**Humber and North Yorkshire Integrated Care Partnership**

**Area Prescribing Committee**

**Traffic Light Classification – Red Amber Green 'RAG' Status** **Summary Table**

|  |  |  |
| --- | --- | --- |
| **Colour/name** | **Formulary annotation/key** | **Description** |
| **Red** | **R** | **Specialist use only.** The specialist\* initiates AND continues all prescribing and completes all ongoing monitoring. |
| **Purple** | No longer used – now 'Red' – see above | **See 'red' above** |
| **Amber Shared Care Protocol (Amber SCP)** | **A SCP**The formulary entry should also link to the local SCP. | **Specialist initiation and requires ongoing monitoring.**Medicines that must be initiated and stabilised by a specialist\*. This includes dose titration by the specialist, up to a stable and effective dose. They are suitable to be prescribed in primary care once the patient is on a stable dose, but they require significant monitoring on an ongoing basis. Routinely, the ongoing monitoring will be completed by primary care as part of an agreed service.The patient remains under the care of both the specialist and the primary care team. The patient cannot be 'discharged' from the specialist's care under shared care arrangements.There will be a shared care protocol (SCP) for the specific drug. The specialist and the primary care prescriber must follow the approved shared care protocol in place.Full agreement to share the care of each specific patient must be reached under the shared care protocol (SCP), which must be provided to the primary care provider.If a commissioned SCP is not available these must be treated as red. If a commissioned SCP is out of date, it may be treated as a red drug. |
| **Amber Specialist Initiation** **(Amber SI)** **Formerly known as Amber 2 in Humber** | **A SI** | Must be started by a specialist\* and remain with the specialist until the patient is stable on the new medicine. It can then be transferred to primary care to continue prescribing without ongoing arrangements between the specialist and primary care. Primary care can refer back to a specialist at any time in relation to medication queries, if required. |
| **Amber specialist recommendation (Amber SR)**Formerly known as Amber 1 in Humber | **A SR** | Does not need to be initiated by a specialist but can be recommended by a specialist to primary care.No ongoing arrangements between specialists and primary care. Primary care can refer back to a specialist at any time in relation to medication query if required. |
| **Green with guideline (with LOCAL pathway/guideline/protocol)**Formerly known as Amber 1 in Humber | **GG**The formulary entry should also link to the local pathway/guidance. | Can be prescribed in primary care and by specialists in line with a recommended approved LOCAL pathway/guideline. Local = written and approved within Humber and North Yorkshire ICS.The formulary entry should link to the local pathway/guidance. (Please note - All medicines include some form of guidance, even if that is just the BNF. Green with guideline refers to the publication of approved local guidelines/pathways/protocols, etc.) |
| **Green** (no pathway/guideline) | **G** | Medicines suitable for routine use within primary care and secondary care.These may be prescribed in primary care, as per the wording on the formulary and considering both the drug SPC and BNF. |
|  **Deny List – not routinely commissioned (NRC)**  | **NRC** | Not routinely commissioned. These drugs have been formally considered by the APC and are not recommended for prescribing due to, e.g. safety/cost. |