Therapeutics Advisory Group



Therapeutics Advisory Group Update – Traffic Light Classifications – March 2025

| BLACK | Not commissioned. Not suitable for NHS prescribing in primary or secondary care |
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| | This covers medication and devices that are not commissioned for use in Norfolk and |
| | Waveney. It also includes NICE TAs where the treatment has not been recommended. |
| NICE approved | NWICB are committed to fund positive NICE TAs. Awaiting clarification of place in |
| | pathway and commissioning arrangements. Further guidance to be issued when |
| | available. |
| | This is a holding position which acknowledges NICE-approved TAs with ICB-commissioned |
| | responsibility which have not yet been allocated a traffic light classification. |
| BLUE | Formulary application and discussion required prior to addition to formulary. |
| | This includes new products on the Horizon Scanning list and those medications and devices in |
| | primary and secondary care which don't have a NICE TA or have not yet been considered for |
| | addition to formulary. |
| Double Red | Not recommended for routine use. To be used only as a last resort in exceptional |
| Dodole Red | circumstances. Seek advice from Medicines Optimisation Team where appropriate |
| | Includes situations such as transfer of care, patient moving from out of area, or where other |
| | treatment or pathway options have been exhausted. Some items may require formal approval |
| | via the IFR process. |
| RED | Restricted Use – Prescribing to remain with the hospital or specialist service. No |
| KED | prescribing in primary care |
| | Includes acute and mental health trusts and other specialist commissioning services. |
| | Classification does not automatically signify that a drug will be available within secondary care. |
| FULL SCA | Shared Care Agreement These are drugs covered by a formal shared care agreement within |
| FULL SCA | the current LCS. Level will be highlighted in each individual document and in the Netformulary |
| | entry. Specialist will send a request to provider when it is deemed suitable to transfer |
| | prescribing to primary care. Agreement will be assumed unless the primary care provider |
| | states otherwise. |
| AI | Amber Initiate - Specialist initiation. Prescribing will switch to primary care as per |
| AI | commissioning agreement or when clinically appropriate. |
| | Specialist requirements will be noted in the drug's Netformulary entry and guidance document. |
| | Treatments listed under this classification are not included in the formal shared care LCS and |
| | |
| ADVICE | there will be no additional payment for prescribing. |
| ADVICE | Advice – Primary care initiation following specialist recommendation |
| | Primary care initiation following receipt of verbal or written recommendation from primary or |
| | secondary care specialist clinician with relevant expertise. |
| Guidance documents will be developed to support prescribing of drugs within the and the | |
| ADVICE categories to support clinicians who may not have experience of prescribing or monitoring | |
| these drug | |
| GREEN | Formulary – Can be initiated and prescribed in primary or secondary care within |
| | licensed indications |
| | This covers most drugs on the primary care formulary |
| SWITCH | Not recommended for prescribing. Switch to cost-effective alternative |
| | This category will act as a reminder of the cost-effective switches and will be reviewed monthly |
| OTC | Available to buy over the counter. Consider self-care |
| 010 | Drugs in this category will be available to buy over the counter. |
| DM | Discontinued Medicines |
| | This category will be under constant review and updated regularly |
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