GMMMG to Single National Formulary: RAG to categories mapping

The table below contains the existing GMMMG RAG status and abbreviated definitions – more info can be found here: Guidelines on Defining RAG status – and the new Single National Formulary definitions that the GM formulary is adopting.

- As of September 2026 **no changes to the formulary are planned other than to map across to the definitions below**.
- The "Grey" and "not reviewed" statuses will no longer be permitted in the SNF categories and are being retired. A piece of work to ensure any drugs with these statuses has been undertaken and any changes put through the medicines governance and consultation process. New consultations will open here: GMMMG Consultations - GMMMG
- The NHS GM ICB retains all decision-making on which medicines are included in the GM formulary
- Next steps include incorporation of a number of formulary "digital products" being prepared by the SNF working groups and more information will be provided in future updates.

GMMMG RAG status	GMMMG RAG Description	SNF category	SNF Description July 2026
GREEN	Drugs that are suitable for initiation and ongoing prescribing within primary care.	**All settings**	Suitable for initiation, ongoing prescribing, and discontinuation in all settings. These are established therapies without the need for specialist input.
SA	Green following specialist advice. Drugs that are suitable for initiation by primary care following written or verbal advice from a specialist service. Little or no monitoring is required.	**Specialist advice**	Medicines usually prescribed in primary care where prior advice or recommendation from a specialist is required before initiation. Following specialist advice, prescribing and monitoring are undertaken in primary care without the need for ongoing specialist involvement.
SI	Green following specialist initiation. Drugs that are suitable for ongoing prescribing within primary care following initiation by a specialist service. Little or no monitoring is required.	**Specialist initiation**	Medicines 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.
AMBER	Drugs suitable for shared care arrangements under a shared care protocol. Prescribing and monitoring responsibilities may be transferred from specialist teams to primary care prescribers in line with a shared care protocol. Shared care arrangements will usually be supported by a GMMMG shared care protocol (SCP).	**Shared Care**	Medicines 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: • **coordinated care across providers** • **agreed protocols and roles** • **ongoing specialist input**

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			• 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**.
RED	Drugs considered to be specialist medicines and prescribing responsibility for these medicines should normally remain with the consultant or specialist clinician. These drugs should not be initiated or prescribed in primary care. It is recommended that the supply of these specialist medicines should be organised via the hospital pharmacy or specialist service. This may include arranging for supply via a home care company.	**Specialist only**	Medicines 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.
(DNP)	Products which are not recommended for prescribing in any setting. "Do Not Prescribe" status may relate to a specific medicine, or to prescribing for a particular indication. This is in addition to all medicines with a "not NHS" or "Drugs of Low Clinical Value" classification in the BNF, and those medicines with a NICE "Do not do" recommendation.	**Do not prescribe**	Not approved for routine prescribing in NHS-funded care. For example, because they are agents classified in the BNF as "not NHS" or "Drugs of Low Clinical Value", or they are products on NICE's "do not do" list or NHS England's "should not routinely prescribe" list.
OTC	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care.	**Self care**	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.
RAG statuses without an SNF category			
GREY	Products which are not suitable for routine prescribing but suitable for exceptional use in a defined patient population. Prescribers should ensure that more suitable alternatives have been considered and ruled out as not being appropriate before recommending or prescribing a medicine with a GREY list status. In these cases a RAG of RED, AMBER or GREEN will also be assigned to clarify in which care setting prescribing responsibility lies.	**None**	This status will be retired and the criteria maintained within the medicine formulary description
NR	Not reviewed. Product has not yet been assessed by GMMMG or its subgroups		This status will be retired and a "non-formulary" descriptor will be used when necessary