

## Guidelines on Prescribing Responsibility for **RED / AMBER / GREEN** MEDICINES

**AIM:** It is important for patient care that there is a clear understanding of where clinical and prescribing responsibility rests between specialists and primary care prescribers. Specialists are those clinicians working within secondary care at consultant or specialist registrar grade, or GPs with a specialist interest (GPwSI) working in primary care prescribing only within their speciality.

These guidelines reinforce the basic premise that: 'When clinical and / or prescribing responsibility for a patient is transferred from hospital to a primary care prescriber, the primary care prescriber should have full confidence to prescribe the necessary medicines. Therefore, it is **essential** that a transfer of care involving medicines that a primary care prescriber would not normally be familiar with should not take place without the "sharing of information with the individual primary care prescriber and their mutual agreement to the transfer of care".'

**These are not rigid guidelines. In all cases, specialists and primary care prescribers should discuss the appropriate management of individual patients personally. On occasions specialists and primary care prescribers may agree to work outside of this guidance.**

**RED Traffic Light** – these **RED** medicines should be initiated by specialists only and prescribing retained within secondary care; primary care prescriber initiation or continuation of treatment is not recommended. These treatments require specialist knowledge, monitoring, dose adjustment or further evaluation in use. Intravenous medicines as well as unlicensed indications for specialist medicines would usually fall into this category. These treatments should be initiated by, or under the explicit direction of a relevant secondary care specialist (Consultant or Specialist Registrar – unless designated consultant prescribing only). GPs with a relevant specialist interest (GPwSI) working in the community may also commence such treatments under the agreed supervision of secondary care if the GPwSI is happy to take on the prescribing responsibility. (Where patients are already receiving a **RED** medicine from their primary care prescriber, and their primary care prescriber has particular specialist knowledge or prior experience of prescribing this drug, the primary care prescriber may continue prescribing in primary care provided their primary care prescriber is happy to continue to take on the prescribing responsibility). Primary care prescribers may prescribe **RED** medicines in exceptional circumstances to patients to ensure continuity of supply while arrangements are made to obtain usual supplies from secondary care.

Normally, drugs that are either unlicensed or being used 'off label' will be classified as RED, but in situations where there is a significant body of medical opinion (e.g., NICE ESUOM's) supporting the use of the drug in this situation, consideration will be given to classifying the drug as amber.

**AMBER Traffic Light** – these medicines are considered suitable for GP prescribing following specialist initiation/recommendation of therapy, with ongoing communication between the primary care prescriber and specialist, if necessary. Patients should be stabilised on therapy before transfer to primary care. **AMBER** medicines require no specific shared care protocol as no or little monitoring is required. Patients should ideally be initiated on therapy with a minimum of 28 days supply before transfer to primary care. However GPs must still be familiar with the drug to take on prescribing responsibility or must obtain the required information from the initial prescriber specialist.

**AMBER with SHARED CARE Traffic Light** - these medicines are considered suitable for GP prescribing following specialist initiation of therapy and patient stabilisation, with ongoing communication between GP and Specialist. **AMBER** with Shared Care medicines require significant monitoring and to qualify must be designated so by the Area Prescribing Committee Medicines Management Committee. GPs are advised not to take on prescribing of these medicines unless they have been adequately informed by letter of their responsibilities with regards to monitoring, side effects and interactions and are happy to take on the prescribing responsibility. A copy of the locally approved shared care guideline should accompany this letter which outlines these responsibilities. GPs should then inform secondary care of their intentions as soon as possible by letter, and then arrange the transfer of care as necessary.

**GREEN Traffic Light** – These **GREEN** medicines are appropriate for initiation in both primary and secondary care. Prescribing is appropriate within licensed or local recommendations. Most drugs will be in this group but will not be listed, except where the classification varies according to different circumstances, e.g., licensed indications.

**BLACK** - These are medicines that have been reviewed and have been deemed less suitable for prescribing, and are therefore not recommended in primary or secondary care. This may be due to the lack of good clinical evidence, or due to the availability of more suitable alternatives.