**[Name of group/APC].**

**Medicines Colour Classification Change Proposal Form**

The colour assigned to a medicine depicts if the medicine is recommended for use in **[Region]** or not; and if it is recommended, where the prescribing responsibilities are recommended across a health economy.

**This form is to propose a change to the colour classification of a medicine.**

**Please complete all sections**

|  |
| --- |
| **Name:** |
| **Employing Organisation:** |
|  |
| **Job Title:** |
| E-mail: |

|  |
| --- |
| **Details of Proposal** |
| **Medicine Details.** Include the following:Generic/ Brand name strength and formulation  |
| **Indication for Use:** |
| **Is this indication licensed:** |
| **Proposed Action** |
| **Current Colour Classification:** |
| **Proposed Colour Classification:** |
| **Rationale / Evidence for Proposal**(Please attach any supporting papers to this form) |
| **(Please continue on a separate sheet if necessary)** |

**Please submit completed forms to [Blank]@nhs.net**