



**Minutes of the Meeting of the Sheffield Area Prescribing Group  
 15<sup>th</sup> January 2026 via MS Teams**

Attendee present:	Time of attendance: (if not for full meeting)	Attendee name & initials:	Attendee title, organisation, and role (where applicable)
Yes		Dr Andrew McGinty - AMc	GP, NHS SY ICB, and <b>joint Chair of APG</b>
No		Dr Zak McMurray - ZM	Medical Director NHS SY ICB and <b>joint Chair of APG</b>
Yes	Joined from 14:26	Heidi Taylor - HT	Programme Director for Medicines Optimisation (Clinical Effectiveness, Quality and Safety) NHS SY ICB
Yes		Hilde Storkes - HS	Lead Pharmacist (Formulary), MO Strategy & Delivery (Sheffield) NHS SY ICB
No		Abiola Allinson - AA	Chief Pharmacist. Sheffield Healthcare Partnership University NHS Trust (SHPU)
No		Dr Jonathan Mitchell - JM	Consultant representative. Sheffield Healthcare Partnership University NHS Trust (SHPU)
No		Joanne Wragg - JW	Chief Pharmacist, Sheffield Children's FT
Yes		Andrew Moore - AM	Pharmacoeconomics Pharmacist, STHFT. Deputising for STHFT Chief Pharmacist.
Yes		Dr Laura Smy - LS	GP, NHS South Yorkshire ICB and Representative of Local Medical Committee (LMC).
Yes		Dr Rhona Leadbetter - RL	GP, NHS South Yorkshire ICB
Yes		Dr Trish Edney - TE	Lay member. Healthwatch representative
Yes		Dr Craig Lawton - CL	GP, NHS South Yorkshire ICB
Yes		Mr Veeraraghavan Chidambaram-Nathan - VN	Consultant representative STHFT
No		Chris Bland - CB	Community Pharmacy South Yorkshire representative.
Yes		Shameila Afsar-Baig - SA	Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB
Yes		Claire Stanley - CS	Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB
Yes		Jenni Bussey - JB	Lead MO Pharmacy Technician (Clinical Effectiveness) NHS SY ICB & <b>APG Secretary</b>
Yes	14:01-14:22	Claire Thomas - CT	Pharmacist, MO Community Pharmacy/Integration NHS SY ICB
Yes	14:05-14:22	Jo Tsoneva - JT	MO Pharmacy Development Manager, NHS SY ICB (Pathways)

**Summary Points and Recommendations from January 2026**

<b>APG approvals (virtual by delegated authority)</b>	<ul style="list-style-type: none"> <li>• CKD guideline (KFRE reporting)</li> <li>• Continuing alcohol relapse prevention medication in primary care (provider details updated)</li> <li>• Sheffield guidance &amp; formulary chapter updated re: Proxor</li> </ul>
<b>IMOC approvals</b>	<ul style="list-style-type: none"> <li>• SY Biosimilar position statement</li> <li>• SY Melatonin Shared Care Protocol (SCP)</li> <li>• SY position statement on preference of SGLT2 inhibitors</li> <li>• <a href="#">Changes to NICE's cost-effectiveness thresholds confirmed   NICE</a></li> <li>• 7 day prescribing ICS statement</li> <li>• SY Denosumab SCP</li> <li>• Tirzepatide patient information leaflet (PIL)</li> <li>• Tirzepatide guideline and quick reference guide (QRG)</li> <li>• SY position statement on prescribing of gluten free foods</li> </ul>
<b>IMOC SY TLDL approvals</b>	<ul style="list-style-type: none"> <li>• Appendix 1 – December &amp; January updates</li> </ul>

		<b>ACTION</b>
<b>1.</b>	<b>Welcome, Apologies for Absence &amp; Quoracy</b>	
	Apologies from AA & JW were received in advance of the meeting. The chair declared the meeting to be quorate. Claire Thomas, Pharmacist, MO Community Pharmacy/Integration NHS SY ICB and Jo Tsoneva, MO Pharmacy Development Manager, NHS SY ICB (Pathways) attended part of the meeting to discuss Sheffield's minor ailments scheme as per section 4 of the agenda.	
<b>2.</b>	<b>Declarations of Interest</b>	
	No new declarations of interest were made; existing declarations were deemed as not relevant to the agenda for this meeting for core members.	
<b>3.</b>	<b>Draft minutes of the November 2025 APG meeting</b>	
	The draft minutes were approved as an accurate representation of the November meeting.	
<b>4.</b>	<b>Matters Arising from the November 2025 APG meeting</b>	
	<ul style="list-style-type: none"> <li>Face to face meeting of APG in March 2026 – the secretary asked that members who had expressed a need for accessible parking on-site at Eyre Street supply their car details via email in good time to allow adequate provision to be made. Other in-person attendees were informed of the proper procedure for car parking at the nearest multi-storey carpark including how to ensure free parking was activated via the token system in place. It was suggested that a member of the Sheffield MO team familiar with Eyre Street office be available in reception to greet APG members and assist their entry to the building.</li> <li>Proxor related Sheffield guidance updates – Deborah Leese has actioned the requested updates to the guidance and formulary documents (approved via virtual proposal) as per agreement at November's meeting. JB informed that these documents are now available on the MO website.</li> <li>Sheffield Minor Ailments Scheme (MAS) - Claire Thomas (CT) and Jo Tsoneva (JT) attended to discuss the MAS in Sheffield. APG had initially requested some data around the uptake of MAS in Sheffield to compare with the primary care prescribing data, however this data was not available today. The GP members of the group had previously suggested that their patients had difficulty accessing the scheme at community pharmacies in their local areas, therefore CT &amp; JT were asked to attend the discussion to clarify how it has been commissioned to operate and explore the issues around access for patients especially in areas of deprivation that GP members work in, affordability of over-the-counter medication costs to patients, scheme funding issues etc. CT explained that although the MAS was commissioned to safety net vulnerable patients it seems like community pharmacies were not supplying over the counter (OTC) products on MAS due to shortfall in reimbursement. There are clear inconsistencies in the provision of MAS in Sheffield. CT highlighted that Pharmacy First Service a national scheme launched by NHS England should be used as well, as this service is likely to be further developed in the future. As a result of this discussion, it was felt that it would be of benefit to have a conversation outside the APG meeting to review the current service and look at future operating options.</li> </ul>	<b>JB/SA/CS</b>
<b>5.</b>	<b>Papers on MO website</b>	
	<b>Sheffield:</b> <a href="#">Update to continuing alcohol relapse prevention medication in primary care</a> (provider details updated) <a href="#">Update to respiratory formulary re: Proxor</a>  <a href="#">Updated CKD guidance</a>  <b>South Yorkshire:</b> <a href="#">South Yorkshire Communication Opioid Strategy 2026 V01.pdf</a> – via opioid Safety Group.	

	<a href="#">South Yorkshire Position Statement Biosimilar Medicines .pdf</a> <a href="#">South Yorkshire Shared Care Melatonin Children and Young Peoples (CYP).pdf</a> <a href="#">South Yorkshire Position Statement preference of SGLT2 inhibitors .pdf</a>	
<b>6.</b>	<b>Virtual Proposals agreed under delegated authority</b>	
	<p>The update to continuing alcohol relapse prevention medication in primary care (provider details updated), Proxor Sheffield guidance &amp; formulary sign-off as agreed at Nov APG and CKD KFRE update sign-off as agreed at Nov APG were all successfully approved via delegated authority virtually via email outside the meeting and subsequently updated versions of these documents have been uploaded to the MO website.</p> <p>The alcohol guidance update was clarified to be only the front page which contains details of the service provider and the rest of the document, including the clinical guidance remains unchanged for the time-being and is under review. The fully updated clinical guidance will come back to APG at a later date for approval.</p>	
<b>7.</b>	<b>Medicines Safety Update</b>	
	<p><b>December safety report</b></p> <ul style="list-style-type: none"> <li> <b>Isotretinoin – updates to prescribing guidance and survey of services</b> - The Commission on Human Medicines (CHM) has endorsed changes to isotretinoin prescribing guidance. In addition, CHM is seeking further information from dermatology services who prescribe isotretinoin to inform any future changes to current risk minimisation measures.  <a href="https://www.gov.uk/drug-safety-update/isotretinoin-updates-to-prescribing-guidance-and-survey-of-services">https://www.gov.uk/drug-safety-update/isotretinoin-updates-to-prescribing-guidance-and-survey-of-services</a> </li> </ul> <p>To support safe prescribing and potential updates to risk minimisation measures, all NHS and private dermatology services prescribing isotretinoin for acne are required to complete a baseline survey by 16 November 2025. This will help inform future regulatory decisions and ensure continued patient access across all age groups.</p> <p>Red TLD status in SY. Open Prescribing shows 1 item in Oct 25 and 1 item in the last 12 months (Nov 24 - Oct 25) in Sheffield.</p> <p>No action for primary care, confirm with dermatology providers that they have made this return.</p> <p><b>Action:</b> Discussed at APG learning Lunch in December 2025 and details shared with practices via GP Bulletin.</p> <ul style="list-style-type: none"> <li> <b>Class 2 Medicines Recall: Baxter Healthcare Limited, Compound Sodium Lactate Solution for Infusion BP (Hartmann's Solution for infusion) in Viaflo 1000ml</b> - Baxter Healthcare is recalling one batch of Compound Sodium Lactate (Hartmann's Solution) 1000mL. This is due to a packaging error where some cartons labelled as Hartmann's Solution may contain Ringer's Solution 1000mL.  <a href="https://www.gov.uk/drug-device-alerts/class-2-medicines-recall-baxter-healthcare-limited-compound-sodium-lactate-solution-for-infusion-bp-hartmanns-solution-for-infusion-in-viaflo-1000ml-el-25-a-slash-46">https://www.gov.uk/drug-device-alerts/class-2-medicines-recall-baxter-healthcare-limited-compound-sodium-lactate-solution-for-infusion-bp-hartmanns-solution-for-infusion-in-viaflo-1000ml-el-25-a-slash-46</a> </li> </ul> <p>Healthcare professionals should immediately quarantine and return of the affected batch due to a packaging error where Ringer's Solution may have been incorrectly supplied. This action is limited to pharmacy and wholesaler level, so no direct patient-level intervention is needed.</p> <p>Open Prescribing shows zero prescribing in Sheffield in the last 12 months.</p> <p>No further action is needed in primary care.</p> <p><b>Action:</b> Discussed at APG Learning Lunch in December 2025 and details shared with practices via GP Bulletin.</p>	

- **Influenza season 2025/26: early season activity and implications for clinical practice** - UKHSA surveillance data indicates that influenza is circulating in the community earlier than usual this season with a drifted strain of Influenza A(H3N2) predominating.

<https://www.cas.mhra.gov.uk/ViewAndAcknowledgment/viewAlert.aspx?AlertID=103269>

Clinicians should continue to promote and deliver influenza vaccination for eligible patients and for healthcare workers. Clinicians are also reminded that early antiviral treatment reduces the risk of complications and improves clinical outcomes.

Ensure this has been communicated by appropriate bulletins to primary care.

**Action:** Discussed at APG Learning Lunch in December 2025 and details shared with practices via GP Bulletin.

- **Class 3 Medicines Recall: Zambon SpA, Emylif 50mg orodispersible film** - Zambon SpA is recalling an affected batch as a precautionary measure due to out of specification results for unknown impurities during ongoing stability testing.

<https://www.gov.uk/drug-device-alerts/class-3-medicines-recall-zambon-spa-emylif-50mg-orodispersible-film-el-25-a-slash-47>

Recall at pharmacy and wholesaler level as a precautionary measure - Stop supplying the specified batch immediately. Quarantine all stock from this batch and return it to suppliers. Other batches are not affected and may be supplied as per the printed expiry date.

No further action is required by patients.

Open prescribing shows 2 items prescribed in Sheffield in October 2025: 14 items in the last 12m.

**Action:** Will be discussed at APG Learning Lunch in February 2026 and details shared with practices via GP Bulletin.

- **Class 3 Medicines Recall: Sun Pharmaceutical Industries Limited, Atorvastatin 20mg and 80mg Film-coated Tablets** - Sun Pharma UK Limited are recalling the batches of tablets specified in the table as a precautionary measure due to failing dissolution test results reported during ongoing stability studies

[https://www.gov.uk/drug-device-alerts/class-3-medicines-recall-sun-pharmaceutical-industries-limited-atorvastatin-20mg-and-80mg-film-coated-tablets-el-25-a-slash-48?utm\\_medium=email&utm\\_campaign=govuk-notifications-topic&utm\\_source=99643300-1345-488a-afc4-eb384dcbc1d6&utm\\_content=immediately](https://www.gov.uk/drug-device-alerts/class-3-medicines-recall-sun-pharmaceutical-industries-limited-atorvastatin-20mg-and-80mg-film-coated-tablets-el-25-a-slash-48?utm_medium=email&utm_campaign=govuk-notifications-topic&utm_source=99643300-1345-488a-afc4-eb384dcbc1d6&utm_content=immediately)

The recall is being actioned at wholesaler level as a precautionary measure. Healthcare Professionals are to stop supplying the batches immediately. Quarantine all remaining stock and return it to suppliers. Patients should continue to take medicines as prescribed.

**Action:** Will be discussed at APG Learning Lunch in February 2026 and details shared with practices via GP Bulletin.

- **Harm from incorrect recording of a penicillin allergy as a penicillamine allergy** - Risk of harm from healthcare staff incorrectly recording patients' penicillin allergies as penicillamine allergies in electronic prescribing systems.

<https://www.cas.mhra.gov.uk/ViewAndAcknowledgment/viewAlert.aspx?AlertID=103271>

This error can result in patients with known penicillin allergies being prescribed penicillin-based antibiotics, increasing the risk of a potentially fatal anaphylactic reaction. Primary and secondary care organisations must form working groups to identify and review affected patients' records and act appropriately to correct any inaccuracies, implement additional safeguards in training and processes, and work with digital system suppliers to develop technical mitigations.

All actions must be completed within 12 months.

Dr Richard Cullen - SY ICB CCIO leading.

Clinical systems are compiling information on patients with a recorded penicillamine allergy across South Yorkshire so this can be looked at on a case-by-case basis - 154 recordings in South Yorkshire (43 recordings in Sheffield Place) of penicillamine allergy or adverse reaction.

**Action:** as per MO plan.

**Post meeting note (SA):** Clinical systems team have produced searches for both SystmOne and EMIS these will be shared with GP practices via the usual channels to review patients.

- **MHRA Class 3 Medicines Recall: Sun Pharmaceutical Industries Limited, Fingolimod SUN 0.5mg hard capsules** - Sun Pharma UK Limited is conducting a precautionary recall of a single batch of Fingolimod SUN 0.5 mg hard capsules due to reports of capsule breakage on removing from the blister. No other batches of Fingolimod SUN 0.5mg hard capsules are impacted.

<https://www.gov.uk/drug-device-alerts/class-3-medicines-recall-sun-pharmaceutical-industries-limited-fingolimod-sun-0-dot-5mg-hard-capsules-el-25-a-slash-49>

The recall is being actioned at the wholesaler and pharmacy levels. Healthcare professionals to stop supplying the above batch immediately. Quarantine all remaining stock and return it to your supplier using your supplier's approved process.

**Action:** No further action.

#### January safety report

- **Mesalazine and idiopathic intracranial hypertension** - Idiopathic intracranial hypertension (IIH) has been very rarely reported in patients treated with mesalazine. Following a recent review, warnings for IIH are being added to the product information for all mesalazine products.

<https://www.gov.uk/drug-safety-update/mesalazine-and-idiopathic-intracranial-hypertension>

For primary care, the key actions are:

- Warn patients on mesalazine to report symptoms of idiopathic intracranial hypertension (IIH), such as severe or recurrent headache, visual disturbances, or tinnitus.
- Remain vigilant for signs of IIH in patients taking mesalazine; if suspected, consider discontinuing mesalazine and refer urgently for multidisciplinary management (neurology/ophthalmology).

Open prescribing shows 1216 items prescribed in Sheffield in October 2025; 14,799 items in the last 12m (Nov 2024 - Oct 2025). Patient information leaflets and SPC have been updated.

Consider promoting details to primary care clinicians.

**Action:** Will be discussed at APG Learning Lunch in February 2026 and details shared with practices via GP Bulletin.

**Post meeting note:** SA has emailed SK to confirm if specialists are aware of the alert and Primary care will refer patients to them (neurology/ophthalmology) as per alert, including Gastroenterologists for alternative treatment. Specialists are aware and do not anticipate receiving many referrals as the side effect is rare.

- **Risk Associated with Adult Breathing Circuits Lacking a Patent Exhalation Route** - Risk of harm from incorrectly assembled breathing circuits lacking proper exhalation routes for patients receiving invasive or non-invasive ventilatory support.

<https://www.cas.mhra.gov.uk/ViewAndAcknowledgment/viewAlert.aspx?AlertID=103272>

Organisations caring for patients on invasive and non-invasive breathing circuits are required to develop local guidance and visual aids for circuit assembly, implement training on specific safety checks, and establish clear communication processes.

	<p>All actions must be completed within 6 months.</p> <p>For info, GP practices may have patients who use these breathing circuits.</p> <p><b>Action:</b> Will be discussed at APG Learning Lunch in February 2026 and details shared with practices via GP Bulletin.</p>	
<b>8.</b>	<b>Pharmacy and Prescribing Commissioning Group Feedback (PPGC)</b>	
	<p>Due to an unavoidable meeting clash for one of the core members, the planned meeting for early January 2026 did not go ahead, therefore AMc informed that there was nothing to report for the purposes of this meeting.</p>	
<b>9.</b>	<b>APG annual outputs spreadsheets (for information only)</b>	
	<p>The secretary produced spreadsheets for both 2024 and 2025 using the previous meeting minutes as a guide to topline summarise the work/outputs from the APG meeting in those years as this was something that the previous secretary had produced as a report for the ICB Executive Board.</p> <p>At the meeting, it was clarified that as a group, since 2023, we no longer report to the ICB Executive Board in the same way, so these spreadsheet summaries are just for information to the members of APG internally.</p> <p>HS commented on the accuracy of a few points and suggested a minor amendment to the spreadsheet to more accurately reflect the work done. She considered it would be helpful to differentiate what was a full review of a document and what was a minor amendment (update), as was indicated in some places. For formulary chapters, such as chapter 6 where there are different clinical leads for different sections, she suggested the section reviewed/updated was specified for completeness.</p> <p>The secretary's hard work on these summaries was acknowledged by LS on behalf of the group.</p> <p><b>Post-meeting note:</b> HS kindly amended the spreadsheet to highlight whether the document was an update/review/new etc to ensure accuracy of the annual outputs. The secretary's hard work was acknowledged again by both HS and SA.</p>	
<b>10.</b>	<b>Integrated Medicines Optimisation Committee (IMOC)</b>	
	<p><b>December IMOC</b></p> <p>The following papers were approved at December 2025 IMOC meeting and subsequently distributed to APG members ahead of today's meeting for information and place impact:</p> <ul style="list-style-type: none"> <li>• SY Biosimilar position statement</li> <li>• SY Melatonin Shared Care Protocol (SCP)</li> <li>• SY position statement on preference of SGLT2 inhibitors</li> <li>• <a href="#">Changes to NICE's cost-effectiveness thresholds confirmed   NICE</a></li> <li>• Horizon scanning (see appendix 1 for more information)</li> <li>• SY TLDL updates (see appendix 1 for more information)</li> <li>• NICE guidance TA document (see appendix 1 for more information)</li> </ul> <p><b>January IMOC</b></p> <p>The following papers were approved at January 2026 IMOC meeting and subsequently distributed to APG members ahead of today's meeting for information and place impact:</p> <ul style="list-style-type: none"> <li>• 7 day prescribing ICS statement</li> <li>• SY Denosumab SCP</li> <li>• Tirzepatide patient information leaflet (PIL)</li> <li>• Tirzepatide guideline and quick reference guide (QRG)</li> </ul>	

	<ul style="list-style-type: none"> <li>• Horizon scanning (see appendix 1 for more information)</li> <li>• SY TLDL updates (see appendix 1 for more information)</li> <li>• NICE guidance TA document (see appendix 1 for more information)</li> </ul> <p>With regard to the SY tirzepatide documents, several typos have been spotted by APG members, HS will feed these back to the author (HT noted that some of these had already been picked up at IMOC, so may already be resolved). Regarding the SY denosumab SCP amendment, HS also informed that the preferred biosimilar Stoboclo® now has a dm+d number and therefore will shortly be added to the practice clinical systems to facilitate prescribing (likely to be on the next routine software update for the clinical system). The SCP will then become 'actionable' at that point for primary care prescribing.</p> <p>The SY position statement on prescribing of gluten free foods was inadvertently missed off the January list and therefore the relevant document was also not circulated to APG members ahead of the meeting.</p> <p><b>Action:</b> SY position statement on prescribing of gluten free foods to be circulated to APG members for information.</p>	<p><b>HS</b></p> <p><b>SA</b></p>
<b>11.</b>	<b>NICE Guidance</b>	
	<p><b>December TA document:</b></p> <p>The main point to bring to the group's attention as most relevant to primary care was TA1107 <a href="#">Delgocitinib for treating moderate to severe chronic hand eczema</a></p> <p><u><a href="#">Recommendations:</a></u></p> <p>1.1 Delgocitinib can be used, within its marketing authorisation, as an option to treat moderate to severe chronic hand eczema in adults when topical corticosteroids have not worked or are not suitable. Delgocitinib can only be used if the company provides it according to the <a href="#">commercial arrangement</a>.</p> <p>1.2 Delgocitinib should be started and monitored by a healthcare professional with experience in diagnosing and treating chronic hand eczema in secondary care.</p> <p>1.3 Consider how skin colour could affect the assessment of severity and make any adjustments needed.</p> <p>The Sheffield Consultant suggests that the annual usage number is likely to be around 15 patients. The traffic light status changed to red as the TA states only available in secondary care.</p> <p><b>January TA document:</b></p> <p>There is nothing of note for primary care in this report, all listed are NHSE commissioned and have a red traffic light drug status.</p>	
<b>12.</b>	<b>APG Mailbox.</b>	
	Nothing for this meeting	
<b>13.</b>	<b>Reports from Neighbouring Committees</b>	
	<p>RL noted that the 1-page summaries produced by Rotherham and Doncaster were very appealing. It was also noted that Rotherham had included details of a reduction in gluten-free prescribing and enquired if this was something that was going to be rolled out across all 4 places. Details about the SY gluten free prescribing position statement had been</p>	

	<p>accidentally omitted from the IMOC update (section 10) and therefore at this point in the meeting HT outlined the position statement and how it had come to fruition from the SY ICB Executive Board decision regarding funding of gluten free foods on prescription locally in relation to the current financial position of NHS SY ICB including stewardship of the prescribing budget.</p> <p>A discussion around the implications for this stance on the ground in primary care took place and it was concluded to see what feedback comes from the patient's affected. HT informed that the traffic light status for gluten free foods has been changed from green to grey in line with the new SY position statement unless exceptional circumstances are met. The action from this discussion was the need to share details of the position statement with the APG members.</p>	SA/JB
<b>14.</b>	<b>Never Events and Patient Safety Incidents.</b>	
	Nothing reported	
<b>15.</b>	<b>Any Other Business</b>	
	<p>The chair wanted to formally recognise the recent retirement of Gary Barnfield from the MO team and expressed how much he was a valued member of APG in the past alongside championing all things prescribing for Sheffield place. This was echoed by all in attendance. Gary will be missed by all the members of APG and was wished all the best for his retirement in his absence, HT will pass these sentiments on to him as she is seeing him in person shortly.</p> <p>Both HT &amp; AMc wanted to inform the group of the most recent developments in the organisational change within NHS SY ICB especially pertaining to the future structure and altered remit of the Medicines Optimisation (MO) team. HT shared as much information as she had available to help the group to begin to see the proposed landscape from April 2026 onwards and the potential impact for place and place-based meetings such as APG. There will be a meeting for all the four place meetings chairs along with IMOC key members to look at how places will implement prescribing, formularies, traffic light lists etc. in the future. More information will be shared with the group at the next APG meeting, if available, as fits with the timescales for the organisational change consultation process continues.</p> <p>LS wanted to express her heart-felt sympathies with MO team members present at the meeting, which was echoed by the rest of the members and greatly appreciated by MO team present. It was acknowledged that it is a difficult time, and more information will be shared as it becomes available.</p>	
<b>16.</b>	<b>Date of the next meeting:</b>	
	1:30-3:00pm Thursday 19 <sup>th</sup> February 2026. Virtual meeting via MS Teams.	

Appendix 1 – December 2025 SY TLDL updates.

Drug/Product Traffic Light Status	Brand name	Rationale / criteria	Indication	Review date	Comments	Agenda Item
Melatonin			For the treatment of sleep disorders in children and young people up to 18 years (off-label use)	Dec-28		IMOC application
Adrenaline (new nasal spray formulation)	EURneffy®	7	Emergency treatment of severe allergic reactions (anaphylaxis) due to insect stings or bites, foods, medicinal products, and other allergens as well as idiopathic or exercise-induced anaphylaxis, for adults and children with a <b>body weight ≥30kg</b>		Adrenaline ( <b>nasal spray formulation</b> ) cross reference to the adrenaline green entry on the SYTLDL	Horizon Scanning
Pirtobrutinib (new medicine)	Jaypirca®	6	Use as monotherapy for the treatment of adults with relapsed or refractory mantle cell lymphoma who have been previously treated with a Bruton's tyrosine kinase (BTK) inhibitor, and use as monotherapy for the treatment of adults with relapsed or refractory chronic lymphocytic leukaemia who have been previously treated with a BTK inhibitor		-	Horizon Scanning
Serplulimab (new medicine)	Hetronify®	6	Use in combination with carboplatin and etoposide for the first-line treatment of adults with extensive-stage small cell lung cancer		-	Horizon Scanning
Teprotumumab (new medicine)	Tepezza®	6	Use in adults for the treatment of moderate to severe thyroid eye disease		-	Horizon Scanning
Tofersen (new medicine)	Qalsody®	6	Treatment of adults with amyotrophic lateral sclerosis associated with a mutation in the superoxide dismutase 1 gene			Horizon Scanning
Zuranolone (new medicine)	Zurzuvae®	6	Treatment of moderate or severe postnatal depression in adults following childbirth		-	Horizon Scanning
Seladelpar (new medicine)	Livdelzi®	6	Treatment of primary biliary cholangitis, including pruritus, in adults in combination with ursodeoxycholic acid (UDCA) who have an inadequate response to UDCA alone, or as monotherapy in those unable to tolerate UDCA		-	Horizon Scanning

Vorasidenib (new medicine)	Voranigo®	1,6	Treatment of Grade 2 astrocytoma or oligodendroglioma with a susceptible isocitrate dehydrogenase-1 mutation or isocitrate dehydrogenase-2 mutation in adults and paediatric patients aged ≥12 years, who are not in need of immediate chemotherapy or radiotherapy following surgical intervention	-	Horizon Scanning
Garadacimab (new medicine)	Andembry®	1,6	Routine prevention of recurrent attacks of hereditary angioedema in adults and adolescents aged ≥12 years	-	Horizon Scanning
Omaveloxolone (new medicine)	Skyclarys®	7	Treatment of Friedreich's ataxia in adults and adolescents aged ≥16 years	already traffic lighted	Horizon Scanning
Pitolisant		1	Narcolepsy. See also Grey for other indications	-	Sub group TLDL
Pitolisant		2	Excessive daytime sleepiness caused by obstructive sleep apnoea. See also Red for other indications	<a href="#">Pitolisant NICE information</a>	Sub group TLDL
Sevelamer		1	All licensed indications		Sub group TLDL
Vincristine		1	All licensed indications	-	Sub group TLDL
Vindesine		1	All licensed indications	-	Sub group TLDL
Vinorelbine		1	All licensed indications		Sub group TLDL
Volanesorsen		1,6	In line with NICE recommendations	<a href="#">Volanesorsen NICE information</a>	Sub group TLDL
vonicog alfa			von willebrand disease	-	Sub group TLDL
Voretigene neparovec		1,6	In line with positive NICE TA recommendations	<a href="#">Voretigene neparovec NICE information</a>	Sub group TLDL
Voriconazole		1,6	All licensed indications		Sub group TLDL
Zidovudine (in combination with other retroviral drugs)		1,6	HIV	-	Sub group TLDL
Zoledronic acid		1	All licensed indications	-	Sub group TLDL
Clozapine				-	Sub group TLDL
Cangrelor tetrasodium		2	Reducing atherothrombotic events in people undergoing percutaneous coronary intervention or awaiting surgery requiring interruption of anti-platelet therapy	<a href="#">NICE TA351</a>	Sub group TLDL
Iptacopan		1,6	Treating complement 3 glomerulopathy will traffic light as red - for positive NICE TA's	<a href="#">NICE TA1102</a>	NICE Guidance
Delgocitinib		1,6	Treating moderate to severe chronic hand eczema	<a href="#">NICE TA1107</a>	NICE Guidance

Cabotegravir (Already traffic lighted Red)		1,6	Preventing HIV-1 in adults and young people (Already traffic lighted Red)		<a href="#">NICE TA 1106</a>	NICE Guidance
Cemiplimab		2	with platinum-based chemotherapy for untreated advanced non-small-cell lung cancer		<a href="#">NICE TA1108</a>	NICE Guidance
Cemiplimab		1,6	Cemiplimab for treating advanced cutaneous squamous cell carcinoma		<a href="#">TA802</a>	NICE Guidance
Darolutamide Already traffic lighted		1,6	with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer		<a href="#">NICE TA1109</a>	NICE Guidance
Abiraterone (originator and generics)		1,6	for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer		<a href="#">NICE TA 1110</a>	NICE Guidance
Nintedanib		6	Treating fibrosing interstitial lung disease in people 6 to 17 years		<a href="#">NICE TA1111</a>	NICE Guidance
Nintedanib		1,6	For positive NICE TA's		<a href="#">Nintedanib NICE Information</a>	NICE Guidance
Trastuzumab deruxtecan		6	Treating hormone receptor-positive HER2-low metastatic breast cancer after 2 or more endocrine treatments		<a href="#">NICE TA1112</a>	NICE Guidance

### January 2026 SY TLDL updates.

Drug/Product Traffic Light Status	Brand name	Rationale / criteria	Indication	Comments	Agenda Item
Apomorphine ( <i>new sublingual film formulation</i> ) Amber TLS	Kynmobi®	1,3	Intermittent treatment of "OFF" episodes in adults with Parkinson's disease which are not sufficiently controlled by oral anti-Parkinson medication	<i>Apomorphine is already classified Amber (chemical substance level) IMOC Nov 21 with a link to SY SCP for the treatment of Parkinson's Disease</i>	Horizon Scanning
Futibatinib ( <i>new medicine</i> )	Lytgobi®	1,6	Treatment of adults with locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 fusion or rearrangement that have progressed after at least one prior line of systemic therapy	<i>Already classified Red (chemical substance level) IMOC October 24. Add link to NICE TA to SY TLDL.</i>	Horizon Scanning
Thiamine ( <i>new higher strength Brancaster Pharma formulation</i> )	Generic	1	Prevention and treatment of vitamin B1 deficiencies like beriberi, deficiency related to chronic alcoholism and Wernicke-Korsakoff syndrome	<i>Thiamine HCL injection already classified Red IMOC January 25</i>	Horizon Scanning

Leuprorelin (new 6-month prolonged-release suspension for injection formulation)	Camcevi®		Metastatic prostate cancer, locally advanced prostate cancer, as an alternative to surgical castration, as an adjuvant treatment to radiotherapy in patients with high-risk localised or locally advanced prostate cancer, as an adjuvant treatment to radical prostatectomy in patients with locally advanced prostate cancer at high risk of disease progression, and as neo-adjuvant treatment prior to radiotherapy in patients with high-risk localised or locally advanced prostate cancer	<i>To be considered by IMOC subgroup as part of the amber drug list review.</i>	Horizon Scanning
Ondansetron				-	IMOC Sub group TLDL
Cangrelor tetrasodium		7	Reducing atherothrombotic events in people undergoing percutaneous coronary intervention or awaiting surgery requiring interruption of anti-platelet therapy	previously traffic lighted grey 2 changed rational	IMOC Sub group TLDL
Gluten Free products				previously traffic lighted Amber	IMOC application
Denosumab 60 mg amber SCP	Stoboclo®		Indications as outlined in the Shared Care Protocol. Please note 120mg strength (XGEVA) is RED	The updated SCP will replace the current SY SCP . But Stoboclo is not available on the clinical systems and DM&D will plan to switch over when made available . Secondary care has been informed	IMOC application
Glofitamab with gemcitabine and oxaliplatin		1,6	for treating relapsed or refractory diffuse large B-cell lymphoma	already traffic lighted as Red	<u>NICE TA 113</u>
Talquetamab		1,6	for treating relapsed and refractory multiple myeloma after 3 or more treatments	Change traffic light status from Grey to Red	<u>NICE TA 114</u>
Vutrisiran		1,6	for treating transthyretin amyloidosis with cardiomyopathy	already traffic lighted as Red	<u>NICE TA 115</u>
Obecabtagene autoleucel		1,6	for treating relapsed or refractory B-cell precursor acute lymphoblastic leukaemia		<u>NICE TA 116</u>