

Definitions for the pan-London Red, Amber, Green (RAG) medicines category list

Introduction

This document has been reviewed to align to pan-London definitions for “Red, Amber, Green” (RAG) medicines category list that has been agreed across the five London Integrated Care Systems. This pan-London approach enables standardisation of RAG definitions and supports improvements in prescribing practices, through ensuring consistency across different healthcare settings within the region.

As a result of the pan-London review, one of the main changes made to the RAG definitions in SEL is replacement of the ‘Grey’ category (non-formulary) with the category of “non-formulary – not recommended for prescribing in South East London” with no colour assigned. See later in this document for the detailed definitions.

The purpose of the “Red Amber Green” (RAG) categories 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.

Primary care based healthcare professionals (such as GPs, pharmacists and nurses) 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 [South East London \(SEL\) interface prescribing policy](#), the specialist must retain prescribing responsibilities, should primary care based healthcare professionals not be willing to. Where discrepancies arise, it is recommended that the specialist and primary care based healthcare professional discuss these issues directly, however where this is not possible, borough medicines optimisation teams should be contacted to liaise with providers. Refusal by a primary care based healthcare professional to take on shared care should not prevent a clinically appropriate therapy being prescribed by a specialist.

RAG status and/or need for shared care agreement should be determined based on agreements between the co-ordinating commissioner (Integrated Care Boards) and the provider e.g. hospital. Contact your borough medicines optimisation team for further advice if needed.

Formularies in SEL:

ADULTS: The [SEL adult Joint Medicines Formulary \(JMF\)](#) states the RAG category for the majority of drugs prescribed for adults.

PAEDIATRICS: The RAG category can be found via the SEL Paediatric Formulary app, which can either be downloaded to both iOS and Android devices, or accessed via desktop using the Clinibee platform. Search ‘Paediatric Formulary’ in the app store or login via www.clinibee.com. Clinicians working within primary care can contact their borough

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South East London Integrated Medicines Optimisation Committee (SEL IMOC). A partnership between NHS organisations in South East London Integrated Care System: NHS South East London (covering the boroughs of Bexley/Bromley/Greenwich/ Lambeth/Lewisham and Southwark) and GSTFT/KCH /SLaM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust

medicines optimisation teams (see end of document) for login details to access the Clinibee platform.

Note: There may be medicines on the SEL adult JMF and SEL paediatric formulary that have no “RAG” category listing because the medicines’ availability on the formulary pre-dates the use of the RAG category listing system.

Definitions of the RAG categories

1. RED: Specialist or hospital prescribing only.

- The responsibility for prescribing, monitoring, dose adjustment and review should remain with the specialist or hospital.
- In very exceptional circumstances, transfer of clinical responsibility including prescribing for an individual patient may be agreed between the specialist and primary care based healthcare professional.
- Medicines for specified indications included in the red list should only be prescribed subject to inclusion in the SEL adult JMF and SEL paediatric joint formulary and funding being arranged at the individual acute Trust.

Criteria For Inclusion on the RED List

- The 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 considers the drug as unsuitable for general prescribing.
- Hospital recommends 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.

2. AMBER: Medicines considered suitable for prescribing in primary care, following a recommendation or initiation by a specialist/hospital. Refer to the relevant amber status sub-categories below.

- Initiated by or at the recommendation of a specialist which includes consultant, suitably trained specialist non-medical prescriber or GP with extended role within a secondary, tertiary, or primary care clinic.
- Where a patient remains under the care of a specialist, ongoing 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.

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Categories of AMBER

AMBER 1: Suitable for initiation in primary care, following specialist recommendation. The first prescription can originate from primary care after recommendation by an appropriate specialist. The recommendation may be provided in writing, verbally, or based on clinical guidelines.

AMBER 2: Specialist initiation with maintenance in primary care. These medicines require specialist involvement during initiation and may require a period of treatment stabilisation before primary care prescribing is appropriate. Initial prescription(s) are issued by the specialist. If a specified minimum duration of specialist prescribing is required, this will be detailed in local recommendations.

AMBER 3: Specialist initiation with shared/collaborative/transfer of care documentation. These medicines require specialist initiation/first prescription and a period of stabilisation. However, it may not be appropriate for full transfer of clinical responsibility to primary care prescribers, therefore a sharing/collaborative agreement should be in place. After dose stabilisation primary care based healthcare professionals can be requested to take over prescribing responsibilities using the approved IMOC shared care documentation – please refer to the [SEL adult JMF](#) or [SEL paediatric joint formulary](#) for details. The [To share care or not to share care flowchart](#) contains information on how suitability for shared care is determined within SEL.

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}.

3. GREEN: Medicines that can be initiated in primary and secondary care.

- 'GREEN' medicines are suitable for non-specialist initiation.
- Medicines in routine use for licensed indications.
- Off-label prescribing should be in accordance with individual clinical judgment.

4. NON-FORMULARY – not recommended for prescribing in SEL:

In SEL, medicines that are passively non-formulary (i.e. where the treatment has not been reviewed or applied for and no formal formulary position exists) are not noted or categorised on the formulary. The previous 'Grey' category has been replaced with the following definition, in line with the pan-London definition:

Non-formulary – not recommended for prescribing in SEL: Medicines that are not recommended for routine use in primary or secondary care. There is an active position

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locally from the SEL Integrated Medicines Optimisation Committee (IMOC) or the SEL Joint Formulary Committee (JFC) for not recommending the treatment.

- Medicines not normally recommended for routine prescribing.
- Weak evidence of cost effectiveness, benefit and/or safety.
- Medicines which the SEL IMOC or SEL JFC consider do not represent good value to the NHS. This will include medicines not recommended by the National Institute for Health and Care Excellence (NICE).
- Medicines where the formulary application is not presented to IMOC within the specified timeframes.

SEL Trust / ICS 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	lq.formulary@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
SEL ICS Borough Medicines Optimisation Teams	
Bexley	Bexley.MMT@selondonics.nhs.uk
Bromley	bromley.medicinesmanagement@selondonics.nhs.uk
Greenwich	Greenwich.Pharmacy@selondonics.nhs.uk
Lambeth	lambethmedicines@selondonics.nhs.uk
Lewisham	lewisham.medsoftteam@selondonics.nhs.uk
Southwark	southwark.medicine-optimisation@selondonics.nhs.uk

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

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