

Decision-making criteria to support colour classification by Prescribing Clinical Network

The colour classification of a medicine is assigned as advised by the PCN. Where necessary, clinicians should discuss the appropriate management of individual patients to ensure safe prescribing of medicines when care is transferred across the interface. On occasions both parties may agree to work outside of this guidance. In addition, some CCGs may have a variation to the PCN recommended colour classification.

All providers including NHS organisations, private GPs or specialists or any qualified providers are expected to work within the colour classification framework.

After evidence review according to the PCN decision making framework, members will define where clinical prescribing responsibility lies for a specific medicine by assessing against the following criteria.

The medicine will be classified if any one statement applies starting at black and moving down through green/black (not for new initiation), red, amber, blue and green

BLACK – NOT recommended	Not recommended for use in any health setting across Surrey and NW Sussex health economy
<ol style="list-style-type: none"> Lack of evidence of benefit compared with standard Lack of evidence of safety compared with standard Less cost-effective than standard therapy NICE guidance does not recommend 	
Outputs of PCN:	
<ol style="list-style-type: none"> Policy statement with narrative reasoning why not recommended Generic patient information leaflet on informed decision making 	
GREEN/BLACK – not for new initiation	Initiation of this drug is NOT recommended in any health care setting across Surrey & North West facing Sussex CCGs. Prescribers can, however, continue to prescribe for patients already taking this drug
<ol style="list-style-type: none"> The drug has been evaluated as no longer being a preferred treatment option for this condition. There is no expectation for existing, stable patients to change drug or device unless this is agreed as an appropriate course of action. Consider discontinuation when a change in the patient’s condition requires medication review. 	
Outputs of PCN:	
<ol style="list-style-type: none"> Assigned status during guideline development process Assigned status during ‘BNF chapter’ review 	
RED - Specialist ONLY drugs	Treatment initiated and continued by specialist clinicians
<ol style="list-style-type: none"> Specialist assessment to enable patient selection, initiation and continuation of treatment Long term specialist monitoring of efficacy and not suitable for shared care Long-term, on-going specialist monitoring of toxicity (because the side-effect profile necessitates rigorous supervision by the hospital consultant or, the full range of possible side-effects, particularly long-term effects needs to be established; or problematic investigations to identify toxicity). Specifically designated as being “specialist” or “hospital only” by product license, Department of Health, NICE or BNF Unlicensed or off-label treatment without acceptance of authoritative body of recommended opinion e.g. BNF, cBNF or Palliative Care Formulary Primary Care is unable to monitor therapy sufficiently to oversee treatment or adjust the dose where necessary to ensure safety. Administration requirements of formulation make it unsuitable for use in primary care (some of these can appropriately be waived in certain situations e.g. palliative care) Medicines for which the funding is levied outside of tariff e.g. PBR excluded drugs Only available through or require preparation by hospital pharmacy Hospital initiated clinical trial materials. 	
Outputs of PCN:	
<ol style="list-style-type: none"> Policy statement with narrative reasoning why classified as red and inclusion of definition of specialist prescriber as necessary 	

AMBER - Specialist Initiation WITH Shared Care Guidelines	Prescribing initiated and stabilised by specialist but has potential to transfer to primary care under a formal shared care agreement.
<ol style="list-style-type: none"> 1. Specialist assessment to enable patient selection and initiation of treatment 2. Short or medium term specialist monitoring of efficacy until patient is stable 3. Short or medium term specialist monitoring of toxicity 4. Infrequently used such that individual GPs are unlikely to see sufficient patients and acquire a working knowledge of the medicine, thus requiring ongoing specialist support 5. Long-term monitoring of toxicity needing on-going specialist support 	
Outputs of PCN: <ol style="list-style-type: none"> 1. Policy statement with narrative reasoning why classified as amber 2. Formal shared care document agreed by PCN Prescribing transferred to GP under shared care agreement in line with PCN recommended minimum duration of supply	
BLUE - Specialist Input WITHOUT Formal Shared Care Agreement	Prescribing initiated and stabilised by specialist but has potential to transfer to primary care WITHOUT a formal shared care agreement. Please note that in some circumstances a specialist may recommend that prescribing can be started in primary care
<ol style="list-style-type: none"> 1. Specialist assessment to enable patient selection and initiation of treatment 2. Monitoring of efficacy can be undertaken in primary care without specialist support 3. Monitoring of toxicity can be undertaken in primary care without specialist support 4. May require specific monitoring and possibly dose titration before transfer 5. No ongoing requirement for specialist support but opportunity for advice 6. In some circumstances it may be appropriate for a specialist to recommend that prescribing can be started in primary care 	
Outputs of PCN: <ol style="list-style-type: none"> 1. Policy statement with narrative reasoning why classified as blue 2. PCN to decide if the following are also necessary on an individual basis: <ol style="list-style-type: none"> a. Initiation of medicine by specialist is required OR a recommendation to start prescribing in primary care is appropriate b. GP information leaflet if necessary c. Recommended minimum duration of supply if >1 month 	
GREEN - Non-Specialist Drugs	GPs (or non-medical prescribers in primary care) are able to take full responsibility for initiation and continuation of prescribing
<ol style="list-style-type: none"> 1. GPs (or non-medical prescribers in primary care) are able to take full responsibility for initiation and continuation of prescribing. Local prescribing guidelines or NICE guidance may apply. 	
Outputs of PCN: <ol style="list-style-type: none"> 1. Policy statement with narrative reasoning why classified as green 	

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