



## SERIOUS SHORTAGE PROTOCOL (SSP)

Reference Number: SSP045

Version Number: 1.0

This SSP applies to the following medicine

<b>Name of medicine (including strength and formulation)</b>	Phenoxymethylpenicillin 250mg/5ml oral solution  <b><u>Pharmacists must ensure that the patient's prescriber and/or GP practice is notified within 24 hours when supplying a patient in accordance with this SSP.</u></b>
<b>Legal category</b>	POM

### 1. Details of medication to be supplied under this SSP

<b>Name of medicine (including formulation and strength) to be supplied</b>	<p>Before supplying in accordance with this SSP, the pharmacist must consider if a suitable supply can be made in accordance with SSP 042. Please see <b>Annex A</b> for the standard dosing of phenoxymethylpenicillin by age range.</p> <p>Where it is not possible to utilise SSP042 and where phenoxymethylpenicillin 250mg/5ml oral solution is not available and prescribed for a duration of no longer than 10 days, the following antibiotics, in order of decreasing preference, can be substituted depending on availability and the dosing needs for the patient as specified in <b>Annex B</b>.</p> <ul style="list-style-type: none"><li>• Amoxicillin 125mg/5ml oral suspension</li></ul>
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- Amoxicillin 125mg/5ml oral suspension sugar free
- Amoxicillin 250mg/5ml oral suspension
- Amoxicillin 250mg/5ml oral suspension sugar free
- Amoxicillin 250mg capsules
- Amoxicillin 500mg capsules

OR

- Clarithromycin 125mg/5ml oral suspension
- Clarithromycin 250mg/5ml oral suspension
- Clarithromycin 250mg tablets
- Clarithromycin 500mg tablets

OR

- Flucloxacillin 125mg/5ml oral solution
- Flucloxacillin 250mg/5ml oral solution
- Flucloxacillin 125mg/5ml oral solution sugar free
- Flucloxacillin 250mg/5ml oral solution sugar free
- Flucloxacillin 250mg capsules
- Flucloxacillin 500mg capsules

OR

(Broader spectrum antibiotics with increased risks of side effects and antimicrobial resistance – reserve for when alternatives unavailable.)

- Cefalexin 125mg/5ml oral suspension
- Cefalexin 125mg/5ml oral suspension sugar free
- Cefalexin 250mg/5ml oral suspension
- Cefalexin 250mg/5ml oral suspension sugar free
- Cefalexin 250mg capsules
- Cefalexin 250mg tablets
- Cefalexin 500mg capsules
- Cefalexin 500mg tablets

OR

	<p>(Broader spectrum antibiotics with increased risks of side effects and antimicrobial resistance – reserve for when alternatives unavailable.)</p> <ul style="list-style-type: none"> <li>• Co-amoxiclav 125mg/31mg/5ml oral suspension</li> <li>• Co-amoxiclav 125mg/31mg/5ml oral suspension sugar free</li> <li>• Co-amoxiclav 250mg/62mg/5ml oral suspension</li> <li>• Co-amoxiclav 250mg/62mg/5ml oral suspension sugar free</li> <li>• Co-amoxiclav 400mg/57mg/5ml oral suspension sugar free</li> <li>• Co-amoxiclav 250mg/125mg tablets</li> <li>• Co-amoxiclav 500mg/125mg tablets</li> </ul> <p>For prescriptions of phenoxymethylpenicillin 250mg/5ml oral solution <b>longer than 10 days</b>, the preferred substitution is one of the following erythromycin formulations, with reference to <b>Annex C</b> for dosing information. In the event erythromycin is unavailable in a suitable formulation/dosage, pharmacists should refer the patient back to the prescriber.</p> <ul style="list-style-type: none"> <li>• Erythromycin 125mg/5ml oral suspension</li> <li>• Erythromycin 125mg/5ml oral suspension sugar free</li> <li>• Erythromycin 250mg/5ml oral suspension</li> <li>• Erythromycin 250mg/5ml oral suspension sugar free</li> <li>• Erythromycin 250mg gastro-resistant tablets</li> <li>• Erythromycin 250mg tablets</li> <li>• Erythromycin 500mg tablets</li> </ul>
<p><b>Quantity of this formulation</b></p>	<p>Total quantity supplied in accordance with this protocol is to be equivalent to the number of days treatment prescribed on the original prescription. The quantity supplied may be different due to different dosing regimens for different antibiotics.</p> <p>For the substituted antibiotic, the quantity and strength supplied is to be determined by the recommended dosing regimen as set out in <b>Annex B and C</b> accordingly.</p>
<p><b>Substitution results in a change to whether the use is licenced</b></p>	<p>No. However, if tablets/ capsules must be manipulated in some way by patients to be ingested (e.g. crushed/ dispersed) then yes. Please refer to the guidance on using solid oral dosage form antibiotics in children included in the addendum at the end of this form.</p>

### Scope for which this Serious Shortage Protocol (SSP) applies

The SSP applies to the following parts of the UK	UK-wide
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### Clinical situation to which this Serious Shortage Protocol (SSP) applies

<b>Scope of SSP</b>	<p>All NHS and private prescriptions.</p> <p>This protocol does not allow the number of days treatment to be less than what was prescribed on the original prescription, although supply might be split between more than one dispensing episode in case of oiwings to ensure the patient can commence treatment without delay.</p>
<b>Criteria for inclusion</b>	<ul style="list-style-type: none"> <li>• The patient presents with a valid prescription (meeting the requirements of the Human Medicines Regulations 2012) for phenoxymethylpenicillin 250mg/5ml oral solution.</li> <li>• The patient/carer consents to receiving the medicine supplied in accordance with this SSP.</li> </ul>
<b>Criteria for exclusion</b>	<ul style="list-style-type: none"> <li>• Where the pharmacist, using their professional judgement, determines that the patient is not suitable to receive an alternative medicine in accordance with this SSP.</li> <li>• The patient presents with a prescription for a medicine other than phenoxymethylpenicillin 250mg/5ml oral solution.</li> <li>• The patient presents a prescription which is not valid.</li> <li>• The patient/carer does not consent to receiving the medicine(s) supplied in accordance with this SSP.</li> <li>• Patients who have had a previous allergic reaction to the alternative options or their excipients.</li> <li>• Children on a ketogenic diet for epilepsy.</li> </ul>
<b>Cautions including any relevant action to be taken</b>	<ul style="list-style-type: none"> <li>• If supplying the tablet/capsule form, the pharmacist should be satisfied that the patient is able to accommodate the switch from liquid to tablet/capsule. Please refer to the guidance on how to give solid oral dosage forms to children included in the addendum at the end of this form. Please note that use in this way may be outside the product licence and is thus “off-label”.</li> </ul>

	<ul style="list-style-type: none"> <li>• When determining the dose of the alternative antibiotic to be supplied, where appropriate, pharmacists must take into account the body weight of babies and children as specified in <b>Annex B</b>. The pharmacist should confirm the patient's weight with their parent/carer and refer to their personal child health record ('red book') where possible.</li> <li>• If the prescribed phenoxymethylpenicillin dose is higher than the standard doses within <b>Annex A</b>, then the pharmacist should consult the prescriber to confirm the substitution and dosing requirement.</li> <li>• For diabetic patients, pharmacists should supply sugar free options where possible. If this is not available, patients/carers should be informed that there is a small amount of sugar contained in the product supplied, but do not withhold treatment.</li> <li>• Ensure that patients considered unsuitable for inclusion are promptly referred to their prescriber for further advice.</li> <li>• Potential contra-indications to, or interactions between the patient's existing medications with the substituted product should be checked prior to substituting from the above list.</li> </ul>
<b>Special considerations for specific populations of patients</b>	Where the pharmacist, using their professional judgement, determines that the patient is not suitable to receive the alternative medicine in accordance with this SSP.
<b>Action to be taken if the patient is excluded</b>	If a patient does not meet the criteria within this SSP then they should be referred back to their prescriber promptly.
<b>Action to be taken if the patient or carer declines the supply</b>	If a patient/carer declines to receive medicine in accordance with this SSP, then they should be referred back to their prescriber promptly.

<b>Valid from:</b>	16/12/2022
<b>Expiry date:</b>	31/01/2023
<b>Reference number:</b>	SSP045
<b>Version number:</b>	1.0

**Any queries regarding the content of this SSP which was issued by the Secretary of State for Health and Social Care, should be addressed to NHS Prescription Services.**

You can get in contact by:

**Email:** [nhsbsa.prescriptionservices@nhsbsa.nhs.uk](mailto:nhsbsa.prescriptionservices@nhsbsa.nhs.uk)

**Telephone:** 0300 330 1349

**Textphone:** 18001 0300 330 1349

You can also write to us at:


<b>Newcastle</b>	<b>Middlebrook</b>	<b>Wakefield</b>
NHS Prescription Services Bridge House 152 Pilgrim Street Newcastle upon Tyne NE1 6SN	NHS Prescription Services Ridgway House Northgate Close Middlebrook Horwich Bolton BL6 6PQ	NHS Prescription Services 4th Floor Wakefield House Borough Road Wakefield WF1 3UB

## Change history

<b>Version number</b>	<b>Change details</b>	<b>Date</b>

## 2. Conditions under which this Serious Shortage Protocol (SSP) will operate

- The decision to supply any medicine in accordance with this protocol rests with the individual registered pharmacist who must abide by the protocol.
- Whilst pharmacy staff may support the dispensing process of the protocol, this must be carried out under the supervision of the registered pharmacist.
- Pharmacists using this SSP must ensure that it is only used within its authorised dates and within the criteria set out within the SSP. Pharmacists must check that they are using the current version of the SSP, particularly when referring to a hard copy version. Amendments may become necessary prior to the published expiry date. Current versions of SSP templates can be found at <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps>.
- Users must not alter, amend or add to the content of this document; such action will invalidate the SSP.

<b>Ministerial ratification by:</b>			
<b>Name</b>	<b>Position</b>	<b>Signature</b>	<b>Date</b>
William Quince	Minister of State		16/12/2022

## **ADDENDUM**

### **Supporting information on notifying other healthcare professionals**

- Any items supplied in accordance with an SSP in response to an NHS prescription also needs to be supplied in accordance with NHS Pharmaceutical and Local Pharmaceutical Services Regulations.
- Those Regulations provide that where a therapeutic equivalent is supplied, a pharmacist will need to inform a patient's GP practice. This would generally be expected within the next working day, but further guidance would be given in any case where this applied.
- Where a different quantity, an alternative pharmaceutical form, an alternative strength or a generic equivalent is provided, it may not always be necessary that the patient's prescriber is informed, as the existence of the SSP may be enough for the prescriber to be aware that these changes in dispensing may take place, unless national arrangements agreed with the relevant representative bodies state otherwise. However, guidance may be issued on particular SSPs to indicate that prescribers should be informed of any patients that receive supply under it.
- In the absence of any preferred local alternate communication channels, all feedback to prescribers should be sent by NHSmail. The NHS Service Finder is a way for pharmacies to look up the email address of the patient's GP.

### **Switching from liquid to solid phenoxymethylpenicillin**

- When the medicine is for a child and the pharmacist deems it appropriate to substitute to the tablet form in accordance with this SSP, patients/carers should be directed to the following guidance: [Using solid oral dosage form antibiotics in children - SPS - Specialist Pharmacy Service](#)

### **Annex A- Standard dosing of phenoxymethylpenicillin by age range**

<b>Age range</b>	<b>Phenoxymethylpenicillin dose</b>
1-11 months	62.5mg four times a day or 125mg twice a day.
1-5 years	125mg four times a day or 250mg twice a day.
6-11 years	250mg four times a day or 500mg twice a day.
12-17 years	500mg four times a day or 1000mg twice a day.
Adult	500mg four times a day or 1000mg twice a day.

### **Annex B- Alternative antibiotic products and dosing information**

**The total quantity to be supplied in accordance with this protocol is to be equivalent to the number of days treatment prescribed on the original prescription.**

<b>Alternative product</b>	<b>Age</b>	<b>Usual treatment dose</b>	<b>Available formulations</b>	<b>Interactions and side effects</b>
Amoxicillin	1-11 months	125mg three times a day.	<ul style="list-style-type: none"> <li>Amoxicillin 125mg/5ml oral suspension</li> <li>Amoxicillin 125mg/5ml oral suspension sugar free</li> <li>Amoxicillin 250mg/5ml oral suspension</li> <li>Amoxicillin 250mg/5ml oral suspension sugar free</li> <li>Amoxicillin 250mg capsules</li> <li>Amoxicillin 500mg capsules</li> </ul>	<a href="#">Interactions</a> <a href="#">Side effects</a>
Amoxicillin	1-4 years	250mg three times a day		
Amoxicillin	5-17 years and adult	500mg three times a day.		
Clarithromycin	1 month- 11 years (body weight up to 8kg)	7.5mg/kg twice daily.	<ul style="list-style-type: none"> <li>Clarithromycin 250mg tablets</li> <li>Clarithromycin 125mg/5ml oral suspension</li> <li>Clarithromycin 250mg/5ml oral suspension</li> </ul>	<a href="#">Interactions</a> <a href="#">Side effects</a>
Clarithromycin	1 month- 11 years (body weight 8-11kg)	62.5mg twice daily.		



Clarithromycin	1 month- 11 years (body weight 12-19kg)	125mg twice daily.	<ul style="list-style-type: none"> <li>• Clarithromycin 500mg tablets</li> </ul>	
Clarithromycin	1 month- 11 years (body weight 20-29kg)	187.5mg twice daily.		
Clarithromycin	1 month- 11 years (body weight 30-40kg)	250mg twice daily.		
Clarithromycin	12-17 years and adult	250mg twice daily.		
Cefalexin	1-11 months	125 mg twice daily.	<ul style="list-style-type: none"> <li>• Cefalexin 250mg capsules</li> <li>• Cefalexin 500mg capsules</li> <li>• Cefalexin 500mg tablets</li> <li>• Cefalexin 125mg/5ml oral suspension</li> <li>• Cefalexin 125mg/5ml oral suspension sugar free</li> <li>• Cefalexin 250mg/5ml oral suspension</li> <li>• Cefalexin 250mg/5ml oral suspension sugar free</li> </ul>	<a href="#">Interactions</a> <a href="#">Side effects</a>
Cefalexin	1-4 years	125 mg three times a day.		
Cefalexin	5-11 years	250 mg three times a day.		
Cefalexin	12-17 years	500 mg twice a day.		
Cefalexin	Adult	250 mg every 6 hours, OR 500 mg every 12 hours.		
Flucloxacillin	1 month - 1 year	62.5mg four times a day.		
Flucloxacillin	2-9 years	125mg four times a day.		
Flucloxacillin	10-17 years	250mg four times a day.		
Flucloxacillin	Adult	250mg four times a day.		
Co-amoxiclav	1-11 months	<b>125mg/31mg per 5ml suspension</b> - 0.25mL/kg three times a day.	<ul style="list-style-type: none"> <li>• Co-amoxiclav 125mg/31mg per 5ml oral suspension</li> <li>• Co-amoxiclav 125mg/31mg per 5ml oral suspension sugar free</li> <li>• Co-amoxiclav 250mg/62mg per 5ml oral suspension</li> </ul>	<a href="#">Interactions</a> <a href="#">Side effects</a>
	2 – 23 months	<b>400mg/57mg per 5ml suspension-</b> 0.15mL/kg twice daily.		
Co-amoxiclav	1-5 years	<b>125mg/31mg per 5ml suspension</b> - 0.25mL/kg three times a day.		

	2-6 years (body weight 13-21kg)	<b>400mg/57mg per 5ml suspension-</b> 2.5mL twice daily.	<ul style="list-style-type: none"> <li>• Co-amoxiclav 250mg/62mg per 5ml oral suspension sugar free</li> <li>• Co-amoxiclav 400mg per 57mg per 5ml oral suspension sugar free</li> <li>• Co-amoxiclav 250mg/125mg tablets</li> <li>• Co-amoxiclav 500mg/125mg tablets</li> </ul>
Co-amoxiclav	6-11 years	<b>250mg/62mg per 5ml suspension</b> – 5mL three times a day.	
	7 – 12 years (body weight 22 – 40kg)	<b>400mg/57mg per 5ml suspension-</b> 5mL twice daily.	
Co-amoxiclav	12-17 years	<b>250/125 mg tablet-</b> 1 tablet every 8 hours.	
	12 – 17 years (body weight 41kg and above)	<b>400mg/57mg per 5ml suspension-</b> 10mL twice daily.	
Co-amoxiclav	Adult	<b>250/125 mg tablet-</b> 1 tablet every eight hours.	
		<b>400mg/57mg per 5ml suspension-</b> 10mL twice daily.	

**Annex C - For patients receiving phenoxymethylpenicillin for long term prophylaxis offer erythromycin as per below:**

**The total quantity to be supplied in accordance with this protocol is to be equivalent to the number of days treatment prescribed on the original prescription.**

Alternative product	Age	Dose	Available formulations	Interactions
Erythromycin	3 months up to 1 year	62.5mg twice a day.	<ul style="list-style-type: none"> <li>• Erythromycin stearate 250mg tablets</li> <li>• Erythromycin stearate 500mg tablets</li> <li>• Erythromycin 250mg gastro-resistant tablets</li> <li>• Erythromycin ethyl succinate 500mg tablets</li> <li>• Erythromycin ethyl succinate 125mg/5ml oral suspension</li> <li>• Erythromycin ethyl succinate 125mg/5ml oral suspension sugar free</li> <li>• Erythromycin ethyl succinate 250mg/5ml oral suspension</li> <li>• Erythromycin ethyl succinate 250mg/5ml oral suspension sugar free</li> </ul>	<a href="#">Interactions</a> <a href="#">Side effects</a>
Erythromycin	1 year up to 5 years	125mg twice a day.		
Erythromycin	5 years and above	250mg twice a day.		

			<ul style="list-style-type: none"><li>• Erythromycin ethyl succinate 500mg/5ml oral suspension</li><li>• Erythromycin ethyl succinate 500mg/5ml oral suspension sugar free</li></ul>	
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