuous dose forms include creams, ointments, gels, pastes, foams, liquids — this category covers those products where a consistent physically measurable dose cannot be defined.

An Actual Medicinal Product is a medicinal product that has been made available by a manufacturer / supplier.

AMPs that are drugs will follow the format of AMP name + Supplier.

For generic drugs the AMP name will usually be exactly the same as the VMP name, the exception to this is where the AMP name uses the form of ‘caplet’ to represent a capsule shaped tablet in this case dm+d will use caplet at AMP level e.g. VMP = Paracetamol 500mg tablets, AMP = Paracetamol 500mg caplets or where the AMP has been licensed with an alternative official generic title e.g. VMP = Hamamelis Water but AMP licensed name = Distilled Witch Hazel.

For proprietary drugs this will be the ‘trade name’ of the product (expanded when necessary – see below under AMP name) + Supplier.

Examples: Tenormin LS 50mg tablets (Atnahs Pharma UK Ltd)

 Atenolol 50mg tablets (Almus Pharmaceuticals Ltd)

 Aqueous cream (Thornton & Ross Ltd)

AMPs that are appliances/medical devices will follow the format of AMP name + order number + size + colour + Supplier.

Examples: Elastocrepe bandage 10cm x 4.5m (Essity UK Ltd)

 Ileodress ileostomy bag small S852 25mm Opaque (ConvaTec Ltd)

The Actual Medicinal Product shall provide sufficient information to uniquely identify the product but not the size of pack that the supplier makes available for dispensing. There are occasions when the supplier does not reflect the liveried pack – these AMPs are required to support the reimbursement use case and the supplier is the company ‘supplying’ the AMP. In situations where the licensed medicinal product is manufactured by one company and supplied by another and there are two manufacturer/supplier names on the pack then the dictionary will be populated with the manufacturer name that is most prominent on the AMPP packaging i.e. the ‘supplier’.

In the AMP name description dm+d does not routinely include information to identify the diluent used unless it is judged to be part of the product name in the SmPC. Exceptions are the Special Order products within scope of the support the Systemic Anti-Cancer Therapies (SACT) dataset. See Appendix XXIII for further details.

Each AMP is associated with an identifiable manufacturer or supplier.

**Note:** where the supplier is a wholesaler, dm+d will only author AMPs with generic names where a generic product is available. Where a wholesaler supplies a licensed branded product that is in patent, or the licensed medicine is required by the MHRA to have a brand name, these will not be listed on dm+d.

**Actual Medicinal Product Identifier**

*Field Population:*

SNOMED CT UK extension ID

*Additional Information:*

A unique identifier for the AMP.

The identifier will not be re-used and given to another concept (e.g. VTM, VMP, AMP, VMPP, AMPP, ingredient, form, route, unit of measure or supplier).

The NHSBSA is authorised to allocate codes as part of the NHS name space identifier.

**Combination Product Indicator**

Used to provide information about combination products and the packs that are contained within them.

*Field Population:*

* Combination product
* Component only product

*Additional Information:*

As VMP combination product indicator

**Actual Medicinal Product Name, Actual Medicinal Product Abbreviated Name, Date of Name Applicability, Previous Name**

*Field Population:*

In the case of generic medicines this field will be populated in the same manner as the virtual product name field above.

In the case of proprietary medicines as far as is practicable the name on the SmPC will be utilised.

Where a food supplement VMP has attached more than one flavoured AMP, an unflavoured AMP concept (and linked AMPPs) is authored in dm+d.

Example:

VMP

Generic PaediaSure liquid

AMPs

PaediaSure liquid (Flavour Not Specified)

PaediaSure liquid banana (Abbott Laboratories Ltd)

PaediaSure liquid chocolate (Abbott Laboratories Ltd)

PaediaSure liquid strawberry (Abbott Laboratories Ltd)

PaediaSure liquid vanilla (Abbott Laboratories Ltd)

Abbreviated name (short name or label name) - 60 character maximum name — previously applicable to medicines only but in 2008, the scope was widened (see Appendix XI).

*Additional Information:*

There will be instances where the proprietary name does not specify name, strength and form clearly. In cases where there could be ambiguity, additional data will be added to the proprietary name as it appears on the SmPC or manufacturer literature to produce the actual medicinal product name in dm+d.

For example: ‘

‘Brufen Retard’ will have the AMP name Brufen Retard 800mg tablets

Valni 20 Retard will have the AMP name Valni 20 Retard tablets

Generic AMP names will be specified in the order name, strength, form.

**Note:** for information about the use of concentrate / concentrated terms, see Appendix V.

If the name of an AMP changes the dictionary maintainer will ensure a history of the change is maintained.

The AMP name will be abbreviated to 60 characters or less as detailed in Appendix XI (LIST I). Where the AMP name is already 60 characters or less there is no requirement to provide an abbreviated name.

**Actual Medicinal Product Description**

*Field Population:*

A description or full name that is used to uniquely describe the actual medicinal product.

*Additional Information:*

The AMP description will consist of the following:

AMP name + product order number + size + colour + (Supplier)

**Note:** product order number, size and colour are applicable for appliances/medical devices only.

Examples:

Paracetamol 500mg tablets + (Galpharm International Ltd)

Panadol Advancel 500mg tablets + (Haleon UK Trading Ltd)

Biotrol Softima colostomy bag with filter + 044025E + 25mm + Beige + (B Braun Medical Ltd)

**Note:** unflavoured AMP concepts authored in dm+d from August 2012 have an associated supplier name of ‘Flavour Not Specified’. No indicative price will be published at AMPP level.

**Supplier**

Identifies the supplier of the actual medicinal product (AMP). The supplier may be the manufacturer of the product, a supplier whereby the product is manufactured by another organisation on behalf of the supplier or a distributor/wholesaler of an AMP.

In addition there are a number of specific use case suppliers which include: ‘Flavour Not Specified’, ‘Special Order’, Drug Tariff Special Order’, ‘Part VIIID Special Order’, ‘Colour Not Specified’, ‘Imported’, ‘Imported (*Country*)’.

**Licensed Route**

*Field Population:*

Populated in the same manner as the route field for the VMP, i.e. Expanded European Directorate for the Quality of Medicines & HealthCare (EDQM) List of Standard Terms.

*Additional Information:*

This is a list of pharmaceutical route of administration terms drawn up in response to a request from the European Commission and utilised in the licensing of medicines.

Licensed routes only will be included at this level (AMP) in the dictionary. An unlicensed medicine/product will not have a licensed route assigned. The route or routes must correspond to or be a subset of the routes associated with the corresponding VMP.

**Flavour**

*Field Population:*

dm+d List

*Additional Information:*

Used where different flavours are available. (See Appendix IX List G). Examples:

Fybogel Orange 3.5g effervescent granules sachets

Fybogel 3.5g effervescent granules sachets plain

Ensure Plus Fibre liquid strawberry

Ensure Plus Fibre liquid raspberry

Ensure Plus Fibre liquid vanilla

**Invalidity Flag**

*Additional Information:*

Flag indicating that this dictionary entry is invalid

The entry will be retained in case it was used prior to its invalidation. Although it is unlikely it is possible for a concept to subsequently have the invalidity flag removed if further information proves that the concept should not have been marked as invalid.

**Note:** where a concept is to be made invalid, a communication message will be issued to all license holders in the run up to the weekly publication of the database affected by the change. This communication will explain the reason for the invalidation and where possible provide notification of any replacement concept.

**EMA Additional Monitoring Indicator**

*Field Population:*

EMA monitoring

*Additional Information:*

Indication as to whether the drug is on the list(s) issued by the European Medicines Agency (EMA) (black triangle)

**Parallel Import Indicator**

*Field Population:*

Parallel Import

*Additional Information:*

This is a flag indicating that an Actual Medicinal Product has been procured and imported from within the European Union and has a parallel import licence – PL(PI)

**Product Availability Information**

**Current Licensing Authority, Previous Licensing Authority, Date of Change of Licensing Authority**

*Field Population:*

* None — unlicensed, lapsed/expired/withdrawn licensed products, clinical trial drugs.
* Medicines – MHRA / EMA — medicinal products having a valid marketing authorisation (MA) or PL issued by MHRA or EMA. **Note:** this value was formerly Medicine Control Agency.
* Devices — products that are CE marked under the Medical Devices Directive 93/42/EC or custom made appliances and deodorants, as well as chemical reagents CE marked under the In Vitro Diagnostic Medical Devices Directive 98/79/EC.
* Traditional Herbal Medicines – MHRA — currently available traditional herbal medicines having a traditional herbal registration (THR) issued by the MHRA.
* Unknown — where licensing info is unavailable for any reason. This value will also cover those products that have been discontinued by a manufacturer for commercial reasons and which may or may not have a valid product licence.

*Additional Information:*

Licensed Medicines and Medical Devices i.e. appliances and devices included in Part IX and X of the Drug Tariff will be annotated accordingly. In cases where products are known to be neither licensed by the MHRA nor registered by the MHRA the field will be annotated as None. Licensing authority ‘Unknown’ will be used in circumstances where it is not possible to allocate one of the other four terms.

This information will be obtained directly from the manufactures/distributor.

**Licensing Authority Change Reason**

*Field Population:*

* Licence granted
* Licence transferred
* Withdrawn manufacturer
* Withdrawn CHM
* Suspended CHM
* Discontinued/expired/lapsed
* Reintroduced
* No reason available

*Additional Information:*

The value of ‘withdrawn manufacturer’ will be used where the product has been withdrawn voluntarily by the manufacturer on grounds of safety.

**Restrictions on Availability**

*Field Population:*

* None
* Restricted availability
* Individual patient supply
* Imported
* Clinical trial
* Special
* Extemp
* Hospital only – Value retired in 2021
* Not available
* For patient Safety Consideration

*Additional Information:*

**None** – there are no restrictions on the availability of this AMP. This value will be applicable to the majority of prescribed products

**Restricted availability** – used to denote products that have restrictions upon their prescribing and dispensing. Examples include:

Clozapine products where the patient, prescriber and supplying pharmacist must all be registered with the relevant clozapine monitoring service:

|  |  |
| --- | --- |
| **Brand of Clozapine** | **Monitoring Service** |
| ClozarilClozapine Mylan | Clozaril Patient Monitoring Service (CPMS) |
| Denzapine | Denzapine Monitoring Service (DMS) |
| Zaponex | Zaponex Treatment Access System (ZTAS) |

**Individual patient supply**– a medicinal product that has been available, its licence may have been withdrawn or discontinued, but the product is still supplied by the manufacturer for specific clinical reasons to named patients. These are available on a named patient basis only for patients who cannot be transferred to another brand. Phenylbutazone is another example of where the product is no longer available but can be obtained from the manufacturer for an individual patient

**Imported** – imported products are unlicensed medicinal products sourced from outside the UK under an importers licence issued by the MHRA. These products have been specially sourced to meet a prescription ordered for individual patients without the need for the importer to hold a marketing authorisation for the medicinal product concerned.

**Clinical trial** – A medicinal product undergoing a clinical trial. This could be a phase 2 or 3 clinical trial drug that may become a licensed product in due course or may be withdrawn or a drug imported for the trial and licensed elsewhere

**Special** – specials are unlicensed medicinal products manufactured in the UK for human use which have been specially prepared to meet a prescription ordered for individual patients without the need for the manufacturer to hold a marketing authorisation for the medicinal product concerned.

**Extemp** – Extemporaneously prepared products made under the supervision of a Pharmacist against a prescription for a particular patient

**Hospital only** – **No Longer Populated. This value was retired in 2021**. (Prior to 2021 this value was given to a medicinal product where the manufacturer had stated that the product should only be used in hospitals e.g. Dantrium Intravenous 20mg vial). Hospital only packs can be identified at Actual Medicinal Product Pack (AMPP) level.

**Not available** – Used to denote medicinal products that have been withdrawn or discontinued by the company for commercial or safety reasons i.e. they are no longer supplied or distributed in the UK. These products are no longer available and cannot be acquired from the manufacturer on an ‘individual patient supply’ basis.

**For Patient Safety Consideration** – Used to identify ‘high strength’ phenol products following the National Patient Safety Alert (August 2021).

**Appliance Product Information**

**Size**

*Field Population:*

A string

*Additional Information:*

Information relating to the size of an appliance/medical device where this information is not captured within the VMP name. Examples of this type of appliance include incontinence and ostomy equipment where size may be expressed in SI units e.g. mm, by a description e.g. small or a mixture of both.

Examples:

Jade Naturalflex sheath small 25mm

ProTRAC all silicone self adhering sheath short 24mm (small)

Macrodom sheath 51mm tube

Uridrop sheath with Uristrip adhesive 100mm circumference, 30mm diameter

Urinary sheath 31 – 35mm

**Colour**

*Field Population:*

dm+d list

*Additional Information:*

Occasionally colour is useful in determining which of a number of optional medical devices is appropriate. When appropriate the dictionary will be populated with the colour as specified in the Drug Tariff.

**Product Order Number**

*Field Population:*

A string

*Additional Information:*

Certain appliances/medical devices are associated with order numbers within the Drug Tariff (England and Wales). The Drug Tariff number will be added to the dictionary.

**Actual Product Excipients – No longer populated**

**IMPORTANT NOTE**

Excipient substance data was ended in dm+d in October 2022. For TRUD extracts from Monday 24th October 2022 ‘interesting’ excipient data was no longer visible. The data fields under <AP\_INGREDIENT> remain but contain no data.

The Excipient Substance of a concept in the NHS dm+d is the representation of any substance other than an ‘ingredient substance’ that furnishes an effect deemed significant by the current editorial definition even though that effect may not be an event intended as a result of its inclusion in the formulated product.

**Ingredient Substance Identifier - No longer populated**

*Field Population:*

dm+d list

*Additional Information:*A specified list of ‘interesting’ excipients (those that may have a biological action) will be included in the dictionary providing the excipient is declared on the SmPC. This attribute confirms the presence of an excipient. If the excipient substance identification field is not populated then this merely infers that the excipient was not stated on the SmPC, or the SmPC data was not available. If the prescriber considers that it is essential to confirm the absence of an excipient then this should be done with the manufacturer. For more information, see Appendix X, LIST H.

All interesting excipients declared in the SmPC will be included even those that may not be present in the final product.

**Pharmaceutical Strength – No longer populated**

*Field Population:*

Weight or volume per unit or concentration

*Additional Information:*

In the vast majority of circumstances the SmPC does not state the strength of the excipient. This field will be populated only for preservatives included in eye drops and in addition only in circumstances where the strength of the preservative is stated on the SmPC. (Units of measure are as LIST E).

## Virtual Medicinal Product Pack

*A Virtual Medicinal Product Pack (VMPP) is an abstract concept representing the properties of one or more quantitatively equivalent Actual Medicinal Product Packs (AMPP's).*

Identity and amount of medicinal product within a Virtual Medicinal Product Pack expressed by mass, volume, number of entities or otherwise in a container, intermediate container(s) or package as supplied by a manufacturer or supplier.

The VMPP takes the description of the VMP and provides information about the various pack sizes or content associated with the VMP.

**Virtual Medicinal Product Pack Identifier**

*Field Population:*

SNOMED CT UK extension ID

*Additional Information:*

A unique identifier for the VMPP.

The identifier will not be re-used and given to another concept (e.g. VTM, VMP, AMP, VMPP, AMPP, ingredient, form, route, unit of measure or supplier).

The NHSBSA is authorised to allocate codes as part of the NHS name space identifier.

**Virtual Medicinal Product Pack Description**

*Field Population:*

A description or full name that is used to uniquely identify the virtual medicinal product pack

*Additional Information:*

The VMPP description will consist of the following:

VMP name + VMPP Quantity and VMPP Quantity unit of measure

Examples:

Paracetamol 500mg tablets + 100 + tablet

Hydrocortisone 1% cream + 30 + gram

Cotton crepe bandage BP 1988 10cm x 4.5m + 1 + bandage

Clotrimazole 10% cream and Clotrimazole 2% cream + 1 + pack

**Authoring of Products Requiring Reconstitution (as Part of the Normal Dispensing Process)**

For a healthcare professional it is important that the patient receives:

* + The right concentration of product.
	+ The right dose.
	+ The right product pack size.

Information on how the pack size for a product requiring reconstitution (usually as part of the normal dispensing process) is described may vary in pharmaceutical company literature. The following summarises a pragmatic approach decided by the dm+d Content Committee as to how these should be described in dm+d. Where concerns (for example, patient safety) about such published literature exist then the agreed policy is to seek clarification from the MHRA and/or Patient Safety experts at NHS England in the dm+d authoring process.

**Final Reconstituted Volume Only Is Stated in the SmPC**

Where the final reconstituted volume (for an oral solution or oral suspension) is categorically provided in the regulatory approved SmPC (and there is no conflicting information) this will be authored as the pack size on dm+d.

**Final Reconstituted Volume Is Not Stated in the SmPC**

Where this information is not explicit in the SmPC, dm+d will author the pack size as the amount of liquid (usually water) to be added for reconstitution (such as, a nominal volume).

For example, the SmPC Xarelto 1mg/ml granules for oral suspension (Bayer Plc) does not publish a final reconstituted volume (but does state the volume of water to be added, for example, 50ml for the bottle containing 2.625g and 100ml for the bottle containing 5.25g).

The use of nominal volume pack sizes authored in dm+d is a pragmatic solution where information on final reconstituted volume is not explicitly stated.

**Both Final Reconstituted Volume and a Usable Volume are Stated in the SmPC**

Where an SmPC for an oral solution or oral suspension publishes both a reconstituted volume and information about a usable volume, and these are different, the NHS dm+d Content Committee has made the pragmatic decision that the pack size on dm+d will be based on the published usable volume.

Where a usable volume range is presented in the SmPC then the lowest level of the usable volume will be the pack size published on dm+d.

For example, the SmPC for AMP CellCept 1g/5ml oral suspension (Roche Products Ltd) states, when reconstituted, the volume of the suspension is 175ml providing a usable volume of 160 – 165ml.

The dm+d pack size should always represent the lower number in a range so the pack size authored here will be 160ml.

Note: the above policy may need to be revisited in the future if new scenarios present that challenge current thinking.

**Combination Pack Indicator**

*Field Population:*

* Combination pack
* Component only pack (not available separately)

*Additional Information:*

Flag denoting that the VMPP is a combination product or is only available as a component of a combination pack and is not available in its own right.

**Virtual Medicinal Product Quantity**

*Field Population:*

Quantity – numerical value

Units of Measure – dm+d list

*Additional Information:*

Amount of the Virtual Medicinal Product expressed by mass, volume, number of entities or otherwise in a container, intermediate container or package as supplied.

Examples:

|  |  |
| --- | --- |
| **Quantity** | **Unit of measure** |
| 28 | tablet |
| 10 | ml |
| 60 | gram |
| 200 | dose |
| 5 | cartidge |
| 1 | bandage |

Units of Measure — Appendix VII LIST E

**Invalidity Flag**

*Additional Information:*

Flag indicating that this dictionary entry is invalid

The entry will be retained in case it was used prior to its invalidation. Although it is unlikely it is possible for a concept to subsequently have the invalidity flag removed if further information proves that the concept should not have been marked as invalid.

**Combination Pack Content**

**Constituent Virtual Product pack Indicator**

*Field Population:*

SNOMED CT UK extension ID

*Additional Information:*

Used to identify component packs within a combination product. (See VMPP identifier rules above).

**Drug Tariff Category Information**

Information relating to the categorisation of drugs, appliances/medical devices, chemical reagents and oxygen as provided in the Drug Tariff (England and Wales)

**DT payment category**

*Field Population:*

* Part VIIIA Category A
* Part VIII Category B — *From 1 September 2004 the concept of Category B and all Category B products were deleted from the Drug Tariff.*
* Part VIIIA Category C
* Part VIII Category E — *From 1 November 2011 the concept of Category E and all Category E products were deleted from the Drug Tariff.*
* Part VIIIA Category M
* Part IXa
* Part IXb
* Part IXc
* Part IXr
* Part X[[2]](#footnote-2)
* Part IXb & IXc
* Part VIIIB
* Part VIIIC
* Part VIIID

*Additional Information:*

The dictionary will be populated according to the NHS England and Wales Drug Tariff.

**DT Price, DT Price Date, DT Price Previous**

*Field Population:*

Price in pence, sterling, and a date.

*Additional Information:*

The price included in the dictionary is indicative only.

## Actual Medicinal Product Pack

*An Actual Medicinal Product Pack is the packaged product that is supplied for direct patient use or from which AMP's are supplied for direct patient use. It may contain multiple components each of which may or may not be an AMPP in their own right.*

An Actual Medicinal Product Pack contains information concerning a medicinal product that has been made available by a manufacturer and/or supplier as a packaged entity

**Actual Medicinal Product Pack Identifier**

*Field Population:*

SNOMED CT UK extension ID

*Additional Information:*

A unique identifier for the AMPP.

The identifier will not be re-used and given to another concept (e.g. VTM, VMP, AMP, VMPP, AMPP, ingredient, form, route, unit of measure or supplier).

The NHSBSA is authorised to allocate codes as part of the NHS name space identifier.

**Actual Medicinal Product Pack Description**

*Field Population:*

A description or full name that is used to uniquely identify the actual medicinal product pack

*Additional Information:*

The AMPP description will consist of the following:

AMP name + Product order number + size + colour + (supplier) + VMPP Quantity and VMPP Quantity unit of measure + Subpack information + Pack order number.

**Note:** product order number, size, colour and pack order number, are applicable for appliances/medical devices only.

Examples:

Paracetamol 500mg caplets + (Almus Pharmaceuticals Ltd) + 100 + tablet + 10 x 10

CoaguChek XS PT testing strips + (Roche Diagnostics) + 24 + strip + 04625358

CoaguChek XS PT testing strips + (Roche Diagnostics) + 48 + strip + 04625315

Canesten Combi 500mg pessary and External 2% cream + (Bayer Plc) + 1 + pack + 1x (1 pessary + 10g)

**Note:** unflavoured AMP concepts authored in dm+d from August 2012 have an associated supplier name of ‘Flavour Not Specified’. No indicative price will be published at AMPP level.

**Sub-pack Information**

*Field Population:*

A string

*Additional Information:*

Information about the composition of medicinal products that are composed of the same product packed in sub-packs. For example the number of separate strips of tablets within a pack, the number of tubes of tablets or the number of Gluten free rolls.

28 tablets, sub-pack info: 2 x 14 tablets

60 tablets, sub-pack info: 3 x 20 tablets

300gram, sub-pack info: 4 rolls

**Authoring of Products Requiring Reconstitution (as part of the normal dispensing process)**

For a healthcare professional it is important that the patient receives:

* + The right concentration of product.
	+ The right dose.
	+ The right product pack size.

Information on how the pack size for a product requiring reconstitution (usually as part of the normal dispensing process) is described may vary in pharmaceutical company literature. The following summarises a pragmatic approach decided by the dm+d Content Committee as to how these should be described in dm+d. Where concerns (for example, patient safety) about such published literature exist then the agreed policy is to seek clarification from the MHRA and/or Patient Safety experts at NHS England in the dm+d authoring process.

**Final Reconstituted Volume Only Is Stated in the SmPC**

Where the final reconstituted volume (for an oral solution or oral suspension) is categorically provided in the regulatory approved SmPC (and there is no conflicting information) this will be authored as the pack size on dm+d.

**Final Reconstituted Volume Is Not Stated in the SmPC**

Where this information is not explicit in the SmPC, dm+d will author the pack size as the amount of liquid (usually water) to be added for reconstitution (such as, a nominal volume).

For example, the SmPC Xarelto 1mg/ml granules for oral suspension (Bayer Plc) does not publish a final reconstituted volume (but does state the volume of water to be added, for example, 50ml for the bottle containing 2.625g and 100ml for the bottle containing 5.25g).

The use of nominal volume pack sizes authored in dm+d is a pragmatic solution where information on final reconstituted volume is not explicitly stated.

**Both Final Reconstituted Volume and a Usable Volume are Stated in the SmPC**

Where an SmPC for an oral solution or oral suspension publishes both a reconstituted volume and information about a usable volume, and these are different, the NHS dm+d Content Committee has made the pragmatic decision that the pack size on dm+d will be based on the published usable volume.

Where a usable volume range is presented in the SmPC then the lowest level of the usable volume will be the pack size published on dm+d.

For example, the SmPC for AMP CellCept 1g/5ml oral suspension (Roche Products Ltd) states, when reconstituted, the volume of the suspension is 175ml providing a usable volume of 160 – 165ml.

The dm+d packsize should always represent the lower number in a range so the pack size authored here will be 160ml.

Note: the above policy may need to be revisited in the future if new scenarios present that challenge current thinking.

**Combination Pack Indicator**

Used to provide information about combination products and the packs that are contained within them.

*Field Population:*

* Combination pack
* Component only pack

**Legal Category**

*Field Population:*

* general sales list (GSL)
* pharmacy medicine (P)
* prescription only medicine (POM)
* not applicable

*Additional Information:*

Status with regard to the legal category of the medicinal product pack. The value of ‘not applicable’ will be used for all non-medicine packs e.g. appliances/medical devices, and Investigational Medicinal Products (IMPs) where the legal category cannot be determined.

**Discontinued Flag, Discontinued Flag Change Date**

*The discontinued date is defined as the date, notified to the dictionary maintainers by the supplier, from which they will no longer be supplying the product.*

*Field Population:*

* 0 = reinstated
* 1 = discontinued

*Additional Information:*

A flag indicating that this pack has been discontinued by the manufacturer.

This attribute is optional. When present with a value of 1 this shall indicate that the pack has been discontinued by the manufacturer. When present with a value of 0 this shall indicate that the pack has previously been discontinued by the manufacturer but is now available (it has been reinstated).

There will also be a date associated with this field showing the date the flag last changed value. A history will be kept by the dictionary maintainers.

**Note:** This attribute only identifies that the pack has been discontinued by the supplier, there may or may not be stock available within the supply chain.

For more information about supply problems or discontinued items, see the EPS (Electronic Prescription Service) Factsheet for prescribers and the dm+d general implementation guides.

**Invalidity Flag**

*Additional Information:*

Flag indicating that this dictionary entry is invalid.

The entry will be retained in case it was used prior to its invalidation. Although it is unlikely it is possible for a concept to subsequently have the invalidity flag removed if further information proves that the concept should not have been marked as invalid.

**Note:** Where a concept is to be made invalid, a communication message will be issued to all license holders in the run up to the weekly publication of the database affected by the change. This communication will explain the reason for the invalidation and where possible provide notification of any replacement concept.

**Product Prescribing Information**

Information relating to Actual Medicinal Product Packs where these contain drugs. This information is required for primary care products in the act of prescribing but is also important within dispensing, administration and the reimbursement domains.

**Schedule 2 Indicator (previously known as Schedule 11)**

*Field Population:*

Schedule 2

*Additional Information:*

Indication as to whether the drug is included in Schedule 2 of the NHS (General medical Services Contracts)(Prescription of Drugs etc.) Regulations 2004 (Statutory Instrument No 629) - ‘Selective List Scheme’ (previously known as Schedule 11).

The doctor who prescribes these products for the purpose indicated is required to endorse the prescription with the reference “SLS”.

**Schedule 1 Indicator (previously known as Schedule 10)**

*Field Population:*

Schedule 1

*Additional Information:*

Indication as to whether the drug is included in Schedule 1 of the NHS (General medical Services Contracts)(Prescription of Drugs etc.) Regulations 2004 (Statutory Instrument No 629) - (previously known as Schedule 10).

**Note:** Schedule 1 indicator flags updated in line with the ‘gluten-free’ update to the NHS (General Medical Services Contracts) (Prescription of Drugs etc.) (Amendment) Regulations 2018 (effective from 4th December 2018).

**Hospital Indicator**

*Field Population:*

hospital only pack

*Additional Information:*

Indication as to whether this item relates to a package that is only to be made available through hospital prescribing.

**ACBS Indicator**

*Field Population:*

ACBS product

*Additional Information:*

Indication as to whether the product is recommended by the Advisory Committee on Borderline Substances and is included in Part XV of the Drug Tariff[[3]](#footnote-3).

**Note:** ACBS status does not apply to medical devices listed in Part IX of the Drug Tariff and therefore it would be inappropriate to flag medical devices as ACBS approved.

**Personally Administered Indicator**

*Field Population:*

attracts a drug administration fee

*Additional Information:*

Indication as to whether the drug, when personally administered by the prescriber in primary care, attracts a fee.

**FP10MDA Prescription**

*Field Population:*

Prescribable on FP10 MDA

*Additional Information:*

Indication as to whether the drug can be prescribed and consequently dispensed, in instalments, on a FP10MDA form.

**Nursing Formulary Indicator**

*Field Population:*

Nurse formulary

*Additional Information:*

Indication as to whether the actual product pack is included in Part XVIIB(i) of the Drug Tariff as being prescribable by nurse formulary nurses.

**Nurse Extended Formulary Indicator**

*Field Population:*

Nurse Extended formulary – **No longer populated.** From 30 April 2006 the Nurse Prescribers’ Extended Formulary was discontinued

*Additional Information:*

This flag was previously used to indicate as to whether the actual product pack was included in Part XVIIB(ii) of the Drug Tariff as being prescribable by nurse extended formulary nurses prior to 1 May 2006.

**Dental Formulary Indicator**

*Field Population:*

Dental formulary

*Additional Information:*

Indication as to whether the actual product pack is included in Part XVIIA of the Drug Tariff as being prescribable by Dentists

**Appliance Pack Information**

Information relating to Virtual Medicinal Products where these are appliances/medical devices

**Appliance Reimbursement Status, Appliance Reimbursement Status Date, Appliance Reimbursement Previous Status**

*Field Population:*

* not allowed (not included in Drug Tariff)
* allowed (included in Drug Tariff)

*Additional Information:*

Indication as to whether the appliance/medical device is allowed for reimbursement purposes and is included in the NHS England and Wales Drug Tariff. Date from which the appliance reimbursement status became effective. If absent the date shall be taken as from the issue of the current version of the dictionary.

**Pack Order Number**

*Field Population:*

A string

*Additional Information:*

Certain appliances/medical devices are associated with order numbers within the NHS England and Wales Drug Tariff. The Drug Tariff number will be added to the dictionary.

**Reimbursement Information**

**Prescription Charges**

*Field Population:*

An integer

*Additional Information:*

The number of standard prescription charges attracted when this type of product pack is dispensed as defined in the NHS England and Wales Drug Tariff – Part XVI.

Examples:

Microgynon 30 tablets – 0 prescription charge

Atenolol 50mg tablets – 1 prescription charge

Canesten Combi 500mg pessary and External 2% cream – 2 prescription charges

**Dispensing Fees**

*Field Population:*

An integer

*Additional Information:*

Number of standard dispensing fees associated with the pack as defined in the NHS England and Wales Drug Tariff – Part III.

**Broken Bulk Indicator**

*Field Population:*

eligible for broken bulk claim

*Additional Information:*

This indicates whether the product is eligible for broken bulk claims within primary care.

**Limited Stability Indicator**

*Field Population:*

Limited stability preparation **- No longer populated**

*Additional Information:*

The NHS England and Wales Drug Tariff no longer identifies products as limited stability; therefore this indicator is no longer populated in dm+d. The data field will persist but will be blank.

**Calendar Pack Indicator**

*Field Population:*

calendar pack

*Additional Information:*

A manufacturer’s calendar pack is a blister or strip pack showing the days of the week or month against each of the several units in the pack.

**Note:** calendar packs are no longer defined by the NHS England and Wales Drug Tariff.

**Special Container Indicator**

*Field Population:*

* special container
* sub-pack is a special container

*Additional Information:*

This indicates that the pack is a special container or that the sub-pack is classed as a special container as defined in the NHS England and Wales Drug Tariff – Part II clause 10B.

**Discount Not Deducted Indicator**

*Field Population:*

* discount not deducted — automatic
* discount not deducted — endorsement required

*Additional Information:*

This indicates whether the product has been identified as a product that has not received discount and as such when reimbursed no discount deduction is applied automatically or where the contractor has to endorse the prescription if no discount has been received[[4]](#footnote-4).

**FP34D Prescription Item**

*Field Population:*

allowed as a bulk vaccine

*Additional Information:*

This indicates whether the product is allowed as a ‘Bulk Vaccine’ on personal administration claims within primary care.

**Medicinal Product Price**

Information relating to the price (indicative only) of the actual medicinal product pack.

**Price, Date of Price Validity, Price Prior to Change Date**

*Field Population:*

A price in pence, sterling

A date

*Additional Information:*

An indicative price for the pack will be entered where a price list is available from a supplier. Where price information is received for products that are used only within secondary care, this will also be taken as the indicative price.

**Price Basis Flag**

*Field Population:*

* NHS indicative price
* No price available
* No price – product centrally funded
* No price – priced when manufactured

*Additional Information:*

Identifies where there’s an indicative NHS price or the reason why the price field has no value.

Where a product is centrally funded e.g. MMR vaccine a zero value will be used in the price field and the price basis flag will be ‘No price – product centrally funded’. Some centrally funded products are also reimbursable in Primary care when prescribed on a FP10. In this situation if a reimbursement price is required these products will have a NHS indicative price.

**Note:** for disease modifying drugs (e.g. Interferon beta) that are included in a Risk Sharing Scheme between manufacturers and policy makers, the indicative price is the manufacturer’s list price for these drugs (and not the NHS primary care reimbursement price).

Drug Tariff Special Order products

An NHS indicative price will be held at AMPP level only. Only those packs published in the Drug Tariff Part VIIIB will be populated with a price in dm+d.

The Drug Tariff prices will be fixed prices and no discounts will be applied.

All other Special Order and Extemporaneously prepared products

These are priced as and when they are manufactured. In this case the price basis flag in dm+d will be ‘No price – priced when manufactured’.

**Combination Pack Content**

**Constituent Actual Product pack Indicator**

*Field Population:*

SNOMED CT UK extension ID

*Additional Information:*

Used to identify the component packs within a combination product. (Rules as per AMPP identifier above).

## Ingredient Substance

Use to describe the substances which may act as ingredients of medicinal products.

Within the file of ingredient substances will be entries relating to the following:

* Complete substances which act as actual ingredients of medicinal products. For example heparin sodium, cyclizine lactate, dexamethasone sodium phosphate. This class of substance may or may not be a salt or other type of derivative.
* Basis of Strength Substance (BoSS) which may or may not be available as actual ingredients. For example heparin, cyclizine, dexamethasone, dexamethasone sodium.
* Excipients – excipients previously populated at AMP level will still appear within the ingredient substance file however all Actual Product Excipients were ended in October 2022
* Substances to support the recording of allergies in clinical systems. These are ingredients in products that are not UK licensed medicines. There is no relationship to a dm+d VMP or AMP concept for these substances.

**Ingredient Substance Identifier Previous Ingredient Substance Identifier, Basis of Strength Substance Identifier**

*Field Population:*

SNOMED CT International or UK extension ID

*Additional Information:*

A unique identifier for the ingredient substance.

Where a SNOMED CT International identifier exists it will be assigned. If no International identifier is available then a SNOMED CT UK extension identifier will be assigned. If at a later date an international identifier becomes available the concept will be updated to the international identifier. Please note that it is also possible for a SNOMED CT International identifier to be no longer appropriate in which case the concept would be assigned a new UK extension identifier.

The identifier will not be re-used and given to another concept (e.g. VTM, VMP, AMP, VMPP, AMPP, ingredient, form, route, unit of measure or supplier).

NHSBSA is authorised to allocate codes as part of the NHS name space identifier.

**Ingredient Substance Identifier date,**

*Field Population:*

Date

**Ingredient Substance Name**

*Field Population:*

rINN will be given priority followed by: INNM, pINN, BAN, BANM, USAN, Other.

**Invalidity Flag**

*Additional Information:*

Flag indicating that this dictionary entry is invalid.

The entry will be retained in case it was used prior to its invalidation. Although it is unlikely it is possible for a concept to subsequently have the invalidity flag removed if further information proves that the concept should not have been marked as invalid.

## Form

**Form Identifier, Form Identifier Date, Previous Form Identifier**

*Field Population:*

SNOMED CT International or UK extension ID

*Additional Information:*

Identification of the form within the dose form file.

Where a SNOMED CT International identifier exists it will be assigned. If no international identifier is available then a SNOMED CT UK extension identifier will be assigned. If at a later date an international identifier becomes available the concept will be updated to the international identifier. Please note that it is also possible for a SNOMED CT International identifier to be no longer appropriate in which case the concept would be assigned a new UK extension identifier.

NHSBSA is authorised to allocate codes as part of the NHS name space identifier.

The identifier will not be re-used and given to another concept (e.g. VTM, VMP, AMP, VMPP, AMPP, ingredient, form, route, unit of measure or supplier).

**Form Name**

*Field Population:*

Name used to describe the dose formulation e.g. oral tablet, cutaneous cream, gastro resistant capsule etc.

## Route

**Route Identifier, Route Identifier Date, Previous Route Identifier**

*Field Population:*

SNOMED CT International or UK extension ID

*Additional Information:*

Identification of the route of administration within the route of administration file.

Where a SNOMED CT International identifier exists it will be assigned. If no International identifier is available then a SNOMED CT UK extension identifier will be assigned. If at a later date an International identifier becomes available the concept will be updated to the International identifier. Please note that it is also possible for a SNOMED CT International identifier to be no longer appropriate in which case the concept would be assigned a new UK extension identifier.

NHSBSA is authorised to allocate codes as part of the NHS name space identifier.

The identifier will not be re-used and given to another concept (e.g. VTM, VMP, AMP, VMPP, AMPP, ingredient, form, route, unit of measure or supplier).

**Route Name**

*Field Population:*

Name used to describe the route of administration e.g. Oral, Intravenous, Cutaneous, Ocular etc.

## Supplier

**Supplier Identifier, Supplier Identifier Change Date, Previous Supplier Identifier**

*Field Population:*

SNOMED CT UK extension ID

*Additional Information:*

Identification of the supplier within the supplier file. NHSBSA is authorised to allocate codes as part of the NHS name space identifier.

The identifier will not be re-used and given to another concept (e.g. VTM, VMP, AMP, VMPP, AMPP, ingredient, form, route, unit of measure or supplier).

**Invalidity Flag**

*Additional Information:*

Flag indicating that this dictionary entry is invalid.

The entry will be retained in case it was used prior to its invalidation. Although it is unlikely it is possible for a concept to subsequently have the invalidity flag removed if further information proves that the concept should not have been marked as invalid.

**Note:** Where a concept is to be made invalid, a communication message will be issued to all license holders in the run up to the weekly publication of the database affected by the change. This communication will explain the reason for the invalidation (for more information, see page 12, and where possible provide notification of any replacement concept.

**Supplier Name**

*Field Population:*

Name used to describe the supplier e.g. C P Pharmaceuticals Ltd, GlaxoSmithKline, Novartis Pharmaceuticals UK ltd.

## Unit of Measure

**Unit of Measure Identifier, Unit of Measure Identifier Change Date, Previous Unit of Measure Identifier**

*Field Population:*

SNOMED CT International or UK extension ID

*Additional Information:*

Identification of the unit of measure within the unit of measure file.

Where a SNOMED CT International identifier exists it will be assigned. If no International identifier is available then a SNOMED CT UK extension identifier will be assigned. If at a later date an International identifier becomes available the concept will be updated to the International identifier. Please note that it is also possible for a SNOMED CT International identifier to be no longer appropriate in which case the concept would be assigned a new UK extension identifier.

NHSBSA is authorised to allocate codes as part of the NHS name space identifier.

The identifier will not be re-used and given to another concept (e.g. VTM, VMP, AMP, VMPP, AMPP, ingredient, form, route, unit of measure or supplier).

Taken from the dictionary code list (Appendix VII LIST E)

EXAMPLE **mg** when the strength is 200 mg.

**Unit of Measure Name**

*Field Population:*

Name used to describe the unit of measure e.g. mg, ml, cm, device, tablet.

## Semantic Normal Form Patterns used in NHS dm+d

Products follow the naming convention:

**Name Strength** Modification(s) **Form** Unit dose xxx-free(s)

**Note** – name in the above refers to the recommended international non-proprietary name or equivalent (see below) e.g. Atenolol, Amoxicillin etc. A VMP name will consist of this ‘name’ and the form. It will usually have a strength and may have a modification, unit dose or xxx-free.

* A VMP will always be issued with a VMP name, even if the product is non-prescribable.
* A new VMP may be allocated a temporary name that is replaced at a later date.
* The VMP will utilise an approved generic name where one is available.
* VMPs with two active substances and no approved generic name will be populated:
* following the naming convention used by the British National Formulary.
* the strength of each active substance will immediately follow the name i.e. Name Strength / Name Strength Form examples:

 Hydrocortisone acetate 1% / Fusidic acid 2% cream

 Hydrocortisone 1% / Clotrimazole 1% cream

* VMPs with more than two active substances will be populated with the prefix Generic followed by the brand name of the product.
* If two or more proprietaries exist, where the name would be Generic XXXX, the name of the product marketed first will be used.
* There are certain preparations containing more than two ingredients for which the British Pharmacopoeia has approved generic names e.g. Measles, Mumps and Rubella vaccine and Potassium chloride, Sodium chloride and Glucose intravenous infusion. In addition parenteral products that are vaccines or large volume parenteral fluids and for which there is no current approved generic name then a true VMP will be supplied.

**STRENGTH**

* A VMP name will usually have a strength, there are however occasions when this is not applicable examples of this include Calamine lotion, Vitamin B compound tablets, Aqueous cream.
* Strength may be expressed in a variety of ways e.g. weight, volume, percentage, activity. The strength may represent the total amount of active ingredient in each form i.e. per tablet or may be expressed per volume or per weight i.e. liquids and semi-solids.
* Strength in the VMP name will be the clinically intuitive strength i.e. Amoxicillin 250mg/5ml oral suspension. At ingredient level strength is expressed per 1 (per 1 tablet, per 1ml, per 1 gram etc. with the **exception** of patches where strength may be expressed per hour, per 24 hours etc.). For the VMP above the strength in the ingredient field is expressed as 50 mg/ml

**MODIFICATION(S) and FORM**

* A VMP may only have one form.
* A VMP that is of type ‘drug’ will generally always be associated with a form.
* Although ACBS products may be regarded as drugs, gluten-free products and other food supplements will generally have the form ‘not applicable’. However, to assist with secondary care prescribing where:
* Any liquid food has a route of JUST oral, it will have a form of Oral liquid.
* Any powder for liquid food has a route of JUST oral it will have a form of Oral powder.
* If the product has a route of JUST gastroenteral, it will have a form of Gastroenteral liquid or Powder for gastroenteral liquid
* If the product has routes of both oral and gastroenteral it will have a form of Gastroenteral or oral liquid or Powder for gastroenteral or oral liquid.
* **Note:** Route information will be added too, except where this information is unavailable. Where unavailable, this attribute will be set to not applicable.
* Combination packs e.g. Canesten Combi (pessary + cream) will have the form ‘not applicable’.
* Occasionally it may be necessary to use a modification in addition to a form e.g. Peppermint oil 0.2ml gastro-resistant modified-release capsules,
* Products containing two active ingredients where one active ingredient only is modified will have the modification after the appropriate name & strength e.g. Dipyridamole 200mg modified-release / Aspirin 25mg capsules.
* Following the updating of dm+d forms (Q4 2023) the following table details examples of where the full form will be used in the VMP name and where a short version will be used:

|  |  |  |
| --- | --- | --- |
|  **Form** | **Form to be used in VMP name** | **Type** |
| Oral capsule | Capsule | Short |
| Vaginal capsule | Vaginal capsule | Full |
| Cutaneous cream | Cream | Short |
| Nasal cream | Nasal cream | Full |
| Rectal cream | Rectal cream | Full |
| Vaginal cream | Vaginal cream | Full |
| Cutaneous foam | Foam | Short |
| Vaginal foam | Vaginal foam | Full |
| Cutaneous gel | Gel | Short |
| Periodontal gel | Periodontal gel | Full |
| Transdermal gel | Transdermal gel | Full |
| Oral granules | Granules | Short |
| Granules for oral solution | Granules for oral solution | Full |
| Granules for oral suspension | Granules for oral suspension | Full |
| Granules for intrauterine suspension | Granules for intrauterine suspension | Full |
| Granules for oral or rectal suspension | Granules for oral or rectal suspension | Full |
| Granules for gastroenteral or oral suspension  | Granules for gastroenteral or oral suspension  | Full |
| Cutaneous ointment | Ointment | Short |
| Ear ointment | Ear ointment | Full |
| Transdermal ointment | Transdermal ointment | Full |
| Cutaneous or nasal ointment | Ointment | Short |
| Cutaneous paste | Paste | Short |
| Dental paste | Dental paste | Full |
| Oromucosal paste | Oromucosal paste | Full |
| Oral tablet | Tablet | Short |
| Vaginal tablet | Vaginal tablet | Full |

**UNIT DOSE**

* When the form is insufficiently precise to describe the product the unit dose should be included in the name.
* The form injection does not fully describe a product therefore the name is qualified with the unit dose form e.g. ampoules, vials, pre-filled syringes, pre-filled disposable devices etc.

Furosemide 50mg/5ml solution for injection ampoules.

Other unit dose examples include: Budesonide 1mg/2ml nebuliser liquid unit dose vials, Imiquimod 5% cream 250mg sachets, Clopidogrel 75mg oral powder sachets

**XXX FREE**

* Where a product has a xxx free flag that ‘freeness’ will form part of the VMP name.
* Where a product has two or more ‘freeness’ then they will appear in alphabetical order.

**EXAMPLES OF SNF PATTERNS – Strength expression**

**Solid unit dose forms**

Examples include: tablets, buccal tablets, chewable tablets, dispersible tablets, effervescent tablets, gastro-resistant tablets, modified-release tablets, soluble tablets, sublingual tablets, capsules, gastro-resistant capsules, modified-release capsules, pessaries, suppositories, urethral sticks, cachet, lozenge, pastille, pillule, medicated chewing gum etc.

The strength is expressed as the amount per unit dose form. It will usually be expressed as;

a weight – mg, microgram, g, nanogram

but may be expressed as;

a ratio — 8mg/500mg (this will usually be used for BP approved Co- products)

a volume — ml

a percentage — %

activity – units

other – mmol

There may be occasions where no strength is required in the VMP name e.g. Vitamin B compound tablets.

Examples:

Allopurinol 100mg tablets

Co-amilofruse 5mg/40mg tablets

Rifampicin 300mg / Isoniazid 150mg tablets

Magnesium glycerophosphate (magnesium 97.2mg (4mmol) chewable tablets

Alfacalcidol 250nanogram capsules

Buprenorphine 200microgram sublingual tablets sugar free

Generic Anusol HC suppositories

Nystatin 100,000unit pessaries

Peppermint oil 0.2ml gastro-resistant modified-release capsules

**Liquid unit dose forms – injections and intravenous infusions (i.e. parenteral products)**

Examples of liquid injections and intravenous infusions include: ampoules, vials, pre-filled syringes, cartridges, bottles, polyethylene bottles, bags. For details on the identification of infusions, see the section below.

If strength is expressed this will be the total amount of drug present in the unit dose volume as:

a weight – mg, microgram, g, nanogram or

a number of units – units, million units

Water for injection is an example of a product that will have no strength information in the VMP name.

These preparations will also specify the unit dose form itself i.e. ampoules, vials etc.

Examples:

|  |
| --- |
| Apomorphine 30mg/3ml solution for injection pre-filled disposable injection devices |
| Atenolol 5mg/10ml solution for injection ampoules |
| Filgrastim 30million units/1ml solution for injection vials |
| Heparin sodium 25,000units/5ml solution for injection vialsWater for injection 10ml ampoules |

**Exceptions**

There are 3 alternative methods for a list of pre-defined **exceptions** where a clinical use case has determined the requirement to express the strength in an alternative manner. This list is detailed in Appendix XIV. These are:

**Alt method 1**

The first of these allowable exceptions 'alt. method 1' being to quote the unit strength i.e. mg/ml. This method will be used for insulins and other identified multidose injections where the intention is that only a proportion of the total quantity will be administered at any one time.

Insulin soluble human 100units/ml solution for injection 10ml vials.

**Alt Method 2**

The second exception ‘alt method 2' will be to allow for dual representation of the strength which will be represented as unit strength in both instances. This will be used for preparations such as lidocaine, adrenaline, and other preparations where the strength is quoted as biological activity, in units, or as ratios/percentages as well as in milligrams or micrograms.

Adrenaline (base) 500micrograms/0.5ml (1 in 1,000) solution for injection ampoules

Lidocaine 400mg/20ml (2%) solution for injection ampoules

Mannitol 100g/500ml (20%) infusion bags

Trichloroacetic acid 15% (150mg/1ml) solution

**Alt method 3**

A third exception 'alt method 3' is proposed for large volume infusion fluids, electrolyte solutions and other specified injections whereby these are quoted as a %.

Sodium chloride 0.9% infusion 1litre bags

**Identification of infusions**

All licensed and unlicensed parenteral products meeting either of the following criteria will be defined as an infusion:

* Products intended by the manufacturer for infusion only.
* Products of at least 50ml, which are intended for both injection and infusion.

All products meeting the definition of an infusion and presented in bags or polyethylene bottles will use the following dose form:

* Infusion

This is the shortened EDQM form term and will be used in the VMP/AMP term and used as the coded dose form.

Products meeting the definition of infusion not presented in bags and polyethylene bottles, will be described with one of the following EDQM forms (also see Appendix V, List C) in their VMP/AMP term and have an equivalent coded dose form:

* Solution for infusion.
* Emulsion for infusion.
* Powder for solution for infusion.
* Powder and solvent for solution for infusion.

**Exceptions:**

The following products are exempt from the definition because they are intended to be used as diluents rather than for direct patient administration:

* sodium chloride 0.9% solution for injection – ampoules and vials
* water for injection – ampoules and vials

**Liquid unit dose forms – others**

Examples include: nebuliser liquid unit dose vials, sachets of liquids.

If a strength is expressed this is usually as the amount per ml either as:

a weight – mg, microgram, g, nanogram or

a number of units – units, million units

A number of medicinal products use a strength expressed as a percentage and in these cases this more clinically intuitive way of expressing the strength will be used.

In September 2009, a paper was approved by the Editorial Group that proposed that VMP and AMP names for liquid unit dose concepts should be described expressing the total strength based on the total volume (i.e. total dose) in-line with unit dose injectables and unit dose oral liquids. The paper also stated that the following products would be exempt here:

* Insulin injections
* Contrast media injections
* Eye drops expressed as mg/ml and not a percentage will not be changed to the total amount in the total volume whether unit dose or not.
* Unit dose preparations that are expressed as a percentage e.g. Sodium chloride 0.9% nebuliser liquid 2.5ml unit dose ampoules.
* Any multi-dose preparations e.g. Ventolin 5mg/5ml respirator solution

Examples:

Budesonide 500micrograms/2ml nebuliser liquid unit dose vials

Diazepam 2.5mg/1.25ml rectal solution tube

Dornase alfa 2.5mg/2.5ml nebuliser liquid ampoules

**Continuous solid unit doses**

Examples include: sachets of granules or powder

The strength is usually expressed as the weight of ‘drug’ per sachet. Occasionally this strength may be expressed as a percentage in which case the weight of the sachet will be stated before ‘sachets’

Examples:

Carbenoxolone 1% granules 2g sachets

Amoxicillin 3g oral powder sachets sugar free

Zanamivir 5mg inhalation powder blisters with device

Colecalciferol 440unit / Calcium carbonate 1.25g effervescent granules sachets

**Continuous semi-solid preparations**

Examples include: creams, gels, ointments,

The strength will usually be expressed as a percentage. Depending upon the product this may be w/w, w/v, v/w or v/v. The percentage strength within the VMP name will not be qualified with the appropriate w/w or w/v etc.

Occasionally strength may be expressed as the amount per gram where this is more clinically intuitive. This may be:

a weight – mg, micrograms etc.

activity – units

A range of products within this grouping do not require strength information e.g. Aqueous cream

Examples:

|  |
| --- |
| Aciclovir 5% cream |
| Aqueous cream |
| Calcipotriol 50micrograms/g ointment |
| Nystatin 100,000units/g cream |
| Choline salicylate 8.7% oromucosal gel sugar free |
| Simple eye ointment  |

**Continuous liquid preparations**

Examples include: oral solutions, oral suspensions, oral emulsions, liquids, eye lotion, mouthwash, paints, eye drops, ear drops, nose drops

Liquids intended for oral administration will usually express the strength per xml. The most common being per 5ml as this is the usual standard dose form. There is however a range of preparations that supply a pipette with the product and will express the strength based upon this size for example as per 1ml (digoxin and nystatin) or 1.25ml (Amoxicillin). The amount per xml will usually be a weight (mg, microgram etc.) but can be units. Again a range of BP formulations will not express a strength (Potassium citrate mixture).

External liquids will usually express the strength as either a percentage or as an amount per ml e.g. weight or activity (mg etc. or units).

Examples:

|  |
| --- |
| Atenolol 25mg/5ml oral solution |
| Digoxin 50micrograms/ml oral solution |
| Potassium citrate mixture |
| Nystatin 100,000units/ml oral suspension  |
| Aluminium chloride 20% solution  |
| Betamethasone valerate 0.1% scalp application |

**Note:** the EMA and MHRA are approving more SmPCs with oral solution and oral suspension product descriptions routinely expressed as e.g. 1mg/ml. The dm+d authoring style remains as 5mg/5ml unless there is evidence that volumes less than 5ml (e.g. primary target population is children) are often likely, in which case the expression will be as 1mg/ml e.g. Domperidone 1mg/ml oral suspension sugar free.

**Continuous solid preparations**

Examples include: granules, powders

Strength will usually be expressed as a percentage but may be expressed as a weight per weight or weight per volume.

Examples:

|  |
| --- |
|  Clotrimazole 1% powder |
|  Tenofovir disoproxil 33mg/g granules |
|  Silver nitrate 95% caustic pencil |

**Miscellaneous preparations:**

**Patches**

Strength will usually be expressed as the amount of ‘active drug’ released over x hours. The amount will usually be a weight (mg, micrograms) and the time will depend upon the clinical use of the product e.g. a patch used for pain relief will often express the strength as the amount per hour whereas a HRT patch is usually over 24 hours. Some nicotine patches are designed to be worn just during the day time and these preparations choose to express the strength over a 16 hour period.

Examples:

|  |
| --- |
| Buprenorphine 35micrograms/hour transdermal patches |
| Estradiol 100micrograms/24hours transdermal patches |
| Hyoscine 1mg/72hours transdermal patches |
| Nicotine 10mg/16hours transdermal patches |
| Nicotine 14mg/24hours transdermal patches |
| Estradiol 50micrograms/24hours / Norethisterone 170micrograms/24hours transdermal patches |

**Inhalers and sprays**

Examples: metered dose inhalers and sprays - pressurised inhalers, dry powder inhalers, nasal spray, sublingual spray.

The strength is expressed as the amount per actuation or dose. The amount will usually be expressed as a weight e.g. mg, micrograms etc.

Examples:

|  |
| --- |
| Beclometasone 200micrograms/dose inhaler CFC free |
| Glyceryl trinitrate 400micrograms/dose pump sublingual spray |

**Implants/ Vaginal rings/ Intra-uterine devices**

The strength is expressed either as the amount per implant or device or as the amount released over a given time period e.g. weight/’x’hours.

Examples:

|  |
| --- |
| Estradiol 50mg implant |
| Goserelin 10.8mg implant pre-filled syringes |
| Testosterone 100mg implant |
| Estradiol 2mg vaginal ring |
| Levonorgestrel 20micrograms/24hours intrauterine device |

**Dry powder injections**

The strength is expressed as the amount per vial. This will usually be a weight but may be expressed as a number of units.

Examples:

|  |
| --- |
| Amoxicillin 500mg powder for solution for injection vials  |
| Diamorphine 30mg powder for solution for injection ampoules |
| Hyaluronidase 1500unit powder for solution for injection ampoules |
| Etanercept 25mg powder and solvent for solution for injection vials |

# Appendix III

## List A — Virtual Medicinal Product Reason For Name Change

|  |  |
| --- | --- |
| **Reason** | **Example** |
| Replacement of a temporary name | Drug dictionary populated with a temporary name which is subsequently replaced by an ‘approved’ name |
| New approved generic name available | Development of co-names |
| Basis of name changed | Change from a BAN to rINN |
| Other |  |

**Note:** there is no requirement for a reason ‘new proprietary name’ as this would be handled by the production of a new AMP.

# Appendix IV

## List B — Virtual Medicinal Product Combined Route and Form

**Editorial Policy:** The VMP combined route and form terms are the route and form at administration. This field is required for Decision Support use. The list and definitions were originally compiled by the Ontologists, but have since been updated by NHSBSA.

The form-route string is a single text string. It should begin with the form of a product at administration, table 1. The form may be modified with the descriptors listed in table 2. The string should end with the route of administration as defined in Appendix VI.

e.g.

Paracetamol 500mg tablets tablet.oral

Cimetidine 200mg/5ml suspension suspension.oral

Indometacin 100mg suppositories suppository.rectal

Terbutaline 500mcg turbohaler powderinhalation.inhalation

Cocodamol dispersible tabs suspension.oral

Cocodamol soluble tabs solution.oral

Emulsifying ointment ointment.cutaneous

 ointment.bathaddititive

Morphine sulfate 10mg/1ml solutioninjection.subcutaneous

solution for injection ampoules solutioninjection.intramuscular solutioninjection.intravenous

Juvela GF bread grocerysolid.oral

Ensure liquid liquidfood.oral liquidfood.gastroenteral

Resource Energy pudding grocerysemisolid.oral

PKU3 granulesfoodmix.oral

Maxijul LE powder powderfoodmix.oral liquidfood.oral

**Table– Forms and definitions for Ontology combined form route**

|  |  |
| --- | --- |
| **Form** | **Definition** |
|  Cachet | Solid disc-shaped dosage form made of wafer enclosing a unit-dose for oral use |
|  Capsule | A solid preparation with hard or soft shell of various shapes and capacities, usually containing a single dose of active ingredient(s). The capsule shells are made of gelatin or other substance. The contents of capsules may be solid, liquid or of a paste-like consistency. For oral administration, the shell is attacked by the digestive fluids and the contents are released. Capsules can also be formulated for use via a variety of administration routes (e.g. oromucosal, rectal, vaginal) to obtain a systemic or local effect for protective, therapeutic or prophylactic purposes. |
|  Collodion | Liquid usually containing pyroxylin in a mixture of ether and ethanol. Forms a flexible film at the site of application. |
|  Cream | A multiphase preparation consisting of lipophilic phase and an aqueous phase. It is intended to be applied to the skin or certain mucous membranes for protective, therapeutic or prophylactic purposes. |
|  Delivery System | A mechanism formulated for releasing a drug, and designed for administration to a specific location.  |
|  Dispersion | A system consisting of 2 or more phases. To be used only when suspension or emulsion are not appropriate. |
|  Emulsion | This is a stabilised oil-in-water dispersion, either or both phases of which may contain dissolved solids. Solids may also be suspended in emulsions. It can contain one or more active ingredients. |
|  Eye lotion | A sterile aqueous solution intended for use in washing or bathing the eye or for impregnating eye dressings. The term also covers solid and liquid preparations which have to be reconstituted or diluted using a suitable liquid diluent before use. |
|  Foam | A foam consists of large volumes of gas dispersed in a liquid and generally contains one or more active substances. It is usually formed at the time of administration from a liquid preparation in a pressurised container. The container is equipped with a device consisting of a valve and a push button suitable for the delivery of the foam. |
|  Gargle | An aqueous solution used for gargling. The process of gargling is intended to bring the liquid into intimate contact with membranous lining of the throat. Gargle is different from a Mouthwash in that the latter is used on the mucous membranes of the oral cavity rather than in the throat. The term also covers solid and liquid preparations which have to be dissolved or reconstituted or diluted using a suitable liquid diluent before use. |
| Gas | A compressed, liquefied or dissolved gas with medical use(s). |
| Gastroenteral liquid | A liquid administered via the enteral route (oral, nasogastric, PEG, jejunostomy etc.) used either to provide sole nutrition or to supplement other food intake. The term covers emulsions, suspensions, and solutions provided for this use case. |
| Gel | A semi-solid preparation consisting of liquids gelled by means of suitable gelling agents. It is intended to be applied to the skin or certain mucous membranes for protective, therapeutic or prophylactic purposes.  |
| Granules | Granules are preparations consisting of solid, dry aggregates of powder particles sufficiently resistant to withstand handling. They are intended for oral administration. Some are swallowed some are chewed. Granules are presented as single-dose or multidose preparations. |
| Grocerysemisolid | A food that is available for the supplementation of diet in a recognisable solid grocery semi-solid form such as yoghurt, mousse. |
| Grocerysolid | A food that is available for the supplementation of diet in a recognisable solid grocery form such as biscuits, cookies, bread, pasta. |
| Gum | Semi-solid preparation with a basis of gum and sugar that is to be sucked or chewed before swallowing. Medicated chewing gum is excluded. |
| Herbal tea | Herbal teas consist exclusively of one or more herbal drugs in an aqueous preparation. The preparation is prepared immediately before use |
| Implant | Implants are sterile, solid preparations suitable for parenteral implantation, and release the active substance(s) over an extended period of time. |
| Implantation suspension | Suspension to be implanted in the body. |
| Impregnated dressing | A piece or strip of gauze or other suitable fabric, impregnated with a liquid or a semi-solid preparation. |
| Insert | Medicated insert. Sterile, solid or semisolid preparations. They usually consist of a reservoir of active substance embedded or bounded by a rate-controlling membrane. The active substance is released over a determined length of time. |
| Intrauterine device | Insert intended to release its content over extended period of time. |
| Lacquer | Medicated liquid preparations of a variety of viscosities intended to be applied to the nails in order to obtain a local action. |
| Liquid | Term to be used for liquid preparations that are neither solutions, suspensions, oils or emulsions |
| Liquidfood | A food substitute product consumed in liquid form |
| Lozenge | Hard candy to be sucked to obtain a local effect. It can contain one or more active ingredients. |
| Lyophilisate | Freeze dried, fast releasing solid preparation. |
| Medicated chewing-gum | A solid, single-dose preparation with a base consisting mainly of gum intended to be chewed but not swallowed. They contain one or more active ingredients which are released by chewing. |
| Medicated plaster | Medicated plasters are flexible preparations containing one or more active substances. They are intended to be applied to the skin. They are designed to maintain the active substance(s) in close contact with the skin such that these may be absorbed slowly or act as protective or keratolytic agents. |
| Mouthwash | An aqueous solution intended for use in contact with mucous membranes of the oral cavity. It can contain one or more active ingredients. |
| Oil | Insoluble in water a liquid obtained from animals or plants or derived from petroleum. Also covers natural esters of glycerol and various fatty acids which are liquid at room temperature. |
| Ointment | A semi-solid preparation consisting of a single-phase basis in which solids or liquids may be dispensed. It is intended to be applied to the skin or certain mucous membranes for protective, therapeutic or prophylactic purposes. |
| Paste | A semi-solid preparation that is much stiffer than ointments. It usually consists of finely ground insoluble powders (at concentrations of 20% to 60%) dispersed in hydrocarbon or water-miscible bases. It can contain one or more active ingredients and is intended to be used for protective, therapeutic or prophylactic purposes. |
| Pastille | A medicinal preparation containing gelatine and glycerine, usually coated with sugar. It can contain one or more active substances. |
| Patch | Patches are flexible pharmaceutical preparations of varying sizes, containing one or more active substances. They are intended to be applied to the unbroken skin. |
| Pessary | Moulded pessary. Pessaries are solid, single-dose preparations. They have various shapes, usually ovoid, with a volume and consistency suitable for insertion into the vagina. They contain one or more active substances dispersed or dissolved in a suitable basis that may be soluble or dispersible in water or may melt at body temperature. |
| Pillules | Pillules for homoeopathic use are preparations of solid consistence obtained from sucrose, lactose or a mixture of both by progressive addition of these excipients and addition of a dilution of the homoeopathic stock. |
| Poultice | A hydrophilic, heat-retentive basis in which solid or liquid active substances are dispersed. It is usually spread thickly on a suitable dressing and heated before application to the skin. |
| Powder | Preparations consisting of solid, loose, dry particles. It can contain one or more active ingredients. The term “powders” can be used to describe a solid dosage form. |
| Pressurized inhalation | Pressurized metered-dose preparations for inhalation in special containers equipped with a metering valve and which are held under pressure with suitable propellants or suitable mixtures of liquefied propellants, which can also act as solvents. |
| Ring | A silicone elastomer ring, containing a drug reservoir. |
| Solution | A liquid containing one or more active ingredients dissolved in a suitable vehicle. The term also covers powders, granules and liquid preparations which have to be reconstituted or diluted using a suitable liquid diluent before use |
| Sponge | Sponge impregnated with an active substance. |
| Stick | Sticks for medical uses are solid preparations intended for local application. They are rod-shaped or conical preparations consisting of one or more active substances alone or which are dissolved or dispersed in a suitable basis that may dissolve or melt at body temperature. |
| Suppository | A solid, single-dose preparation with a shape, volume and consistency suitable for rectal administration. It contains one or more active substances dispersed or dissolved in a suitable basis that may be soluble or dispersible in water or may melt at body temperature. |
| Suspension | A liquid containing one or more active ingredients suspended in a suitable vehicle. Suspended solids may slowly separate on standing but are easily redispersed. The term also covers powders, granules and liquid preparations which have to be reconstituted or diluted using a suitable liquid diluent before use |
| Tablet | Tablets are solid preparations each containing a single dose of one or more active substances and usually obtained by compressing uniform volume of particles. This term is used to cover both uncoated and coated tablets as well as film-coated tablets. The excipients used are not specifically intended to modify the release of the active substance in the digestive fluids. |
| Tampon | A solid dosage form intended to be used to plug a cavity or canal in order to absorb blood or secretions or to deliver active substance(s). Medicated tampons are inserted for a limited time and usually consists of a suitable material such as cellulose, collagen or silicone impregnated with one or more active substances. |
| Vapour | Preparations converted into vapour and the vapour generated inhaled. |

**Table – Modified forms and definitions**

|  |  |
| --- | --- |
| Bath additive | Added to the bath water for protective, therapeutic or prophylactic purposes (e.g. for moisturising and cleansing). |
| Buccal | Applied to the buccal cavity (pouch) to obtain a systemic effect. |
| Chewable  | An oral preparation designed to be broken down rapidly in the buccal cavity by the action of teeth. |
| Dispersible | To be dispersed in liquid before being swallowed. |
| Drops | Administered in small volumes by means of a suitable device. It may contain one or more active substances. |
| Effervescent | Upon administration, the active ingredient(s) is released by an effervescent-like reaction between the product and body fluids. |
| Enema | The term “enema” is used to cover liquid preparations intended for rectal use. The enema is usually supplied in single-dose containers and contains one or more active substances dissolved or dispersed in water, glycerol or macrogols or other suitable solvents.  |
| Foodmix | To be consumed when mixed with food. |
| Gastro-resistant  | Gastro-resistant is the intention to resist the gastric fluid and to release their active ingredient or ingredients in the intestinal fluid. |
| Impregnated cigarette | A small roll of finely cut substance enclosed in a wrapper of thin paper, injected or impregnated with a medicinal substance for administration by inhalation. |
| Infusion | Infusions are sterile; they are usually made isotonic with blood. They are principally intended for administration in large volume.  |
| Inhalation | Administered by non-aerosol inhalers. |
| Injection | Injections are sterile, suitable for parenteral use.  |
| Irrigation | A sterile aqueous large volume preparation intended to be used for irrigation of body cavities, wounds and surfaces, for example during surgical procedures. |
| Irrigation solution | Sterile, aqueous large-volume preparation intended for irrigation of body cavities, wounds and surfaces, for example during surgical procedures. Irrigation solutions are either solutions of (an) active substance(s), electrolytes or osmotically active substances in water for injections or they consist of water for injections as such. |
| Modified-release  | A special process designed to modify the rate or the place at which the active ingredient(s) are released. |
| Muco-adhesive | Tablet to be applied on mucous surfaces |
| Nebuliser | Liquid preparations to be converted into aerosols by continuously operating nebulisers or metered-dose nebulisers.  |
| Ophthalmic insert | A sterile, solid or semi-solid preparations of suitable size and shape, designed to be inserted in the conjunctival sac, to produce an ocular effect. It generally consists of a reservoir of active substance embedded in a matrix or bounded by a rate-controlling membrane. The active substance, which is more or less soluble in physiological fluids, is released over a determined period of time. |
| Ophthalmic strip | Ophthalmic Strips are impregnated with an active substance intended for local application. They are usually individually wrapped and sterile. |
| Orodispersible | Disperses rapidly in contact with mucous membrane. |
| Paint | They are intended for application to the skin or, in some cases, mucous membranes. For throat paints and other paints for application to mucous surfaces, these are usually formulated in a liquid of high viscosity such as glycerol to hold the drug at the site of application. |
| Powder for gastroenteral liquid | A powder or granules that can be reconstituted to produce a liquid that is administered via the enteral route either to provide sole nutrition or to supplement other food intake. The term covers emulsions, suspensions, and solutions provided for this use case. |
| Shampoo | Intended for application and subsequent washing away with water. Upon rubbing with water they usually form foam. It includes emulsions, suspensions or solutions.  |
| Spray | For spraying into body cavities or canals. The preparation is supplied in containers with atomising devices or in pressurised containers fitted with a suitable adapter and with or without a metering dose valve. Sprays are usually supplied in multi-dose containers fitted with an appropriate applicator. |
| Wash  | A preparation intended to cleanse the skin or certain mucosal membranes or body cavities or canals. |

# Appendix V

## List C – Virtual Medicinal Product Form

**Editorial Policy:** VMP form will consist of European Directorate for the Quality of Medicines & HealthCare (EDQM) Standard Terms as amended below. The amendments reduce unnecessary multiplicity of terms and exclude terms where the pharmaceutical form does not reflect the prescribed form, e.g. powder for oral solution will be represented by oral solution.

**Note:** some forms that feature in Part 3 of SmPCs and used in dm+d may not at the time of authoring feature in EDQM. These are therefore not defined until the time-lag for their inclusion into EDQM has passed. Also if no EDQM form exists, then Health and Social Care Information Centre staff will contact the MHRA to request a new form or term.

**Use of concentrate / concentrated terms**

The aforementioned terms only feature in the VMP name where they represent part of an Official Name e.g. Anise water concentrated, or in the title of a Generic name VMP e.g. Generic Ceanal Concentrate shampoo.

For VMPs with one of these official names, the coded dose form is always populated as ‘not applicable’.

Where ‘Concentrate’ is part of a licensed name of a product, this will be represented in the AMP description only e.g. Dexdor 1mg/10ml concentrate for solution for infusion vials. Sometimes a VMP e.g. Vancomycin 1g powder for solution for infusion vials, has a selection of AMPs attached that differ in whether the licensed names refer to concentrate or not.

Whilst there are an increasing number of EDQM combined terms that use the word ‘concentrate’ in the name, there is no consistent definition to date of when they would be applied. Until such a time as ‘concentrate’ is formally defined and approved by the appropriate authorities, the VMP will not use this term other than in the scenarios above.

|  |  |  |  |
| --- | --- | --- | --- |
| **NHS dm+d Terms (EDQM Terms)** | **NHS dm+d Definitions** | **Source of Definitions** | **Examples****(Not inclusive)** |
| Aerosol generator | This is a system that delivers radiolabel led products to the lungs by inhalation for the study of lung functionality. It is a generator powered by compressed gas that delivers aerosols, it does not contain any propellants, nor does it contain medicated products. | Adapted |  |
| Bath additive | Solid, semi-solid or liquid preparation to be added to the bath water. | EDQM Term |  |
| Bladder irrigation | Sterile, aqueous large volume solutions for bladder irrigation prepared by dissolving one or more substances, electrolytes or osmotically active substances in water complying with the requirements for *Water for injections*. | EDQM Term (based on EP Monograph No 1116) |  |
| Buccal film | Single or multilayer sheet of suitable material(s) to be applied to the buccal cavity (pouch) to obtain a systematic effect. | EDQM Term |  |
| Buccal tablet | Tablet to be applied to the buccal cavity or to be sucked. | EDQM Term |  |
| Cachet | Solid disc-shaped dosage form made of wafer enclosing a unit-dose for oral use | EDQM Term |  |
| Capsule***Restricted use -*** *Terminologists’ enhancements work 2023/24* | *Following the updating of forms November 2023, the term capsule* ***is restricted to*** *the following:**(i) VMPs with a Route of Administration not applicable**(ii) VMPs with NIL route of administration**(iii) VMPs with three or more routes of administration*A solid preparation with hard or soft shells of various shapes and capacities, usually containing a single dose of active ingredient(s). The capsule shells are made of gelatin or other substance. The contents of capsules may be solid, liquid or of a paste-like consistency. For oral administration, the digestive fluids attack the shell and the contents are released. Capsules can also be formulated for use via a variety of administration routes (e.g. oromucosal, rectal, vaginal) to obtain a systemic or local effect for protective, therapeutic or prophylactic purposes. | EP |  |
| Oral capsule | Solid single dose preparation contained in a hard or soft shell, the capacity and shape of which can be varied. The shell is made of gelatin or other substances. The contents of a soft shell capsule may be semi-solid or liquid. Hard and Soft shell capsules are intended for oral use. | Adapted EDQM term | Please note EDQM do not refer to oral in term and distinguish between Capsule, soft and Capsule, hard |
| Vaginal capsule | Solid single-dose preparation consisting of a hard or soft capsule of a size and shape suited for vaginal use, containing a liquid or semi-solid formulation, intended for a local effect. | Adapted EDQM term | Please note EDQM distinguish between Vaginal capsule, hard and Vaginal capsule, soft |
| Cement | It is a grout / putty-like substance that penetrates into the interstitial space and achieves mechanical bonding rather than chemical bonding. It does not work like glue as it has no adhesive properties. It is prepared from two separate components one liquid and the other a powder, which have to be mixed into a paste just prior to being applied to the bone surface. The cement may be impregnated with a therapeutic substance | Adapted | Bone cement,Dental cement. |
| Chewable capsule | Solid single-dose preparation contained in a soft shell. The soft capsule is intended to be chewed to release its contents into the mouth. The contents of the soft shell may be a semi-solid or liquid preparation intended for local action or systemic delivery after absorption through the oral mucosa or, when swallowed, in the gastrointestinal tract. | EDQM Term |  |
| Chewable tablet | Solid single-dose preparation consisting of an uncoated tablet intended to be chewed before being swallowed. Chewable tablets are intended for oral administration.  | EDQM Term |  |
| Collodion | Liquid usually containing pyroxylin in a mixture of ether and ethanol. Forms a flexible film at the site of application. | EDQM Term |  |
| Concentrate for oral solution | Liquid preparation intended to be diluted in the specified liquid to obtain an oral solution | EDQM Term |  |
| Cream***Restricted use -*** *Terminologists’ enhancements work 2023/24* | *Following the updating of forms November 2023 the term cream* ***is restricted to*** *the following:**(i) VMPs with a Route of Administration not applicable**(ii) VMPs with NIL route of administration**(iii) VMPs with three or more routes of administration*A multiphase preparation consisting of lipophilic phase and an aqueous phase. It is intended to be applied to the skin or certain mucous membranes for protective, therapeutic or prophylactic purposes. | Adapted from BP & Pharm Codex. Amended EDQM term |  |
| Cutaneous cream | Semi-solid single-dose or multidose preparation of homogeneous appearance consisting of a lipophilic phase and an aqueous phase, one of which is finely dispersed in the other. Active substance(s) are dissolved or dispersed in the basis, which may be hydrophilic or hydrophobic. Creams are intended for cutaneous use. In certain cases, transdermal delivery may be obtained. | Adapted EDQM term  | Please note EDQM term is Cream whereas dm+d term is Cutaneous cream |
| Nasal cream | Semi-solid single-dose or multidose preparation consisting of a cream, usually of oil-in-water type, intended for nasal use, usually to obtain a local effect. Nasal creams are usually presented in tubes fitted with a nasal applicator. | EDQM Term |  |
| Rectal cream | Semi-solid preparation consisting of a cream usually presented in a single-dose container provided with a suitable applicator, intended for rectal use to obtain a local effect. | EDQM Term |  |
| Vaginal cream | Semi-solid preparation consisting of a cream usually presented in a single-dose container provided with a suitable applicator, intended for vaginal use to obtain a local effect. | EDQM Term |  |
| Cutaneous patch | Flexible single-dose preparation intended to be applied to the unbroken skin to obtain a local effect by penetration of the active substance(s) into the skin. | EDQM Term |  |
| Cutaneous sponge | Sponge impregnated with an active substance intended for cutaneous use. | EDQM Term |  |
| Dental gel | Semi-solid multidose preparation consisting of a hydrophilic gel intended for administration on teeth and gums by rubbing. | EDQM Term |  |
| Dental insert | Medicated insert to be placed between the gingiva and the tooth (within the tooth socket / periodontal membrane). | Former EDQM Term | Deprecated by the EDQM. See Periodontal insert. |
| Dental suspension | Liquid, usually multidose preparation consisting of a suspension intended for administration on teeth and gums. | EDQM Term |  |
| Dispersible tablet | Solid single-dose preparation consisting of a tablet intended to be dispersed in the specified liquid before being swallowed.  | EDQM Term |  |
| Dispersion for injection | Liquid sterile preparation consisting of two or more phases of which at least one is dispersed in the liquid phase, intended for administration by injection. To be used only when emulsion for injection is not appropriate. Solid suspension preparations are excluded. | EDQM Term |  |
| Drops (Under review) | *Restricted use e.g. where a product has multiple routes e.g. betamethasone eye/ear/nose drops):*A solution, emulsion or suspension administered in small volumes such as drops by means of a suitable device. It may contain one or more active substances.The term also covers solid and liquid preparations which have to be dissolved or reconstituted or diluted using a suitable liquid diluent before use.  | Adapted from BP & Pharm Codex. EDQM Term | For use just where a product has multiple routes |
| Ear drops | Liquid single-dose or multidose preparation consisting of an aqueous or oily solution, suspension or emulsion intended for application to the external auditory meatus. Multidose containers may be dropper containers or containers provided with a dropper applicator, or the dropper may be supplied separately. | EDQM Term |  |
| Ear/eye/nose drops solution | Liquid sterile preparation consisting of a solution intended for use as ear drops, eye drops or nasal drops. This term is only to be used in cases where there is not a single predominant route of administration for the medicinal product. | EDQM Term |  |
| Eye drops | Liquid single-dose or multidose preparation consisting of a sterile aqueous or oily solution, suspension (or emulsion) intended for ocular use. Multidose preparations are presented in containers that allow successive drops to be administered.  | Adapted from EDQM |  |
| Nasal drops | Liquid single-dose or multidose preparation consisting of a solution, suspension or emulsion intended for nasal use by means of a suitable applicator. | EDQM Term |  |
| Effervescent granules | Solid single-dose or multidose preparation consisting of uncoated granules generally containing acidic substances and carbonates or hydrogen carbonates that rapidly react in the presence of water to release carbon dioxide. Effervescent granules are intended to be dissolved or dispersed in water before oral use. | EDQM Term |  |
| Effervescent powder | Solid single-dose or multidose preparation consisting of one or more powders generally containing acid substances and carbonates or hydrogen carbonates that rapidly react in the presence of water to release carbon dioxide. Effervescent powders are intended to be dissolved or dispersed in water before administration. | EDQM Term |  |
| Effervescent tablet | Solid single-dose preparation consisting of an uncoated tablet generally containing acid substances and carbonates or hydrogen carbonates that rapidly react in the presence of water to release carbon dioxide. Effervescent tablets are intended to be dissolved or dispersed in water before oral use. | EDQM Term |  |
| Effervescent vaginal tablet | Solid single-dose preparation consisting of a vaginal tablet usually containing acid substances and carbonates or hydrogen carbonates that rapidly react in the presence of water to release carbon dioxide.  | EDQM Term |  |
| Enema | The term "enema" is used to cover liquid preparations (solutions, emulsions and suspensions) intended for rectal use in order to obtain a systemic or local effect, or for diagnostic purposes. The enema is usually supplied in single-dose containers and contains one or more active substances dissolved or dispersed in water, glycerol or macrogols or other suitable solvents. The term also covers solid and liquid preparations which have to be dissolved or reconstituted or diluted using a suitable liquid diluent before use. | EP | Rectal solution, Rectal suspension, Rectal emulsion |
| Ear drops | See under ‘drops’ above |  |  |
| Eye drops | See under ‘drops’ above |  |  |
| Eye lotion | Liquid sterile single-dose or multidose preparation consisting of an aqueous solution intended for washing or bathing the eye. | EDQM Term |  |
| Eye ointment | Semi-solid single-dose or multidose preparation consisting of a sterile ointment intended for ocular use. Eye ointments may be presented in collapsible tubes fitted with a cannula and having a content of not more than 5 g of the preparation. Eye ointment may also be presented in suitable designed single-dose containers. The containers or nozzles of tubes are of such a shape to facilitate administration without contamination. | EDQM Term |  |
| Foam***Restricted use -*** *Terminologists’ enhancements work 2023/24* | *Following the updating of forms November 2023 the term foam* ***is restricted to*** *the following:**(i) VMPs with a Route of Administration not applicable**(ii) VMPs with NIL route of administration**(iii) VMPs with three or more routes of administration*A foam consists of large volumes of gas dispersed in a liquid and generally contains one or more active substances. It is usually formed at the time of administration from a liquid preparation in a pressurised container. The container is equipped with a device consisting of a valve and a push button suitable for the delivery of the foam. | Adapted from BP & Pharm Codex. Modified EDQM Term |  |
| Cutaneous foam | Liquid, usually multidose preparation, usually presented in a pressurised container equipped with an applicator suitable for delivery of a foam consisting of large volumes of gas dispersed in a liquid containing active substance(s). Cutaneous foams are intended for cutaneous use. | EDQM term |  |
| Rectal foam | Liquid preparation, usually presented in a pressurised container provided with an applicator suitable for deliver to the rectum of foam containing large volumes of gas dispersed in a liquid containing the active substance. Rectal foams are intended for a local effect.  | EDQM Term | Also see PhEur Monograph No: 1145 definition. |
| Vaginal foam | Liquid preparation, usually presented in a pressurised container provided with an applicator suitable for delivery to the vagina of foam containing large volumes of gas dispersed in a liquid containing active substance(s). Vaginal foams are intended for vaginal use, for example for contraception. | EDQM term |  |
| Gargle | An aqueous solution used for gargling. The process of gargling is intended to bring the liquid into intimate contact with membranous lining of the throat. Gargle is different from a *Mouthwash* in that the latter is used on the mucous membranes of the oral cavity rather than in the throat. The term also covers solid and liquid preparations which have to be dissolved or reconstituted or diluted using a suitable liquid diluent before use. | Adapted from various sources. |  |
| Gastro-resistant capsule | Gastro-resistant capsules are modified release capsules that are intended to resist the gastric fluid and to release their active ingredient or ingredients in the intestinal fluid. They are prepared by providing hard or soft capsules with a gastro-resistant shell (enteric capsules) or by filling capsules with granules or with particles covered with a gastro-resistant coating. | EP / EDQM Term | Gastro-resistant capsule, hard; Gastro-resistant, soft |
| Gastro-resistant granules | Gastro-resistant granules are delayed-release granules that are intended to resist the gastric fluid and to release the active substance(s) in the intestinal fluid. These properties are achieved by covering the granules with a gastro-resistant material (enteric-coated granules) or by other suitable means. | EP / EDQM Term |  |
| Gastro-resistant tablet | Gastro-resistant tablets are delayed-release tablets that are intended to resist the gastric fluid and to release their active substance(s) in the intestinal fluid. Usually they are prepared from granules or particles already covered with a gastro-resistant coating or in certain cases by covering tablets with a gastro-resistant coating (enteric-coated tablets).  | EP / EDQM Term  |  |
| Gel***Restricted use -*** *Terminologists’ enhancements work 2023/24* | *Following the updating of forms November 2023 the term gel* ***is restricted to*** *the following:**(i) VMPs with a Route of Administration not applicable**(ii) VMPs with NIL route of administration**(iii) VMPs with three or more routes of administration*A semi-solid preparation consisting of liquids gelled by means of suitable gelling agents. It is intended to be applied to the skin or certain mucous membranes for protective, therapeutic or prophylactic purposes. The term “gel” can also be used to describe some viscous preparations (e.g. suspensions) for oral use such as aluminium hydroxide gel. | Adapted from BP & Pharm Codex.Modified EDQM Term |  |
| Cutaneous gel | Semi-solid single-dose or multidose preparation consisting of a single-phase basis of liquids gelled by a suitable gelling agent, intended for cutaneous use. Active substance(s) are dissolved or dispersed in the basis, which may be hydrophilic or hydrophobic. | Adapted EDQM term | Please note EDQM term is Gel whereas dm+d term is Cutaneous gel |
| Periodontal gel | Semi-solid preparation consisting of a gel intended to be placed in the pouch between the tooth and the gingiva. | EDQM Term |  |
| Transdermal gel | Semi-solid single-dose or multidose preparation consisting of a single-phase basis of liquids gelled by a suitable gelling agent. Active substance(s) is (are) dissolved or dispersed in the basis, which may be hydrophilic or hydrophobic. Transdermal gels are intended for transdermal use. | EDQM Term |  |
| Vaginal gel | Semi-solid preparation consisting of a gel usually presented in a single-dose container provided with a suitable applicator. Vaginal gels are intended for vaginal use to obtain a local effect. | EDQM Term |  |
| Granules***Restricted use -*** *Terminologists’ enhancements work 2023/24* | *Following the updating of forms November 2023 the term gel* ***is restricted to*** *the following:**(i) VMPs with a Route of Administration not applicable**(ii) VMPs with NIL route of administration**(iii) VMPs with three or more routes of administration*Granules are preparations consisting of solid, dry aggregates of powder particles sufficiently resistant to withstand handling. They are usually intended for oral administration. Some are swallowed as such, some are chewed and some are dissolved or dispersed in water or another suitable liquid before administration. Granules are presented as single-dose or multidose preparations. For administration routes other than oral, granules also provide a convenient dosage form that can be reconstituted to a liquid preparation prior to use (e.g. injections, rectal liquid preparations). | EP |  |
| Oral granules | Solid single-dose or multidose preparation consisting of solid, dry aggregates of powder particles that are sufficiently resistant to withstand handling. Granules are intended for oral use to release active substance(s) in the gastrointestinal fluids by a rate depending essentially on the intrinsic properties of the active substance(s) (conventional release). They may be swallowed as such and/or chewed before swallowing, and some may also be dissolved or dispersed in water or another suitable liquid before oral administration. Granules for oral solution and Granules for oral suspension are excluded. | Adapted EDQM term  | Please note EDQM term is Granules whereas dm+d term is Oral granules |
| Granules for oral solution | Solid preparation consisting of aggregated particles that may include excipients to facilitate wetting and dissolution, intended to be dissolved in the specified liquid to obtain an oral solution, which is usually prepared just before administration to the patient. | EDQM Term |  |
| Granules for oral suspension | Solid preparation consisting of aggregated particles that may include excipients to facilitate wetting and dispersion, intended to be dispersed in the specified liquid to obtain an oral suspension, which is usually prepared just before administration to the patient. | EDQM Term  |  |
| Granules for intrauterine suspension | Solid preparation consisting of aggregated particles that may include excipients to facilitate wetting and dispersion, intended to be dispersed in the specified liquid to obtain a suspension intended for Intrauterine use. | Adapted term based upon EDQM format |  |
| Granules for oral or rectal suspension | Solid preparation consisting of granules intended to be dispersed in the specified liquid to obtain an oral/rectal suspension.This term is only to be used in cases where there is not a single predominant route of administration for the medicinal product. | EDQM Term  | Please note that the format for EDQM uses ‘oral/rectal’ whilst dm+d uses ‘oral or rectal’ |
| Granules for gastroenteral or oral suspension | Solid preparation consisting of granules intended to be dispersed in the specified liquid to obtain a suspension intended for oral or gastroenteral use.This term is only to be used in cases where there is not a single predominant route of administration for the medicinal product. | Adapted term based upon EDQM format.  |  |
| Herbal material | Solid preparation consisting of whole, broken or fragmented plants or parts of plants. **Note:** this excludes herbal teas, instant herbal teas as well as preparations that are formulated into capsules, granules or powders which will use the appropriate pharmaceutical dose form. | dm+d Content Committee  |  |
| Herbal tea | Solid preparation consisting exclusively of one or more herbal drugs intended for the preparation of an oral aqueous preparation by means of decoction, infusion or maceration. Herbal teas are usually presented in bulk form or in bags. The tea is prepared immediately before oral intake.  | EDQM Term |  |
| **Homeopathic forms — see towards end of table** |  |  |  |
| Implant***Restricted use -*** *Terminologists’ enhancements work 2023/24* | *Following the updating of forms Q1 2024 the term implant* ***is restricted to*** *the following:**(i) VMPs with a Route of Administration not applicable**(ii) VMPs with NIL route of administration**(iii) VMPs with three or more routes of administration*Implants are sterile, solid preparations of a size and shape suitable for parenteral implantation and release the active substance(s) over an extended period of time. Each dose is provided in a sterile container. | EP |  |
| Powder, solvent and matrix for implantation matrix | Sterile powder (including freeze-dried powder), sterile solvent and sterile matrix intended for the preparation of an implantation matrix, for example by dissolving the powder in the solvent and using the resulting solution to impregnate the matrix. The powder contains active ingredient(s); the matrix does not contain active ingredient(s). | EDQM Term |  |
| Prolonged release intralesional implant | Solid sterile preparation of a size and shape suitable for intralesional implantation. The active substance(s) are released over an extended period of time. | Adapted term based upon EDQM format.  |  |
| Prolonged release intravitreal implant | Solid sterile preparation of a size and shape suitable for implantation into the rear chamber of the eye; the active substance(s) are released over an extended period of time, usually to obtain a local effect. Each intravitreal implant is usually presented in a sterile administration device such as an applicator. | EDQM term adapted to include ‘prolonged release’ | EDQM term is Intravitreal implant |
| Prolonged release subcutaneous implant | Solid sterile preparation of a size and shape suitable for subcutaneous implantation. The active substance(s) are released over an extended period of time. | Adapted term based on various sources. |  |
| Sealant matrix | Solid sterile preparation consisting of a pliable piece of material impregnated or coated with a sealant or with a powder that forms a sealant after contact with an appropriate fluid (e.g. blood). It may act as a haemostatic agent and/or tissue glue. The matrix may itself form part of the seal, and is usually absorbed by the body over time. | EDQM Term |  |
| Implantation suspension***Restricted use -*** *Terminologists’ enhancements work 2023/24* | *Following the updating of forms Q1 2024 the term implantation suspension* ***is restricted to*** *the following:**(i) VMPs with a Route of Administration not applicable**(ii) VMPs with NIL route of administration**(iii) VMPs with three or more routes of administration*Liquid sterile preparation consisting of a suspension intended for implantation in the body; the active substance(s) are released over an extended period of time to obtain a local or systemic effect. | EDQM Term |  |
| Prolonged release intraarticular implantation suspension | Liquid sterile preparation consisting of a suspension for intraarticular implantation. The active substance is released over an extended period of time. | Adapted EDQM term to include prolonged release and route information  |  |
| Prolonged release intraosseus implantation suspension | Liquid sterile preparation consisting of a suspension for intraosseus implantation. The active substance is released over an extended period of time. | Adapted EDQM term to include prolonged release and route |  |
| Impregnated cigarette | A small roll of finely cut substance enclosed in a wrapper of thin paper, injected or impregnated with a medicinal substance for administration by inhalation. | Adapted from various sources. |  |
| Impregnated dressing | A piece or strip of gauze or other suitable fabric, impregnated with a liquid or a semi-solid preparation. | EDQM Term |  |
| Inhalation gas | A compressed, liquefied or dissolved gas with medical use(s) | Adapted from EP and Pharm Codex.  |  |
| Inhalation powder | Powders for inhalation are presented as single-dose powders or multidose powders. To facilitate their use, active substances may be combined with a suitable carrier. They are generally administered by dry-powder inhalers. In pre-metered systems, the inhaler is loaded with powders pre-dispensed in capsules or other suitable pharmaceutical forms. For devices using a powder reservoir, the dose is created by a metering mechanism within the inhaler. The delivered dose is the dose delivered from the inhaler. For some preparations, the dose has been established as a metered dose or as a predispensed dose. | EP | Inhalation powder, hard capsule; Inhalation powder, pre-dispensed |
| Inhalation solution | Liquid, usually multidose preparation consisting of a solution intended for inhalation use. The preparation is presented in a non-pressurised container fitted with a metering dose mechanism ‘Nebuliser solution’ and ‘Pressurised inhalation, solution’ are excluded. | EDQM Term |  |
| Inhalation vapour capsule | Solid preparation consisting of a capsule formulation intended for the generation of vapour to be inhaled to obtain a local effect. The vapour is usually generated by adding the whole capsule or the capsule contents to hot water. | EDQM |  |
| Inhalation vapour emulsion | Liquid preparation consisting of an emulsion intended for generation of vapour to be inhaled to obtain a local effect. The vapour may be generated by adding the emulsion to hot water. | EDQM |  |
| Inhalation vapour liquid | Liquid preparation consisting of a liquid substance per se, such as an essential oil or a volatile anaesthetic, intended for the generation of vapour to be inhaled. The vapour may be generated by adding the liquid to hot water or by the use of a vapourising device. | EDQM |  |
| Inhalation vapour ointment | Semi-solid preparation consisting of an ointment intended for generation of vapour to be inhaled to obtain a local effect. The vapour may be generated by adding the ointment to hot water. | EDQM |  |
| Inhalation vapour impregnated pad | Solid preparation consisting of a piece of absorbent material impregnated usually with a liquid or semi-solid preparation, intended for generation of vapour to be inhaled to obtain a local effect. | EDQM |  |
| Inhalation vapour impregnated plug | Solid preparation consisting of an impregnated plug that generates a vapour to be inhaled, for example by the patient inhaling though a device containing the plug, thereby drawing air through or over it and vapourising the active ingredient(s) impregnated therein. | EDQM |  |
| Inhalation vapour solution | Liquid preparation consisting of a solution intended for generation of vapour to be inhaled to obtain a local effect. The vapour is usually generated by adding the solution to hot water | EDQM |  |
| **Injection forms — see towards end of table** |  |  |  |
| Instant herbal tea | Solid preparation consisting of a lyophilised herbal drug extract intended to be dissolved in water before oral use. Instant herbal teas are supplied in bulk form (multidose) or in sachets (single-dose). | EDQM Term |  |
| Intestinal gel | Semi-solid preparation consisting of a gel intended for intestinal use | EDQM Term |  |
| Intrauterine device | A device designed to be inserted into the uterus. It may contain an active medicament that is slowly released over a period of time. | EDQM Term |  |
| Intravesical solution | Aqueous solution intended for intravesical use by means of a suitable applicator. Bladder irrigation is excluded. This term replaces ‘Solution for intravesical use’. | EDQM Term |  |
| Irrigation (Under review as use of the EDQM term irrigation solution is more widely adopted)***Restricted use -*** *Terminologists’ enhancements work 2023/24* | *Following the updating of forms Q1 2024 the term implant* ***is restricted to*** *the following:**(i) VMPs with a Route of Administration not applicable**(ii) VMPs with NIL route of administration**(iii) VMPs with three or more routes of administration*A sterile aqueous preparation intended to be used for irrigation of body cavities, wounds and surfaces, for example during surgical procedures. Preparations for irrigation are either solutions prepared by dissolving one or more active substances, electrolytes or osmotically active substances in water or they consist of water alone. Irrigation solutions are usually adjusted to be isotonic with blood. The term also covers solid and liquid preparations which have to be dissolved or reconstituted or diluted using a suitable liquid diluent before use. | BP |  |
| Irrigation solution***Restricted use -*** *Terminologists’ enhancements work 2023/24* | *Following the updating of forms Q1 2024 the term irrigation solution* ***is restricted to*** *the following:**(i) VMPs with a Route of Administration not applicable**(ii) VMPs with NIL route of administration**(iii) VMPs with three or more routes of administration*Liquid sterile preparation consisting of a large-volume aqueous solution intended for irrigation of body cavities, wounds and surfaces, for example during surgical procedures. Irrigation solutions are either solutions of active substance(s), electrolytes or osmotically active substances in water for injections, or they consist of water for injections as such. | EDQM Term |  |
| Cutaneous irrigation solution | Liquid sterile preparation consisting of a solution intended for cutaneous irrigation.  | Adapted term based upon various sources |  |
| Cutaneous or intravesical irrigation solution | Liquid sterile preparation consisting of a solution intended for irrigation of the urinary bladder or skin. |  |  |
| Powder and solvent for intraocular instillation irrigation | Sterile powder (including freeze-dried powder) and sterile solvent intended for the preparation of an intraocular instillation solution by dissolving the powder in the solvent. For instillation or irrigation use. | EDQM amended |  |
| Intraperitoneal irrigation solution | Liquid sterile preparation consisting of a solution intended for intraperitoneal irrigation.  |  |  |
| Ocular irrigation solution | Liquid sterile preparation consisting of a solution intended for irrigation of the eye. | Adapted term based on various sources |  |
| Kit for radiopharmaceutical preparation | A preparation to be reconstituted or combined with radionuclides in the final radiopharmaceutical, usually prior to its administration. The word radiopharmaceutical may be omitted if there is no ambiguity on the radiopharmaceutical nature of the product. Combinations with other standard terms are not recommended.  | EDQM Term |  |
| Liquid***Restricted use -*** *Terminologists’ enhancements work 2023/24* | *Following the updating of forms Q1 2024 the term liquid* ***is restricted to*** *the following:**(i) VMPs with a Route of Administration not applicable**(ii) VMPs with NIL route of administration**(iii) VMPs with three or more routes of administration*Liquid preparations are usually solutions, emulsions or suspensions containing one or more active substances in a suitable vehicle. They may, however, consist of liquid active substances used as such. They are formulated for use via a variety of administration routes (e.g. cutaneous, oromucosal, rectal, vaginal). The term also includes concentrates which have to be diluted with a suitable liquid before use. Oral emulsions, oral solutions and oral suspensions are not included. Emulsions, solutions and suspensions that are to be given by the oral route are only termed as a liquid if they have additional routes of administration e.g. Barium enemas are suspensions that may be given both orally and rectally — in this scenario the form of liquid will be used.  | Adapted from BP and various sources | Cutaneous liquid, Rectal liquid, Vaginal liquid |
| Buccal liquid | Liquid single-dose or multidose preparation intended for buccal use. | Adapted term based upon various sources  |  |
| Cutaneous emulsion | Liquid, usually multidose preparation consisting of an emulsion intended for cutaneous use. | EDQM Term |  |
| Cutaneous liquid | Liquid, usually multidose preparation consisting of a liquid active substance per se, intended for cutaneous use. | EDQM Term |  |
| Cutaneous or ear solution | Liquid preparation consisting of a solution intended for cutaneous or auricular use | Adapted term based upon various sources  |  |
| Cutaneous or inhalation liquid | Liquid preparation for cutaneous or inhalation use | Adapted term based upon various sources  |  |
| Cutaneous or oromucosal liquid | Non-sterile liquid preparation intended for cutaneous or oromucosal use | Adapted term based upon various sources |  |
| Cutaneous solution | Liquid multidose preparation consisting of a solution of the active substance in a vehicle intended for cutaneous use. | EDQM Term |  |
| Dental liquid | Liquid, usually multidose preparation intended for administration on teeth and gums. | EDQM Term |  |
| Endocervical solution | Liquid preparation consisting of a solution intended for endocervical use | Adapted term based on various sources |  |
| Intraarterial solution | Liquid preparation consisting of a solution intended for intraarterial use | Adapted term based on various sources  |  |
| Intraperitoneal solution | Liquid sterile preparation consisting of a solution intended for intraperitoneal use. ‘Solution for peritoneal dialysis’ is excluded. | EDQM Term |  |
| Nasal solution | Liquid preparation consisting of a solution intended for nasal application.  | Adapted term based on various sources  |  |
| Oral or rectal solution | Liquid preparation consisting of a solution intended for oral or rectal use.This term is only to be used in cases where there is not a single predominant route of administration for the medicinal product. | EDQM Term | Please note that the format for EDQM uses ‘oral/rectal’ whilst dm+d uses ‘oral or rectal’ |
| Oral or rectal suspension | Liquid preparation consisting of a suspension intended for oral or rectal use. This term is only to be used in cases where there is not a single predominant route of administration for the medicinal product. | EDQM Term | Please note that the format for EDQM uses ‘oral/rectal’ whilst dm+d uses ‘oral or rectal’ |
| Oromucosal liquid | Liquid single-dose or multidose preparation intended for oromucosal use. | EDQM Term |  |
| Suspension for endotracheopulmonary instillation | Liquid preparation consisting of a suspension intended for instillation to the trachea and/or bronchi. Preparations for inhalation use are excluded. | Amended EDQM term | Note – different word order to EDQM term and definition in dm+d does not specify aqueous suspension |
| Vaginal solution | Liquid preparation consisting of a solution intended for vaginal use by means of a suitable applicator in order to obtain a local effect. | EDQM Term |  |
| Gastroenteral liquid | Liquid preparation intended for administration to the stomach or duodenum by means of an appropriate device. | EDQM Amended  | EDQM term more specific i.e. Gastroenteral solution or Gastroenteral suspension |
| Gastroenteral or oral liquid | A liquid administered via the enteral route i.e. oral or into the stomach or duodenum (nasogastric, PEG, jejunostomy etc). This term covers solutions, suspensions and emulsions. | Adapted from various sources |  |
| Oral liquid | Liquid, single-dose or multidose preparation consisting of a liquid active substance per se, intended for oral use. Each dose from a multidose container is administered by means of a device suitable for measuring the prescribed volume. The device is usually a spoon or a cup for volumes of 5 mL or multiples thereof or an oral syringe for other volumes. | EDQM Term |  |
| Living tissue equivalent | Cultured, living tissue used for the reconstitution of parts of the body. The tissue may consist of ex vivo expanded cells with an extracellular matrix. Where appropriate, the tissue of origin, such as epidermis, dermis, cartilage or muscle, will need to be stated elsewhere in the product information. | EDQM Term |  |
| Lozenge | Solid single-dose preparation intended to be sucked to obtain, usually, a local effect in the oral cavity and the throat. Lozenges are hard preparations prepared by moulding. They usually contain flavouring and sweetening agents. Lozenges dissolve or disintegrate slowly when sucked. | EDQM*Definition updated Sept 2023* |  |
| Medicated chewing-gum | A solid, single-dose preparation with a base consisting mainly of gum that is intended to be chewed but not swallowed. They contain one or more active ingredients which are released by chewing over an extended period of time. | EDQM Term |  |
| Medicated nail lacquer | Liquid preparation to be applied to the nails to form a lacquer by evaporation of the volatile solvent. | EDQM Term |  |
| Medicated plaster | Flexible single-dose preparation intended to be applied to the skin to obtain, usually, a local effect. Medicated plasters consist of an adhesive basis containing the active substance spread as a uniform layer on an appropriate support made of natural or synthetic material. The adhesive layer is covered by a suitable protective liner, which is removed before applying the plaster to the skin. Medicated plasters are presented in a range of sizes or as larger sheets to be cut before use. | EDQM Term |  |
| Modified-release capsule | Modified-release capsules are hard or soft capsules in which the contents or the shell or both contain special excipients or are prepared by a special process designed to modify the rate or the place at which the active ingredient(s) are released. | EP | Modified-release capsule, hard; Modified-release capsule, soft |
| Modified-released drops | A drop preparation where the rate of release of the active substance(s) is different from that of a conventional release drop preparation administered by the same route. This deliberate modification is achieved by a special formulation design and/or manufacturing method. | Adapted from BP & Pharm Codex. Amended EDQM Term |  |
| Modified-release granules | Modified-release granules are coated or uncoated granules designed to modify the rate, the place or the time at which the active substance or substances are released. Modified-release granules include prolonged-release granules and delayed-release granules. | EP |  |
| Modified-release tablet | Modified-release tablets are coated or uncoated tablets designed to modify the rate, the place or the time at which the active substance(s) are released. Modified-release tablets include prolonged-release tablets, delayed-release tablets, pulsatile-release tablets and accelerated-release tablets. | EP |  |
| Mouthwash | An aqueous solution intended for use in contact with mucous membranes of the oral cavity, usually after dilution with warm water. It can contain one or more active ingredients. The term also covers solid and liquid preparations which have to be dissolved or reconstituted or diluted using a suitable liquid diluent before use. | EDQM / EP Term |  |
| Muco-adhesive buccal tablet | Tablet to be applied on mucous surfaces in the buccal cavity. | EDQM Term |  |
| Nasal drops | See under ‘drops’ above |  |  |
| Nasal gel | Semi-solid single-dose or multidose preparation consisting of usually a hydrophilic gel, intended for nasal use to obtain a local effect. Nasal gels are usually presented in tubes fitted with a nasal applicator. | EDQM Term |  |
| Nasal ointment | Semi-solid single-dose or multidose preparation consisting of an ointment, intended for nasal use to obtain a local effect. Nasal ointments are usually presented in tubes fitted with a nasal applicator. | EDQM Term |  |
| Nebuliser liquid | Liquid preparations for inhalation intended to be converted into aerosols by continuously operating nebulisers or metered-dose nebulisers are solutions, suspensions or emulsions. Liquid preparations for nebulisation in concentrated form for use in continuously operating nebulisers are diluted to be prescribed volume with the prescribed liquid before use. Liquids for nebulisation may also be prepared from powders or other forms of solids. | EP / EDQM | Nebuliser solution, Nebuliser suspension; Nebuliser emulsion |
| Ointment***Restricted use -*** *Terminologists’ enhancements work 2023/24* | *Following the updating of forms August 2023 the term ointment* ***is restricted to*** *the following:**(i) VMPs with a Route of Administration not applicable**(ii) VMPs with NIL route of administration**(iii) VMPs with three or more routes of administration*A semi-solid preparation consisting of a single-phase basis in which solids or liquids may be dispensed. It is intended to be applied to the skin or certain mucous membranes for protective, therapeutic or prophylactic purposes. | Adapted from BP & Pharm Codex. Modified EDQM Term |   |
| Cutaneous ointment | Semi-solid single-dose or multidose preparation consisting of a single-phase basis in which solids or liquids may be dispersed. Active substance(s) are dissolved or dispersed in the basis, which may be hydrophilic, hydrophobic or water-emulsifying. Ointments are intended for cutaneous use. In certain cases, transdermal delivery may be obtained. | Amended EDQM term  | **Please note** EDQM term is Ointment whereas dm+d term is Cutaneous ointment |
| Ear ointment | Semi-solid single-dose or multidose preparation consisting of an ointment intended for application to the external auditory meatus, if necessary by means of a tampon impregnated with the preparation. | EDQM Term |  |
| Rectal ointment | Semi-solid preparation consisting of an ointment usually presented in a single-dose container provided with a suitable applicator. Rectal ointments are intended for rectal use to obtain a local effect. | EDQM Term |  |
| Transdermal ointment | Semi-solid single-dose or multidose preparation consisting of a single-phase basis in which solids or liquids may be dispersed. Active substance(s) are dissolved or dispersed in the basis, which may be hydrophilic, hydrophobic or water-emulsifying. Transdermal ointments are intended for transdermal use. | EDQM Term |  |
| Cutaneous or nasal ointment | Semi-solid preparation consisting of an ointment intended for cutaneous or nasal use.This term is only to be used in cases where there is not a single predominant route of administration for the medicinal product. | EDQM Term | Please note that the format for EDQM uses ‘cutaneous/nasal’ whilst dm+d uses ‘cutaneous or nasal’ |
| Ophthalmic insert | Solid sterile preparation of suitable size and shape, designed to be inserted in the conjunctival sac to produce a local or ocular effect by the release of active substance(s) over a determined period of time. Ophthalmic inserts generally consist of a reservoir of active substance(s) embedded in a matrix or bounded by a rate-controlling membrane. They are presented individually in sterile containers. | EDQM Term |  |
| Ophthalmic strip | Solid sterile single-dose preparation consisting of a strip made of a suitable material usually impregnated with active substance(s) intended for use on the eyeball. | EDQM Term |  |
| Oral dispersion | A system consisting of 2 or more phases. To be used only when suspension or emulsion are not appropriate. |  |  |
| Oral drops | Liquid multidose preparation intended for oral use. | EDQM Term |  |
| Oral emulsion | Liquid, single-dose or multidose preparation consisting of an emulsion intended for oral use. Each dose from a multidose container is administered by means of a device suitable for measuring the prescribed volume. The device is usually a spoon or a cup for volumes of 5ml or multiples thereof or an oral syringe for other volumes. | EDQM Term |  |
| Oral gel | Semi-solid single-dose or multidose preparation intended for oral use. It consists of a gel, usually hydrophilic, to be swallowed after administration to the oral cavity. | EDQM Term |  |
| Oral gum | Solid single-dose preparation with a gum-like consistency, intended to be sucked or chewed before being swallowed. Medicated chewing gum is excluded. | EDQM Term |  |
| Oral solution | Liquid, single-dose or multidose preparation consisting of a solution intended for oral use. Each dose from a multidose container is administered by means of a device suitable for measuring the prescribed volume. The device is usually a spoon or a cup for volumes of 5ml or multiples thereof or an oral syringe for other volumes.  | EDQM Term |  |
| Concentrate for oral solution | See under ‘concentrate’ above. |  |  |
| Oral suspension | Liquid, single-dose or multidose preparation consisting of a suspension intended for oral use. Each dose from a multidose container is administered by means of a device suitable for measuring the prescribed volume. The device is usually a spoon or a cup for volumes of 5ml or multiples thereof or an oral syringe for other volumes.  | EDQM Term |  |
| Oral lyophilisate | Solid single-dose preparation made by freeze-drying of a liquid or semi-solid preparation. This fast-releasing preparation is intended to be placed in the mouth where its contents are released in saliva and swallowed or, alternatively, to be dissolved in water before oral administration. | EP / EDQM | Please note EDQM term is Tablet whereas dm+d term is Oral tablet |
| Orodispersible film | Solid preparation consisting of a single- or multilayer sheet of suitable material(s) intended to be placed in the mouth where it disperses rapidly before being swallowed. | EDQM Term |  |
| Orodispersible tablet | Solid single- dose preparation consisting of an uncoated tablet intended to be placed in the mouth where it disperses rapidly in saliva before being swallowed. | EDQM Term |  |
| Oromucosal gel | Semi-solid single-dose or multidose preparation consisting of a hydrophilic gel intended for oromucosal use. It is applied to the oral cavity or onto a specific part of the oral cavity, to obtain a local effect. Gingival gel is excluded. | EDQM Term |  |
| Oromucosal solution | Liquid multidose preparation consisting of a solution intended for oromucosal use. | EDQM Term |  |
| Cutaneous Paint | Solutions or dispersions of one or more active ingredients. They are intended for application to the skin or, in some cases, mucous membranes. For throat paints and other paints for application to mucous surfaces, these are usually formulated in a liquid of high viscosity such as glycerol to hold the drug at the site of application. | Adapted from BP and Pharm CodexNot a EDQM Term |  |
| Paste***Restricted use -*** *Terminologists’ enhancements work 2023/24* | *Following the updating of forms November 2023 the term paste* ***is restricted to*** *the following:**(i) VMPs with a Route of Administration not applicable**(ii) VMPs with NIL route of administration**(iii) VMPs with three or more routes of administration*A semi-solid preparation that is much stiffer than ointments. It usually consists of finely ground insoluble powders (at concentrations of 20% to 60%) dispersed in hydrocarbon or water-miscible bases. It can contain one or more active ingredients and is intended to be used for protective, therapeutic or prophylactic purposes. | Adapted from Pharm Codex. Modified EDQM Term |  |
| Cutaneous paste | Semi-solid single-dose or multidose preparation containing a large proportion of finely divided solids dispersed in the basis, intended for cutaneous use. | EDQM Term |  |
| Dental paste | Semi-solid single-dose or multidose preparation consisting of solid particles finely dispersed in a suitable basis, intended for administration on or inside the tooth or on and/or around the nerves supplying the teeth. Toothpaste is excluded. | EDQM Term |  |
| Oromucosal paste | Semi-solid single-dose or multidose preparation consisting of a paste of solid particles finely dispersed in a hydrophilic basis intended for oromucosal use. Oromucosal pastes are applied to the oral cavity or onto a specific part of the oral cavity, to obtain a local effect. Gingival paste is excluded. | EDQM Term |  |
| Pastille  | A medicinal preparation containing gelatine and glycerine, usually coated with sugar. It is intended to be dissolved in the mouth so that the medication is applied to the mouth or throat. It can contain one or more active substances. | Adapted from various sources.Not a EDQM Term |  |
| Periodontal insert | Solid single-dose preparation consisting of a medicated insert to be placed within the tooth socket/periodontal membrane. The biodegradable insert is a sheet which slowly releases active substance(s). | EDQM Term |  |
| Pessary | Moulded pessary. Pessaries are solid, single-dose preparations. They have various shapes, usually ovoid, with a volume and consistency suitable for insertion into the vagina. They contain one or more active substances dispersed or dissolved in a suitable basis that may be soluble or dispersible in water or may melt at body temperature. They can be used to obtain a systemic or local effect for protective, therapeutic or prophylactic purposes.For EDQM definition, see <https://standardterms.edqm.eu/> | EP / EDQM |  |
| Poultice | Semi-solid preparation consisting of a hydrophilic heat-retentive basis in which solid or liquid active substance(s) are dispersed, usually intended to be spread thickly on a suitable dressing and heated before application to the skin. | EDQM Term |  |
| Powder***Restricted use -*** *Terminologists’ enhancements work 2023/24* | *Following the updating of forms Q1 2024 the term powder* ***is restricted to*** *the following:**(i) VMPs with a Route of Administration not applicable**(ii) VMPs with NIL route of administration**(iii) VMPs with three or more routes of administration*A preparation consisting of solid, loose, dry particles of varying degrees of fineness. It can contain one or more active ingredients and is intended to be used for protective, therapeutic or prophylactic purposes. The term “powders” can be used to describe a solid dosage form (e.g. oral powders or dusting powders) or as a convenient dosage form which can be reconstituted to be a liquid preparation prior to use (e.g. rectal liquid preparations). | Adapted from various sources. Modified EDQM Term | Ear powder, Cutaneous powder |
| Cutaneous powder | Solid, usually multidose preparation consisting of a powder intended for cutaneous use. Cutaneous spray, powder is excluded. | EDQM Term |  |
| Ear powder | Solid, usually multidose preparation consisting of one or more powders consisting of (a) solid active substance(s) intended for application to the external auditory meatus. Ear powders are presented in containers fitted with a suitable applicator or device for insufflation. | EDQM Term |  |
| Powder for oral or rectal suspension | Solid preparation consisting of one or more powders, including freeze-dried powders, intended to be dispersed in the specified liquid to obtain an oral/rectal suspension.This term is only to be used in cases where there is not a single predominant route of administration for the medicinal product. | EDQM term | Please note that the format for EDQM uses ‘oral/rectal’ whilst dm+d uses ‘oral or rectal’ |
| Powder for suspension for endotracheopulmonary instillation | Solid preparation consisting of one or more powders, including freeze-dried powders, intended to be dispersed in the specified liquid to obtain an endotracheopulmonary instillation suspension. | EDQM term  | Please note EDQM term is Endotracheopulmonary instillation, powder for suspension whilst dm+d uses Powder for suspension for endotracheopulmonary instillation. |
| Powder for gastroenteral liquid | A powder that can be reconstituted to produce a liquid that is administered to the stomach or duodenum by means of an appropriate device. |  |  |
| Powder for gastroenteral or oral liquid | A powder that can be reconstituted to produce a liquid administered via the enteral route i.e. oral or into the stomach or duodenum (nasogastric, PEG, jejunostomy etc). This term covers solutions, suspensions and emulsions. | Adapted term based on various sources.  |  |
| Powder for oral solution | Solid preparation consisting of (a) solid active substance(s) which may also include excipients to facilitate dissolution in the prescribed liquid. Powders for oral solution include freeze-dried powders. The oral solution is usually prepared just before administration to the patient. | EDQM Term |  |
| Powder for oral suspension | Solid preparation consisting of (a) solid active substance(s) which may also include excipients to facilitate dispersion in the prescribed liquid and to prevent sedimentation during storage of the oral suspension. Powders for oral suspension include freeze-dried powders. The oral suspension is usually prepared just before administration to the patient. | EDQM Term |  |
| Oral powder | Single-dose or multidose preparation consisting of one or more particulate solids of varying degrees of fineness. Oral powders are intended for oral administration. They are generally administered in or with water or another suitable liquid but may also be swallowed directly. | EDQM Term |  |
| Powder and gel for gel | Powder and gel intended for the preparation of a gel (for cutaneous use) by mixing the powder in the gel. The powder contains the active ingredient(s); the gel does not contain the active ingredient(s). | EDQM Term |  |
| **Note that for powder forms that relate to either infusions or injections** please see under the ‘Infusion Forms’ and the ‘Injection Forms’ sections. |
| Powder and solvent for intravesical solution | Powder (including freeze-dried powder) and solvent intended for the preparation of an intravesical solution by dissolving the powder in the solvent. | EDQM Term |  |
| Powder and solvent for intravesical suspension | Powder (including freeze-dried powder) and solvent intended for the preparation of an intravesical suspension by dispersing the powder in the solvent. | EDQM Term |  |
| Powder and solvent for nebuliser solution | Powder (including freeze-dried powder) and solvent intended for the preparation of a nebuliser solution by dissolving the powder in the solvent. | EDQM Term |  |
| Powder and solvent for solution for instillation | See the note before the start of the table |  |  |
| Powder and solvent for solution for intraocular irrigation | See the note before the start of the table |  |  |
| Powder and solvent for suspension for instillation | See the note before the start of the table |  |  |
| Powder for intravesical solution | Solid preparation consisting of one or more powders, including freeze-dried powders, intended to be dissolved in the specified liquid to obtain an intravesical solution. | EDQM Term |  |
| Powder for nebuliser solution | Solid preparation consisting of one or more powders, including freeze-dried powders, intended to be dissolved in the specified liquid to obtain a nebuliser solution.  | EDQM Term based on EP Monograph No 671 |  |
| Powder for oral solution | Solod preparation consisting of (a) solid active substance(s) which may also include excipients to facilitate dissolution on the prescribed liquid. Powders for oral solution include freeze-dried powders. The oral solution is usually prepared just before administration to the patient. | EDQM Term based on EP Monograph No 672 |  |
| Powder for solution for iontophoresis | Solid preparation consisting of one or more powders, including freeze-dried powders, intended to be dissolved in the specified liquid to obtain a solution for iontophoresis.  | EDQMTerm |  |
| Powder for reconstitution for instillation | A sterile or non-sterile solid (powder or granules) that is reconstituted with a solvent or diluent to produce a solution, suspension, dispersion or emulsion for instillation into a body cavity. This is different from an irrigation in that the resulting 'solution' is left in situ for a given period of time. | Adapted |  |
| Pressurised inhalation | Pressurised metered-dose preparations for are solutions, suspensions or emulsions supplied in special containers equipped with a metering valve and which are held under pressure with suitable propellants or suitable mixtures of liquefied propellants, which can also act as solvents. The delivered dose is the dose delivered from the inhaler to the patient. For some preparations, the dose has been established as a metered dose. | EP | Pressurised inhalation, solution;Pressurised inhalation, suspension; Pressurised inhalation, emulsion |
| Radionuclide generator | A system incorporating a fixed parent radionuclide from which is produced a daughter nuclide which is to be removed by elution or by any other method and used in a radiopharmaceutical.  | EDQM Term |  |
| Shampoo | Liquid or, occasionally semi-solid, usually multidose preparation intended for application to the scalp by rubbing and subsequent washing away with water. Upon rubbing with water they usually form a foam. Shampoos are solutions, suspensions or emulsions containing surface-active agents. | EDQM Term |  |
| Soluble tablet | Solid single-dose preparation consisting of a tablet, usually uncoated, intended to be dissolved in the specified liquid before being swallowed. | EDQM Term |  |
| Solution for blood fraction modification | Liquid sterile preparation consisting of a solution intended for use in extracorporeal modification of a blood fraction that is returned to the patient following modification. | EDQM Term |  |
| Solution for cardioplegia | Liquid sterile preparation consisting of an aqueous solution intended for use in inducing to be used for inducing cardiac arrest during heart surgery. Some preparations may require mixing with other preparations prior to administration, for example to adjust the pH. | EDQM Term |  |
| Solution for haemofiltration | Liquid sterile preparation consisting of an aqueous solution containing electrolytes with a concentration close to the electrolytic composition of the plasma, intended for parenteral use in haemofiltration. Glucose may be included. | EDQM Term |  |
| Solution for intraocular irrigation | Liquid sterile preparation consisting of a solution intended for irrigation of one or more internal structures of the eye, e.g. during surgical procedures. | EDQM Term |  |
| Solution for iontophoresis | Liquid preparation consisting of an aqueous solution intended for transdermal delivery by means of iontophoresis.  | EDQMTerm |  |
| Solution for organ preservation  | Liquid sterile preparation consisting of an aqueous solution of electrolytes typically at a concentration close to the intracellular electrolyte composition, intended for storage, protection and/or perfusion of mammalian body organs that are in particular destined for transplantation.  | EDQMTerm |  |
| Solution for peritoneal dialysis | Liquid sterile preparation consisting of an aqueous solution containing electrolytes with a concentration close to the electrolytic composition of plasma and glucose in varying concentrations or other suitable osmotic agents, intended for intraperitoneal use as a dialysis solution. | EDQM Term |  |
| Solution for sealant | Solution more or less viscous preparation intended for use as tissue glue. | EDQM Term |  |
| Solution for skin prick test | Allergen product for cutaneous and transdermal diagnostic use. | EDQM Term |  |
| Solvent for BCG Vaccine AJV | Solvent for *AJVaccines* Bacillis Calmetter-Guerin (BCG) Vaccine  | SmPC |  |
| Spray | Solutions, emulsions or suspensions of one or more active substances in liquids intended for spraying into body cavities or canals. The preparation is supplied in containers with atomising devices or in pressurised containers fitted with a suitable adapter and with or without a metering dose valve. Sprays are usually supplied in multi-dose containers fitted with an appropriate applicator. | EP | Ear spray, solution; Ear spray, suspension; Ear spray, emulsion |
| Sterile solution | *Restricted use:* A sterile apyrogenic solution suitable for injection but not injected directly into the patient. The solutions are used for in vitro mixing with other sterile substance prior to injection and are used in the preparation of Radiopharmaceuticals | Adapted |  |
| Stick | Sticks for medical uses are solid preparations intended for local application. They are rod-shaped or conical preparations consisting of one or more active substances alone or which are dissolved or dispersed in a suitable basis which may dissolve or melt at body temperature. Urethral sticks and sticks for insertion into wounds are sterile. | Adapted from EP. Modified EDQM Term | Dental stick |
| Sublingual spray | Solution to be sprayed under the tongue. | EDQM Term |  |
| Sublingual tablet | Tablet intended to be held under the tongue | Pharm. Codex |  |
| Suppository | A solid, single-dose preparation with a shape, volume and consistency suitable for rectal administration. It contains one or more active substances dispersed or dissolved in a suitable basis which may be soluble or dispersible in water or may melt at body temperature. It can be used to obtain a systemic or local effect for protective, therapeutic or prophylactic purposes. | EP / EDQM |  |
| Tablet***Restricted use -*** *Terminologists’ enhancements work 2023/24* | *Following the updating of forms November 2023 the term tablet* ***is restricted to*** *the following:**(i) VMPs with a Route of Administration not applicable**(ii) VMPs with NIL route of administration**(iii) VMPs with three or more routes of administration*Tablets are solid preparations each containing a single dose of one or more active substances and usually obtained by compressing uniform volume of particles. For oral administration, this term is used to cover both uncoated and coated tablets as well as film-coated tablets. The excipients used are not specifically intended to modify the release of the active substance in the digestive fluids. Tablets can also be formulated for use via other administration routes (e.g. vaginal) to obtain a systemic or local effect for protective, therapeutic or prophylactic purposes. | EP / EDQM |  |
| Oral tablet | Solid single-dose uncoated preparation obtained by compressing uniform volumes of particulate solids or by other means such as extrusion or moulding. Tablets include single-layer tablets resulting from a single compression of particles and multi-layer tablets consisting of concentric or parallel layers obtained by successive compressions of particles of different composition. Tablets are intended for oral use to release active substance(s) in the gastrointestinal fluids by a rate depending essentially on the intrinsic properties of active substance(s) (conventional release). | EP / EDQM | Please note EDQM term is Tablet whereas dm+d term is Oral tablet |
| Vaginal tablet | Solid single-dose preparation consisting of a tablet, usually uncoated or film-coated, intended for administration to the vagina to obtain a local effect. Vaginal tablets are usually of larger size and a different shape from tablets intended for oral administration. | EDQM Term |  |
| Tablet for cutaneous solution | Solid, usually single-dose preparation consisting of a tablet, usually uncoated, intended to be dissolved in the specified liquid to obtain a cutaneous solution.  | EDQM Term |  |
| Tampon | A solid dosage form intended to be used to plug a cavity or canal in order to absorb blood or secretions or to deliver active substance(s) to obtain a systemic or local effect for protective, therapeutic or prophylactic purposes. Medicated tampons are intended to be inserted for a limited time and usually consist of a suitable material such as cellulose, collagen or silicone impregnated with one or more active substances. | Adapted from various sources. Modified EDQM Term | Ear tampon, rectal tampon, medicated vaginal tampon. |
| Transdermal patch | Transdermal patches are flexible pharmaceutical preparations of varying sizes, containing one or more active substances. They are intended to be applied to the unbroken skin in order to deliver the active substance(s) to the systemic circulation after passing through the skin barrier.For long EDQM definition, see <https://standardterms.edqm.eu/>  | EP / EDQM Term  |  |
| Transdermal system | Assembly of components intended for transdermal delivery driven by external forces (e.g. electric current, chemical reaction). Transdermal patch is excluded. | EDQMTerm |  |
| Vaginal delivery system | Drug delivery system intended to be inserted in the vagina where it releases its contents over an extended period of time. **Note:** vaginal sponge and medicated vaginal tampon are excluded. | EDQM Term |  |
| Vaginal device | Vaginal insert intended to release its content over extended period of time. | EP  |  |
| Vaginal sponge | Sponge impregnated with an active substance intended for vaginal use. | EDQM Term (deprecated) |  |
| Cutaneous Wash | A preparation intended to cleanse the skin or certain mucosal membranes or body cavities or canals. It is usually an aqueous solution with a pH within physiological limits. The term also covers solid and liquid preparations which have to be dissolved or reconstituted or diluted using a suitable liquid diluent before use. | EP |  |
| Not applicable | Applies to products where it is not possible to assign a form in particular combination products where there is a mixture of forms e.g. tablets and capsules or cream and pessaries. |  |  |
| **HOMEOPATHIC FORMS:** |  |  |  |
| Homeopathic Cream  | A preparation for application to the skin consisting of a lipophilic phase and an aqueous phase in which may be dispersed one or more homeopathic mother tinctures or high strength alcohol preparations of a homeopathic potency to the required concentration. The concentration of homeopathic ingredient is not defined by a pharmacopoeia and may vary by manufacturer and/or prescriber. |  |  |
| Homeopathic Crystals | Solid preparations composed of sucrose, resembling granulated sugar and intended for oral or sublingual use. Coated ('medicated') with a high strength alcohol preparation of one or more homeopathic potencies and usually administered by measuring the prescribed amount of crystals as a dose. Sometimes dispensed in a single dose sachet, similar to homeopathic oral powder. |  |  |
| Homeopathic Drops  | Liquid dosage form, composed of a low strength alcohol solution (typically 15-30%) in purified water combined with the high strength alcohol preparation of one or more homeopathic potencies. Intended for oral use, directly or in water, via a dropper mechanism contained within the bottle. Also sometimes termed ‘homeopathic liquid potency’.  |  |  |
| Homeopathic Elixir | A viscous liquid preparation, composed of a honey or syrup base in which may be dispersed one or more homeopathic mother tinctures or high strength alcohol preparations of a homeopathic potency to the required concentration. Intended for oral use in the treatment of coughs and acute throat pain. Sometimes termed ‘homeopathic linctus’. |  | Homeopathic Elixir,Homeopathic Linctus |
| Homeopathic Eye Drops | A sterile solution containing a homeopathic dilution intended to be applied to the eye by means of a suitable dropper mechanism. |  |  |
| Homeopathic Gel  | A semi-solid preparation for application to the skin consisting of liquids gelled by means of a suitable gelling agent in which may be dispersed one or more homeopathic mother tinctures or high strength alcohol preparations of a homeopathic potency to the required concentration. The concentration of homeopathic ingredient is not defined by a pharmacopoeia and may vary by manufacturer and/or prescriber. |  |  |
| Homeopathic Granules  | Very small solid spherical preparations composed of sucrose, lactose or a compound of the two intended for oral or sublingual use. Coated ('medicated') with a high strength alcohol preparation of one or more homeopathic potencies and usually administered by measuring the prescribed amount of granules as a dose. Size and composition are not defined by a pharmacopoeia and may vary by manufacturer. Sometimes dispensed in a single dose sachet, similar to homeopathic oral powder. |  |  |
| Homeopathic Injection | A sterile solution, presented in an ampoule, containing a homeopathic dilution or appropriately prepared aqueous plant extract intended for parenteral use. |  |  |
| Homeopathic Liniment | An oil based preparation for application to the skin in which may be dispersed one or more homeopathic mother tinctures or high strength alcohol preparations of a homeopathic potency to the required concentration. The concentration of homeopathic ingredient is not defined by a pharmacopoeia and may vary by manufacturer and/or prescriber. |  |  |
| Homeopathic Liquid Potency  | Liquid dosage form, composed of a low strength alcohol solution (typically 15-30%) in purified water combined with the high strength alcohol preparation of one or more homeopathic potencies. Intended for oral use, directly or in water. When used via a dropper mechanism contained within the bottle termed ‘homeopathic drops’.  |  |  |
| Homeopathic Lotion | An aqueous preparation for application to the skin in which may be dispersed one or more homeopathic mother tinctures or high strength alcohol preparations of a homeopathic potency to the required concentration. The concentration of homeopathic ingredient is not defined by a pharmacopoeia and may vary by manufacturer and/or prescriber. |  |  |
| Homeopathic Mother Tincture  | Alcoholic primary plant extract, where applicable prepared to the standards of a national homeopathic pharmacopoeia. Forms the basis for preparation of subsequent potencies of a homeopathic remedy by the process of potentisation. The mother tincture may also be a medicinal product in its own right to be used as an external application to the skin. Diluted in water, a mother tincture may also be used for direct oral administration or as a gargle/mouthwash.  |  |  |
| Homeopathic Ointment  | A semi-solid single-phase preparation for application to the skin in which may be dispersed one or more homeopathic mother tinctures or high strength alcohol preparations of a homeopathic potency to the required concentration. The concentration of homeopathic ingredient is not defined by a pharmacopoeia and may vary by manufacturer and/or prescriber. |  |  |
| Homeopathic Oral Powder | A solid preparation composed of lactose and intended for oral (directly or dissolved in water) or sublingual use. The appropriate amount of powder is coated ('medicated') with a high strength alcohol preparation of one or more homeopathic potencies and enclosed in a paper sachet to form a single dose unit. |  |  |
| Homeopathic Oral Solution | Liquid dosage form, composed of a low strength alcohol solution (typically 10%) in purified water combined with the high strength alcohol preparation of one or more homeopathic potencies intended for direct oral use.  |  |  |
| Homeopathic Pillules | Sometimes termed 'pills' or ‘globules’, these are spherical solid dose unit preparations composed of sucrose, lactose or a compound of the two intended for oral or sublingual use. Coated ('medicated') with a high strength alcohol preparation of one or more homeopathic potencies. Size and composition are not defined by a pharmacopoeia and may vary by manufacturer. |  |  |
| Homeopathic Soft Tablets | Solid dosage form preparations, composed of a loose aggregate of lactose, intended to dissolve readily when administered by the oral or sublingual routes. Coated ('medicated') with a high strength alcohol preparation of one or more homeopathic potencies. Size and composition are not defined by a pharmacopoeia and may vary by manufacturer. |  |  |
| Homeopathic Tablets | Solid dose unit preparations, typically white and biconvex in nature, composed of lactose or a compound of lactose/sucrose intended for oral or sublingual use. Usually prepared by compression of a uniform volume of the excipients and then coated ('medicated') with a high strength alcohol preparation of one or more homeopathic potencies, although an alternative method of preparation exists whereby homeopathic granules are medicated and then compressed to form the tablets. Size and composition are not defined by a pharmacopoeia and may vary by manufacturer. |  |  |
| Homeopathic Medicating Potency | Liquid form of a remedy, composed of a high strength alcohol solution (typically 70-96%) in purified water, used to prepare the final dosage form of a homeopathic medicine by the process of ‘medicating’. Not for administration as a medicine. |  |  |
| **INFUSION FORMS** |  |  |  |
| Emulsion for infusion | An emulsion for infusion is a sterile emulsion suitable for parenteral use. | EDQM Term |  |
| Infusion | A sterile solution, suspension or emulsion intended for infusion. | EDQM Term |  |
| Powder and solvent for solution for infusion | Sterile powder (including freeze-dried powder) and sterile solvent intended for the preparation of a solution for infusion by dissolving the powder in the solvent.  | EDQM Term |  |
| Powder and solvent for suspension for infusion | See the note before the start of the table |  |  |
| Powder for dispersion for infusion | Solid sterile preparation consisting of one or more powders, including freeze-dried powders, intended to be dispersed in the specified liquid to obtain a dispersion for infusion. | EDQM Term |  |
| Powder for solution for infusion | Solid sterile preparation consisting of one or more powders, including freeze-dried powders, intended to be dissolved in the specified aqueous liquid to obtain a solution for infusion. | EDQM Term |  |
| Powder for suspension for infusion | Similar to ‘Powder for solution for infusion’ except this is a suspension | Adapted |  |
| Solution for infusion | Liquid sterile preparation consisting of an aqueous solution intended to be introduced, usually in larger volumes, usually into the circulating blood stream. *This term covers both solutions for infusion that are used undiluted and concentrates for solution for infusion where the ‘concentrate’ must be diluted before use.* | Amended EDQM term | Please note EDQM has two different forms one for solution for infusion and one for concentrate for solution for infusion. dm+d has one term covering both. |
| Suspension for infusion | Similar to ‘Solution for infusion’ except this is a suspension | EDQM Term (deprecated) |  |
| Obsolete – Intravenous infusion | This form has now been superseded by the injection forms above |  |  |
| **INJECTION FORMS**\* |  |  |  |
| Concentrate and solvent for solution for injection | Sterile concentrate and sterile solvent intended for the preparation of a solution for injection by diluting the concentrate with the solvent. | EDQM Term |  |
| Emulsion for injection | An emulsion for injection is a sterile emulsion suitable for parenteral use. | EDQM Term |  |
| Gel for injection | Sterile single-dose preparation consisting of a hydrophilic gel intended for injection into a specific tissue or organ. | EDQM Term |  |
| Powder and solvent for dispersion for injection | Sterile powder (including freeze-dried powder) and sterile solvent intended for the preparation of a dispersion for injection by dispersing the powder in the solvent.  | EDQM Term |  |
| Powder and solvent for prolonged-release suspension for injection | Sterile powder (including freeze-dried powder) and sterile solvent intended for the preparation of a prolonged-release suspension for injection by dispersing the powder in the solvent. | EDQM Term |  |
| Powder and solvent for solution for injection | A powder and solvent for solution for injection is a solid, sterile substance distributed in its final container with a specified volume of a specific sterile liquid or solvent. When shaken together it rapidly forms a clear solution. After dissolution it complies with the requirements for injections.Freeze-dried products for parenteral use are considered as powder and solvent for solution for injection | EDQM Term |  |
| Powder and solvent for suspension for injection | A powder and solvent for suspension for injection is a solid, sterile substance distributed in its final container with a specified volume of a specific sterile liquid or solvent. When shaken together it rapidly forms a suspension. After dissolution it complies with the requirements for injections. Freeze-dried products for parenteral use are considered as powder and solvent for suspension for injection | EDQM Term |  |
| Powder and suspension for suspension for injection | Sterile powder (including freeze-dried powder) and sterile suspension, both of which contain active substance(s), intended for the preparation of a suspension for injection by dispersing the powder in the suspension. | EDQM Term |  |
| Powder for injection | *Restricted use:*The EDQM Short term of powder for injection is to be used only when the powder may be reconstituted to produce a solution or a suspension depending upon the volume of solvent added. For example, Zinacef injection where you produce a suspension for IM use or a solution for IV use by adding a different volume of solvent. | EDQM Term |  |
| Powder for solution for injection | A powder for solution for injection is a solid, sterile substance distributed in its final container and which, when shaken with the prescribed volume of a prescribed sterile liquid rapidly forms a clear solution. After dissolution it complies with the requirements for injections.Freeze-dried products for parenteral use are considered as powders for solution for injection. | EDQM Term |  |
| Powder for suspension for injection | A powder for suspension for injection is a solid, sterile substance distributed in its final container and which, when shaken with the prescribed volume of a prescribed sterile liquid rapidly forms a uniform suspension. After suspension it conforms to the requirements for injections.Freeze-dried products for parenteral use are considered as powders for suspension for injection. | EDQM Term |  |
| Prolonged-release solution for injection | Liquid sterile preparation consisting of a solution intended for administration by injection; the active substance(s) are released over an extended period of time. | EDQM Term |  |
| Prolonged-release suspension for injection | Liquid sterile preparation consisting of a suspension intended for administration by injection; the active substance(s) are released over an extended period of time. | EDQM Term |  |
| Solution for dispersion for injection | A solution for dispersion for injection is a sterile solution that when shaken rapidly forms a dispersion suitable for injection or infusion. A dispersion is a system consisting of two or more phases, and is used only when suspension and emulsion are not appropriate.  | Adapted from Dispersion for Injection EDQM Term |  |
| Solution for injection | Liquid sterile single-dose or multidose preparation consisting of a solution intended for administration by injection. | EDQM Term |  |
| Suspension and emulsion for emulsion for injection | Combination of appropriate ‘suspension’ and ‘emulsion’ type terms within this ‘injection’ section.  | Combined EDQM term |  |
| Suspension for injection | Liquid sterile single-dose or multidose preparation consisting of a suspension intended for administration by injection.  | EDQM Term |  |
| **Obsolete** - Injection | This form has now been superseded by the injection forms above |  |  |

**Clarification of forms**

|  |  |  |  |
| --- | --- | --- | --- |
| **Preparations by EDQM Routes** | **EDQM Standard Terms for Forms** | **Route** | **Proposed dm+d Forms** |
| Oral Preparations | Powder for syrup | Oral | Oral solution or oral suspension (product specific) |
| Oral Preparations | Granules for syrup | Oral | Oral solution or oral suspension (product specific)  |
| Oral Preparations | Powder for oral solution\* | Oral | Oral solution |
| Oral Preparations | Powder for oral suspension\* | Oral | Oral suspension |
| Oral Preparations | Granules for oral solution\* | Oral | Oral solution |
| Oral Preparations | Granules for oral suspension\* | Oral | Oral suspension |
| Oral Preparations | Powder and solvent for oral solution\* | Oral | Oral solution |
| Oral Preparations | Powder and solvent for oral suspension\* | Oral | Oral suspension |
| Oromucosal and gingival preparations | Concentrate for gargle | Oromucosal, gingival, dental | Gargle |
| Oromucosal and gingival preparations | Gargle, powder for solution | Oromucosal, gingival, dental | Gargle |
| Oromucosal and gingival preparations | Gargle, tablet for solution | Oromucosal, gingival, dental | Gargle |
| Oromucosal and gingival preparations | Mouth wash, tablet for solution | Oromucosal | Mouthwash |
| Cutaneous & transdermal preparations | Concentrate for cutaneous solution | Cutaneous | Liquid |
| Eye preparations | Eye lotion, solvent for reconstitution | Ocular | Eye lotion |
| Eye preparations | Eye drops, powder and solvent for solution | Ocular | Drops |
| Eye preparations | Eye drops, powder and solvent for suspension | Ocular | Drops |
| Eye preparations | Eye drops, solvent for reconstitution | Ocular | Drops |
| Rectal preparations | Concentrate for rectal solution | Rectal | Liquid |
| Rectal preparations | Powder for rectal solution | Rectal | Liquid |
| Rectal preparations | Powder for rectal suspension | Rectal | Liquid |
| Rectal preparations | Tablet for rectal solution | Rectal | Liquid |
| Rectal preparations | Tablet for rectal suspension | Rectal | Liquid |
| Preparations for inhalation | Powder for nebuliser suspension | Inhalation | Nebuliser liquid |
| Preparations for inhalation | Powder for nebuliser solution | Inhalation | Nebuliser liquid |
| \* It is intended that the medicine be reconstituted prior to use by the patient.  |

# Appendix VI

## List D – Virtual Medicinal Product Route

**Editorial Policy:** VMP route will consist of European Directorate for the Quality of Medicines & Healthcare (EDQM) Standard Terms as below. Where an appropriate EDQM term is not available these are identified as ‘Other’.

**Note**: The definitions below were reviewed and if applicable aligned with EDQM in September 2023.

|  |  |  |
| --- | --- | --- |
| **Routes of administration** | **Definition** | **Source** |
| **Auricular** | Administration of a medicinal product to the ear. | EDQM |
| Body cavity use | Administration of a medicinal product to non-specified anatomical sites. This route is primarily intended for use with contrast media. | Other |
| **Buccal***This route REPLACED “Oromucosal Buccal” summer 2015* | Administration of a medicinal product to the buccal cavity (pouch located between the cheek and the gum) to obtain a systemic effect. | EDQM |
| **Cutaneous** | Administration of a medicinal product to the skin and/or cutaneous wounds and/or nails and/or hair in order to obtain a local effect. | EDQM |
| **Dental** | Administration of a medicinal product to and/or in the teeth or, on and/or around the nerves supplying the teeth. | EDQM |
| **Endocervical** | Administration of a medicinal product to the cervix uteri. | EDQM |
| **Endosinusial** | Administration of a medicinal product to the sinuses to obtain a local effect. | EDQM |
| **Endotracheopulmonary** | Administration of a medicinal product to the trachea and/or bronchi by instillation (preparations for inhalation are excluded; see inhalation use). | EDQM |
| **Epidural** | Injection of a medicinal product into the epidural space. | EDQM |
| **Epilesional** | Administration of a medicinal product onto a lesion. | EDQM |
| **Extra-amniotic** | Injection of a medicinal product between chorion and amnion. | EDQM |
| **Gastroenteral** | Administration of a medicinal product to the gastroenteral tract by means of an appropriate device. For use only when gastric use and intestinal use do not apply. | EDQM |
| **Gastric** | Administration of a medicinal product to the stomach by means of an appropriate device | EDQM |
| **Gingival** | Administration of a medicinal product to the gingivae. | EDQM |
| **Haemodialysis**  | Clearance of the blood by means of a semipermeable membrane. | EDQM |
| Haemofiltration | Clearance of the blood by the use of a positive hydrostatic pressure across a semi-permeable membrane and the use of replacement fluid. | Other |
| **Implantation** | Insertion of an implant or living tissue equivalent into living tissue. | EDQM |
| **Infiltration** | Method of administration, usually by injection whereby a fluid passes into a target tissue (e.g. anaesthetic infiltration) | EDQM |
| **Inhalation** | Administration of a medicinal product to the respiratory system by inhalation to obtain a systemic or a local effect in the lower respiratory tract. Nasal use and endotracheopulmonary use are excluded | EDQM |
| **Intestinal** | Administration of a medicinal product to the intestine (duodenum, jejunum, ileum and colon) by means of an appropriate device. Gastroenteral use is excluded | EDQM |
| **Intraamniotic** | Injection of a medicinal product into the amniotic cavity. | EDQM |
| **Intraarterial** | Injection of a medicinal product into an artery. | EDQM |
| **Intraarticular** | Injection of a medicinal product into an articular cavity. | EDQM |
| **Intrabursal** | Injection of a medicinal product into bursae and tendons. | EDQM |
| **Intracameral** | Administration of a medicinal product directly into the anterior chamber of the eye | EDQM |
| **Intracardiac** | Injection of a medicinal product into the cardiac muscle and/or cardiac cavity. | EDQM |
| Intracatheter instillation  | Relating to urinary catheter usage. | Other  |
| **Intracavernous** | Injection of a medicinal product into the corpus cavernosum. | EDQM |
| **Intracerebroventricular** | Administration of a medicinal product into the cerebral ventricles (cerebral ventricular system) of the brain. | EDQM |
| **Intracervical** | Injection of a medicinal product into the cervix uteri. | EDQM |
| **Intracholangiopancreatic** | Injection of a medicinal product into the bile duct and the pancreatic duct, e.g. via a cannula introduced into the ampulla of Vater (the common opening of the ducts), usually for the administration of a contrast medium for techniques such as endoscopic retrograde cholangiopancreatograhy (ERCP). | EDQM |
| **Intracoronary** | Injection of a medicinal product into the coronary artery. | EDQM |
| **Intradermal** | Injection of a medicinal product into the dermis. | EDQM |
| Intradialytic | Clinical activity carried out, or occurring, during dialysis (of blood) | Other |
| **Intradiscal** | Injection of a medicinal product into the nucleous pulposus of an intervertebral disc. | EDQM |
| Intraductal | Injection or instillation of a medicinal product into a duct. | Other |
| **Intraepidermal** | Administration of a medicinal product into the epidermis. | EDQM |
| **Intraglandular** | Administration of a medicinal product directly into a gland, usually by injection. Only to be used where more specific terms such as ‘Intraprostatic use’ and ‘Intramammary use’ do not apply. | EDQM |
| **Intralesional** | Administration by injection or any other means of a medicinal product directly to a lesion. | EDQM |
| **Intralymphatic** | Injection of a medicinal product into a lymphatic vessel. | EDQM |
| **Intramuscular** | Injection of a medicinal product into muscular tissue. | EDQM |
| **Intraocular** | Administration of a medicinal product into the eye. The term 'intraocular use' is only for use when a more specific term (e.g. 'intracameral use', 'intravitreal use') does not apply. Ocular use and subconjunctival use are excluded. | EDQM |
| **Intraosseous** | Administration of a medicinal product into the bone marrow. Intrasternal use is excluded. | EDQM |
| **Intraperitoneal** | Injection of a medicinal product into the peritoneal cavity. | EDQM |
| **Intrapleural** | Injection of a medicinal product into the pleural cavity. | EDQM |
| **Intraputaminal** | Administration of a medicinal product into one or both of the putamen of the brain. | EDQM |
| **Intrasternal** | Injection of a medicinal product into the bone marrow of the sternum. | EDQM |
| **Intrathecal** | Injection of a medicinal product through the dura to the subarachnoid cavity. | EDQM |
| **Intratumoral** | Injection of a medicinal product into a tumor. | EDQM |
| **Intrauterine** | Administration of a medicinal product to the cavity of the uterus. | EDQM |
| **Intravenous** | Injection of a medicinal product into a vein. | EDQM |
| Intraventricular cardiac | Injection of a medicinal product into a cardiac ventricle. | Other |
| **Intravesical** | Administration of a medicinal product to the urinary bladder. | EDQM |
| **Intravitreal** | Administration of a medicinal product into the rear chamber of the eye. | EDQM |
| **Iontophoresis** | Introduction of (an) ionised active substance(s) through the intact skin by application of a direct electric current. | EDQM |
| **Line lock** | Activity associated with locking and blocking of tube lines e.g. in the management of dialysis. | Other |
| **Nasal** | Administration of a medicinal product to the nose to obtain a systemic or local effect. Inhalation therapy intended for the lower respiratory tract is excluded; see inhalation use. | EDQM |
| **Ocular** | Administration of a medicinal product upon the eyeball and/or conjunctiva. | EDQM |
| **Oral** | Taking a medicinal product by means of swallowing. | EDQM |
| **Oromucosal***This route REPLACED “Oromucosal Other” summer 2015* | Administration of a medicinal product to the oral cavity to obtain either a systemic or a local effect. The term oromucosal is only for use when a more specific term (e.g. buccal, gingival, sublingual...) does not apply. Oral use is excluded. | EDQM |
| **Periarticular**  | Injection of a medicinal product around a joint. | EDQM |
| Peribulbar ocular | Involving the area around the eye. | Other |
| **Peritumoral** | Administration of a medicinal product directly into the region surrounding a tumour. | EDQM |
| **Perineural** | Injection of a medicinal product into the direct surroundings of one or more nerves. | EDQM |
| **Rectal** | Administration of a medicinal product to the rectum in order to obtain a local or systemic effect. | EDQM |
| Regional perfusion | Perfusion of a specific region of the body or organ with a drug by addition of the drug to the isolated blood circulation of the body part or organ. | Other |
| **Route of administration not applicable** | Applies to medicinal products not directly coming into contact with the body of the patient, or administration to various or non-specified anatomical sites. | EDQM |
| **Subconjunctival** | Injection of a medicinal product underneath the conjunctiva. | EDQM |
| **Subcutaneous** | Injection of a medicinal product directly underneath the skin, i.e. subdermally | EDQM |
| Sublabial | An oromucosal route that begins in the moist tissue lining between the lip and gingiva within the oral cavity. | SNOMED CT Browser |
| **Sublingual***This route REPLACED “Oromucosal Sublingual” summer 2015* | Administration of a medicinal product under the tongue to obtain a systemic effect. | EDQM |
| **Submucosal** | Injection of a medicinal product directly underneath a mucosa | EDQM |
| Submucosal rectal | Injection of a medicinal product into the layer of connective tissue situated beneath the mucous membrane that supports the mucosa of the rectum. | Other |
| **Transdermal** | Administration of a medicinal product to the skin in order to obtain a systemic effect after passing through the skin barrier. | EDQM |
| **Urethral** | Administration of a medicinal product to the urethra. | EDQM |
| **Vaginal** | Administration of a medicinal product to the vaginal. | EDQM |
| Oromucosal BuccalWas REPLACED summer 2015 by **Buccal**  | Administration of a medicinal product to the buccal cavity to obtain a local or systemic effect. Oral use is excluded. |  |
| Oromucosal SublingualWas REPLACED summer 2015 by **Sublingual** | Administration of a medicinal product under the tongue to obtain a local or systemic effect. Oral use is excluded. |  |
| Oromucosal Other Was REPLACED summer 2015 by **Oromucosal** | Administration of a medicinal product to the oral cavity to obtain a local or systemic effect. Sublingual use and buccal use are excluded. Oral use is also excluded. |  |
| Obsolete - Intraventricular | Superseded route replaced by more specific routes |  |

# Appendix VII

## List E – Units of Measure

**Editorial Policy:** Units Of Measure are used in several places within the Drug Dictionary. They are used to quantify the value of the strength of active ingredient at VMP level and at VMPP and AMPP level to indicate the amount of VMP within a container e.g. Quantity = 28, Unit of Measure = Tablet.

SI units will be used where appropriate at VMP and AMP level, descriptive terms as listed below will be used at VMPP and AMPP level. As far as is practicable the descriptive terms will be a sub-set of the form terms.

|  |  |  |
| --- | --- | --- |
| **Unit of Measure** | **Unit of Measure** | **Unit of Measure** |
| %v/v | drop | loaf |
| %v/w | dual dose sachet | lozenge |
| %w/v | elastometric device | m |
| %w/w | elastometric device/ml | MBq |
| actuation | enema | MBq/ml |
| ampoule | film | mega unit |
| ampoule-pair | g/actuation | mega unit/ml |
| application | g/application | mg |
| applicator | g/dose | mg/16 hours |
| bag | g/l | mg/24 hours |
| baguette | g/ml | mg/72 hours |
| bandage | GBq | mg/actuation |
| bar | GBq/ml | mg/application |
| blister | generator | mg/dose |
| bottle | giga vector genome | mg/g |
| can | giga vector genome/ml | mg/kg |
| capsule | glove | mg/l |
| carton | gram | mg/mg |
| cartridge | gram/gram | mg/ml |
| cassette | HEP *Histamine Equivalent in Prick Testing* | mg/square cm |
| catheter | hour | microgram |
| Cell | insert | microgram/24 hours |
| cell/microlitre | iu | microgram/72 hours |
| cell/ml | iu/g | microgram/actuation |
| cell/square cm | iu/mg | microgram/dose |
| cigarette | iu/ml | microgram/g |
| cm | Kallikrein inactivator unit | microgram/hour |
| component | Kallikrein inactivator unit/ml | microgram/ml |
| container | kBq | microgram/square cm |
| cup | kBq/ml | microlitre |
| cycle | kg | microlitre/ml |
| cylinder | kg/l | micromol |
| device | kit | micromol/ml |
| disc | lancet | ml |
| dose | larva | ml/gram |
| dose step | leech | ml/kg |
| dressing | litre | ml/l |

|  |  |
| --- | --- |
| **Unit of Measure** | **Unit of Measure** |
| ml/ml | square cm |
| million colony forming units | stocking |
| million colony forming units/ml | straw |
| million plaque forming units | strip |
| million plaque forming units/ml | suppository |
| mm | suture |
| mmol | swab |
| mmol/litre | system |
| mmol/ml | tablet |
| mol/l | tera genome copies |
| molar | tera genome copies/ml |
| month supply | tera vector genome |
| multipack | tera vector genome/ml |
| nanogram | truss |
| nanogram/ml | tube |
| nanolitre | tuberculin unit |
| nanolitre/ml | tuberculin units/ML |
| nebule | unit |
| needle | unit dose |
| no value | unit/dose |
| obsolete - mM | unit/actuation |
| pack | unit/drop |
| pad | unit/gram |
| pastille | unit/mg |
| patch | unit/ml |
| pessary | unit/square cm |
| piece | vector genome |
| pillule | vector genome/ml |
| pizza base | vial |
| plaque forming units | week supply |
| plaque forming units/ml |  |
| plaster |  |
| pot |  |
| pouch |  |
| ppm |  |
| pre-filled disposable injection |  |
| roll |  |
| sachet |  |
| scoop |  |
| spoonful |  |
| SQ-Bet |  |
| SQ-T |  |
| SQ-U |  |
| SQ-U/ml |  |

# Appendix VIII

## List F 1 – Actual Medicinal Product Manufacturer

**Editorial Policy:** the list of manufacturers / suppliers will be as inclusive as possible to meet the range of products included in the dictionary. The inclusivity of the list will be maintained only if the manufacturers / suppliers regularly provide data to the dictionary maintainer. SNOMED CT UK extension identifiers will be assigned.

# Appendix IX

## List G – Actual Medicinal Product Flavours

**Editorial Policy:** The list of flavours used to populate the dictionary will be derived from product descriptions provided by the manufacturer / supplier. This list is not comprehensive. New flavours will be added as and when required.

|  |  |  |
| --- | --- | --- |
| **Flavour** | **Flavour** | **Flavour** |
| All day scramble | Cola | Orange honey |
| Almond | Cranberry | Orange & lemon |
| Aniseed | Cranberry & blackcurrant | Orange & pineapple |
| Apple | Creamy chicken | Pea & mint |
| Apple & blackcurrant | Creamy tomato | Peach |
| Apple and pear | Creamy vanilla | Peach & orange |
| Apricot | Egg nogg | Pear & cherry |
| Apricot-peach | Eucalyptus | Pineapple |
| Asparagus | Forest fruits | Plain |
| Balsamic herb | Fruit | Plum |
| Banana | Fruit(s) of the Forest | Praline |
| Beef & tomato | Garden vegetable | Raspberry |
| Berries | Ginger | Raspberry & blackcurrant |
| Berry burst | Grapefruit | Raspberry ripple |
| Berry fruit | Honey & ginger | Ready salted |
| Biscuit | Jackfruit | Rogan style curry |
| Blackcurrant | Jalapeno | Rosemary & onion |
| Blackcurrant & apple | Leek & potato | Salt & vinegar |
| Butterscotch | Lemon | Sausage |
| Cabbage and bacon | Lemon & lime | Savoury tomato |
| Cappuccino | Lemon menthol | Sour cream & onion |
| Caramel | Mango | Strawberry |
| Cheese | Mango & passion fruit | Strawberry biscuit |
| Cheese & onion | Melon | Strawberry & raspberry |
| Cherry | Menthol | Sundried tomato & pesto |
| Cherry & vanilla | Minestrone | Summer fruits |
| Chicken | Mint | Sweetcorn |
| Chicken and mushroom | Mixed berries | Toffee |
| Chip shop curry | Mixed fruit | Tomato, olive & oregano |
| Chocolate | Mocha | Tropical fruits |
| Chocolate-caramel | Mushroom | Tutti Frutti |
| Chocolate & cranberry | Natural | Unflavoured |
| Chocolate mint | Neutral | Vanilla |
| Citrus | Nut | Vegetable cream |
| Citrus berry | Onion | White tea |
| Citrus cola | Onion & chive | Wild berry |
| Coffee | Orange | Wild raspberry |
| Cool red fruits | Orange crème |  |

# Appendix X

## List H – Actual Medicinal Product Excipients

**IMPORTANT NOTE:**

**Excipient substance data was ended in dm+d in October 2022. For TRUD extracts from Monday 24th October 2022 ‘interesting’ excipient data is no longer visible. The data fields under <AP\_INGREDIENT> remain but contain no data.**

**Editorial Policy – prior to October 2022:** A specified list of ‘interesting’ excipients (those that may have a biological action) will be included in the dictionary providing the excipient is declared on the SmPC. If the excipient substance identification field is not populated then this merely infers that the excipient was not stated on the SmPC, or the SmPC data was not available. If the prescriber considers that it is essential to confirm the absence of an excipient then this should be done with the manufacturer.The specified list of ‘interesting’ excipients will comprise those included in the introduction to BNF 42, those included at the beginning of BNF Chapter 13, preservatives commonly used in eye drops, plus lactose and phenylalanine.

|  |  |
| --- | --- |
| **Excipient** | **E number / synonym / additional information** |
| Arachis oil | Ground-nut oil, Peanut oil, Arachidis oleum, *Aextreff CT,* earthnut oil, katchung oil, *Lipex 101,* nut oil |
| Aspartame | E951, Aspartamum, 3-Amino-N-(-carboxyphenethyl)succinamic acid N-methyl ester, 3-Amino-N-(-methoxycarbonylphenethyl) succinamic acid, APM, aspartyl phenylamine methyl ester, *Canderel,Equal,* methyl N--L-aspartyl-L-phenylalaninate, *NutraSweet, Sanecta*, SC-18862, *Tri-Sweet* |
| Beeswax | E901, White Beeswax, Cera alba, white wax, bleached wax, Yellow Beeswax, Cera flava, yellow wax, refined wax, *Apifil* |
| Benzalkonium chloride | Benzalkonii chloridum, Alkylbenzyldimethylammonium chloride, alkyl dimethyl benzyl ammonium chloride, BKC, *Hyamine 3500, Pentonium, Zephiran* |
| Benzododecinium bromide | Lauralkonium bromide, Lauryldimethylbenzylammonium bromide, Benzyldodecyldimethylammonium bromide |
| Benzethonium chloride | Benzethonii chloridum, BZT, *Hyamine 1622,* diisobutylphenoxy-ethoxyethyl dimethyl benzyl ammonium chloride, Benzyldimethyl-[2-[2-*p*-1,1,3,3-tetramethylbutylphenoxy)ethoxy]ethyl]ammonium chloride, |
| Benzyl alcohol | Alcohol benzylicus, -Hydroxytoluene, phenylcarbinol, phenylmethanol, -toluenol, Benzenemethanol |
| Butylated hydroxyanisole | E320, Butylhydroxyanisolum, BHA, *tert*-butyl-4-methoxyphenol, 1,1-dimethylethyl-4-methoxyphenol, *Nipanox BHA, Nipantiox 1-F, Tenox BHA* |
| Butylated hydroxytoluene | E321, Butylhydroxytoluenum, *Agidol,* BHT, 2,6-bis(1,1-dimethylethyl)-4-methylphenol, butylhydroxytoluene, *Dalpac,* dibutylated hydroxytoluene, 2,6-di-*tert-*butyl-*p*-cresol, 3,5-di-*tert-*butyl-4-hydroxytoluene,*Embanox BHT, Impruvol, Ionol CP, Nipanox BHT, OHS28890, Sustane, Tenox BHT, Topanol, Vianol* |
| Cetostearyl alcohol | Alcohol cetylicus et stearylicus, Cetearyl alcohol, *Crodacol CS90, Lanette O, Tego Alkanol 1618, Tego Alkanol 6855* |
| Cetrimide | Cetrimidium, *Bromat, Cetab, Cetavlon, Cetraol, Lissolamine V, Micol, Morpan CHSA, Morphans, Quammonium, Sucticide* |
| Cetyl alcohol | Cetanol, Alcohol cetylicus, *Avol, Cachalot, Crodacol C70, Crodacol C90, Crodacol C95,* ethal, ethol, 1-hexadecanol, *n*-hexadecyl alcohol, *Hyfatol 16-95, Hyfatol 16-98, Kessco CA, Lanette 16, Lipocol C,* palmityl alcohol, *Rita CA, Tego Alkanol 16,* Hexadecan-1-ol |
| Chlorhexidine acetate | Chlorhexidini diacetas |
| Chlorocresol | Chlorocresolom, 4-chloro-*m*-cresol, *p*-chloro-*m*-cresol, 2-chloro-5-hydroxytoluene, 6-chloro-3-hydroxytoluene, 3-methyl-4-chlorophenol, *Nipacide PC,* parachlorometacresol, PCMC |
| Disodium edetate | disodium edathamil, disodium ethylenediamine-tetraacetate, edathamil disodium, edetate disodium, edetic acid disodium salt, EDTA disodium, and ‘hydrated’ forms |
| Edetic acid  | EDTA, ethylenediaminetetra-acetic acid, Acidum edeticum, *Dissolvine,* edathamil, (ethylenedinitrilo) tetraacetic acid, *Questric acid 5286, Sequestrene AA,* tetracemic acid, *Versene Acid* |
| Ethylenediamine | Edamine, Edamina, Ethylendiaminum |
| Fragrances |  |
| Gluten |  |
| Hydroxybenzoates (parabens) | Benzyl Hydroxybenzoate,  |
| Butyl Hydroxybenzoate, Butyl parahydroxybenzoate, Butylis parahydroxybenzoas, Butylparaben, 4-hydroxybenzoic acid butyl ester, *Lexgard B, Nipabutyl, Tegosept B, Trisept B, Uniphen P-23, Unisept B* |
| E214, Ethyl Hydroxybenzoate, Ethyl parahydroxybenzoate, Ethylis parahydroxybenzoas, Ethyl paraben, ethyl-*p*-hydroxybenzoate, *Ethyl parasept,* 4-hydroxybenzoic acid ethyl ester, *Solbrol A, Tegosept E* |
| E218, Methyl Hydroxybenzoate, Methyl parahydroxybenzoate, Methylparaben, Methylis parahydroxybenzoas, 4-hydroxybenzoic acid methyl ester, methyl *p*-hydroxybenzoate, *Nipagin M, Uniphen P-23,* Methyl-4-hydroxybenzoate |
| E216, Propyl Hydroxybenzoate, Propyl parahydroxybenzoate, Propylis parahydroxybenzoas, Propylparaben, 4-hydroxybenzoic acid propyl ester, *Nipasol M,* propagin, propyl *p*-hydroxybenzoate, *Propyl parasept, Solbrol P, Uniphen P-23* |
| Sodium Butyl Hydroxybenzoate, Butylparaben sodium, butyl-4-hydroxybenzoate sodium salt |
| E219, Sodium Methyl Hydroxybenzoate, Methylparaben sodium, methyl 4-hydroxybenzoate sodium salt, soluble methyl hydroxybenzoate |
| E217, Sodium Propyl Hydroxybenzoate, Propylparaben sodium, Propyl 4-hydroxybenzoate sodium salt, soluble propyl hydroxybenzoate |
| Imidurea | *Biopore 100, Germall 115,Tri-Stat IU,* imidazolidinyl urea, methane-bis[N,N’(5-ureido-2-4-diketotetrahydroimidazole)-N,N-dimethylol], 1,1’-methylenebis{3-{3-(hydroxymethyl)-2,5-dioxo-4-imidazolidinyl]urea} |
| Isopropyl palmitate | Isopropylis palmitas, *Crodamol IPP, Emerest 2316,* hexadecanoic acid isopropyl ester, isopropyl hexadecanoate, *Kessco IPP, Lexol IPP-NF, Liponate IPP,* palmitic acid isopropyl ester, *Protachem IPP, Rita IPP, Stepan IPP, Tegosoft P, Unimate IPP, Waglinol 6016, Wickenol 111,* 1-methylethyl hexadecanoate |
| Lactose | will cover lactose monohydrate, anhydrous lactose, spray dried lactose etc.Lactosum monohydricum, *Aero Flo 20, Aero Flo 65, Aero Flo 95, Anhydrox, CapsuLac, Fast-Flo,* 4-(-D-galactosido)-D-glucose, *FlowLac, GranuLac, InhaLac, HMS, Lactochem, Lactohale, Lactopress, Microfine, Microtose,* milk sugar, *Pharmatose, PrismaLac, Respitose,* saccharum lactis, *SacheLac, SorboLac, Super-Tab, Tablettose, Wyndale, Zeparox* |
| N-(3-Chloroallyl)hexaminium chloride | Quaternium 15 |
| Phenylalanine | -aminohydrocinnamic acid, Fenilalanina, Phenylalaninum, L-2-amino-3-phenylpropionic acid |
| Phenylmercuric acetate | PMA, (Acetato-O)phenylmercury, acetoxyphenylmercury, *Gallotox, Liquiphene,* phenylmercury acetate |
| Polyoxyl castor oil | Polyethoxylated castor oil, Hydrogenated polyoxyl castor oil, Macrogoglyceroli ricinoleas, Macrogoglyceroli hydroxystearas, *Cremophor, Arlatone, Cremothon, Mapeg, Marlowet, Simulsol* |
| Polyoxyl 5 castor oil, *Acconon CA-5,* PEG-5 castor oil, polyoxyethylene 5 castor oil |
| Polyoxyl 9 castor oil, *Acconon CA-9,* castor oilPOE-9, PEG-9 castor oil, polyoxyethylene 9 castor oil, *Protachem CA-9* |
| Polyoxyl 15 castor oil, *Acconon CA-15,* castor oilPOE-15, PEG-15 castor oil, polyoxyethylene 15 castor oil, *Protachem CA-15* |
| Polyoxyl 35 castor oil, *Cremophor EL, Cremophor ELP, Etocas 35,* glycerol polyethyleneglycol ricinoleate, polyethoxylated castor oil, polyoxyethylene 35 castor oil |
| Polyoxyl 40 castor oil, Castor oil POE-40, *Croduret 40, Eumulgin RO, Nonionic GR-40,* PEG-40 castor oil, polyoxyethylene 40 castor oil, *Protachem CA-40* |
| Polyoxyl 40 hydrogenated castor oil, *Cremophor RH 40, Eumuligin HRE 40,* glycerol polyethyleneglycol oxystearate, hydrogenated castor oil POE-40, PEG-40 hydrogenated castor oil, polyethoxylated hydrogenated castor oil, polyoxyethylene 40 hydrogenated castor oil, *Lipocol HCO-40, Lipocol LAV HCO 40, Nikkol HCO 40, Nonionic GRH-40, Protachem CAH-40* |
| Polyoxyl 60 hydrogenated castor oil, *Eumuligin HRE 60,* hydrogenated castor oil POE-60, PEG-60 hydrogenated castor oil, polyoxyethylene 60 hydrogenated castor oil, *Lipocol HCO-60, Nikkol HCO 60, Protachem CAH-60* |
| Polysorbate | Includes Polysorbate 20, 40, 60, 80, Polysorbatum 20, 60, 80E432; E433; E434; E435; E436*For additional synonyms see table below* |
| Propylene glycol | E1520, Propane-1,2-diol, Propyleneglycolum, 1,2-Dihydroxypropane, 2-hydroxypropanol, methyl ethylene glycol, methyl glycol,  |
| Sesame oil | Sesami oleum raffinatum, Benne oil, gingelly oil, gingili oil, jinjili oil, *Lipovol SES,* teel oil |
| Sodium metabisulfite | E223, Sodium metabisulfite, Natrii metabisulfis, Disodium disulfite, disodium pyrosulfite, disulfurous acid disodium salt, Natrii disulfis, sodium acid sulfite, sodium pyrosulfite |
| Sorbic acid | E200, Acidum sorbicum, (2-butenylidene) acetic acid, crotylidene acetic acid, hexadienic acid, hexadienoic acid, 2,4-hexadienoic acid, 1,3-pentadiene-1-carboxylic acid, 2-propenylacrylic acid, (*E,E*)-sorbic acid, *Sorbistat K,* (*E,E*)-Hexa-2,4-dienoic acid |
| Stearyl alcohol | Alcohol stearylicus, *Cachalot, Crodacol S95, Hyfatol 18-95, Hyfatol 18-98, Lanette 18, Lipocol S, Lipocol S-DEO, n-*octadecanol, octadecyl alcohol, *Rita SA,* stenol, *Tego Alkanol 18* |
| Tartrazine | E102, 4,5-dihydro-5-oxo1-(4-sulfophenyl)-4-[(4-sulfophenyl)azo]-1*H*-pyrazole-3-carboxylic acid trisodium salt, FD&C yellow #5, hydrazine yellow |
| Thiomersal | Sodium(2-carboxy-phenylthio)ethylmercury, Thimerosal, Mercurothiolate, Thiomersalum, [(*o-*Carboxyphenyl)thio]ethylmercury sodium salt, ethyl (2-mercaptobenzoato-*S*)-mercury sodium salt, ethyl (sodium *o*-mercaptobenzoato)mercury, sodium ethylmercurithiosalicylate, *Thimerosal Sigmaultra,* Thiomersalate |
| Wool fat  | Includes related substances including lanolin:  |
| Purified lanolin, Adeps lanae, Cera lanae, *Corona,* lanolina, lanolin anhydrous, *Protalan anhydrous,* refined wool fat, |
| Hydrous wool fat, Hydrous lanolin, Adeps lanae cum aqua, *Lipolan,* |
| Wool alcohols*, Alcoholes adipis lanae, Lanolin alcohols,* Alcoholia lanae, alcolanum, *Argowax, Hartolan,* lanalcolum, *Ritawax,* wool wax alcohols |



# Appendix XI

## List I – Abbreviated name (for label name only) at VMP & AMP level

**Editorial Policy (history):** The abbreviated name at VMP and AMP level is to satisfy the use case requirement from Pharmacy system suppliers for a label name of no more than 60 characters. The ethos was and remains that a pragmatic ‘clinically intuitive’ approach will be taken in the abbreviating of a product name. However, the convention, rules, and style for abbreviating names has been an evolving area in the evolution of dm+d.

**Updated guidance in the autumns of 2008 and 2009**

Further to National Patient Safety Agency (NPSA) guidance on labelling of medicinal products, the dm+d Editorial Group sought recommendations from a small group of interested parties on improving the method for abbreviating VMP and AMP names where necessary. The recommendations were presented to the Programme Board which decided to adopt the abbreviation guidance as agreed with the NPSA as the policy for constructing abbreviated names in dm+d. These guidelines will supersede all previous authoring guidelines on abbreviated names in dm+d, and are as follows:

**1. Length of abbreviated name**

The NPSA guidance specifies a maximum of 70 characters to be allocated for the product name on the label. The dm+d abbreviated name (or label name) is a maximum of 60 characters. It was agreed to retain this length for the term string since the extra 10 characters would allow for the total quantity dispensed to be specified.

**2. Use Case**

It should be clearly understood and stated in the Editorial Policy and any implementation guidance (including CUI guidance) that these abbreviations are only to be utilised to create a label name. *The name is intended solely for the purpose of creating dispensing labels.*

**3. Scope**

Scope of abbreviations should be expanded to include:-

* VMPs included in Schedule 1 of the NHS (General Medical Services Contracts — Prescription of Drugs etc.) Regulations 2004 and their associated AMPs
* Component only combination pack components and their associated AMPs.
* Enteral feeds and appliance/medical device concepts where instructions for usage may be required as a label and their associated AMPs i.e. not to be applied to catheters, stoma bags, hosiery but would be applied to products that move from medicine to device status (and new devices that share similar features to some conventional medicines) e.g. irrigation fluids, synovial fluid injections, skin preparations, enteral feeds.

**4. Communication**

* Where it is not possible to create a suitable label name that is considered safe it should be stated as an identified **exception**. This will be communicated to dm+d license holders via the NHS Technology Reference Data Update Distribution Service (TRUD) platform as appropriate.
* Where new product comes to market, and using the currently agreed abbreviations it is not possible to create a label name of suitable brevity, proposals for a suitable abbreviated name should be sent for discussion with interested parties including experts in the field for which this product is intended to be used. If it is not possible to create a label name prior to product launch then this field should not be populated until such time as agreement is reached. Should it not be possible for interested parties to reach agreement subsequently then the product will become a stated **exception**.

**5. Rules for application of abbreviations**

The redefined rules to be applied step-wise to the full term until a name of 60 Characters or less is achieved are shown below under the ‘Rules for application of abbreviations’ heading.

**6. Permitted Abbreviations**

* No abbreviation of ‘with’ or ‘and’ since the + and & can be misread.
* The existing list of abbreviations published in the Editorial Policy has been amended to remove any of the abbreviations that are not currently used in dm+d (see the table of permitted abbreviations below).
* It was decided that for all injectable dose forms the abbreviated form of injection would be “inj”. **Note:** for AMPs and VMPs where the name includes the word infusion, this will be abbreviated to ‘inf’.

**Permitted Abbreviations**

Please see the following table for more information.

| **Full Name** | **Abbreviation** |
| --- | --- |
| acellular | acell |
| acetate  | acet  |
| additive | add |
| adsorbed | ads |
| alcohol | alc |
| alginate | algin |
| ammonium  | ammon  |
| ampoule(s) | amp |
| application  | applic  |
| Australia | AU (i.e. the ISO 3166 code) |
| Bacillus Calmette-Guerin | BCG |
| bath additive | bath add |
| bicarbonate | bicarb |
| biphasic | biphas |
| blister(s) | blist |
| bottle(s) | btl |
| breath-actuated | BA |
| bromide  | brom  |
| calcium  | calc  |
| caproate | capro |
| capsule(s)  | caps  |
| carbonate | carb |
| cartridge(s) | cart |
| catheter maintenance solution | cath maint soln |
| cetylpyridinium | cetylpyr |
| chewable | chew |
| chloride  | chlor  |
| chlorofluorocarbon | CFC |
| citrate  | cit  |
| concentrate and solvent for solution for infusion  | concentrate and solvent for inf |
| concentrate for solution for infusion | concentrate for inf |
| concentrate for solution for injection | concentrate for inj |
| concentrate for suspension for infusion | concentrate for inf |
| conjugated, conjugate | conj |
| country name | use ISO 3166 code |
| cream | crm |
| crystalline  | cryst  |
| device(s) | dev |
| diluent | dil |
| Diphtheria (adsorbed), Tetanus and (whole-cell) Pertussis | DTwP |
| Diphtheria (adsorbed), Tetanus and Pertussis (acellular component)  | DTaP |
| Diphtheria / Tetanus (adsorbed) vaccine | DT/Vac/Ads(Child) |
| Diphtheria / Tetanus (adsorbed) vaccine for adults and adolescents | DT/Vac/Ads(Adult) |
| Diphtheria (low dose) / Tetanus / Pertussis (acellular component) / Poliomyelitis (inactivated) vaccine (adsorbed) | dTAP/IPV |
| Diphtheria / Tetanus / Pertussis (acellular component) / Poliomyelitis (inactivated) vaccine (adsorbed) | DTaP/IPV |
| dipropionate | diprop |
| disodium | disod |
| disposable | dispos |
| drops | dps |
| effervescent  | efferv  |
| eicosapentaenoic | eicosapent |
| emollient | emol |
| emulsion | emulsn |
|  emulsion for infusion | inf |
|  emulsion for injection | inj |
|  oral emulsion | emulsn |
| ethinylestradiol | ethinylest |
| ether | eth |
| extract  | ext  |
| fluorescein | fluoresc |
| gastro-resistant | gast res |
| gluconate | glucon |
| glucose | gluc |
| gluten free | GF |
| glycerophosphate | glycerophos |
| granules | gran |
| Haemophilus Influenzae type b | Hib |
| Hepatitis A | Hep A |
| Hepatitis B | Hep B |
| hexanoate | hexan |
| human | hum |
| hydrobromide  | hydrobrom  |
| hydrochloride  | hydrochlor  |
| hydroxyquinolone | hydroxyquin |
| implantation suspension | imp |
| inactivated | inact |
| Industrial methylated spirit | IMS |
| Influenza Vaccine (Inactivated Split Virion) | Flu/Vac/Split |
| Influenza Vaccine (Inactivated Surface Antigen) | Flu/Vac/SA |
| infusion  | inf  |
|  concentrate and solvent for solution for infusion  | concentrate and solvent for inf |
| concentrate for solution for infusion | concentrate for inf |
|  concentrate for suspension for infusion | concentrate for inf |
|  emulsion for infusion | inf |
|  powder and solvent for concentrate for solution for infusion | pdr and solvent for concentrate for inf |
|  powder and solvent for solution for infusion | inf |
|  powder and solvent for suspension for infusion | inf |
|  powder for concentrate and solvent for solution for infusion  | pdr for concentrate and solvent for inf |
|  powder for concentrate for solution for infusion | pdr for concentrate for inf |
|  powder for solution for infusion | inf |
|  powder for suspension for infusion | inf |
|  solution for infusion | inf |
|  suspension for infusion | inf |
| inhaler | inh |
| injection  | inj |
|  concentrate for solution for injection | concentrate for inj |
|  emulsion for injection | inj |
|  powder and solvent for dispersion for injection | inj |
|  powder and solvent for prolonged-release suspension for injection | inj |
|  powder and solvent for solution for injection | inj |
|  powder and solvent for suspension for injection | inj |
|  powder and suspension for suspension for injection | inj |
|  powder for injection | inj  |
|  powder for solution for injection | inj |
|  powder for suspension for injection | inj |
|  prolonged-release suspension for injection | inj |
|  solution for dispersion for injection | inj |
|  solution for injection | inj |
|  suspension for emulsion for emulsion for injection | inj |
|  suspension for injection | inj |
| intravesical solution  | Intravesical soln |
| iotroxate | iotrox |
| ipecacuanha | ipecac |
| irrigation | irrig |
|  irrigation solution | irrig soln |
|  powder and solvent for solution for intraocular irrigation | irrig |
| lactate  | lact |
| liquid  | liq |
| litre(s) | L |
| lozenge(s) | Loz |
| magnesium  | mag |
| Measles, Mumps and Rubella | MMR |
| medicated chewing gum | chewing gum |
| medium | med |
| meglumine amidotrizoate | meg amido |
| methylprednisolone | methylpred |
| microgram(s) | microg |
| microlitre to microL | microlitre to microL |
| mixture | mixt |
| modified | modfd |
| modified-release | MR |
| monofluorophosphate | monofluorophos |
| monopotassium | monopot |
| nasal | nsl |
|  nasal spray | nsl spy |
| nebuliser | neb |
|  nebuliser liquid | neb liq |
|  nebuliser solution | neb soln |
| norethisterone | norethist |
| Nurse Prescribers’ Formulary | NPF |
| ointment  | oint |
| oral emulsion | emulsn |
|  emulsion | emulsn |
| oral gum | gum |
| oral lyophilisate | lyophilisate |
| oral solution | soln |
|  solution | soln |
| oral suspension | susp |
|  suspension  | susp |
|  suspension for injection | inj |
| Papua New Guinea | PG (i.e. the ISO 3166 code) |
| pastille(s) | pstl |
| patch(es) | ptch |
| pessary, pessaries | pess |
| phosphate  | phos |
| pivalate | pival |
| plastic | plstc |
| Poliomyelitis Vaccine, Inactivated | Pol/Vac (Inact) |
| Poliomyelitis Vaccine, Live (Oral) | Pol/Vac (Oral) |
| polyethylene (only abbreviate if part of the form description, not if part of the drug name e.g. methoxy polyethylene products) | polyeth |
| polysaccharide | polysacch |
| porcine | porc |
| potassium  | pot |
| potassium chloride | KCL |
| powder | pdr |
|  powder and gel for gel | gel |
|  powder and solvent for instillation | instil |
|  powder and solvent for solution for infusion | inf |
|  powder for solution for infusion | inf |
|  powder and solvent for dispersion for injection | inj |
|  powder and solvent for nebuliser solution | neb soln |
|  powder and solvent for prolonged-release suspension for injection | inj |
|  powder and solvent for solution for injection | inj |
|  powder and solvent for solution for instillation | instill |
|  powder and solvent for solution for intraocular irrigation | irrig |
|  powder and solvent for suspension for infusion | inf |
|  powder and solvent for suspension for injection | inj |
|  powder and suspension for infusion | inf |
|  powder and suspension for suspension for injection | inj |
|  powder for injection | inj  |
|  powder for reconstitution for instillation | instil |
|  powder for solution for injection | inj |
|  powder for suspension for infusion | inf |
|  powder for suspension for injection | inj |
| pre-filled  | pf  |
|  pre-filled disposable device | pf dispos dev |
|  pre-filled syringe(s) | pfs |
| preservative free | preserv free |
| purified protein derivative | PPD |
| recombinant | rcmb |
| sachet(s) | sach |
| self aspirating | self asp |
| shampoo | shmp |
| sodium | sod |
| sodium amidotrizoate | sod amido |
| sod chlor | NaCl |
| solution (**Note:** more options are under ‘infusion’ or ‘injection’) | soln |
|  oral solution | soln |
|  solution for dispersion for injection | inj |
|  solution for haemofiltration | soln |
|  solution for infusion | inf |
|  solution for injection | inj |
|  solution for instillation | soln |
|  solution for peritoneal dialysis | soln |
|  solution for skin prick test | soln |
| spray | spy |
| square centimetre | sq cm |
| sublingual | SL |
| succinate  | succin |
| sugar free | SF |
| sulfate  | sulf  |
| suppository, suppositories | suppos |
| suspension (**Note:** more options are under ‘infusion’ or ‘injection’) | susp  |
|  implantation suspension | imp |
|  oral suspension | susp |
|  prolonged-release suspension for injection | inj |
|  suspension for emulsion for emulsion for injection | inj |
|  suspension for infusion | inf |
|  suspension for injection | inj |
| tablet(s)  | tab  |
| tartrate  | tart |
| tripotassium | tripot |
| Tetanus Adsorbed Vaccine | Tet/Vac/Ads |
| unit dose  | ud |
|  unit dose vial | ud vial |
| units | u |
| vaccine | vacc |
| von Willebrand factor | vWf |
| wheat free | WF |
| White soft paraffin | WSP |
| Yellow soft paraffin | YSP |
| Notes on table:1. Vaccines names will be abbreviated following the style used in the Department of Health ‘green book’ resource: ‘Immunisation against infectious disease’.
2. Country names are to be abbreviated with the ISO 3166 short code.
3. For information, some terms are duplicated in the table to help the reader e.g. powder forms associated with injections are repeated under both the powder and injection entries.
 |

**Rules for application of abbreviations (refer to the table of permitted abbreviations above)**

In order to support implementation of the following rules, tables indicating the names that can be abbreviated at each rule step are included in the relevant quality management system module used by the authoring team.

When applying a rule, ALL the actions possible at that rule step should be applied to the name to be abbreviated unless where the rule step indicates otherwise with language such as ‘in the following order of priority’.

In the autumns of 2008 and 2009, the NHS dm+d Editorial Group approved these rules and principles. Where appropriate, examples are given at some of the rules steps as a guide to supporting implementation of the rules for application of abbreviations.

1. The form should be abbreviated (and where more than one form exists in a name e.g. Coal tar solution 12% / salicylic acid 3% in clobetasone 0.05% ointment, all forms should be abbreviated). (**Note:** EDQM form terms consist of both form and route information but this rule refers to the ‘true’ form exclusive of any route information).
2. Form modifications to be abbreviated (This includes release characteristics and site of usage information).
3. Unit dose *forms* to be abbreviated **except** vials.
4. Freeness types to be abbreviated. (**Note:** Chlorofluorocarbon free is always expressed as CFC free even in the full term.
5. Microgram(s) to be abbreviated to microg.
6. For combination products where the strength unit of measure is expressed as mg/ml or micrograms/actuation the unit of measure for the first component will be omitted, e.g.:

|  |  |  |
| --- | --- | --- |
| Example 1 |  | Length |
| Full Name | Fluticasone 50micrograms/dose / Salmeterol 25micrograms/dose inhaler CFC free | 77 |
| Step 3 | Fluticasone 50micrograms/dose / Salmeterol 25micrograms/dose inh CFC free | 73 |
| Step 5 | Fluticasone 50microg/dose / Salmeterol 25microg/dose inh CFC free | 65 |
| Step 6 | Fluticasone 50microg / Salmeterol 25microg/dose inh CFC free | 60 |

1. To remove the space in CFC free to CFCfree.
2. To eliminate spaces either side of slashes where there is no numeric either side.
3. Abbreviate the drug salt.
4. Abbreviate the drug name.
5. Abbreviate litre(s) to L and microlitres to microL.
6. Remove unit dose *form*. (**Note:** with e.g. dressings do not remove dimensions).
7. Where strength is dual expressed remove the bracketed strength except for potassium chloride containing infusions or injections where the mmol/ unit dose of potassium should be the retained strength. Where both drugs are dual represented then remove dual representation for both drugs.

|  |  |  |
| --- | --- | --- |
| Example 2 |  | Length |
| Full Name | Potassium chloride 0.3% (potassium 20mmol/500ml) / Glucose 4% / Sodium chloride 0.18% solution for injection 500ml bags | 119 |
| Step 1 | Potassium chloride 0.3% (potassium 20mmol/500ml) / Glucose 4% / Sodium chloride 0.18% inj 500ml bags | 100 |
| Step 8 | Potassium chloride 0.3% (potassium 20mmol/500ml)/Glucose 4%/Sodium chloride 0.18% inj 500ml bags | 96 |
| Step 9 | Potassium chlor 0.3% (potassium 20mmol/500ml)/Glucose 4%/Sodium chlor 0.18% inj 500ml bags | 90 |
| Step 10 | Pot chlor 0.3% (pot 20mmol/500ml)/Glucose 4%/Sod chlor 0.18% inj 500ml bags | 75 |
| Step 12 | Pot chlor 0.3% (pot 20mmol/500ml)/Glucose 4%/Sod chlor 0.18% inj 500ml  | 71 |
| Step 13 | Pot chlor 20mmol/500ml/Glucose 4%/Sod chlor 0.18% inj 500ml | 59 |

1. If sufficient characters add the abbreviated unit dose form back in at this stage to remove the problem of duplication. **Note:** Taking the following example where addition of the unit dose form ‘pfs’ in two places takes the text string length back to over 60 characters, (Rebif 22microg/0.5ml inj pfs and Rebif 8.8microg/0.2ml inj pfs), just add this back in at the end of the name.
2. Remove any flavours and colours (e.g. natural, porcelain, and blackcurrant).
3. Remove any branded dose form text (e.g. Macoflex, Meltdown Combi, One A Day or OAD, Steripod, Viaflex).
4. Remove any outstanding route information e.g.
* dental
* inhalation
* periodontal
* topical
* transdermal
1. Remove any information indicating freeness (e.g. CFC Free, preservative free, sugar free etc.).
2. Remove the form ‘applicators’ completely.
3. Remove the following dose form modifications completely
* with luer connector
* with spike connector
1. Abbreviate these names in the following order of priority:
* glucose to **gluc**
* sod chlor to **NaCl**
* alcohol to **alc**
* ether to **eth**
* purified protein derivative to **PPD**
* monopotassium to **monopot**
* monofluorophosphate to **monofluorophos**
* disodium to **disod**
* tripotassium to **tripot**
* ipecacuanha to **ipecac**
1. Where the AMP name includes reference to the suppliers name then it can be removed (e.g. Boots, Seven Seas, Lloydspharmacy).
2. If a name contains a country name then abbreviate as per ISO 3166 short codes for country names e.g.
* Australia to **AU**
* Papua New Guinea to **PG**
1. Remove pack size e.g. 500ml. (**Note:** with e.g. dressings do not remove dimensions).
2. Remove reference to a description of a process used in product formulation (e.g. demineralised, impregnated).
3. Remove hydration information completely (e.g. dihydrate, dodecahydrate, hexahydrate, hydrate, monohydrate).
4. Where the dose form is duplicated in a combination product only, the first instance of the dose form can be removed, e.g.
* Interferon beta-1a 6million units/0.5ml inj and Interferon beta-1a 2.4million units/0.2ml inj, to:
* Interferon beta-1a 6million units/0.5ml and Interferon beta-1a 2.4million units/0.2ml inj
1. Where the drug name is repeated in a combination product, the second instance of the drug name only can be removed e.g.
	* Interferon beta-1a 6million units/0.5ml and Interferon beta-1a 2.4million units/0.2ml inj, to:
* Interferon beta-1a 6million units/0.5ml and 2.4million units/0.2ml inj
1. Completely remove any remaining form or abbreviated form.
2. Abbreviate potassium chloride to **KCl**.
3. Abbreviate units to **u**.
4. Remove all secondary information in brackets e.g. (Timothy Grass).

**Stated Exceptions**

It has not been possible to create an abbreviated or label name that is safe to use and applicable in all potential scenarios for the following concepts. These **exceptions** are:

|  |
| --- |
| Bismuth subnitrate 20% / Iodoform 40% paste impregnated gauze dressing 1.25cm x 100cm |
| Bismuth subnitrate 20% / Iodoform 40% paste impregnated gauze dressing 1.25cm x 200cm |
| Bismuth subnitrate 20% / Iodoform 40% paste impregnated gauze dressing 1.25cm x 300cm |
| Bismuth subnitrate 20% / Iodoform 40% paste impregnated gauze dressing 2.5cm x 100cm |
| Bismuth subnitrate 20% / Iodoform 40% paste impregnated gauze dressing 2.5cm x 200cm |
| Bismuth subnitrate 20% / Iodoform 40% paste impregnated gauze dressing 2.5cm x 300cm |
| Celvapan (H1N1) vaccine (whole virion, Vero cell derived, inactivated) suspension for injection |
| Coal tar 5% / Salicylic acid 2% in Betamethasone valerate 0.025% ointment |
| Coal tar solution 5% / Salicylic acid 3% in Clobetasone 0.05% ointment |
| Coal tar solution 5% / Salicylic acid 5% in Betamethasone valerate 0.025% ointment |
| Coal tar solution 5% / Salicylic acid 10% in Betamethasone valerate 0.025% ointment |
| Coal tar solution 10% / Salicylic acid 2% in Betamethasone valerate 0.1% ointment |
| Dithranol 0.4% / Salicylic acid 2% / Emulsifying wax 25% in liquid paraffin to 100% ointment |
| Human papillomavirus (type 6, 11, 16, 18, 31, 33, 45, 52, 58) vaccine (adsorbed) suspension for injection 0.5ml pre-filled syringes |
| Hydrocortisone 1% / Tretinoin 0.025% / Hydroquinone 4% in Aqueous cream |
| Hydrocortisone 1% / Tretinoin 0.025% / Hydroquinone 4% in Generic Unguentum M cream |
| Hydrocortisone 1% / Tretinoin 0.025% / Hydroquinone 4% in Unguentum M cream |
| Lemsip Cough for Mucus Cough Sugar & Colour Free 100mg/2.5mg/5ml oral solution |
| Nurofen for Children Cold, Pain and Fever Orange Flavour 100mg/5ml oral suspension |
| Nurofen for Children Cold, Pain and Fever Strawberry Flavour 100mg/5ml oral suspension |
| Plegridy 63micrograms/0.5ml and 94micrograms/0.5ml solution for injection pre-filled pens treatment initiation pack |
| Urea 40% / Starch 7.2% / Zinc oxide 7.2% / Salicylic acid 0.6% in White soft paraffin |

# Appendix XII

## Homeopathic Preparations

**Editorial Policy:**

**Formulation definitions:** Forms are defined in Appendix V

**Ingredients:** Ingredients will not be populated because of the complexities inherent in describing homeopathic ‘ingredients’.

**Strength:** The expression of potency will be based upon the common, accepted expressions of dilution used in the homeopathic community:

* Decimal

Definition: diluted 1 to 9 at each dilution stage (=10-1 dilution)

 1 dilution is 1x, 2 dilutions 2x etc.

Abbreviation: x

##### *Centesimal*

 Definition: diluted 1 to 99 at each dilution stage

 (=10-2 dilution)

 1 dilution is 1c, 2 dilutions 2c etc.

 Abbreviation: c

###### **Note:** 1M = 1000c where M refers to the Millesimal scale

##### *Fifty Millesimal*

 Definition: diluted 1 to 50, 000 at each stage

 Abbreviation: LM

Where continental manufacturers express dilution in terms of 'd' and 'ch' these will be expressed on the dictionary as 'x' and 'c' respectively.

# Appendix XIII

## Unlicensed Products

The population of VMPs of unlicensed products will fall into one of four categories, or types. Two of these follow the established methods; the remaining two differ in the amount of detail in the VMP description. Only products of type A will be prescribable as VMPs, products of type B, C, & D will be assigned ‘never valid to prescribe as a VMP’ status. Ingredients will not be included for product types C & D, except for those products where there is a use case, or where the data is ambiguous.

**Type A: Treat as Licensed Medicines (Name, Strength & Form)**

This is the simplest of the four methods of populating unlicensed products as they are populated in the same manner as licensed medicines. Only single or double ingredient preparations will be populated in this manner, those that contain three or more ingredients will be entered as per type B.

Examples of this type are;

Melatonin 2mg tablet

Melatonin 2mg modified-release tablet

Melatonin 3mg capsule

Gamolenic Acid 40mg capsule

**Type B: Generic XXXX**

This will apply to multi-ingredient preparations that do not fit any other Type for unlicensed product population. They will be populated using the established “Generic XXXX” convention, and therefore can only be prescribed at AMP. An example of this type is;

Generic Osteoflex tablets

Where standardised ingredients and units of strength or potency can be confirmed these will be populated. In cases where non-standardised ingredients or strengths are used or where there is ambiguity these fields will not be populated. As per current Editorial Policy an ingredient may be populated with no strength.

**Type C: Strength Omitted (Name & Form)**

This group of products will have a VMP similar to that for licensed medicines but with the omission of strength. Products of type C will be prescribable at AMP level only.

E.g. Acidophilus capsules

 Acidophilus tablets

 Acidophilus and Bifidus capsules

Brewers Yeast tablets

 Echinacea capsules

 Echinacea liquid

Echinacea tablets

Garlic capsules

 Ginkgo Biloba capsules

 Ginkgo Biloba tablets

 St. Johns Wort capsules

 St. Johns Wort liquid

 St. Johns Wort tablets

This type applies to products generally of organic origin. The active constituents of plants and products of this nature cannot easily be identified. Unlike licensed medicinal products that have identifiable single chemical entities plants can have a multiplicity of chemical constituents.

At VMP level strength of ingredients will not usually be included due to the lack of standardisation and either because there are different measures of potency and/or quantity, or circumstances where these measures are absent (for example, Acidophilus capsules). Any claimed strength and units of strength used, whether standard units of measurement or not, would be stated at AMP as part of the AMP description. Where applicable ingredients will be populated to assist decision support.

Prescribers would not be able to prescribe at VMP level with the VMP prescribing status indicator set at “Never valid to prescribe as a VMP”.

**Exception:**

Cod-liver oil preparations although of organic origin will be treated as type A.

**Type D: Non-Specific General VMP (non-specific name and form)**

This group will be populated using a general non-specific VMP name that will encompass a large number of infrequently used AMPs. A VMP is an abstract concept representing the template of properties which constitute one or more actual medicinal products. Type D products will represent a more abstract concept than traditional licensed medicines. Products of type D will be prescribed at AMP level only. Examples of proposed VMP and some further examples of attached AMP are given below.

**VMP *AMP***

Multivitamin and Mineral capsules

Multivitamin and Mineral liquid

Multivitamin and Mineral tablets *Multivitamin and Iron tablets (Lloyds)*

Multivitamin capsules *Multivitamin capsules (Boots)*

Multivitamin liquid *Adeks Oral Drops*

Multimineral capsules

Multimineral liquid *Nutrisorb Trace Minerals liquid (Biocare)*

Multimineral tablets

Multinutrient capsules *Cod Liver Oil and Multivitamin capsules(Seven Seas)*

*Co-Enzyme Q10 and Vitamin E capsules (Natrahealth)*

Multinutrient liquid

Multinutrient tablets *VM-2000 Multinutrient tablets (Solgar)*

*VM-75 Multinutrient tablets (Solgar)*

Herbal capsules

Herbal cream *Chickweed Cream (Avicenna)*

Herbal liquid *Juniper Berry Organic Tincture(Avicenna)*

*Marshmallow Root Organic Tincture (Avicenna)*

*Sweet Violet Herbal Organic Tincture (Avicenna)*

 *Vegetable Cough Remover (Potters)*

Herbal tablets

Herbal tea

Toiletries lotion *Allergenics Soothing Body Lotion*

 *E45 Skin Confidence Body Lotion*

 *Infaderm Baby Lotion*

Toiletries shampoo *T-Gel Anti dandruff shampoo*

Toiletries cream

Toiletries ointment *Weleda Foot Balm*

(including balms) *Weleda Massage Balm*

Toiletries wash *Veil Cleansing cream*

(including soap substitutes, scrubs, etc.).

Ingredients will not usually be included for type D products. Type D products will not be prescribable at VMP level.

A summary table detailing how products of type A, B, C & D will be populated follows:

**Table Detailing Population at Various Indicator** (where a field is empty the general principle is that the information is the same as that in the field immediately to the left)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Proposed Population Type** | **A** | **B** | **C** | **D** |
| ***VMP: Field Description*** |  |  |  |  |
| Name | rINN, BAN etc. where available, otherwise most prominent name as stated on product packaging (label or leaflet) or information from supplier. | Generic XXXX | As type A | Non-specific general title taken from limited list |
| Abbreviated Name | Current editorial policy |  |  |  |
| Form | Current editorial policy where applicable |  |  |  |
| Ontology Form & Route |  |  |  |  |
| Prescribing Status | Valid as a prescribable product | Never valid to prescribe as a VMP | Never valid to prescribe as a VMP | Never valid to prescribe as a VMP |
| Absence Flag | Not applicable |  |  |  |
| Combination Product Indicator | Current editorial policy,Rarely applicable |  |  |  |
| Controlled Drug Presc. Information | No controlled drug status |  |  |  |
| Unit Dose Form Information | Current editorial policy |  |  |  |
| Availability Indicator | As applicable |  |  |  |
| ***VMPP: Field Description*** |  |  |  |  |
| Drug Tariff Category & Price | Not applicable |  |  |  |
| ***AMP: Field Description*** |  |  |  |  |
| Name | Current editorial policy.  |  | A strength & form will be added if not already apparent. |  |
| Abbreviated Name | Current editorial policy |  |  |  |
| Manufacturer/ Supplier Name | Most prominent on packaging if not already apparent |  |  |  |
| Licensing Authority | Not applicable |  |  |  |
| Flavour | Current editorial policy where information can be determined |  |  |  |
| Licensed Route | Not applicable |  |  |  |
| Excipient details | Not applicable |  |  |  |
| Restrictions on Availability | “None”, or rarely “Imported” |  |  |  |
| Status Change Reason | Current editorial policy |  |  |  |
| ***AMPP: Field Description*** |  |  |  |  |
| Legal Category | Not applicable |  |  |  |
| Sub-pack Information | Current editorial policy, only when available data is reliable |  |  |  |
| Schedule 1 (Previously Schedule 10) | Current editorial policy, frequently applicable |  |  |  |
| Schedule 2 (Previously Schedule 11) | Not currently applicable to any products |  |  |  |
| Hospital Only Pack | Not currently applicable to any products |  |  |  |
| ACBS | Not applicable |  |  |  |
| EMA Monitoring | Current editorial policy |  |  |  |
| Nurse, Extended Nurse, & Dental Practitioners Formulary | Not applicable |  |  |  |
| Component Pack | Current editorial policy, rarely applicable |  | Present if not subject to frequent variation |  |
| Prescription Charges/ Dispensing Fees | Current editorial policy |  |  |  |
| Broken Bulk | Current editorial policy |  |  |  |
| Limited Stability | Not applicable and the attribute is no longer populated in dm+d |  |  |  |
| Discount Not Deducted | Some specifically included in list, other preparations may be covered by more general terms, indicate accordingly |  |  |  |
| Price |  |  |  |  |
| ***Ingredient Substance Information*** | When ingredients can be identified these will be entered | When ingredients can be identified these will be entered | No ingredients listed apart from those identified for decision support use case | No ingredients listed apart from those identified for decision support use case  |
| Identification | Use SNOMED code if available, otherwise code will be allocated | Use SNOMED code if available, otherwise code will be allocated | Not applicable | Not applicable |
| Name | As per VMP; rINN, BAN etc. | As per VMP; rINN, BAN etc. | Not applicable | Not applicable |
| Quantity, UOM | Usually present | Present only if expressed in standard terms | Not applicable | Not applicable |

# Appendix XIV

## Injections and Infusions

The default method for expressing the strength of liquid parenterals is to express the total quantity of drug in the total volume as per the Medicines and Healthcare products Regulatory Agency (MHRA) guidance on labelling and the National Patient Safety Agency (NPSA) recommendations. This method will be used in every instance except where a predefined **exception** has been stated.

Examples:

Furosemide 20mg/2ml solution for injection ampoules

Haloperidol 5mg/1ml solution for injection ampoules

Tinzaparin sodium 16,000unit/0.8ml solution for injection pre filled syringes

There will be a possibility of using one of three further methods for the predefined **exceptions** where a clinical use case demonstrates the requirement.

**Alt method 1**

The first of these allowable **exceptions** 'alt. method 1' being to quote the unit strength i.e. mg/ml. This method will be used for insulins and other identified multidose injections where the intention is that only a proportion of the total quantity will be administered at any one time.

Example:

Insulin lispro 100units/ml solution for injection 10ml vials

**Alt Method 2**

The second **exception** 'alt method 2' will be to allow for dual representation of the strength which will be represented as unit strength in both instances. This will be used for preparations such as **lidocaine, adrenaline,** and other preparations where the strength is quoted as biological activity, in units, or as ratios/percentages as well as in milligrams or micrograms.

This method would also be used where standard pharmaceutical references recommend dual representation of strength on patient safety grounds.

Examples:

Adrenaline (base) 500micrograms/0.5ml (1 in 1,000) solution for injection ampoules

Lidocaine 400mg/20ml (2%) solution for injection ampoules

Mannitol 100g/500ml (20%) infusion bags

Trichloroacetic acid 15% (150mg/1ml) solution

The convention is to quote the strength in SI units followed by the second representation in parentheses.

**Contrast media / radiopharmaceuticals** where the quantity of base element needs to be represented. In these cases the defining chemical i.e. iodine etc. will be written out in full and not abbreviated to the chemical symbol.

Example:

Iodixanol 625mg/ml (Iodine 320mg/ml) solution for injection 50ml bottles

**Alt method 3**

A third **exception** 'alt method 3' is proposed for large volume infusion fluids, electrolyte solutions and other specified injections (Dextrans, oily phenol etc.) whereby these are quoted as a %.

Examples:

All sodium chloride parenterals (0.9%, 1.8% and 30%)

Sodium chloride 0.9% infusion 1litre bags

All glucose parenterals (5%, 10%, 50%, 70%)

Glucose 10% solution for injection 10ml ampoules

Combinations of above

Sodium Chloride 0.18% / Glucose 4% infusion 500ml bags

All sodium bicarbonate parenterals

Sodium bicarbonate 8.4% (1mmol/ml) solution for injection 10ml ampoules

All calcium and magnesium sulfate parenterals

Calcium gluconate 10% solution for injection 50ml vials

Magnesium sulfate 50% (magnesium 2mmol/ml) solution for injection 5ml ampoules

Dextrans, Albumin and Gelatins

Dextran ‘70’ 6% in sodium chloride 7.5% solution for infusion 250ml bags.

Albumin human 20% solution for infusion 50ml bottles

Gelatin 4% infusion 1litre bags

Etherified starches

Hexastarch 6% infusion 500ml bags

Oily Phenol

Oily Phenol 5% solution for injection 5ml ampoule

**For potassium containing solutions**. The concentration of potassium salt being quoted as a % and also in parenthesis, immediately following, the total mmol of potassium per unit dose.

Potassium chloride 15% (Potassium 20mmol/10ml) solution for infusion 10ml ampoules

In addition for large volume parenterals containing potassium the potassium will be quoted as the first ingredient.

Potassium chloride 0.15% (Potassium 20mmol/1litre) / Glucose 4% / Sodium chloride 0.18% infusion 1litre bags

**Definitive list of exceptions to the default method**

**Alt method 1**

Insulin parenterals

**Alt method 2**

Adrenaline parenterals

Lidocaine parenterals

Tuberculin PPD

Contrast media parenterals

Radiopharmaceutical parenterals

Trichloroacetic acid solutions

**Alt method 3**

Sodium chloride parenterals

Glucose parenterals

Glucose and Sodium chloride parenterals

Potassium containing parenterals (in addition the number of mmol of potassium will be included)

Sodium bicarbonate parenterals

Calcium chloride parenterals

Calcium gluconate parenterals

Magnesium sulfate parenterals

Dextran parenterals

Albumin parenterals

Gelatin parenterals

Etherified starch parenterals

Oily phenol parenterals

Ethanolamine oleate parenterals

Sodium tetradecyl sulfate parenterals

Parenteral lipids

# Appendix XV

## Appendix XV (a) - ‘Specials’

Specials are unlicensed medicinal products manufactured in the UK for human use which have been specially prepared to meet a prescription ordered for individual patients without the need for the manufacturer to hold a marketing authorisation for the medicinal product concerned.

Specials may be:

* manufactured under a specials licence
* sourced under an importers licence issued by the MHRA,
* or prepared by a dispensing contractor or third party under the manufacturing part of the Section 10 exemption from the Medicines Act 1968.

In order to facilitate the population of ‘specials’, the following criteria will be followed.

**1) Drug Tariff Special Order products**

All packs of the Drug Tariff Special Order products held in **Part VIIIB** will be populated on dm+d.

At AMP level, there will be a supplier named: Drug Tariff Special Order.

Indicative prices only will be held at AMPP level

All packs of the Drug Tariff Special Order products held in **Part VIIID** will be populated on dm+d.

At AMP level, there will a supplier named: Part VIIID Drug Tariff Special Order

Indicative prices only will be held at AMPP level.

The Drug Tariff Special Order product description will represent an umbrella term to encompass Standard formulation including standard flavours (STD) as well as all the following formulations where indicated in the Drug Tariff:

* SF Sugar free
* AF Alcohol free
* CF Colour free
* FF Flavour free
* LF Lactose free
* PF Preservative free
* NSF Non standard flavours

The strength of the active ingredient will be included in the VMP and AMP names and the ingredient details will be populated accordingly.

**2) All other Special Order products**

For ‘specials’ products that are NOT included in the Drug Tariff Part VIIIB or Part VIIID, these will have a single supplier named Special Order at AMP level.

A single VMPP and AMPP will be created based on the unit of measure i.e. 1ml etc.

The strength of the active ingredient will be included in the VMP and AMP names and the ingredient details will be populated accordingly.

**Note:** indicative prices are not populated.

**3) Collaboration with the NHS Pro-File Information Resource**

In 2007 the NHS dm+d Editorial Committee (former Content Committee) agreed to include in dm+d real pack sizes for ‘Specials’ that are identified on the Pro-File database to enable the population of Global Trade Item Numbers (GTINs) for these Special Order products.

## Appendix XV (b) – Raw materials

For ‘raw materials’ the suppliers from where the product is sourced is populated.

The form of the product will be specifically included within the name e.g. Almond oil liquid, Acetone liquid, Sodium bicarbonate powder.

# Appendix XVI

### Authoring of bandages

Bandages are authored to include the length of each individual bandage at VMP level. At VMPP level the pack will be expressed in terms of entities e.g. 1 bandage:

VMP:

Cohesive bandage 10cm x 2.5m

Cohesive bandage 10cm x 6m

Cohesive bandage 10cm x 6.3m

Crepe bandage BP 1988 15cm x 4.5m

VMPP:

Cohesive bandage 10cm x 2.5m x 1 bandage

Cohesive bandage 10cm x 6m x 1 bandage

Cohesive bandage 10cm x 6.5m x 1 bandage

Crepe bandage BP 1988 15cm x 4.5m x 1 bandage

Absorbent cotton, gauzes and stockinette are still regarded as ‘continuous substances’ and are described at pack level in terms of length:

VMP:

Absorbent cotton BP 1988

Absorbent cotton gauze type 13 light BP 1988 not sterilised

Cotton stockinette bleached BP 1988 heavyweight 10cm

VMPP:

Absorbent cotton BP 1988 x 25g

Absorbent cotton BP 1988 x 500g

Absorbent cotton gauze type 13 light BP 1988 not sterilised x 25m

Cotton stockinette bleached BP 1988 heavyweight 10cm x 6m

# Appendix XVII

## Investigational Medicinal Products

The following are specific to the population of Investigational Medicinal Products (IMPs) in dm+d

**Virtual Medicinal Product**

* Virtual Medicinal Product Prescribing status will be set at ‘never valid to prescribe’
* Non-availability Indicator will be absent. The VMP shall be considered to have corresponding actual products (although these may not be generally prescribable in primary care)

**Actual Medicinal Product**

* Current Licensing Authority will be set to ‘none’.
* Restrictions on availability will be set to ‘clinical trial’.
* Actual product excipients will not be populated for IMPs. The fact that the excipient substance identification and pharmaceutical strength fields are not populated merely infers that the SmPC data was not available. If the prescriber considers that it is essential to confirm the absence of an excipient then this should be done with the clinical trial sponsor.

**Virtual Medicinal Product Pack**

* Drug Tariff payment category, price, price date and previous price will not be populated for IMPs.

**Actual Medicinal Product Pack**

* Where the legal category has been defined for the IMP then current Editorial policy will be followed. If the legal category of the IMP cannot be determined then the value of ‘not applicable’ will be input.
* Personally administered, FP10MDA prescription, nurse formulary, nurse extended formulary and dental formulary indicators will not be populated for IMP
* Reimbursement Information and medicinal product price will not be populated for IMPs.

# Appendix XVIII

## Global Trade Item Numbers

Global Trade Item Numbers (GTINs) are populated at AMPP level for medicines and medical devices/appliances. The GTIN is a globally unique number used to identify trade items, products, or services.

*Field Population:*

* A string (13 or 14 digits)
* A date

The GTIN is a maximum of 14 digits but 13-digit and 8-digit numbers are also in use. A 14-digit GTIN is achieved by adding a preceding leading zero to a 13-digit GTIN. The Global Standards 1 (GS1) [UK website](https://www.gs1uk.org/) gives more detail on how the GTIN is derived.

*Additional Information:*

The Brand Owner, the organisation that owns the specifications of the trade item regardless of where and by whom it is manufactured, is responsible for the allocation of the GTIN. The Brand Owner is responsible for the accurate transmission of the GTIN for population in dm+d.

A live GTIN in dm+d will have a single relationship to one AMPP at any point in time (i.e. a GTIN *cannot* have one to many valid live AMPP relationships).

There are rare circumstances in which an AMPP may have a one to many GTIN relationships e.g. Drug Tariff Special Order product packs.

GTINs are populated with a start date and an end date. The start date and the end date for when a GTIN is no longer current are the dates the Brand Owner notifies to the dm+d maintainers.

Pharmaceutical companies should *never* transfer a GTIN from one product pack to another one. On dm+d sometimes concepts need to be invalidated and reauthored and in this context a GTIN could be given an end date on one AMPP and then transferred to another AMPP.

**Note:** a record of GTINs transferred will be provided in a spreadsheet with the weekly dm+d TRUD extract files.

A GTIN will be populated on dm+d where provided by a supplier where appropriate. Exceptions include:

* GTINs which are provided for ‘outer’ packaging (as ‘outers’ are not authored in dm+d).
* Special Order products populated with a single VMPP and AMPP that have been created based on the unit of measure e.g. 1ml etc.
* Unflavoured AMPPs that have been authored for some food substances with a supplier of ‘Flavour Not Specified’.

Special attention also needs to be given to the following:

* A GTIN will be populated for a component in a combination pack where the supplier has allocated a GTIN to each component. There may also be a GTIN populated that identifies the combination pack if it is an AMPP in its own right.
* Special order products included in the Pro-File database are populated with ‘real’ pack sizes. GTINs will be populated for the AMPPs. Where the GTIN distinguishes characteristics such as ‘freeness’ or flavours that are not represented in the AMPP, there will be many GTINs to one AMPP. Where there are a number of suppliers, there will be many GTINs to one AMPP.

**Additional note:**

The dm+d authors will only use information received from manufacturers / MA holders / brand owners to author GTINs. These are considered to be holders of the primary source of information, and the evidence provided will be retained for audit purposes. Validation is built into dm+d to check that no live duplicate GTINs are published, however accountability for accurate and up to date information relating to GTINs rests with providers of the primary information source.

# Appendix XIX

## Amino Acids

The representations of amino acids (VTMs, VMPs and ingredients) in the dm+d are authored in the following style:

* For a VTM/VMP where the amino acid has an approved name (e.g. rINN) and ONLY ONE stereoisomer is represented across all VMPs in dm+d, then the approved name will be used. (The approved name may make no reference to the stereoisomerism but it will be able to be determined from the actual INN list and will be also covered by the ingredient).
* For a VTM/VMP where the amino acid has an approved name but MORE THAN ONE stereoisomer is represented in dm+d AND the approved names cover ALL stereoisomers then the approved names will be used.
* For a VTM/VMP where the amino acid has an approved name but MORE THAN ONE stereoisomer is represented in dm+d AND there are NOT approved names for ALL the stereoisomers, the approved name will be modified to identify the specific stereoisomer.
* For a VTM/VMP where the amino acid does NOT have an approved name the stereoisomer will ALWAYS be indicated in the name even where only one stereoisomer is represented in dm+d.

For ingredients that are amino acids the name will always specify their stereoisomerism regardless of whether more than one stereoisomer is represented in dm+d at ingredient level. The only exception is where approved names exist to cover all three possibilities.

# Appendix XX

## VMP and AMP Strength Description Differences

Sometimes there is a difference in how the strength is described in a VMP description compared with its linking AMP description(s). At AMP, the representation of strength is based upon how the supplier or manufacturer states the strength. Representation of the strength of a product can vary depending on a number of factors including:

* whether the product is a drug, medical device/appliance, cosmetic, food, or toiletry
* if the product is a licensed medicinal product or not
* if the product contains two or more active ingredients
* the ingredient naming style used by manufacturers
* the pharmaceutical form of the product
* the unit of measure associated with the strength
* whether the strength is expressed by total amount, or amount of drug present in a unit dose volume

The following table is not comprehensive but details instances of where this occurs in dm+d.

VMP and AMP strength mismatch examples and reasons

|  |  |  |
| --- | --- | --- |
| **Reason for difference**  | **AMP name**  | **VMP name**  |
| AMP where the strength is not stated | J.L. Bragg's Charcoal capsules | Activated charcoal 300mg capsules |
| Arnica cream | Arnica montana 0.9% cream |
| AMP where the strength is not stated and the product contains multiple active ingredients | Triptafen tablets | Amitriptyline 25mg / Perphenazine 2mg tablets |
| Care Haemorrhoid Relief ointment | Allantoin 0.5% / Lidocaine 0.5% ointment |
| Care Haemorrhoid Relief suppositories | Allantoin 10.25mg / Lidocaine 10.25mg suppositories |
| Redoxon Double Action Vitamin C and Zinc effervescent tablets orange | Ascorbic acid 1g / Zinc citrate 10mg effervescent tablets sugar free |
| Pabrinex Intramuscular High Potency No.2 solution for injection 2ml ampoules | Ascorbic acid 500mg/2ml / Nicotinamide 160mg/2ml solution for injection ampoules |
| Imazin XL forte tablets | Aspirin 150mg / Isosorbide mononitrate 60mg modified-release tablets |
| MigraMax oral powder sachets | Aspirin 900mg / Metoclopramide 10mg oral powder sachets sugar free |
| Mydricaine No2 solution for injection 0.3ml ampoules | Atropine 1mg/0.3ml / Adrenaline (base) 120micrograms/0.3ml / Procaine hydrochloride 6mg/0.3ml solution for injection ampoules |
| Duovent Autohaler | Fenoterol 100micrograms/dose / Ipratropium bromide 40micrograms/dose breath actuated inhaler |
| Kao-C junior diarrhoea oral suspension | Kaolin 500mg/5ml / Calcium carbonate 250mg/5ml oral suspension sugar free |
| Predsol-N ear/eye drops | Prednisolone 0.5% / Neomycin 0.5% ear/eye drops |
| Kay-Cee-L syrup | Potassium chloride 375mg/5ml (potassium 5mmol/5ml) oral solution sugar free |
| AMP where the strengths are not stated where the pack is a starter / titration pack | Celance tablets 14 day starter pack | Pergolide 250microgram tablets and Pergolide 50microgram tablets |
| Hypovase tablets B.D. starter pack | Prazosin 1mg tablets and Prazosin 500microgram tablets |
| Neurontin titration pack | Gabapentin 600mg tablets and Gabapentin 300mg tablets |
| AMP states a single strength that represents the combined strength of multiple active ingredients (combination products) | Adderall XR 20mg capsules | Amfetamine 10mg / Dexamfetamine 10mg modified-release capsules |
| Triple Bromide 1.2g/5ml oral solution | Ammonium bromide 400mg/5ml / Potassium bromide 400mg/5ml / Sodium bromide 400mg/5ml oral solution |
| Tuinal 100mg Pulvules | Amobarbital 50mg / Secobarbital sodium 50mg capsules |
| Tazocin 4.5g powder for solution for injection vials | Piperacillin 4g / Tazobactam 500mg powder for solution for injection vials |
| AMP does not state unit of measure for strength | OroNAC 600 capsules | Acetylcysteine 600mg capsules |
| Xanthomax 100 tablets | Allopurinol 100mg tablets |
| Amnivent-225 SR tablets | Aminophylline 225mg modified-release tablets |
| Liberim D 250 solution for injection vials | Anti-D (RHO) immunoglobulin 250unit solution for injection vials |
| Nu-Seals 300 gastro-resistant tablets | Aspirin 300mg gastro-resistant tablets |
| Alphavase 5 tablets | Prazosin 5mg tablets |
| Amix 250 oral suspension | Amoxicillin 250mg/5ml oral suspension sugar free |
| AMP does not state unit of measure for strength and the AMP strength does not represent the strength of the multiple active ingredients present | Wilate 1000 powder and solvent for solution for infusion vials | Factor VIII 1,000unit / von Willebrand factor 1,000unit powder and solvent for solution for injection vials |
| VMPs for most oral liquids are expressed as ‘strength per 5ml’ even where this differs from the product name in the SmPC | Seroxat 20mg/10ml liquid | Paroxetine 10mg/5ml oral suspension sugar free |
| Reminyl 4mg/ml oral solution | Galantamine 20mg/5ml oral solution sugar free |
| Thamicarb 84mg/1ml oral solution | Sodium bicarbonate 420mg/5ml (1mmol/ml) oral solution sugar free |
| Kaletra 80mg/20mg/1ml oral solution | Lopinavir 400mg/5ml / Ritonavir 100mg/5ml oral solution |
| dm+d VMP naming convention where no generic title exists involves ordering active substances by the greatest quantity / then strength followed by alphabetical order, unless clinically intuitive | Sirdupla 25micrograms/dose / 250micrograms/dose inhaler | Fluticasone 250micrograms/dose / Salmeterol 25micrograms/dose inhaler CFC free |
| Nuromol 200mg/500mg tablets | Paracetamol 500mg / Ibuprofen 200mg tablets |
| Invicorp 25micrograms/2mg/0.35ml solution for injection ampoules | Phentolamine 2mg/0.35ml / Aviptadil 25micrograms/0.35ml solution for injection ampoules |
| Mafamoz 62.5mg/25mg tablets | Proguanil 25mg / Atovaquone 62.5mg tablets |
| Reprapog 250mg/100mg tablets | Proguanil 100mg / Atovaquone 250mg tablets |
| dm+d VMP naming convention for numeric expressions commencing with a numeral other than 0 will be used in preference to non-decimal greater than or equal to 1,000 | Muse 1000microgram urethral sticks | Alprostadil 1mg urethral sticks |
| Vipdomet 12.5mg/1000mg tablets | Alogliptin 12.5mg / Metformin 1g tablets |
| Ferinject 1000mg/20ml solution for injection vials | Ferric carboxymaltose 1g/20ml solution for injection vials |
| Panadol OA 1000mg tablets | Paracetamol 1g tablets |
| Expressions of strength in the VMP name will normally avoid using numeric expressions starting with the numeral 0 leading to different units of measure | One-Alpha 0.5microgram capsules | Alfacalcidol 500nanogram capsules |
| Gilenya 0.5mg capsules | Fingolimod 500microgram capsules |
| Flixotide 0.5mg/2ml Nebules | Fluticasone 500micrograms/2ml nebuliser liquid unit dose vials |
| Signifor 0.9mg/1ml solution for injection ampoules | Pasireotide 900micrograms/1ml solution for injection ampoules |
| Sanomigran 0.25mg/5ml elixir | Pizotifen 250micrograms/5ml oral solution sugar free |
| Mirapexin 0.18mg tablets | Pramipexole 180microgram tablets |
| Mepivacaine 66mg/2.2ml solution for injection cartridges | Scandonest plain 3% solution for injection 2.2ml cartridges |
| For specific pharmaceutical forms e.g. ‘spray’ forms, the strength / amount of spray is usually expressed as a weight in the VMP name | Syntaris 0.025% nasal spray | Flunisolide 25micrograms/dose nasal spray |
| Pirinase Hayfever 0.05% nasal spray | Fluticasone propionate 50micrograms/dose nasal spray |
| dm+d naming convention hierarchy is that the rINN is preferred  | Duaklir 340micrograms/dose / 12micrograms/dose Genuair | Aclidinium bromide 396micrograms/dose / Formoterol 11.8micrograms/dose dry powder inhaler |
| Eklira 322micrograms/dose Genuair | Aclidinium bromide 375micrograms/dose dry powder inhaler |
| Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler | Umeclidinium bromide 65micrograms/dose /Vilanterol 22micrograms/dose dry powder inhaler |
| Seebri Breezhaler 44microgram inhalation powder capsules with device | Glycopyrronium bromide 55microgram inhalation powder capsules with device |
| VMP expression of salt where two or more salts exist that are not clinically equivalent | Nurofen Express 342mg caplets | Ibuprofen lysine 200mg tablets |
| Nurofen Express 256mg tablets | Ibuprofen sodium dihydrate 200mg tablets |
| Expression of insulin (Editorial Policy page 61 and Appendix XIV) | NovoMix 30 Penfill 100units/ml suspension for injection 3ml cartridges | Insulin aspart biphasic 30/70 100units/ml suspension for injection 3ml cartridges |
| Insuman Comb 24 100units/ml suspension for injection 3ml pre-filled Solostar pen | Insulin isophane biphasic human 25/75 100units/ml suspension for injection 3ml pre-filled disposable device |
| AMP presents the calcium element content but dm+d policy is to author the strength of calcium salt | Calcichew 500mg chewable tablets | Calcium carbonate 1.25mg chewable tablets sugar free |
| AMP presents the iron element content but dm+d policy is to author the strength of iron salt | Lamberts Iron 14mg tablets | Ferrous citrate 62mg tablets |
| AMP strength expressed per hour | Nitro-Dur 0.2mg/hour transdermal patches  | Glyceryl trinitrate 5mg/24hours transdermal patches  |
| dm+d Editorial Policy Appendix XIII for unlicensed products is to create VMPs that are grouper concepts rather than generic products and so do not have a strength  | BIOmega 3 Kids 1000mg capsules | Fish oil capsules |
| Lloydspharmacy High Strength Omega Fish Oil 1g capsules | Fish oil capsules |
| For eye products (e.g. drops), the concentration (strength) of the active substance has traditionally been expressed as % in dm+d. Current practice based on European guidelines is now to express the strength as quantity per unit volume (or weight), e.g. mg/ml or micrograms/ml. dm+d will follow Part 1 of the SmPC and so in the transition, differences in expression of strength will occur for some similar VMPs and AMPs for eye products. | Timoptol 0.25% eye drops | Timolol 0.25% eye drops |
| Eysano 2.5mg/ml eye drops | Timolol 2.5mg/ml eye drops preservative free |

# Appendix XXI

## British Pharmacopoeia (‘BP’) reference in a Virtual Medicinal Product (VMP) description

As part of the dm+d naming convention process a decision needs to be made about whether or not the suffix BP should be used in the VMP name. This appendix includes a decision algorithm, in the form of a decision tree that represents the principles of the decision making process for determining this. This also takes into account whether there is a licensed medicinal product available that is covered by a Summary of Product Characteristics (SmPC).

The VMP title normally follows the format of name + strength + form. The VMP name will then only distinguish whether there is a BP monograph that applies to the VMP when there are closely related VMPs that do not comply with the same monograph.

Closely related VMPs are defined as:

* VMPs with the same name and form but different strengths
* VMPs with the same name but different salts, same form and different strengths
* VMPs made to a specified formula (this may or may not be a BP formula) where there is a small difference in the formula (e.g. slightly different excipients such as flavours and colours, or slightly different strengths)

**Note:** BP won’t be included in a VMP name where the strength of the active ingredient(s) is/are included in the VMP name and the base is specified.

Decision Tree for when the suffix ‘BP’ should be used in the VMP name



# Appendix XXII

## Medical Devices that may be prescribed in Secondary Care

The dm+d content committee meeting in June 2016 confirmed that the scope of medical devices/appliances for dm+d includes devices that are used in Secondary Care. This is to facilitate the recording of the administration or dispensing of Secondary Care Medical Devices using the same data entry system as is used for medicines and those devices available in primary care.

The original intention for the dictionary outlined by the UKCPRS programme was for it to be the single product to represent the Primary Care Drug Dictionary (PCDD), the Secondary Care Drug Dictionary (SCDD) and the Medical Devices Dictionary (MDD).

However it has to be noted that the scope of medical devices used in secondary care is large and to include all medical devices in the dm+d XML would potentially overwhelm the current content. The following therefore seeks to outline which items are in scope for inclusion in the native dm+d XML files noting that the full MDD will continue to be developed (by NHS England) to include the broader scope of medical devices and will be made available in an aligned, but separate download in the SNOMED CT UK Drug Extension.

dm+d will include medical devices that are in the Drug Tariff and those used in secondary care that are recorded in a patient’s medical record. Range extensions to Drug Tariff-listed medical devices may also be added to support dispensing contractors in identifying products that will not be reimbursed through the NHS primary care pharmaceutical services in England and Wales.

To clarify the scope boundaries of which Secondary Care devices are considered to be within scope of dm+d XML release a list is provided below. The list should not be considered to be exhaustive and may be expanded if/when a use case for inclusion in the dm+d XML release is identified.

Dressings, multilayer bandages, venous ulcer compression systems, gauzes or bandages

To include those where the size is not listed in the Drug Tariff (England and Wales) or is indicated by the manufacturer to be only available to hospitals

To include those where the pack size is not listed in the Drug Tariff (England and Wales) or is indicated by the manufacturer to be a Hospital only pack.

Medical devices/appliances that are administered by injection for example

Substances for pleural adhesion

Dermal fillers

Sodium hyaluronate injections

Skin prick tests

Ophthalmic preparations for example

Eye drops

Eye sprays

Contact lens care preparations

CE marked devices/appliances that are applied to the skin or mucous membranes

Skin patch tests

Emollients

Lubricants

Douches

Irrigation Solutions

Bladder Instillations

Acne treatments

Dry mouth products

Ear wax softening medical devices

Inhalation Solutions

Nasal products – drops, powder, sprays

Oral film forming agents

Micro-enemas

Skin glues and sealants

Fibrin sealants

Cyanoacrylate glues intended for medical use

Bone cements

Haemofiltration solutions

Contraceptive devices

Condoms

Diaphragms – to include those that are not listed in the Drug Tariff (England and Wales)

Spermicides – to include those that are not listed in the Drug Tariff (England and Wales)

Test strips for near patient use

Blood test strips

Urine test strips

# Appendix XXIII

## Radiopharmaceuticals

Following a Content Committee meeting in October 2020 the authoring of radiopharmaceutical products was amended so that the strength was authored. Whilst radionuclides have changing composition and radioactive concentration over time it was decided that their ‘strength’ would be based upon their marketed radioactivity. This appendix now contains the amended authoring policy.

Radiopharmaceutical preparations (or “radiopharmaceuticals”) are defined by the British Pharmacopoeia (BP) as “medicinal products which, when ready for use, contain one or more radionuclides (radioactive isotopes) included for a medicinal purpose.” They can be used for diagnostic and therapeutic indications. The term “radiopharmaceuticals” is also used by the BP to cover other groups of radioactive and non-radioactive products:

* Radionuclide generators: A daughter radionuclide is produced from a fixed parent radionuclide by elution or by another method and used in radiopharmaceutical preparations.
* Radionuclide precursors: Any radionuclide produced for radiolabelling of another substance prior to administration. Can be supplied as solutions for radiolabelling.
* Kits for radiopharmaceuticals: Any preparations to be reconstituted or combined with radionuclides in the final radiopharmaceutical preparation, usually prior to its administration.

**Kits for radiopharmaceuticals**

Where a kit contains two or more preparations then the Virtual Medicinal Product (VMP) and Actual Medicinal Product (AMP) are not authored as Combination Products.

Where an SmPC for a kit states an intended route this will be reflected in the route information

**Strength**

The strength will be authored in the VMP and AMP concepts and in VMP ingredient file.

**Names**

For products with long and complex chemical names and/or products that have multiple component elements, the VMP name will be abbreviated to “Generic [SmPC name]”.

For example Tektrotyd 16micrograms kit for radiopharmaceutical preparation contains:

16 μg of HYNIC-[D-Phe1, Tyr3-octreotide] TFA salt

10 mg of Etylenediamine-N,N’-diacetic acid

**Expression of radioisotopes**

The BP convention of expressing a radioisotope in square brackets will be used:

* Gallium [Ga-67] citrate
* Sodium Iodide [I-131]

**Routes**

The route will reflect that stated in the Summary of Product Characteristics.

**Forms**

The form will reflect that stated in the SMPC. For example: solution for injection, oral capsule. In addition dm+d includes some specific radiopharmaceutical dose forms e.g. Radiopharmaceutical precursor and Kit for Radiopharmaceutical preparation.

**Virtual Therapeutic Moieties**

Radiopharmaceuticals will be assigned a Virtual Therapeutic Moiety (VTM) in line with the Editorial Policy for VTMs as detailed in Appendix 2. Please note that VMPs for nuclide generators and Generic XXXX VMPs do not have VTMs.

# Appendix XXIV

## Representation of diluents for Special Order cytotoxic infusions – SACT

NHS Trusts are measured in their compliance to the Systemic Anti-Cancer Therapies (SACT[[5]](#footnote-5)) dose bandings for adult anticancer therapies. The SACT dose bandings are an NHS initiative where chemotherapy doses are rounded, the infusion prepared in a standard volume and in many cases the diluent for the infusion is specified. In order to encourage NHS England commissioned providers of chemotherapy to move to prescribing a range of SACT drugs in accordance with the nationally approved dose bands Commissioning for Quality and Innovation (CQUIN).Payments will be made to Trusts based on their compliance Trusts will be set targets and the number of doses administered in line with the approved bandings measured against a target set for the Trust.

Where a Special Order product is being produced that is compliant with the SACT dose bandings (SACT dose bandings for many of the drugs require a specific diluent and infusion volume) it is added to dm+d with both the active drug and the diluent being identified in both the VMP and AMP terms.

Where no diluent is specified in the SACT bandings normal dm+d Editorial rules would apply and no diluent would be identified in the VMP and AMP terms.

Where SACT compliant products are licensed AMPs no diluent information is included in either the VMP or AMP terms (unless it is deemed to be part of the product name on the SmPC). Information about the diluent being used for licensed products is available in the SmPC if required by prescribers or dispensers.

# Appendix XXV

## Authoring of Systemic Anticancer Therapy (SACT) dose banded products

## Biosimilar SACT Dose Banded Special Order products

The Nationally Standardised Dose Banded Tables for Adults Intravenous Systemic Anticancer Therapy (SACT) initiative has been developed by NHS England’s Medicine Optimisation and Chemotherapy CRGs.  This is aimed to deliver benefits for patients, Hospital Trusts and achieve improved value from our investment in chemotherapy services.

dm+d contains both licenced and unlicensed medicines and has undertaken to populate SACT compliant dose banded products into dm+d, this will support prescribing, dispensing and data collection within Hospital Trusts as per the previous dm+d Content Committee decision in 2016.

Some of the SACT compliant products are biosimilars and the Medicines and Healthcare Products Regulatory Agency (MHRA) recommends that “it is good practice to prescribe biosimilar products by brand name to ensure that inadvertent substitution does not occur when the medicine is dispensed by the pharmacist”.

NHS England Dose banding product specification states clearly states the brand name of the brand leader and that of biosimilar products must be included on the label.

The dm+d Content Committee has agreed with the proposal that for Special Order biosimilars, the AMP names should therefore include Biosimilar brand name in brackets () after the biologic name e.g.

Rituximab (Truxima) 700mg/500ml in Sodium chloride 0.9% infusion bags (Special Order)

Rituximab (Rixathon) 700mg/500ml in Sodium chloride 0.9% infusion bags (Special Order)

Rituximab (MabThera) 700mg/500ml in Sodium chloride 0.9% infusion bags (Special Order)

With the AMP examples above, there will be one parent VMP concept i.e.

Rituximab 700mg/500ml in Sodium chloride 0.9% infusion bags

## SACT Dose Banded Special Order products with a strength equal to or over 1g/1000mg

The Nationally Standardised Dose Banded Tables for Adults Intravenous Systemic Anticancer Therapy (SACT) initiative has been developed by NHS England’s Medicine Optimisation and Chemotherapy CRGs.  This is aimed to deliver benefits for patients, Hospital Trusts and achieve improved value from investment in chemotherapy services.

dm+d contains both licensed and unlicensed medicines and has undertaken to populate SACT compliant dose banded products into dm+d This will support prescribing, dispensing and data collection within Hospital Trusts. Some of the special order SACT compliant products have strengths that are equal to or over 1g/1000mg. NHS England dose banding drug specifications and drug tables always express the strengths in mg. For example: 1000mg, 1200mg, 1800mg, 2000mg etc. Chemotherapy products are prescribed in \*000mg and the dose for body weight/body surface area is calculated using mg. The dm+d Content Committee agreed that all SACT dose banded special order products ≥ 1g/1000mg should be authored as \*000mg at both VMP and AMP level

e.g.

Fluorouracil 1000mg/40ml solution for injection pre-filled syringes

Gemcitabine 1254mg/250ml in Sodium chloride 0.9% infusion bags

# Appendix XXVI

## Differences between dm+d and SNOMED CT UK Drug Extension

SNOMED CT identifiers enable a concept to be uniquely identified and they are a fundamental feature in the foundations and makeup of both dm+d and SNOMED CT. Where possible, the SNOMED identifiers assigned in dm+d should be in complete alignment with the SNOMED CT UK Drug Extension.

However, a small number of differences have been identified between dm+d and the SNOMED CT UK Drug Extension.

Historically, SNOMED CT International identifiers have been assigned to dm+d concepts and in some cases subsequently found to be incorrect either through error or by a change in SNOMED International Editorial policy. These assigned identifiers have been corrected in the dm+d data. However, the ‘incorrect identifier’ remains in the concept history. It is a fundamental principle of terminologies that identifiers should not be deleted or reused. Since these identifiers cannot be deleted from the concept history in dm+d, this paper documents the affected concept identifiers and the current identifier for that concept in dm+d.

|  |  |  |  |
| --- | --- | --- | --- |
| **SNOMED CT International Identifier** | **SNOMED Fully Specified Name (FSN)**  | **Current status on dm+d** | **Assigned current dm+d record** |
| 371014004 | Asparaginase (substance) | Historical Assigned period: 07/08/2003 to 10/02/2015 | Ingredient = Crisantaspase SNOMED ID = 370893003 Status = valid  |
| 372564002 | Danaparoid (substance) | HistoricalAssigned period: 01/09/2003 to 13/08/2007 |  Ingredient = Danaparoid sodium SNOMED ID = 386954009Status = valid  |
| 372825006 | Deferoxamine (substance) | Historical Assigned period: 30/01/2003 to 15/08/2005 |  Ingredient = Desferrioxamine mesilate SNOMED ID = 387224002Status = valid  |
| 82622003 | Retinol (substance) | Historical Assigned period: 06/11/2002 to 01/04/2019 | Ingredient = Vitamin A SNOMED ID = 36922411000001109 Status = valid  |
| 395871000 | Sevelamer (substance) | Historical Assigned period: 03/08/2005 to 07/12/2010 |  Ingredient = Sevelamer hydrochlorideSNOMED ID = 18308811000001104Status = valid  |
| 386933002 | Nonoxinol 9 (substance) | Historical Assigned period: 02/08/2005 to 25/06/2007 | Ingredient = NonoxinolSNOMED ID = 397179004Status = valid  |
| 409292001 | Perflutren (substance) | Historical Assigned period: 29/04/2008 to 30/03/2017 | Ingredient = Perflutren-containing lipid microspheresSNOMED ID = 34267811000001107Status = valid  |

Peppermint-containing VTMs

Following safety concerns regarding concatenation of dm+d VTM concept terms into a prescribable entity Peppermint oil containing VTMs have been updated with the word ‘oil’ removed on dm+d. These VTMs have been reassigned with SNOMED UK extension codes replacing the SNOMED International codes where applicable. All ‘peppermint’ VTMs in dm+d will not be assigned any ingredients.

|  |
| --- |
| **Peppermint-containing VTMs on dm+d NOT mapped to Ingredients** |
| **Current VTM Name** | **Current VTM SNOMED ID** | **Previous names & SNOMED IDs on dm+d (inactive)** |
| Peppermint | 44119611000001100 | Peppermint oilSCTID = 777123000 I Product containing only peppermint oil (medicinal product) |
| Menthol + Peppermint | 13587411000001104 | Menthol + Peppermint oilNo previous SNOMED International ID |
| Morphine + Peppermint | 44119711000001109 | Morphine + Peppermint oilSCTID = 776828002 I Product containing only morphine and peppermint oil (medicinal product) |

The following Route codes from dm+d, highlighted in red text below, have never been included in the SNOMED CT UK Drug Extension release. Two are now currently only found in the dm+d History files and the other four are dm+d previous codes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CD** | **CDDT** | **CDPREV** | **dm+d History File only** | **DESC** |
| 17320711000001106 | 2010-06-07 | 421031008 | **3593911000001100** | Obsolete-Oromucosal other |
| 18682911000001103 | 2011-04-05 | 421503006 | **3593811000001105** | Haemodialysis |
| 404820008 | 2006-05-05 | **3593711000001102** |  | Epidural |
| 420254004 | 2007-01-17 | **9160811000001107** |  | Body cavity |
| 420287000 | 2007-01-17 | **10930511000001101** |  | Intraventricular cardiac |
| 420719007 | 2007-01-17 | **10967211000001105** |  | Intracerebroventricular |

These codes are listed here to provide visibility of this small number of inconsistencies between the two terminologies.

# Annex I

## Document control prior to 2022

|  |  |  |
| --- | --- | --- |
| **Date Issued** | **NHS dm+d** | **Change summary** |
| 21 April 2004 | Release 2.0 Version 1.0 | New Editorial Policy to match release 2.0 version 1.0 of NHS dm+d |
| 22 July 2004 | Release 2.0 Version 1.0 | Addition of agreed list of exceptions to default method for expressing strength of parenteral liquids – Appendix XIVUpdated abbreviation list Appendix XIInclusion of new route & Inclusion of new forms |
| 28 October 2004 | Release 2.0 Version 1.0 | Addition of approach to and revisiting of issues added to introductionInclusion of Appendix XV – Specials, Drug Tariff category E productsInclusion of the controlled drug category examples, prescription charge examples and appliance/medical device order number clarification transferred from the technical specificationLists updated |
| 28 June 2005 | Release 2.0 Version 2.0 | Title amended to reflect extract release 2.0 version 2.0 – change of tag name from schedule 10 & 11 to schedule 1 & 2Addition of definition of Discontinued date at AMPP levelInclusion of new value Part VIII Category M at DT payment category, VMPP levelReferences to NHS Information Authority amended to refer to NHS Connecting for Health (CfH)NPSA membership of Editorial Group addedLists updated – addition of new forms, new route, abbreviations, units of measure. Excipient list amended to include a range of synonyms from the Handbook of Pharmaceutical Excipients 4th Edition.Homeopathic form definitions moved from Appendix XII (Homeopathic preparations) to Appendix V (Virtual medicinal product form).VMP prescribing status addition of new product type for ‘never valid’, AMP generic product name clarification, two manufacturer clarification, |
| 28 November 2005 | Release 2.0 Version 2.0 | Inclusion of new authoring of bandages as Appendix XVIUpdating of unit of measure listAddition of further examples to UDF informationAddition of further examples to prescribing statusInvalidity flag – further clarifiedCombination product further clarifiedRemoval of list F2 following decision by EB not to currently provide an abbreviated description |
| 20 January 2006 | Release 2.0 Version 3.0 | Title amended to reflect extract release 2.0 version 3.0 – inclusion of VTM previous identifier and dateVTM – inclusion of previous VTM identifier and VTM identifier dateInclusion of further examples for Schedule 4 part I (Benz) controlled drugs |
| 1 April 2006 | Release 2.0 Version 3.0 | All references to Prescription Pricing Authority (PPA) amended to NHS Business Services Authority (NHSBSA)Addition of further example of gel type to gel definition in Appendix V |
| 28 July 2006 | Release 2.0 Version 3.0 | Addition of new routesAmending of route description to remove ‘use’ |
| 20 December 2006 | Release 2.0 Version 3.0 | Revised definition of VMPAddition of new routes and formsGlossary of terms addedExamples added to AMP definition |
| 20 November 2007 | Release 2.0 Version 3.0 | Reference to CSM amended to CHM.Addition of new routes and forms.Addition of unit of measure and amendments for obsolete units of measure.Reference to the abbreviation ‘Ins’ for insulin removed from the abbreviation Appendix.Reference to change in terming of nutritional supplements at VMP to allow prescribing devoid of flavour. |
| 28 April 2008 | Release 2.0 Version 3.0 | Addition of dm+d governance structureAddition of new form (see Solution for dispersion for injection)  |
| 16September 2008 | Release 2.0 Version 3.0 | Combination products further clarified, with the addition of two new units of measureAddition to prescribing status and update to glossary to include Investigational Medicinal Products (i.e. clinical trials products)Addition of new forms and replacement of respiratory route with inhalation routeAddition of units of measure |
| 1 December 2008 | Release 2.0 Version 3.0 | VMP prescribing status addition of 2 new product types for ‘VMP not recommended to prescribe – brands not bioequivalent’ and ‘VMP not recommended to prescribe – patient training required’, these are to replace ‘Not Recommended To Prescribe As A VMP’.Updated Appendix XI on abbreviated names in-line with the recommendations of the ‘Abbreviations Working Party’ submitted to the Editorial Group.Addition of ‘Gastroenteral liquid’ and ‘Powder for gastroenteral liquid’ forms in-line with the ‘Changes to attributes of enteral Nutritional feeds in dm+d’ paper submitted to the Editorial Group.Addition of section on ‘Identification of infusions’ under the ‘Liquid unit dose forms – injections and intravenous infusions’ heading in-line with the ‘Identification of infusions in dm+d’ paper submitted to the Editorial Group.Updated list of forms. |
| 1 May 2009 | Release 2.0 Version 3.0 | Addition of new forms. Update about price information for SCDD products which is now being logged if received.Notes added acknowledging that ACBS (and non-ACBS) liquid and powder food products will be populated with dose form and route information where available to support secondary care prescribing.Update and further clarification of Appendix XI, with respect to permitted abbreviations.  |
| 1 April 2010 | Release 2.0 Version 3.0 | Where reference is made to abbreviated names throughout, a note has been added that the scope was widened in 2008 (see Appendix XI for more details).Under Virtual Therapeutic Moiety and Virtual Medicinal Product introductions, reference to the Editorial Group having approved that the dm+d word order for VTM and VMP combination names should be in-line with the British National Formulary.Under Virtual Medicinal Product – Form and Route Information, reference to the Editorial Group having approved that products that move from medicine to device status and new devices that share similar features to medicines will be populated with dose form information. Under Semantic Normal Form Patterns used, Examples of SNF Patterns, Liquid unit dose forms, reference to the Editorial Group having approved that VMP and AMP names for liquid unit dose concepts should be described expressing the total strength based on the total volume (i.e. total dose) in-line with unit dose injectables and unit dose oral liquids. Details of exemptions are also provided.Addition of new route and form information to Appendix IV List B.Addition of new forms to Appendix V List C.Addition of new route information to Appendix VI List D.Addition of new units of measure to Appendix VII List E.Addition of new flavours to Appendix IX List G.Under Appendix XI, update of guidance, permitted abbreviations and rules for application of abbreviations.Under Glossary of Terms, addition of appliance and device terms. |
| 23 August 2010 | Release 2.0 Version 3.0 | Virtual Therapeutic Moiety and Virtual Medicinal Product introductory sections: confirmation that the word order for combination names will follow the British National Formulary word order.VMP prescribing status: the textual description of value 002 ‘invalid as a prescribable product’ is changed to ‘invalid to prescribe in NHS primary care’Addition of new abbreviation and new stated exception to Appendix XI List I |
| 8 March 2012 | Release 2.0 Version 3.0 | NHS dm+d Governance Structure, section updated.Virtual Therapeutic Moiety Name, Virtual Therapeutic Moiety Abbreviated Name, Additional Information. Further clarification provided. Virtual Medicinal Product Name, Additional Information. Clarification that the release time will not be included in the VMP name for modified release products unless there is a pharmacopoeia standard for duration of action.VMP prescribing status, clarification of the Yellow Fever Vaccine scenarioVMP Ingredient, Basis of Strength Substance (BoSS), clarity of the move to populate noradrenaline concepts in an attempt to improve patient safety.AMP, Product Availability Information. AMP licensing authority options extended to include Traditional Herbal Medicines. Also the definitions for Medicines – MHRA and Devices – MHRA have been updated to more accurately reflect their statuses.AMP, Restrictions on Availability, Additional Information. Definitions of Imported products and Special products updated in-line with Drug Tariff.VMP Pack, Drug Tariff Category Information. Clarification that Category E is now obsolete. Note added clarifying that until a system change is made to dm+d, Part VIII here refers to section Part VIIIA.AMP Pack, Product Prescribing Information, ACBS Indicator, clarification that ACBS status does not apply to medical devices/appliances listed in Part IX of the Drug TariffAMP Pack, Medicinal Product Price, Price Basis Flag, clarification of the risk sharing scheme price.Other Data, Semantic Normal Form Patterns used in NHS dm+d. Clarification that with combination products, the word order used in the BNF will be followed. Appendix V. Clarification added regarding current use of concentrate / concentrated terms. List C updated with forms added to dm+d.Appendix VI. List D updated with new route.Appendix IX. List G updated with new flavours.Appendix XI. Table of Permitted Abbreviations updated.Appendix XV. Updated to include how Special Order products are populated in dm+d following DH and Drug Tariff policy changes. Appendix separated into a) Specials and b) Raw materials. Reference also made to ongoing inclusion of real pack sizes for Specials in line with the Pro-File Information Resource as previously agreed by the Editorial Committee (former Content Committee).  |
| 9 August 2013 | Release 2.0 Version 3.0 | Representation of flavours – reference to VMP names reverting to ‘Generic xxxx’ in defined scenarios and authoring of unflavoured AMP concepts and use of ‘Flavour Not Specified’ supplier name.AMP level CHM Monitoring Indicator attribute name updated to EMA Additional Monitoring Indicator nameAMPP level Limited Stability Indicator attribute will persist but will not be populatedCalendar packs continue to be populated but no longer feature in the Drug TariffForms, Routes, Flavours updated‘Sulph’ to ‘sulf’ names changed where referencedAddition of Appendix XVIII Global Trade Item Numbers to reflect the changes approved by the Content CommitteeAdditional abbreviations rules for the creation of abbreviated names |
| May 2015 | Release 2.0 Version 3.1 | dm+d — the NHS Standard and Governance Structure, reference made to the Information Standards Board standard and the more recent Standardisation Committee for Care Information.Updated text regarding the Approach to and the re-visiting of dm+d issuesVMP Name section, examples given that are exceptions to authoring VMPs as ‘Generic XXXX’ where 3 active ingredients are presentAddition of policy for the VMP prescribing status of medical devicesUpdate to the VMP prescribing status of specific antiepileptic drugs in line with information published by the Commission on Human MedicinesVMP Ingredient substance, an example of a combination inhaler provided where following Editorial Policy leads to a different expression of strength at VMP level compared with AMP levelVMPP Drug Tariff Category Information updated in line with Part VIII now represented as Part VIIIA and Part VIIIBMinor modifications to EDQM Forms and Routes. Please note *Oromucosal Buccal*, *Oromucosal Sublingual* and *Oromucosal other* to be replaced by *Buccal*, *Sublingual* and *Oromucosal* respectively, summer 2015. List G of AMP flavours updated.Appendix XI update to table of exceptions where it has not been possible to create an abbreviated or label name. Addition of Appendix XIX describing how amino acid concepts are represented in dm+d.Annex I - Partition of document control with older information now located in Annex I towards the end of the document. |
| May 2016 | Release 2.0 Version 3.2 | Appendix II VMP Prescribing Status – order of information in this section changed for clarity.Appendix II Controlled Drug Prescribing Information included reference to:Ketamine having changed to Schedule 2 (CD) status on 30/11/2015Temazepam having changed status to Schedule 3 (CD no register) on 1/06/2015Appendix II Examples of SNF Patterns – Strength expression and Appendix XIV Injections and Infusions sections - inclusion of mannitol as an example of where dual representation is appliedAppendix V VMP Form table updatedAddition of Appendix XX VMP and AMP Strength Description Differences providing examples of strength mismatches and reasons. |
| May 2017 | Release 2.0 Version 3.3 | dm+d – the NHS Medicines Standard. Section reworded with updated information regarding the Standardisation Committee for Care Information (SCCI) standard. SCCI logo added to front page too.HSCIC name change to NHS Digital throughoutdm+d enquiries/issues – link added for diagram representation onlineAppendix II:* Virtual Medicinal Product Name: minor updates
* New subsection – reference to the inhaled delivered dose in a VMP description
* New subsection – reference to the British Pharmacopoeia (‘BP’) in a VMP description
* Actual Medicinal Product Note: updating the policy for generic AMPs listed by wholesalers
* Actual Medicinal Product Pack Note: adding clarity to discontinued packs and the supply chain
* Strength expression – inclusion of trichloroacetic acid as an example where dual expression is used

Appendix V VMP Form table updatedAppendix VI VMP Route table updatedAppendix XI Abbreviations – minor updates and table updated of products unable to be abbreviated to 60 characters or less Appendix XX VMP and AMP Strength Description Differences – inclusion of the variation of eye product strengths in the transition of SmPC regulated product name descriptions. Addition of Appendix XXI British Pharmacopoeia (‘BP’) reference in a Virtual Medicinal Product (VMP) description includes a decision tree that demonstrates the decision making process for whether or not to include the suffix BP in the VMP nameAddition of Appendix XXII Medical Devices that may be prescribed in Secondary Care explaining the policy about authoring of these productsAddition of Appendix XXIII Representation of diluents for Special Order cytotoxic infusions – SACT (Systemic Anti-Cancer Therapies)Glossary of terms – minor updates |
| December 2018 | Release 2.0 Version 3.4 | Appendix II VTM Name. Note added following safety concerns about prescribing / dispensing of Peppermint Oil and Peppermint water Appendix II VMP Prescribing Status text updates following the consultation November 2016.Appendix II VMP Basis of Strength Substance (BoSS). Inclusion of parenteral dexamethasone products authored to include reference to base in brackets following safety concerns. Appendix II Semantic Normal Form Patterns used in NHS dm+d. Note added clarifying dm+d authoring style of expression per ml / per 5ml for oral solutions and oral suspensions.Appendix II Schedule 1 and ACBS Indicators. Note added that flags updated in line with the ‘gluten-free’ update to the NHS (General Medical Services Contracts) (Prescription of Drugs etc.) (Amendment) Regulations 2018 (effective from 4th December 2018). Appendix V and Appendix VI VMP Forms and Routes tables updatedNew Appendix XXIII added on RadiopharmaceuticalsAddition of Appendix XXV Authoring of Biosimilar Systemic Anticancer Therapy (SACT) dose banded SACT products |
| July 2020 | Release 2.0 Version 3.5 | dm+d – the NHS Medicines Standard. Reference to responsibility for Information Standards transferring to the Data Coordination Board. Inclusion of the email address for enquiries specifically concerning secondary care: dmdsecondarycare@nhsbsa.nhs.ukAppendix II VTM and VMP word order. Clarification that the source manufacturer SmPC documentation now tends to guide the dm+d editorial style rather than the BNF.Appendix II VMP Prescribing Status minor text updates to the tense following the implementation of the changes March 2016.Appendix II Controlled Drug Prescribing Information included reference to:Gabapentin and pregabalin changing status to Schedule 3 (CD no reg, exempt safe custody).Appendix II Restrictions on Availability. Individual patient supply, Sandimmun capsules and oral solution removed as an example.Appendix V VMP Forms table updated (including a form of ‘Herbal material’ to support authoring of cannabis based products for medicinal use [CBMP]).Appendix VI VMP Route table updated.Appendix VII Units of Measure updated.Appendix IX AMP Flavours table updated.Appendix XVIII Global Trade Item Numbers. Text updated to read more clearly. A caveat added to support the dm+d user community.Appendix XXV Authoring of SACT dose banded products. Section updated to include Editorial policy on authoring of products with a strength equal to or over 1g/1000mg. |

## Previous Historical Information detailed in Appendix 1

The successful implementation of the dm+d underpins a number of the key objectives outlined in the drive to deliver an ‘information aware’ National Health Service focused on the patient at its centre. These include:

* Providing an integral component of electronic health records
* Inter-sector clinical messaging
* Electronic transfer of Electronic Patient Records (EPRs) by GP’s
* Electronic transfer of prescriptions (ETP) between GP, Community Pharmacy and NHSBSA
* Data aggregation for performance assessment, Clinical Governance and management from clinical systems
* National Care Record Service (NCRS)
* Interoperability between decision support systems

## Background to primary care drug dictionary (NHS dm+drelease 1.0)

##### Benefits

The benefits of a primary care drug dictionary will be attainable with rollout across all primary care prescribing and dispensing systems. These benefits are:

* Common drug data used in prescribing and dispensing processes facilitating:
* Reduction in ambiguity for dispensers of prescribers’ intent and resulting improvement in service to patients.
* The avoidance of human and machine transcription errors and increased patient safety.
* Automated feedback from dispensers to prescribers on the results of the prescribing process.
* Closer correlation of information on prescribing and dispensing systems providing support for:
* Pharmacist managed repeat dispensing.
* Pharmacist managed repeat prescribing.
* Common use of detailed drug properties in the reimbursement process undertaken by the NHS Business Services Authority (NHSBSA) thus increasing the level of service to dispensing contractors
* Increased automation of the prescription processing processes undertaken by the NHSBSA and a minimisation of human intervention in those processes
* The common identification of categorical drug information in primary care electronic patient records facilitating:
* Reliable recreation of prescribing information on transfer of those records (e.g. GP-GP)
* The use of sophisticated machine-level prescribing decision support mechanisms
* Unambiguously shared views of prescribing information across different Primary Care Team systems facilitating shared care and common care pathways.
* A common identification of prescribing information between custodians of primary care EPRs and providers of feedback and other added-value services (e.g. NHSBSA) supporting:
* Local clinical governance
* Improved management of prescribing budgets in primary care
* Improved NSF attainment
* Professional accreditation mechanisms
* The reliable sharing of prescribing information between prescribers, dispensers and patients thus allowing for patient access to prescribing information generally and ownership of their own records specifically.

**Use cases**

The drug dictionary supports the following activities:

* Prescribing — the issue of a machine-generated prescription.
* Dispensing — against a prescription
* Electronic data interchange of prescription and dispensing information with a minimum need for human or machine mapping
* The act of administration of a medicinal product
* Application of other aspects of drug knowledge including evidence-based prescribing via an ontology.
* Primary Care reimbursement against dispensed medicinal products

# Glossary of terms

|  |  |  |
| --- | --- | --- |
| **Term** | **Acronym** | **Description** |
| Actual Medicinal Product | AMP | The AMP is a level within dm+d. It is a product that has been made available by a supplier. It is a physical entity that exists but is devoid of pack size information. |
| Actual Medicinal Product Pack | AMPP | The AMPP is a level within dm+d. It identifies the amount of a product that is in a pack that has been made available by a Supplier. |
| Appliance |  | In the dm+d this term is used synonymously with the term device. Only appliances / medical devices listed in Part IX of the Drug Tariff are allowed for supply against a primary care NHS prescription form FP10 order in England and Wales. |
| Basis of Pharmaceutical Strength | BoPS | This is an attribute at VMP level. It identifies if the strength of an ingredient present in a product is being expressed as the whole substance (ingredient substance) or any part of the complete substance (base substance). |
| Basis of Strength Substance | BoSS | A BoSS is an ingredient substance and is the part of the ingredient that the strength of a given product is based upon. For example Acebutolol 100mg capsules contain the ingredient substance Acebutolol hydrochloride, but the 100mg strength refers to the amount of Acebutolol that is present. In this example Acebutolol is the BoSS. |
| British Pharmacopoeia | BP |  |
| Combination Product |  | A combination product is a product containing two or more components each of which is a VMP in its own right. It may consist of different forms e.g. cream + pessaries or the same form e.g. tablets + tablets. A combination product attribute can be found at both VMP and AMP level. **Note:** appliances/medical devices that are combination products will be populated in a similar way to a combination medicinal product pack. |
| Commissioning for Quality and Innovation  | CQUIN | Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care as part of the NHS Standard contract. |
| Component |  | This term is used to describe the separate products found in a combination product. Where the component can only be found within the combination product and is not available in its own right then this is known as a component only product. |
| Data Coordination Board |  | In 2017, the responsibility for the approval of Information Standards transferred from the Standardisation Committee for Care Information (SCCI) to the Data Coordination Board (DCB). |
| Device |  | In the dm+d this term is used synonymously with the term appliance. Only appliances / devices listed in Part IX of the Drug Tariff are allowed for supply against an NHS prescription form FP10 order in England and Wales. |
| Discontinued Flag & Date |  | These are attributes at AMPP level. They flag and identify the date from which the Supplier has stated that they will no longer supply the AMPP. This attribute only highlights that the pack has been discontinued, there may or may not be stock available within the supply chain. |
| Excipient |  | This is an attribute at AMP level. An excipient is an ingredient that is necessary for the finished pharmaceutical formulation of the product but is not the 'active ingredient'. From October 2022 Excipient substance data was ended in dm+d. The data fields under <AP\_INGREDIENT> remain but contain no data. |
| Flavour |  | This is an attribute at AMP level. It describes the Manufacturers stated flavour of a product and is only populated where an AMP is available in more than one flavour. |
| GTIN |  | Global Trade Item Number. Where product packs contain a GS1 bar code that contains globally recognised identification keys to automatically identify a trade item. |
| Information Standards Board | ISB | The ISB was established by the NHS Information Authority (NHSIA) to govern information standards. In March 2014 the ISB was closed and its functions taken on by the Standardisation Committee for Care Information (SCCI) |
| Investigational Medicinal Product | IMP | An investigational medicinal product in dm+d is a medicinal product which is being tested within a trial on human subjects. Unlike the MHRA definition in dm+d it does not cover already licensed medicines that are being trialled for a new ‘off-licence’ indication. |
| Invalidity flag |  | This flag is found at VTM, VMP, VMPP, AMP and AMPP levels in addition to Supplier and Ingredient Substance. It identifies that the concept is invalid and should not be used. Editorial Policy dictates that invalid concepts are not removed from dm+d but are retained in case they have been used prior to their invalidation. Where a concept is to be made invalid, a communication explaining the reason for the invalidation (i.e. duplicate, outdated, ambiguous, erroneous, or reason not stated), and where possible notification of any replacement concept will be issued to all license holders in the run up to the weekly publication of the database affected by the change. |
| Medicines and Healthcare products Regulatory Agency  | MHRA | The Medicines and Healthcare products Regulatory Agency regulates medicines, medical devices and blood components for transfusion in the UK. MHRA is an executive agency, sponsored by the [Department of Health](https://www.gov.uk/government/organisations/department-of-health) |
| Non-Availability |  | This is an attribute at VMP level. It identifies when all linked AMPs are no longer available. |
| Prescribing Status |  | This is an attribute at VMP level. It identifies if the VMP is valid as a prescribable product or if the VMP is not valid as a prescribable product expands why - never valid, not recommended or invalid as a prescribable product. |
| Pro-File |  | Pro-File is a database of medicinal products produced by NHS manufacturing units under a Specials license. It is intended to allow NHS staff to identify and source products and is only accessible to NHS staff.  |
| Restrictions on Availability |  | This is an attribute at AMP level. It is used to identify AMPs that are not readily available and identifies the particular restriction. Please note that this attribute does not identify AMPs that are temporarily out of stock but AMPs that are for example imported, drugs available on a named patient basis, specials etc. |
| SNOMED Identifier |  | Unique identifiers – SNOMED Clinical Term (CT) codes - allocated to the following concepts: VTM, VMP, AMP, AMPP, ingredient, form, route, unit of measure or supplier.  |
| Standardisation Committee for Care Information (SCCI) | SCCI | Standardisation Committee for Care Information (SCCI) was responsible for the approval of information standards under the Health and Social Care Act 2012. In 2017, the responsibility for the approval of Information Standards transferred to the Data Coordination Board (DCB). |
| Systemic Anti-Cancer Therapies  | SACT | The Systemic Anti-Cancer Therapy dataset is the national mandatory collection of systemic anti-cancer therapy activity from all NHS England chemotherapy providers. |
| Supplier |  | The supplier of a product is identified at AMP level and this may be the Manufacturer of the product, a Supplier whereby the product is manufactured by another organisation on behalf of the Supplier or a Distributor/Wholesaler of an AMP. |
| Terminology Reference Update Distribution site | TRUD | The web site used as the distribution mechanism for the publication of the dm+d data files<https://isd.digital.nhs.uk/trud3/user/guest/group/0/home> |
| Virtual Medicinal Product | VMP | The VMP is a level within dm+d. It describes the abstract or generic medicinal product. |
| Virtual Medicinal Product Pack | VMPP | The VMPP is a level within dm+d. It identifies the amount of a product that is available in a pack. This is expressed by mass, volume or the number of entities. |
| Virtual Therapeutic Moiety | VTM | The VTM is a level within dm+d. It is an abstract representation of the substance or material, without any reference to form or strength, intended by the prescriber to treat a patient |

1. The Misuse of Drugs (Amendment) (No. 2) (England, Wales and Scotland) Regulations 2015 amended the prescription writing requirements for Temazepam to Schedule 3 (CD no register) from the 1 June 2015 [↑](#footnote-ref-1)
2. This value is no longer used as Part X of the Drug Tariff no longer lists oxygen cylinders or masks. Please note that some Invalid concepts have this value assigned. [↑](#footnote-ref-2)
3. ACBS indicator flags updated in line with the ‘gluten-free’ update to the NHS (General Medical Services Contracts) (Prescription of Drugs etc.) (Amendment) Regulations 2018 (effective from 4th December 2018). [↑](#footnote-ref-3)
4. NHS England and Wales Drug Tariff Part II [↑](#footnote-ref-4)
5. 1. 16/17 CQUIN Scheme CA2 Dose Banding for Adult Intravenous SACT Drug List<https://www.england.nhs.uk/wp-content/uploads/2016/03/CA2-Drug-List-for-Dose-Banding-Adult-Intravenous-Systemic-Anticancer-Therapy-1.pdf> [↑](#footnote-ref-5)