



South Yorkshire ICB Integrated Medicines Optimisation Committee (IMOC)

Single National Formulary (SNF) classification – Summary Table

This document summarises the new prescribed product classification framework. The Single National Formulary classifications will be used for new medicines/products classified by the South Yorkshire IMOC from September 2026. The new classifications do not represent a direct one to one replacement of the previous traffic light categories. The shaded column provides a visual reference to the previous traffic light classifications and their broad relationship to the new Single National Formulary classifications. Existing medicines/products will retain their current classification until reviewed. Although some classifications broadly correspond, individual medicines/products may be assigned a different classification following review.

NEW Single National Formulary (SNF) Classification – September 2026 & OLD Grey/ red/amber/green colours. These will be replaced in due course	Old description and new SNF description
Do not prescribe Grey	<u><i>NEW SNF Wording</i></u> <i>Not approved for routine prescribing in NHS-funded care. For example, because they are agents classified in the BNF as “not NHS” or “Medicines of Low Clinical Value”, or they are products on NICE’s “do not do” list or NHS England’s “should not routinely prescribe” list</i>

	<u>Previous description:</u> The use of medicines/products in the grey list should not be initiated in South Yorkshire unless exceptional circumstances apply. Patients who are already prescribed medicines/products within the grey list should be reviewed and alternative treatment options considered, in line with most recent evidence. Rationale/criteria; 1. There is a clear national guidance (e.g. NHS England Specialised Commissioning) to not routinely fund usage of the medicine/product. 2. There is clear national evidence (e.g. NICE 'do not do's') to not routinely prescribe this medicine/product on the NHS. 3. Medicine/product of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns. 4. Medicine/products which are clinically effective but where more cost-effective products are available, including some products that have been subject to excessive price inflation 5. Medicines/products which are clinically effective but due to the nature of the product are deemed a low priority for NHS funding. 6. Medicines/products where clinical evidence is in development (e.g. NICE guidance) and awaiting final committee approval. 7. Evidence not evaluated. Local clinicians who wish to change Traffic Light Status complete application form. 8. Pathway in development (reference NHSE items that should not routinely be prescribed)
Self-care Grey	<u>NEW SNF Wording</u> <i>Not routinely prescribed unless as part of care for a long-term condition. People should be supported to manage through self-care, including community pharmacy.</i>
Specialist only Red	<u>NEW SNF Wording</u> <i>Prescribed products that must be initiated, prescribed, and monitored exclusively by a specialist service, regardless of setting. Primary care should not initiate or continue prescribing outside of that specialist service.</i> <u>Previous description:</u> Initiation and ongoing prescribing of the medicine/product should be undertaken by secondary care/specialist. Rationale/criteria; 1. Requires specialist assessment to enable patient selection, initiation, ongoing treatment and monitoring of efficacy, toxicity or adverse effects. 2. Specifically designated as "hospital only "by product licence or by DH as per drug tariff. 3. A new medicine/product or new indication for an existing medicine/product which needs specialist evaluation to be undertaken to establish place in therapy. 4. Hospital initiated clinical trial materials used

	in accordance with the trial protocol 5. Not listed in the current BNF or BNF / no prescribing information readily available 6. Being used to treat a condition that is not suitable for primary care prescribing because of defined commissioning arrangements 7. Awaiting shared care guideline/ guideline document.
Shared Care Amber Shared Care (SCP)	<u><i>NEW SNF Wording</i></u> <i>Prescribed products initiated within specialist care and delivered across settings as part of a Shared Care Protocol. Prescribing and monitoring may occur in primary care; however, safe use depends on:</i> <i>• coordinated care across providers</i> <i>• agreed protocols and roles ongoing specialist input</i> <i>• and clear shared clinical accountability across the pathway. These medicines are typically associated with complex monitoring, higher-risk profiles and require a Shared Care Protocol.</i> <u>Previous description:</u> Local shared care guidelines/protocols in place. Medicines/products that are initiated by a specialist but are suitable for primary care prescribing under a shared care agreement. Shared care must be agreed by both parties and should not assumed. Note however, some shared care arrangements assume primary care will undertake shared care responsibilities unless they inform the specialist to the contrary. In such situations the primary care clinician should inform the specialist and the patient in a timely manner with reasons for declining the shared care request. Amber shared care medicines may be less familiar or used less frequently in primary care. The SY ICB MOT will alert primary care prescribers if any significant changes in review or monitoring arrangements of amber medicines they prescribe are recommended. Rationale/criteria; 1. Requiring specialist assessment to enable patient selection and initiation of treatment, as defined within each shared care protocol (SCP). 2. Requiring a period of monitoring by the specialist (as defined within each SCP) to assess efficacy and safety of medication 3. Ongoing oversight of a specialist is required to assess continued efficacy and safety (e.g. long term monitoring of toxicity/degenerative conditions). 4. Medicine/product is subject to specific NICE guidance.
Specialist initiation Amber-G	<u><i>NEW SNF Wording</i></u> <i>Prescribed products that must be initiated and stabilised by a specialist*. Once stabilised**, prescribing and monitoring can be undertaken in primary care, where this can be safely delivered without structured ongoing specialist involvement.</i> <u>Previous description:</u> Local or national Guidelines to support ongoing prescribing in primary care. Medicines/products that are initiated by a specialist* but are suitable for primary care to continue and take over ongoing prescribing responsibility. The specialist to provide the primary care clinician with

Definitions of terms used in the categorisation

Established therapies. For the purposes of SNF categorisation, categorisation is usually assigned in relation to a defined clinical indication or use. This will normally align with the medicine's licensed indication; however, categorisation may also apply to well-established off-label or unlicensed uses where these are supported by recognised national sources or accepted clinical practice. These sources include:

- NICE technology appraisals and guidelines
- NHS England guidance
- British National Formulary (BNF) and BNF for Children (BNFc)
- Other robust, evidence-based national or specialist guidance

Specialist. For the purposes of the Single National Formulary, "specialist" refers to care delivered or overseen by a prescriber with recognised expertise in a defined clinical condition or therapy, where the safe and effective use of a medicine depends on competencies, decision-making, monitoring, or infrastructure beyond that typically available in generalist primary care. This includes care delivered across organisational settings (secondary, tertiary, community, or primary care-based specialist services), provided that it operates within a recognised specialist service model.

Specialist care is characterised by:

- Advanced clinical expertise in the relevant condition and treatment
- Access to specialist diagnostics, monitoring, and multidisciplinary input where required
- Defined clinical accountability and oversight, typically within a consultant-led or equivalent specialist governance framework

Where prescribing or advice is undertaken by non-medical prescribers within specialist care, this must occur within a framework that ensures appropriate medical clinical oversight and clear lines of accountability. Specialist input may be provided through new models of care such as integrated neighbourhood teams, advice and refer pathways or single point of access arrangements.

Stable/Stabilised. A patient is considered stabilised on a medicine when treatment has been initiated and optimised by a specialist to a point where the dose, clinical response, and monitoring requirements are established, and the medicine can be safely maintained within a primary care or shared care setting under agreed governance arrangements.

Stabilisation typically includes:

- Achievement of an appropriate and maintained therapeutic dose (which still may require some further adjustment within an agreed plan)
- Demonstration that the patient's condition is stable or predictably responding to treatment
- Completion of the initial period of monitoring, including identification and management of early adverse effects
- Defined and deliverable ongoing monitoring requirements, with parameters within acceptable limits
- Clear transfer of prescribing and monitoring responsibilities, with appropriate specialist support where required Primary care. This refers to any relevant, generalist setting in the community and includes the four pillars of primary care (General Practice, Community Pharmacy, Dental, Optometry) and other community provider settings,

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