



Welcome - We will start at 12:30
Sheffield Area Prescribing Group – Learning
Lunch

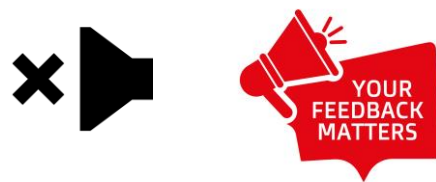
6th November 2025
Sheffield Medicines and Prescribing



Introductions

- Shameila Afsar-Baig – Senior Pharmacist (S&D Sheffield Place)
- Jenni Bussey – Lead MO Clinical Effectiveness Pharmacy Technician
- Kirsty Burdett – Senior Endocrine Lead Pharmacist
- Diana Vasile – Lead Pharmacist (S&D Sheffield Place)

House Keeping





Learning objectives

To be aware of latest updates & suggested actions:

- MO website – new features
- IMOC Approved Traffic Light Drug List
- IMOC approved/updated guidelines
- Medicines Supply Notification
 - Levemir
- Denosumab- Biosimilar update
- Azathioprine & Mercaptopurine SCP minor update
- CKD management and KFRE reporting
- Rybelsus (oral semaglutide)
- Medicines Safety update
- Education & Training opportunities





New place features on MO website

16 Oct 2025

Edit

Sheffield Notice Board

Sheffield Traffic Light Drugs List (TLDL) [click here](#)

Sheffield PRESS Portal [click here](#)

Useful links/resources pages

Best Practice guidelines [resources](#)

Care Homes [resources](#)

Controlled Drugs (CDs) [resources](#)

General Principles of Medicines Optimisation [resources](#)

Greener prescribing and waste [resources](#)

Medication Safety [resources](#)

Non-Medical Prescribers (NMP) [resources](#)

Patient information [resources](#)

Contact Us

Please contact us via our new integrated Medicines Optimisation Team (MOT)
email for the whole of SY: syicb-sheffield.syicb.medsopt1@nhs.net

New resource pages added
to Sheffield place
noticeboard



New place features on MO website

Recently Updated

Documents that have most recently been added or updated

Sheffield Minutes APG Minutes Ratified Sept 25.pdf

10/17/2025

Sheffield Traffic Light Current A-Z version.pdf

10/16/2025

**Sheffield Communication Best Practice Guidelines Resources
page.pdf**

10/13/2025

Trending Documents

Documents that have been trending in the past 30 days

Sheffield Minutes APG Minutes Ratified Sept 25.pdf

Viewed 2893 times

**Sheffield Guideline Depression in adults - treatment and management
protocol.pdf**

Viewed 1783 times

**Sheffield Guideline Progestogens for endometrial protection when
using HRT pdf**

Sheffield place specific recent updates & trending documents – matches main SY page



New place features on MO website

16 Oct 2025 [Edit](#)

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Useful links/resources pages

Best Practice guidelines [resources](#)

Care Homes [resources](#)

Controlled Drugs (CDs) [resources](#)

General Principles of Medicines Optimisation [resources](#)

Document Search

Search across document collections from different locations

☐ Barnsley ☐ Community Pharmacy ☐ Doncaster ☐ Rotherham

☒ Sheffield ☒ South Yorkshire

[Filter](#) [2](#)

[here](#)

Or you can scroll through document without a text query [here](#)

Now you can click “here” to view ALL Sheffield place documents without defining search terms



Traffic Light Drug List

Drug	Indication	SY ICB Traffic Light Status
Dydrogesterone (<i>new formulation Nalvee® 10mg tablet with new indication</i>)	For women with progesterone insufficiencies (treatment of dysmenorrhoea, endometriosis, irregular menstrual cycles and pre-menstrual syndrome), as hormone replacement therapy (dydrogesterone is used to supplement an estrogen treatment in non-hysterectomised women with symptoms due to natural onset of or surgically induced menopause; in the context of hormone replacement therapy, it counteracts the estrogen influence on the endometrium), and dysfunctional bleeding or secondary amenorrhoea (the drug may be used with an estrogen in the management of these conditions)	GREEN <i>Refer to local place formularies and local place guidelines, for information on formulary position.</i>
Misoprostol	Gastro-intestinal (healing of duodenal ulcer and gastric ulcers) and musculoskeletal (prophylaxis of NSAID-induced ulcers) indications	GREEN
Meloxicam	Non-steroidal anti-inflammatory drug (NSAID)	GREEN

*** Please note: SY ICB GREY TLS is equivalent to BLACK on Sheffield's TLDL ***

- To access both SY ICB TLDL and Sheffield place TLDL: SY MOT website: <https://mot.southyorkshire.icb.nhs.uk>
- Optimise Rx will be updated with all IMOC approved TLDL changes.
- Avoid adding any RED medicines prescribed by hospital to patient's repeat record. Add as 'hospital only drug'





NICE TA - Approved

NICE TA	Indication	SY ICB Traffic Light Status
NICE TA1085- Vanzacaftor-tezacaftor-deutivacaftor	Treatment of cystic fibrosis with 1 or more F508del mutations in the CFTR gene in people 6 years and over	RED
NICE TA1087- Betula verrucosa	Treatment of moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen.	RED
NICE TA1086- Ribociclib with an aromatase inhibitor	Adjuvant treatment of hormone receptor-positive HER2-negative early breast cancer at high risk of recurrence.	RED
NICE TA1090- Durvalumab with tremelimumab	Untreated advanced or unresectable hepatocellular carcinoma	RED



IMOC approved guidelines (Oct 25)

- Atogepant and Rimegepant Migraine prevention treatment
 - Current TLS RED
 - To change to Amber G when education and training has been provided by the specialist to primary care.
- SY Gluten Free guidance
 - Minor update to include gluten ataxia
- Electronic Sending of Shared Care “Proforma’s”
 - Successful pilot carried out at Doncaster
 - Uses Accurx platform to send electronic email to GP practices AccuMail
 - GP practice replies back using the same system
 - Updated Proposal form on the MO website



Medicines Supply Notifications - Levemir

There is a current Medicines Supply Notification for Levemir Insulin Detemir [MSN/2025 036U](#)

- ❖ Levemir® FlexPen® 100units/ml solution for injection 3ml pre-filled pens and Levemir® Penfill® 100units/ml solution for injection 3ml cartridges are being discontinued; stock is anticipated to be exhausted by the **end of 2026**.
- ❖ Clinical guidance has been produced by clinical experts from ABCD and PCDO society.
- ❖ All ICBs should commence the planning process as soon as possible and aim to have all switches completed by **September 2026**.

We have liaised with our Adult Diabetes Team at Sheffield Teaching Hospitals who have provided the following advice:

- ❖ All patients with Type 1 Diabetes *should* be under secondary care. Any patients who aren't should be referred in via e-referral. All patients on Levemir will be reviewed at their next annual review and changed to a suitable alternative.
- ❖ All patients with Type 2 Diabetes on Levemir. Practices are asked to refer their patients in via e-referral on their next annual review. Patients will be seen in secondary care and changed to a suitable alternative.

We have liaised with our Children Diabetes Team at Sheffield Children's Hospitals who have provided the following advice:

- ❖ All patients will be reviewed in due course
- ❖ Patients will be changed over to Tresiba, some patients have already been changed across where their GP has already contacted them.
- ❖ SCH will be sending out a newsletter to families explaining the change. For the vast majority of the patients, they only have long-acting insulin in the fridge should their pump break.



Review prescribing in your practice and action as outlined above



Denosumab – Biosimilar Update

- Prolia® (Amgen) is the denosumab 60 mg reference product as mentioned in the [South Yorkshire Shared Care Protocol for Denosumab](#)
- From November 2025, denosumab 60 mg biosimilars will be available – all in a pre-filled syringe
- [Biosimilars](#) offer the same clinical effectiveness and safety as their reference products, but usually at substantially lower cost
- [Stoboclo®](#) is the regionally assigned brand and corresponding messages will be added to Optimise Rx
- There will be a significant cost saving with Stoboclo® compared with reference product, via a primary care rebate (£££££)
- SPS have provided some resources which can be found [here](#)
- Notably: [Denosumab 60mg Biosimilar Patient Information Sheet](#)

Actions:

- Search for patients on Prolia® / denosumab 60 mg.
- Review when next injection due for patients.
- Change patient over to [Stoboclo®](#)/ document consent /ensure patient is up-to date with product prescribed / please ensure prescribed by brand
- Look out for further educational updates around the injection being given in a timely manner i.e. every 6 months and the importance of checking calcium levels prior to administration



Review prescribing in your practice as per above advice



Azathioprine and Mercaptopurine Shared Care Protocol - Minor Update

- Added reference under Pregnancy section relating to May 2025 MHRA [Drug safety alert](#):

“Intrahepatic cholestasis of pregnancy (ICP) has been rarely reported in patients treated with azathioprine. Cholestasis of pregnancy associated with thiopurines tends to occur earlier in pregnancy than non-drug-induced cholestasis of pregnancy, and elevated bile acid levels may not reduce with ursodeoxycholic acid.

In pregnant women with significant itchiness without a rash, nausea or loss of appetite, the GP should contact the specialist they are under. The specialist may contact Obstetrics and Gynaecology (O&G) to discuss management.”

- In addition, added the latest BSR guidance on DMARDs in pregnancy and breastfeeding to the References section.



Ensure primary care team members involved with DMARDs are aware of this



Chronic Kidney Disease Management and Kidney Failure Risk Equation (KFRE) reporting

- **KFRE** (an estimate for a patient's risk of progressing to end-stage kidney disease (requiring dialysis or transplant) within 2 or 5 years) [reports](#) were changed in April'25 from serum to urine with the intention of providing KFRE on all GP urine albumin creatinine ratio requests, where appropriate (only reported if the eGFR, based on a serum sample received within the last 30 days, was $< 60 \text{ ml/min/1.73m}^2$).
- A number of issues have affected KFRE reporting since 23rd April'25, so the calculation has been reverted to the serum component of the CKD monitoring profile. Until these issues are resolved, please **request KFRE manually under “CKD Monitoring” in ICE**, as it will not be added automatically
- All affected patients have had their reports amended to state that the risk could not be calculated and the reports have been re-issued. If a KFRE score is required in any of these patients, please send a paired urine and serum sample. Please feel free to contact the Duty Biochemist via STH switchboard **0114 243 4343** if you have any questions or concerns.
- The [Sheffield Chronic Kidney Disease Management Guideline](#) is pending update to reflect this.
- We are in discussion with the Sheffield laboratories and will provide an update once further information is available.



If you require KFRE for your patient, please request it using “CKD Monitoring” in ICE.



Rybelsus® (oral semaglutide): new formulation

Novo Nordisk is replacing the initial formulation (3 mg, 7 mg, 14 mg tablets) of Rybelsus with the new formulation (1.5 mg, 4 mg, 9 mg tablets). The new formulation has increased bioavailability resulting in lower doses to attain the same drug exposure. See table below:

Initial formulation (one oval tablet)	Bioequivalent	New formulation (one round tablet)
3 mg (starting dose)	=	1.5 mg (starting dose)
7 mg (maintenance dose)	=	4 mg (maintenance dose)
14 mg (maintenance dose)	=	9 mg (maintenance dose)

Further information can be found at: [Rybelsus® \(oral semaglutide\): risk of medication error](#) and in the [Patient Transition Guide](#)

Action: familiarise yourself with this update
review prescribing in your practice





Medicines Safety Alerts

Patients should be reminded and reassured that there is no evidence that taking paracetamol during pregnancy causes autism in children.

- Paracetamol is recommended as the first choice pain reliever for pregnant women, used at the lowest dose and for the shortest duration. It also acts as an antipyretic and is therefore used to treat fever.

#MedSafetyWeek (3-9 November 2025): A call to action to improve patient safety

- The annual #MedSafetyWeek campaign takes place from 3 to 9 November 2025. This year's campaign theme is 'we can all help make medicines safer.'
- Follow MHRA social media channels and share campaign content using hashtags #MHRAYellowCard, #MedSafetyWeek, #ReportSideEffects, and #patientsafety to increase the awareness of reporting.
- Use campaign materials and other resources available on the Yellow Card website to raise awareness locally, including a digital poster for screens and for patient waiting areas.
- Have conversations with colleagues and report problems with healthcare products to the Yellow Card scheme or via the Yellow Card app.
- Inform patients about potential risks of healthcare products and what to do if they experience any side effects; this includes encouraging them to self-report using the Yellow Card scheme and the importance of reporting to improve patient safety.



Medicines Safety Alerts

Class 4 Medicines Defect Notification: Relonchem Ltd, Various Products

- Relonchem Ltd has informed the MHRA that duplicate GTIN numbers have been assigned to certain Losartan potassium/Hydrochlorothiazide coated tablets in error and a duplicate EAN number has been assigned to certain Risperidone tablets in error.
- The product quality is not impacted by this issue; therefore, the affected batches are not being recalled. Healthcare professionals are advised to use caution and consider extra safeguards for these batches in robotic or automated dispensing system or stocking systems and should carry out manual dispensing and stocking, as appropriate.

Class 3 Medicines Recall: Accord Healthcare Ltd, Ipratropium Bromide 500 microgram / 2ml Nebuliser Solution

- Accord Healthcare Ltd is recalling a batch of Ipratropium Bromide 500 microgram/2ml Nebuliser Solution after a foil pouch was found to contain ampoules with incorrect labels intended for the Korean market.
- The incorrectly labelled ampoules are the same product and contain the same active ingredient but have Korean language labels and different batch details.
- Community pharmacies and dispensing GP practices to stop supplying immediately, quarantine and return stock via suppliers' process. Inform patients no safety risk - medication is correct.
- Open prescribing shows 1 item prescribed in Sheffield place in August 2025; 27 items in the last 12m (Sept 24 - Aug 25).



Education and Training



Consultant Pharmacist Reema Mehta
'Sepsis' Thurs 11th December, 1pm-
2pm

All registered subscribers can [sign up here](#)

Sheffield ICB already subscribes to PrescQIPP, which means you can access a vast range of evidence-based, quality assured resources absolutely free.

[Sign up to PrescQIPP today](#)

[Flyer for practice/PCN pharmacists and pharmacy technicians](#)





Education and Training

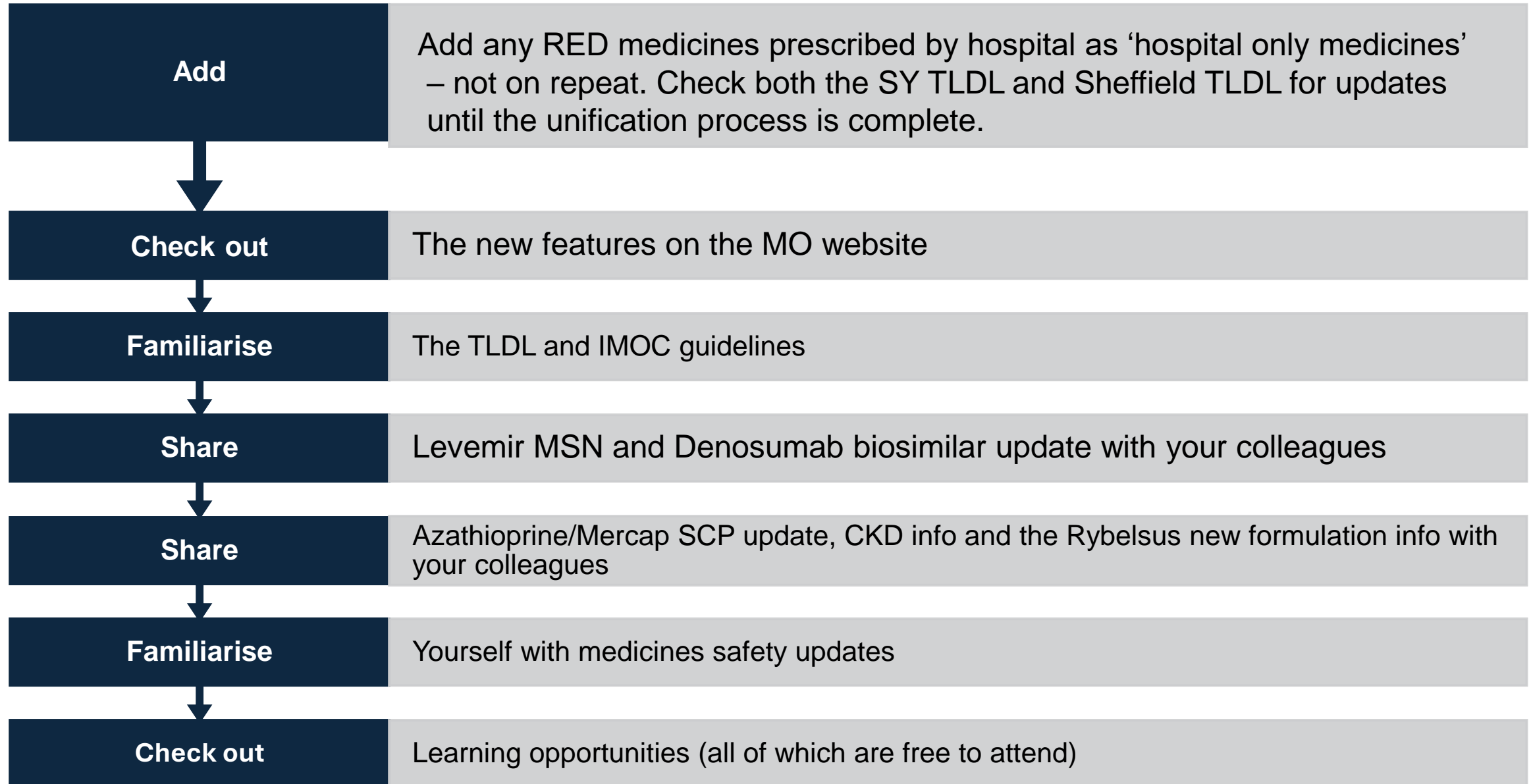


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at each episode about
current medical issues
and clinical dilemmas.



Summary of Key Actions





Next APG– Learning Lunch

Thursday 4th December [click here to join the meeting](#)

Feedback welcome.
Feedback forms can be found [here](#)



APG– Learning Lunch 2025/26 dates

Thursday 4th December [click here to join the meeting](#)

No January meeting

Thursday 5th February [click here to join the meeting now](#)

Thursday 5th March [click here to join the meeting now](#)



If there are any issues you would like to raise or report to Sheffield Area Prescribing Group, please send these direct to the APG mailbox: syicb-sheffield.areaprescribinggroupsheffield@nhs.net