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Single National Formulary (SNF) Categorisation

This document was created by the SNF local formularies task and finish group for use by SNF early adopter sites only.

If you have any questions or queries, please contact: england.snf@nhs.net

Category	Category Definition
All settings	Suitable for initiation, ongoing prescribing, and discontinuation in all settings. These are established therapies without the need for specialist input.
Specialist advice	Medicines usually prescribed in primary care where prior advice or recommendation from a specialist is required before initiation. Following specialist advice, prescribing and monitoring are undertaken in primary care without the need for ongoing specialist involvement.
Specialist initiation	Medicines that must be initiated and stabilised by a specialist. Once stabilised, prescribing and monitoring can be undertaken in primary care, where this can be safely delivered without structured ongoing specialist involvement.
Shared Care	Medicines initiated within specialist care and delivered across settings as part of a **Shared Care Protocol** Prescribing and monitoring may occur in primary care; however, safe use depends on: • **coordinated care across providers** • **agreed protocols and roles** • **ongoing specialist input** • and **clear shared clinical accountability across the pathway** These medicines are typically associated with **complex monitoring, higher-risk profiles** and require a **Shared Care Protocol**.
Specialist only	Medicines that must be initiated, prescribed, and monitored exclusively by a specialist service, regardless of setting. Primary care should not initiate or continue prescribing outside of that specialist service.

Category	Category Definition
Do not prescribe	Not approved for routine prescribing in NHS-funded care. For example, because they are agents classified in the BNF as “not NHS” or “Drugs of Low Clinical Value”, or they are products on NICE’s “do not do” list or NHS England’s “should not routinely prescribe” list.
Self care	Not routinely prescribed unless as part of care for a long term condition. People should be supported to manage through self-care, including community pharmacy.

Definitions of terms used in the categorisation

Established therapies. For the purposes of SNF categorisation, categorisation is usually assigned in relation to a defined clinical indication or use. This will normally align with the medicine’s licensed indication; however, categorisation may also apply to well-established off-label or unlicensed uses where these are supported by recognised national sources or accepted clinical practice. These sources include:

- NICE technology appraisals and guidelines
- NHS England guidance
- British National Formulary (BNF) and BNF for Children (BNFc)
- Other robust, evidence-based national or specialist guidance

Specialist. For the purposes of the Single National Formulary, “specialist” refers to care delivered or overseen by a prescriber with recognised expertise in a defined clinical condition or therapy, where the safe and effective use of a medicine depends on competencies, decision-making, monitoring, or infrastructure beyond that typically available in generalist primary care. This includes care delivered across organisational settings (secondary, tertiary, community, or primary care-based specialist services), provided that it operates within a recognised specialist service model.

Specialist care is characterised by:

- Advanced clinical expertise in the relevant condition and treatment
- Access to specialist diagnostics, monitoring, and multidisciplinary input where required
- Defined clinical accountability and oversight, typically within a consultant-led or equivalent specialist governance framework

Where prescribing or advice is undertaken by non-medical prescribers within specialist care, this must occur within a framework that ensures appropriate medical clinical oversight and clear lines of accountability. Specialist input may be provided through new models of care such as integrated neighbourhood teams, advice and refer pathways or single point of access arrangements.

Stable/Stabilised. A patient is considered stabilised on a medicine when treatment has been initiated and optimised by a specialist to a point where the dose, clinical response, and monitoring requirements are established, and the medicine can be safely maintained within a primary care or shared care setting under agreed governance arrangements. Stabilisation typically includes:

- Achievement of an appropriate and maintained therapeutic dose (which still may require some further adjustment within an agreed plan)
- Demonstration that the patient's condition is stable or predictably responding to treatment
- Completion of the initial period of monitoring, including identification and management of early adverse effects
- Defined and deliverable ongoing monitoring requirements, with parameters within acceptable limits
- Clear transfer of prescribing and monitoring responsibilities, with appropriate specialist support where required

Primary care. This refers to any relevant, generalist setting in the community and includes the four pillars of primary care (General Practice, Community Pharmacy, Dental, Optometry) and other community provider settings,