



Minutes of the Meeting of the Sheffield Area Prescribing Group 19th June 2025 via MS Teams

Attendee present:	Time of attendance: (if not for full meeting)	Attendee name & initials:	Attendee title, organisation, and role (where applicable)
No		Dr Andrew McGinty - AMc	GP, NHS SY ICB, and joint Chair of APG
No		Dr Zak McMurray - ZM	Medical Director NHS SY ICB and joint Chair of APG
Yes	Arr 13:42	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
Yes		Emily Parsons - EP	Medicines Safety Officer NHS SY ICB
Yes	Arr 13:46	Abiola Allinson - AA	Chief Pharmacist. Sheffield Health & Social Care FT
No		Dr Jonathan Mitchell - JM	Consultant representative. Sheffield Health & Social Care FT
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).
No		Dr Rhona Leadbetter - RL	GP, NHS South Yorkshire ICB
No		Dr Trish Edney - TE	Lay member. Healthwatch representative
Yes		Dr Craig Lawton - CL	GP, NHS South Yorkshire ICB
No		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		Jenni Bussey - JB	Lead MO Pharmacy Technician (Clinical Effectiveness) NHS SY ICB & APG Secretary
Yes		Claire Stanley - CS	Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB

Summary Points and Recommendations from June

2025

IMOC approvals	<ul style="list-style-type: none"> Metolazone Amber G Guidance
IMOC TLDL approvals	<ul style="list-style-type: none"> Appendix 1



		ACTION
1.	Welcome, Apologies for Absence & Quoracy	
	<p>Apologies were received for: AMc, VCN, CB, TE, RL, JW & JM (please see table on p1 for initials information).</p> <p>SA kindly chaired the meeting in Dr McGinty's (AMc) absence.</p> <p>Due to the above absences, the meeting was declared non-quorate, but as there were no decision-making requests of the group for this meeting, it was deemed appropriate to proceed.</p>	
2.	Declarations of Interest	
	No new declarations were made for this meeting.	
3.	Draft minutes of the May APG meeting	
	The minutes were accepted as a true record of the meeting.	
4.	Matters Arising from the May APG meeting	
	<ul style="list-style-type: none"> Action - to check PPGC future dates post Apr-25. HT reported that there were future meetings diarised for the rest of the year so this matter could be closed. Action - member initials to be added to the minutes template for all future meetings. JB reported that member initials had been added to the template & will therefore be on all future minutes produced for APG. Action - annotate attendees presenting papers on minutes. JB has amended the minutes template to ensure this distinction between regular/core APG members & those attending to present papers/observe meetings would be clearer for future meetings. Query re: children inclusion in tirzepatide paper – HT confirmed that all the documents are solely focussed on adults and do not have an impact on existing arrangements for treatment of children. <p>Patient-facing resources for lack of tier 3 weight services. HT informed that there are two Q&A documents produced. One to support clinicians and give them a greater understanding of the timelines and what the complexities are and why we are not going to be compliant with the NICE TA- by being ready to prescribe from 23rd June 2025. The other Q&A for patients, GPs can use this to refer patients to. HT would need to check that the question around commissioning of tier 3 weight services was adequately covered in the patient document.</p> <ul style="list-style-type: none"> Private providers impact on primary care workload. BMA guidance has now been released regarding managing the impact of private providers prescribing & monitoring requests for primary care. The medico-legal issues around information sharing/updating medical records for patients to allow a full picture of possible interactions in medications prescribed by private providers & possible impact on future prescribing for that patient in primary care was discussed. Long-term conditions management implications from weight-loss drugs resulting in pregnancy due to reversal of amenorrhea should be taken into consideration.* EP shared the following statement with the group regarding medicines safety issues: This is the statement in the BMA guidance: 	<p>HT</p> <p>HT</p>

	<p><i>Separate from requests for information, if a patient has already been started on a GLP-1 analogue by a private provider, and there are existing drug interactions or contraindications, it is a GMC obligation to act upon this, in the interests of patient safety.</i></p> <p>*Post meeting note- a separate PIL produced by the Faculty of Sexual reproductive healthcare is available for info here.</p> <ul style="list-style-type: none"> • ORx message for haloperidol – CS provided confirmation that the expanded message to individually assess all patients on haloperidol is now live on ORx. • 7-day prescriptions discussion with David Warwicker – HT reported that there is a document being worked up currently for use across SY. • Vit B12 note on STH website re: guidance in development. This action is to be carried forward as PRESSPortal was down & not able to be updated when HT enquired. There was a request from LS to put the old guidance document back on PRESSPortal as an interim measure, this is not something MOT has control over as it is an STH document so HT will make request on behalf of APG. • ORx message for Insulatard – EP has included an update on this on her safety report (see section 7 for more information). • Prices for higher strength creon caps (pangrol) – EP has included an update on this on her safety report (see section 7 for more information). • Vitamin B12 STH guidance – HT reported that the guidance is still in development with input from MOT on the prescribing information sections, this paper will hopefully be coming to July's APG meeting along with its author Dr Hannah Delaney (Consultant Chemical Pathologist). JB to add to forward planner. 	JB
5.	Papers on Sheffield intranet/IMOC webpages	
	<ul style="list-style-type: none"> • Vitamin D guidance & supporting documents (own separate section on IMOC website – JB informed that the Vitamin D guidance has been added to IMOC website in its own section as there are quite a number of supporting documents that have also been produced. • Interim Position Statement for Tirzepatide for managing weight and obesity on IMOC website – JB informed that a slightly amended version of the position statement is now live on the IMOC website for use. <p>HT & JB reminded the group that the Sheffield place intranet was still an archive site with no updates possible.</p>	
6.	Virtual Proposals agreed under delegated authority	
	No new items have been submitted for approval outside the meeting.	
7.	Medicines Safety Update	
	<ul style="list-style-type: none"> • Shortage of Pancreatic enzyme replacement therapy (PERT) – Additional actions This alert contains actions which are in addition to those outlined in the National Patient Safety Alert (NatPSA/2024/007/DHSC) issued on 24 the May 2024. 	

	<p>Supplies of PERT remain limited. There are additional actions for primary care and ICBs to carry out by 31st January 2025. These actions must remain in place only until supply issues have resolved (anticipated re-supply date for Creon is 2 January 2026)</p> <p>https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103260</p> <p>UPDATE June 2025 - Guidance on prescribing and ordering Pangrol, including information for patients, is now available on the SYICB and CPSY websites. Sheffield patients are still able to obtain Creon via Wicker Pharmacy (after trying all other options to get licensed UK product, before obtaining unlicensed Pangrol).</p> <p>Actions: This has been promoted to community pharmacists via the CPSY email bulletin. Information will be submitted to the Sheffield GP bulletin.</p> <p>Request for price of Pangrol 25,000 vs Creon 10,000 (from matters arising) because high pill burden if 10,000 preparation is prescribed for patients taking large doses.</p> <p>Creon 10,000 Capsules (1 x 100) - £12.93 [1 capsule = £0.13] (From wholesaler, June 2025)</p> <p>Pangrol (from OPS, April 2025):</p> <p>Pangrol 10,000 Capsules (1 x 200) - £192.50 (VAT & Delivery charge included) [1 capsule = £0.96]</p> <p>Pangrol 25,000 Capsules (1 x 200) - £212.50 (VAT & Delivery charge included) [1 capsule = £1.06]</p> <p>However, the NatPSA states 'Supply of Creon 10,000 capsules should be reserved for patients unable to take Creon 25,000 capsules only.' Therefore, it may be more appropriate to prescribe Pangrol 25,000 for patients unable to obtain Creon 25,000.</p> <ul style="list-style-type: none"> <p>DISCONTINUATION OF: NovoRapid® FlexTouch® pre-filled pen (insulin aspart) and Insulatard® Penfill® cartridge (isophane insulin human). It is expected that there will be a supply of NovoRapid® FlexTouch® until the end of March 2025 and Insulatard® Penfill® until the end of June 2025. The decision to discontinuation is not a consequence of any safety or quality related issues. To ensure stable product supply, Novo Nordisk are consolidating their product portfolio.</p> <p>https://assets.publishing.service.gov.uk/media/67e15a474fed20c7f559f4d7/10_novorapid.pdf</p> <p>APG requested a local addition to the (Optimise Rx) ORx alert for Insulatard (from matters arising).</p> <p>UPDATE June 2025 - Local text added to ORx 'Consider the appropriateness of switching to Humulin I cartridges, in line with local DSN advice and the greener agenda. See link to Sheffield Formulary for prescribing details.' Link to 'Chapter 6 - Endocrine' added.</p> <p>Kaftrio ▼ (Ivacaftor, tezacaftor, elexacaftor): risk of psychological side effects</p> <p>There is a small increase in the risk of psychological side effects in people with cystic fibrosis treated with Kaftrio.</p> <p>https://www.gov.uk/drug-safety-update/kaftrio-ivacaftor-tezacaftor-elexacaftor-risk-of-psychological-side-effects</p> 	
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	<p>For information - specialist only drug.</p> <p>Development of psychological side effects usually occurs within the first three months of treatment. These can include anxiety or low mood, sleep disturbance, poor concentration, or forgetfulness. In children, the psychological side effects may manifest themselves as persistent changes in behaviour while taking Kaftrio. Signs of this could include being more disruptive or difficult to manage.</p> <p>SmPCs and PILs will be updated to include a warning on the risk of side effects on mood, sleep, concentration, and behaviour and advise that patients and caregivers should be advised to monitor for these symptoms.</p> <p>Actions: Details of the alert, including a reminder about the importance of adding specialist drugs to patient records, have been promoted at the June APG learning lunch.</p> <ul style="list-style-type: none"> <p>Thiopurines and intrahepatic cholestasis of pregnancy - Intrahepatic cholestasis of pregnancy (ICP) has been rarely reported in patients treated with azathioprine products and is believed to be a risk applicable to all drugs in the thiopurine class (azathioprine, mercaptopurine and tioguanine). It may occur earlier in pregnancy than non-drug-induced cholestasis of pregnancy, and it may not respond to ursodeoxycholic acid. Case reports occur mainly in patients being treated for IBD or in transplant recipients.</p> <p>https://www.gov.uk/drug-safety-update/thiopurines-and-intrahepatic-cholestasis-of-pregnancy</p> <p>Azathioprine and mercaptopurine are widely used, under shared care agreements, in Sheffield. The Shared Care Protocol (SCP) provides details of indications where azathioprine and mercaptopurine are, on the advice of specialists, used in pregnancy.</p> <p>Early diagnosis and discontinuation or dose reduction of the thiopurine may minimise adverse effects on the foetus. Signs and symptoms of Intrahepatic cholestasis of pregnancy (ICP) include intense itching without a rash, nausea, and loss of appetite.</p> <p>SmPCs and PILs were updated to include information about the risk in January 2025. Local SCPs do not currently include information about the risk.</p> <p>Actions: Details of the alert have been promoted at the June APG learning lunch. Consider the need to update local SCPs to include information about the risk.</p> <p>Influenza season 2024/25: ending the prescribing and supply of antiviral medicines in primary care - The most recent surveillance data from UK Health Security Agency (UKHSA) indicates that circulation of influenza in the community has returned to baseline levels.</p> <p>https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103262</p> <p>In accordance with NICE guidance and Schedule 2 to the National Health Service (General Medical Services Contracts) (Prescription of drugs etc.) Regulations 2004), commonly known as the Grey List or Selected List Scheme (SLS):</p> <ul style="list-style-type: none"> GPs and other prescribers working in primary care should no longer prescribe antiviral medicines (including neuraminidase inhibitors) for the prophylaxis and treatment of influenza on an FP10 prescription form. 	
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	<ul style="list-style-type: none"> Community pharmacists should no longer supply antiviral medicines in primary care on presentation of an FP10 prescription form. <p>Actions: Information has been shared with the MOT flu lead.</p> <p>Details of the alert have been promoted at the June APG learning lunch</p> <ul style="list-style-type: none"> MHRA Class 2 Medicines Recall: Mercaptopurine 50mg Tablets - Aspen Pharma Trading Limited is recalling a specific batch of Mercaptopurine 50mg tablets as a precautionary measure due to microbial contamination following a small number of complaints of discoloured tablets within the packs. The tablets should be a 'pale yellow colour and are marked with 'PT / 50'. Patients with the affected batch should be advised to contact their relevant HCP responsible for treatment, e.g. specialist or prescriber. https://www.gov.uk/drug-device-alerts/class-2-medicines-recall-mercaptopurine-50mg-tablets-aspen-pharma-trading-limited-el-25-a-slash-23 Open prescribing shows 40 items prescribed in Sheffield in March 2025; 593 items in the last 12m. As a result of the recall, stock shortages are expected until at least 4th June 2025. Licensed alternatives are available in limited supply, unlicensed alternatives may be sourced. SPS Medicines Supply Tool gives full up-to-date details (https://www.sps.nhs.uk/shortages/shortage-of-mercaptopurine-50mg-tablets). Action: Details of the alert have been promoted at the June APG learning lunch. 	
8.	Pharmacy and Prescribing Commissioning Group Feedback (PPGC)	
	HT informed that the only relevant item was the covid prescribing arrangements, which would be covered under IMOC. (See section 10 for more information).	
9.	Protocols/Prescribing Guidelines/TLDL applications pre-IMOC	
	Nothing for this meeting.	
10.	Integrated Medicines Optimisation Committee (IMOC)	
	<p>From June's meeting (draft minutes to follow): HT informed that the Metolazone Amber G Guidance was agreed with minor amendments. It will be uploaded to the IMOC website shortly.</p> <p>Daridorexant Traffic Light application proposal to amend the TL status from grey to green was not approved & there are ongoing conversations on how to steer this. NICE TA advises when Cognitive Behavioural Therapy for insomnia has been tried and has not worked or CBTi is not available or is not suitable. The ICB is not currently funding CBTi due to financial pressures, prescribing daridorexant remains the only (licensed) option for chronic insomnia. Also, treatment duration would need clarifying as the clinical data available is for up to 12 months of continuous treatment.</p> <p>Nirmatrelvir plus ritonavir and Molnupiravir (Covid treatments) - A traffic Light application to green status was not supported, it remains as red on the Traffic light system. Further considerations of provision to be undertaken. HT to supply list of eligible patients to the group for information. HT also supplied the following information via the meeting chat function to support primary care information: https://www.nice.org.uk/guidance/ta878/chapter/5-Supporting-information-on-risk-factors-for-progression-to-severe-COVID19</p>	HT

	<p>CL commented on the zuclopenthixol traffic light entry and asked for clarification. EP informed that it was her application and related to zuclopenthixol decanoate and zuclopenthixol acetate. It is the acetate formulation that is now red because there was an incident in Sheffield that the acetate had been prescribed in primary care when it should not be. It should only be administered in secondary care as an acute treatment. CL tested the ORx message whilst in the meeting & confirmed via the chat function that the correct message was functioning.</p> <p>Post meeting note: after the meeting, HS noted that there was a discrepancy on the NICE paper linked to agenda item 10 (enc E) - TA1061 Omaveloxolone for Friedrich's ataxia is suggested as grey in the NICE report (terminated appraisal) but was listed as red 7 on enc E IMOC TLD list June 25. JB has confirmed with IMOC Secretary that the error was confined to the information supplied to the APG meeting & to Doncaster's PMOC. The listing for Omaveloxolone on the IMOC minutes & on the SY Traffic Light Drugs List is indeed Grey not red.</p>	
11.	NICE Guidance	
	<p>From June IMOC meeting:</p> <p>As per above for Omaveloxolone grey status for terminated appraisal.</p> <p>HT also covered the Nirmatrelvir plus ritonavir and Molnupiravir (Covid treatments) in the IMOC section above.</p> <p>HT reported that the only other relevant NICE TA was the update for cenobamate https://www.nice.org.uk/guidance/ta753. The TA specified that the initiation of treatment had to be done by a tertiary service whereas now it is relaxed on that from feedback from neurologists that it is not always complex patients that require treatment. We have a tertiary care setting in Sheffield anyway so there is no difference in treatment pathway in South Yorkshire and cenobamate is included in the existing shared care protocol for epilepsy.</p>	
12.	APG Mailbox.	
	Nothing to report for this meeting	
13.	Reports from Neighbouring Committees	
	Nothing of note for this meeting	
14.	Never Events and Patient Safety Incidents.	
	Nothing reported	
15.	Any Other Business	
	<ul style="list-style-type: none"> Supply issues - nystatin and oral miconazole for oral thrush raised by LS. <p>SA had looked into this prior to the meeting and suggested that the issue may have been with the branded nystan liquid. SA had reassurances from community pharmacy contacts that the generic nystatin liquid was in good supply, no supply issues raised with SPS medicine supply tool. Unfortunately, the resupply date for miconazole gel is July 2026 not 2025 so this is effectively out of commission for some time to come, MSN here for further info. Fluconazole suspension is a licensed alternative for use in children but will not suit all patients due to potential systemic side effects and interactions.</p> <p>It was concluded that the issue should be resolved by prescribing the generic nystatin and asking the patient to shop around pharmacies to obtain supplies if issues persist.</p>	

	Post meeting note: A check of Boots stock revealed availability of generic nystatin.	
16.	Date of the next meeting: 1:30-3:00pm Thursday 17 th July 2025. Virtual meeting via MS Teams	

Appendix 1 – IMOC Traffic Light approvals

Traffic Light status	Drug/Product	Brand name	Rational / criteria	Indication	Impact on ICB
Grey	Lazertinib		6	Use in combination with amivantamab for the first-line treatment of adults with advanced non-small cell lung cancer with epidermal growth factor receptor exon 19 deletions or exon 21 L858R substitution mutations	
Red	Doxorubicin		1,6	In line with recommended NICE TA's	
Red	Encorafenib		1,6	In line with recommended NICE TA's	
Red	Enfuvirtide		1,6	HIV infection	
Red	Entecavir		1,6	In line with recommended NICE TA's	
Red	Entrectinib		1,6	In line with recommended NICE TA's	
Red	Enzalutamide		1,6	In line with recommended NICE TA's	
Red	Ephedrine 30mg/10ml and 30mg/ml injection		1	Vasoconstrictor Sympathomimetics	
Red	Epirubicin		1	Cancer - breast (Advanced or metastatic) Cancer - Colorectal (metastatic)	

Red	Epoetin Alfa		1	Renal anaemia or anaemia associated with chemotherapy	
Red	Epoetin Beta		1	Renal anaemia or anaemia associated with chemotherapy	
Red	Epoetin Zeta		1	Renal anaemia or anaemia associated with chemotherapy	
Red	Eptacog alfa (activated)	(NovoSeven®)	1,6	Treatment of severe postpartum haemorrhage	
Red	Eptacog beta	(Cevenfacta®) (activated)	1,6	Treatment of bleeding episodes and for the prevention of bleeding in those undergoing surgery or invasive procedures in the following patient groups: in patients with congenital haemophilia with high-responding inhibitors to coagulation factors VIII or IX (i.e. ≥ 5 Bethesda Units (BU)) – in patients with congenital haemophilia with low titre inhibitors (BU < 5), but expected to have a high anamnestic response to factor VIII or factor IX administration or expected to be refractory to increased dosing of FVIII or FIX	
Red	Eptifibatide		1	In line with recommended NICE TA's	
Red	Eravacycline	(Xerava®)	1	Complicated intra-abdominal infections in adults	
Red	Ergometrine		1	Postpartum haemorrhage caused by uterine atony	
Red	Eribulin		1,6	In line with recommended NICE TA's	
Red	Ertapenem		1	Carbapenems	
Red	Esketamine solution for injection/infusion		1	Anaesthesia and pain relief (analgesia)	

Red	Esmolol	(Brevibloc®)	1	Beta-adrenoceptor blocking drugs	
Red	Cenobamate / Amber for adults and Red for Children			Treating focal onset seizures in epilepsy	NICE TA753
Red	Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab		1,6	Treating COVID-19	NICE TA 878
Red	Brentuximab vedotin		1,6	untreated stage 3 or 4 CD30- positive Hodgkin lymphoma	NICE TA1059
Red	Osimertinib		1,6	Osimertinib with pemetrexed and platinum-based chemotherapy for untreated EGFR mutation-positive advanced non-small-cell lung cancer	NICE TA1060
Grey	Omaveloxolone		7	treating Friedreich's ataxia in people 16 years and over	NICE TA1061
Red	Erdaftinib		1,6	treating unresectable or metastatic urothelial cancer with FGFR3 alterations after a PD-1 or PD-L1 inhibitor	NICE TA 1062
Red	Capivasertib (in combination with other drugs)		1,6	treating hormone receptor- positive HER2-negative advanced breast cancer after endocrine treatment	NICE TA1063
Red	Dostarlimab		1,6	Dostarlimab with platinum- based chemotherapy for treating primary advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency	NICE TA 1064