

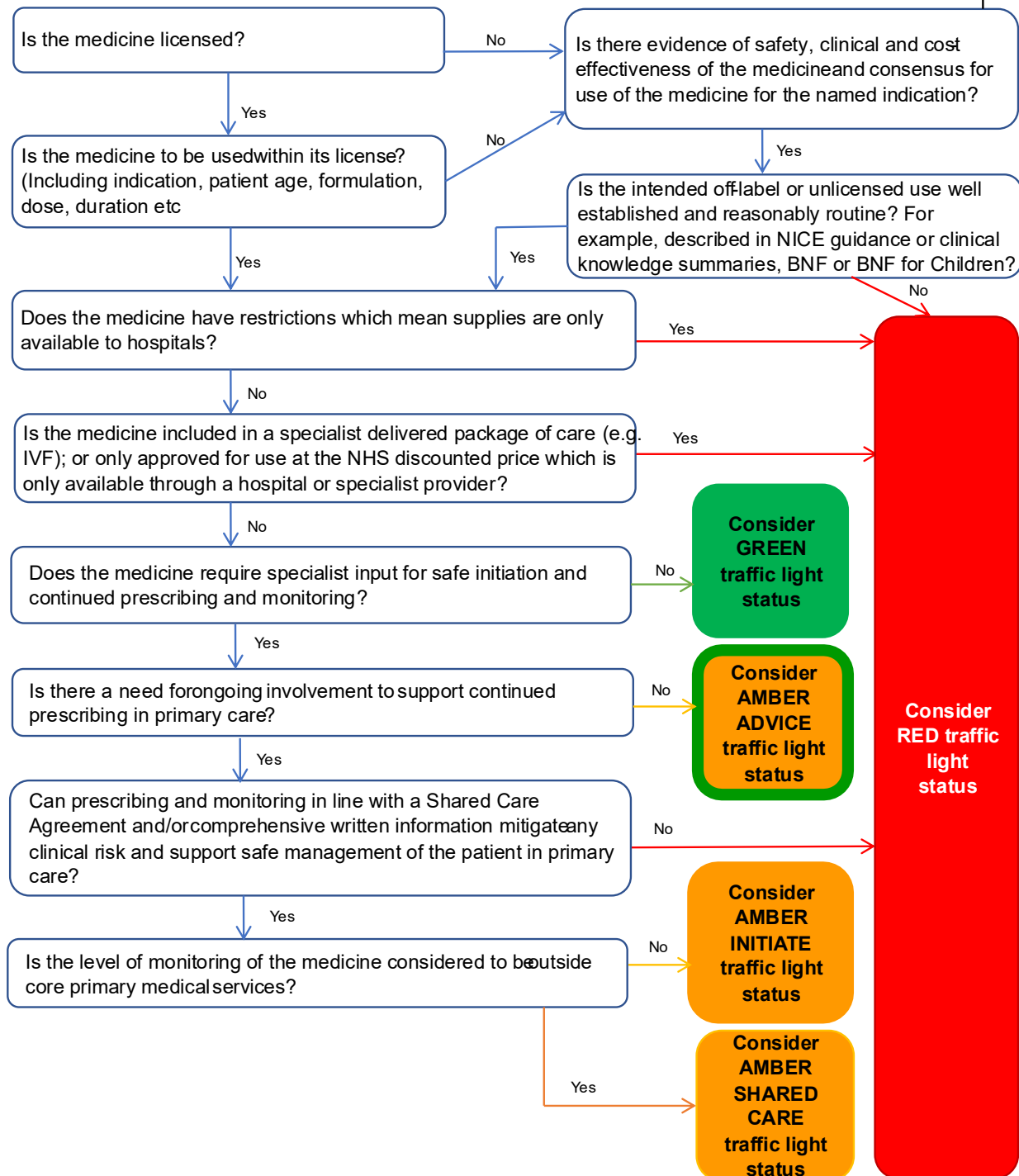
Therapeutics Advisory Group Update – Traffic Light Classifications – April 2025

BLACK	Not commissioned. Not suitable for NHS prescribing in primary or secondary care This covers medication and devices that are not commissioned for use in Norfolk and Waveney. Also includes NICE TAs where the treatment has not been recommended or appraisal has been terminated.
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. 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 circumstances. Seek advice from Medicines Optimisation Team where appropriate Includes 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 prescribing in primary care Includes acute and mental health trusts and other specialist commissioning services. Covers requirement for specialist knowledge, long-term monitoring requirements or restrictions which mean medicine supplies are only available to hospitals. Classification does not automatically signify that a drug will be available within secondary care.
FULL SCA	Shared Care Agreement Drugs covered by a formal shared care agreement within the current LCS. Level will be highlighted in each individual document and in the Netformulary entry. Specialist will send a request to provider following initiation and titration, when it is deemed suitable to transfer prescribing to primary care. Agreement is assumed unless the primary care provider states otherwise.
AI	Amber Initiate - Specialist initiation. Prescribing will switch to regular prescriber in primary care as per commissioning agreement or when clinically appropriate. Specialist requirements will be noted in the drug's Netformulary entry. Treatments listed under this classification are not included in the formal shared care LCS.
ADVICE	Advice – Primary care initiation following specialist recommendation Primary care initiation following receipt of verbal or written recommendation from primary or secondary care specialist with relevant expertise.
Guidance documents will be developed for drugs within the AI and the ADVICE categories for clinicians who may not have prescribing or monitoring experience with these. Prescribers must recognise and work within the limits of their competence and must maintain and develop knowledge and skills relevant to their role and practice, including prescribing and managing medicines. If a primary care clinician is uncertain about their competence to take responsibility for continuing care, we would encourage them to seek further information or advice from the clinician who initiated or recommended the medication, or from another experienced colleague.	
GREEN	Formulary – Can be initiated and prescribed in any care setting, within licensed indications Prescribers must recognise and work within the limits of their competence and must maintain and develop knowledge and skills relevant to their role and practice. Green status does not mean that a treatment must be initiated by a prescriber if they consider it is not within the limits of their competence and they do not have the current clinical knowledge and skills.

Traffic Light Classification Framework

Consider BLACK traffic light status:

- Lack of data on clinical effectiveness/safety/cost effectiveness compared with standard therapy
- Increased risk of adverse effects compared with standard therapy
- Less cost-effective than current standard therapy
- NICE guidance does not recommend the use of the drug, or technology appraisals terminated by NICE
- Not a priority for funding



• Framework adapted for local use from document developed by Mid and South Essex ICS