

Red Amber Green Grey (RAGG) List of the South East London Integrated Medicines Optimisation Committee (SEL IMOC)

Introduction

The purpose of the RAGG list is to promote safe, effective prescribing within the most appropriate setting by the most appropriate person. It is recognised that there will be individual exceptional situations that warrant a deviation from these recommendations upon the agreement of all parties. However, the list raises the awareness that the drug requires additional knowledge, experience, monitoring or review in order that the individual management plan is explicit enough to ensure each party knows what their role is in the management of the patient. A drug may have different recommendations according to the indication, e.g. off-label indications or rare conditions.

GPs should never be forced to agree to shared care or to continue prescribing a specialist recommended drug if they feel an area is not within their competence. Support regarding individual situations can facilitate a compromise, however in accordance with the SEL interface prescribing policyⁱ, the specialist must retain prescribing responsibilities, should the GP not be willing to. Where discrepancies arise, it is recommended that the specialist and GP discuss these issues directly, however where this is not possible, medicines optimisation teams should be contacted to liaise with providers. Refusal of a GP to take on shared care should not prevent a clinically appropriate therapy being prescribed by a specialist.

ADULTS: [The SEL Joint Formulary](#) states the RAGG category for the majority of drugs prescribed for adults.

PAEDIATRICS: the RAGG category can be found via the Paediatric Formulary app, available on both iOS and Android devices. Search 'Paediatric Formulary' in the app store.

Definitions of RAGG

RED

- A consultant or suitably trained specialist (e.g. a specialist non-medical prescribing nurse) within the secondary, tertiary, or primary care clinic should initiate, continue to prescribe and monitor red listed drugs.
- RED list drugs are NOT recommended for GPs to prescribe and responsibility for prescribing, monitoring, dose adjustment and review should remain with the specialist. In very exceptional circumstances a specialist may discuss individual patient need for a RED drug to be prescribed by a GP and the GP should consider informing the Medicines Optimisation Team before a decision is made to prescribe for individual patients.
- Supply of these medicines should be organised through the hospital pharmacy or where appropriate a home care company. If it is necessary to supply on a FP10HNC (previously FP10HP), liaison with a nominated community pharmacy is recommended.
- Medicines for specified indications included in the red list should only be prescribed subject to inclusion in the SEL Joint Medicines Formulary and funding being arranged at the individual acute Trust. Drugs that are not on the SEL joint formulary may be included on the red list to inform GPs where a request to prescribe has originated from a provider outside of SEL.

Criteria For Inclusion on the RED List

- Patient receives the majority of ongoing care, including monitoring, by the specialist.
- It is in the interest of the patient's safety to receive the drug treatment through the specialist.
- The drug is only available through the hospital.

- The drug is unlicensed or being used for an unlicensed indication where there is a lack evidence or widespread medical acceptance by recognised reputed body e.g. not in BNF; NICE guidance or British Association of Dermatology special product list.
- The drug is newly licensed or has a new indication, requiring specialist initiation and place in therapy or risks are uncertain.
- SEL IMOC's view that the drug is unsuitable for general prescribing.
- Hospital recommend restricting prescribing to hospital only for clinical reasons.
- Designated as hospital or specialist only in its licence or by DoH/MHRA/NICE.
- Drugs subject to High-tech Hospital at Home guidance, EL(95)5.

AMBER

- Initiated by or at the recommendation of a specialist which includes consultant, suitably trained specialist non-medical prescriber or GP with specialist interest within a secondary, tertiary, or primary care clinic.
- Where a patient remains under the care of a specialist, on-going communication is imperative.
- Off-label use must be noted but is not an exclusion criteria where a body of evidence supports its use e.g. NICE.
- Contact for specialist support must be explicit and easily accessible.
- Timely re-referral routes are essential.

Categories of Amber

AMBER 1 Recommendation by a specialist, but is considered non urgent and therefore could be started in primary care at the discretion of the GP after the GP's consideration.

AMBER 2 Initiation by a specialist, stabilisation for a specified time, then continuation in primary care under an individual management plan.

AMBER 3 As above, requiring shared/transfer of care document

Criteria For Inclusion on the AMBER List

(number denotes which amber category as above, which this applies to)

- requires specialist assessment to enable patient selection and initiation of treatment^{1, 2, 3}.
- requires short or medium term specialist monitoring of efficacy ^{2, 3}.
- requires short or medium term specialist monitoring of toxicity (difficulty in recognising side effects or appropriateness/availability of investigations to identify toxicity) ^{2, 3}.
- are rarely used, such that individual GPs are unlikely to see sufficient patients and acquire a working knowledge of the drug^{2, 3}.

GREEN

- Drugs in routine use for licensed indications.
- May be initiated in primary or secondary care within agreed criteria, where these are applicable.
- Off-label prescribing should be in accordance with individual clinical judgment.

GREY

- Medicines not normally recommended for routine prescribing.
- Weak evidence of cost effectiveness, benefit and/or safety.
- Drugs which the SEL IMOC consider do not represent good value to the NHS
- Drugs where the formulary application is not presented to IMOC within the specified timeframes.

**Trust / CCG contact details for
prescribing queries**

Please remove all patient identifiable data (e.g. name, address, DOB, NHS number) from communication. If these details are required, the recipient will contact you.

Acute Trusts

Guy's and St Thomas' NHS Foundation Trust	gst-tr.selondonformulary@nhs.net (Medicines Information extensions 83849, 83855, 88750; Formulary extension 83854 - outside line 020 7188 3854)
King's College Hospital NHS Foundation Trust	kch-tr.FormularyKCH@nhs.net extension 30355
Lewisham and Greenwich NHS Trust	LG.QE-MedInfo@nhs.net (Medicines Information 020 8836 4900; Formulary 020 8836 4847)

Mental Health Trusts

Oxleas NHS Foundation Trust	oxl-tr.medicinesinfo@nhs.net
South London and Maudsley NHS Foundation Trust	pharmacy_staff_medicines_information@slam.nhs.uk

CCGs

Bexley Clinical Commissioning Group	bexley.mmt@nhs.net
Bromley Clinical Commissioning Group	BROCCG.medicinesmanagement@nhs.net
Greenwich Clinical Commissioning Group	GRECCG.pharmacy@nhs.net
Lambeth Clinical Commissioning Group	LAMCCG.medicinesoptimisation@nhs.net
Lewisham Clinical Commissioning Group	LEWCCG.medicinesoptimisationteam@nhs.net
Southwark Clinical Commissioning Group	SOUCCG.Medicines-Optimisation@nhs.net

Please see individual Shared Care Guidelines for specific directorate contact details.

Approval date: October 2021 **Review date:** October 2023 (or sooner if evidence or practice changes)

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