

Summary of Traffic Light Status definitions (adapted from BCAP)

Red medicines (Specialist use ONLY)

NORMALLY restricted to specialist use in Secondary Care (or tertiary care) competent clinician only (including specialist prescribers working in the community (e.g. PCT employed paediatricians).

Criteria for Classification:

- Requiring specialist assessment to enable patient selection, initiation and continuation of treatment
- Requiring long-term, on-going specialist monitoring of efficacy or toxicity
- Specifically designated as 'hospital only' by product licence DOH
- New, or a new indication for an existing drug that are hospital indicated
- Use restricted by national guidance e.g. NICE
- Unlicensed / Off Label Drugs this includes unlicensed or name patient drugs, unlicensed doses or unlicensed indications for new ▼ drugs / drugs unfamiliar to Primary Care.

Amber with Shared Care(S/C) medicines

Suitable for Primary Care prescribing following specialist **initiation and stabilisation** (length of time to be individualised for each drug as specified in the Share Care Guideline)

- Specialist to request Primary Care prescriber to take part in ongoing prescribing
- Written request by specialist to include adequate information regarding monitoring, side effects, interactions etc as or a copy of the appropriate 'Shared Care Guideline'
- Primary Care prescribers should then inform secondary care of their intentions as soon as possible by letter
- See formulary website for details on transfer letters and shared care guidelines

Criteria for Classification:

- Significant monitoring for efficacy and toxicity
- Requiring significant specialist assessment
- Rarely used medicines
- NICE guidance implies 'shared care'
- **Products without a UK product licence would normally be classified as 'red'** but may, in exceptional circumstances, be classified as 'amber'.

Amber without shared care medicines

Suitable for primary care prescribing following specialist **initiation or recommendation of drug therapy.**

- Specialist to request Primary Care prescriber to take part in ongoing prescribing.
- Patients should **ideally be initiated on therapy with a minimum of 28 days supply** before transfer to primary care.
- Written request by specialist to include adequate information regarding monitoring, side effects, interactions etc
- Primary Care prescribers should then inform Secondary Care of their intentions as soon as possible by letter
- Ongoing communication between the primary care prescriber and specialist
- No specific 'shared care agreement' is deemed necessary.
- See BCAP PTC website for details on transfer letters

Criteria for Amber without shared care

- Requiring specialist assessment
- Requiring little or no specialist monitoring of efficacy or toxicity
- Often used such that individual GPs are likely to see sufficient patients and acquire a working knowledge of the drug e.g. amiodarone, lamotrigine

Green medicines

Appropriate for prescribing by all competent clinicians appropriate within licensed, local or national guidance (NICE).