Minutes of the Meeting of the Sheffield Area Prescribing Group
16th October 2025 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 **joint Chair of APG**
No		Dr Zak McMurray - ZM	Medical Director NHS SY ICB and **joint Chair of APG**
Yes		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
No		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).
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
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 October 2025

APG approvals	• Azathioprine and mercaptopurine SCP update • SPAF guidance update
IMOC approvals	• SY Rimegepant for preventing migraine • SY Atogepant for preventing migraine • Electronic Sending of Shared Care "Proforma's
IMOC TLDL approvals	• Appendix 1

		ACTION
1.	**Welcome, Apologies for Absence & Quoracy**	
	Apologies from AA, VN, JM, JW, ZM The chair declared the meeting to be quorate. TE informed that she would be unable to attend the November meeting. JB to note this on the agenda/minutes for the upcoming meeting.	**JB**
2.	**Declarations of Interest**	
	No new declarations of interest were made; existing declarations were deemed as not relevant to the agenda for this meeting.	
3.	**Draft minutes of the September APG meeting**	
	CS identified a typo on page 3, with that correction to be made, the draft minutes were approved as an accurate representation of the September meeting.	**JB**
4.	**Matters Arising from the September APG meeting**	
	• **Monitoring of DOACs, follow up with NICE CKS and SPS** – HS addressed this point within the SPAF update in section 9. • **Patient-facing resources for lack of tier 3 weight services** – HT - this information is available on the SY intranet and was shared with practices via practice bulletin. • **List of Covid treatment patient eligibility criteria to be shared** - HT - this criterion was updated by NICE. PCS are the providers of COVID treatment in Sheffield, and the referral criteria can be found on their website. Link here. This should have been communicated via the practice bulletin. • **Minor Ailments Scheme in Sheffield** - The current LCS minor ailment scheme has NOT changed and continues as before. Pharmacy First has replaced the previous Community Pharmacy Consultation Service (CPCS) which includes minor illnesses, which may have caused some confusion. Referring clinicians are required to use the Pharmacy First scheme. A discussion took place into patient's abilities to access the scheme for free medications across the city. HT has asked for specific feedback regarding local pharmacies that patients are having issues with and for what conditions they are presenting with. A link to requested data on the scheme was shared in the meeting chat SYICB Community Pharmacy dashboard.	**ALL**
5.	**Papers on MO website**	
	Sheffield: • Updated CKD guidance as approved by APG Sept-25 HS informed on behalf of Diana Vasile that there is an issue with the labs ability to automatically report the KFRE score to all primary care requests for uACR, as stated in the updated guideline. The KFRE score currently needs to be requested separately and this has been communicated in the GP Bulletin. AMc thought it may be related to an issue with the fridges and storage of samples at present, it's unclear if this is a temporary situation whilst the fridges are replaced at the facility or if it will be a long-standing issue. If it is long-standing, then an amendment to the guidance will be needed; HS to liaise with Diana Vasile who will submit a virtual proposal for the update if required. LS raised a point that had arisen in her practice by another GP. Looking at the flow chart on p 2, the GP had interpreted that the SGLT2 inhibitor should be routinely added to the RAS drug, without accessing the flow chart on p4 that defines the criteria. There is a hyperlink to this, but LS considered it would be clearer to add some text to refer to the SGLT2 flow chart rather than rely on the hyperlink. The group agreed with this amendment, which also could be approved virtually. **South Yorkshire:** • Gluten free guidance updated SY gluten free prescribing guidance document to include gluten ataxia.	**HS/DV** **HS/DV**

6.	**Virtual Proposals agreed under delegated authority**	
	No new items have been submitted for approval outside the meeting.	
7.	**Medicines Safety Update**	
	AMc prefaced Emily's last safety update as Medicines Safety Officer for the ICB by thanking her on behalf of the group for all her input into keeping medicines use in Sheffield safe. She will be missed; this sentiment was echoed by the group. **Specific brand of children's magnesium gummies found to contain undeclared melatonin** The MHRA issued a press release advising parents and caregivers who have purchased Nutrition Ignition Kids Magnesium Glycinate Gummies to stop giving them to children and dispose of any remaining product safely, by taking it to a pharmacy. Testing of two batches by the MHRA identified melatonin within the product (between 1.5 and 1.7mg of melatonin in each individual gummy). https://www.gov.uk/government/news/parents-and-caregivers-advised-to-stop-all-use-of-specific-brand-of-kids-magnesium-gummies-due-to-the-presence-of-an-undeclared-prescription-only-med **For information** - This product has only been sold online as a food supplement. Parents have been advised to seek advice from a healthcare professional if a child has any side effects that are of concern. **Action in Sheffield**: Consider promoting details to primary care clinicians. **The misuse and harms of gabapentin and pregabalin: call for evidence - Open call for evidence** The Advisory Council on the Misuse of Drugs (ACMD) is currently reviewing the evidence on the misuse and harms of pregabalin and gabapentin (gabapentinoids) in the UK. The review aims to consider the evidence regarding the current use and harms of these compounds particularly in use with other substances and to assess the impact of recent changes in legislation regarding these compounds. https://www.gov.uk/government/calls-for-evidence/the-misuse-and-harms-of-gabapentin-and-pregabalin/the-misuse-and-harms-of-gabapentin-and-pregabalin-call-for-evidence **For information** - the ACMD would like responses from as broad a spectrum of participants as possible. Evidence from the questionnaire will be used to assist in formulating advice to government. **Action in Sheffield**: Consider promoting details to primary care clinicians. **Rybelsus® (oral semaglutide): risk of medication error due to introduction of new formulation with increased bioavailability** Rybelsus tablets will be replaced with a new formulation with increased bioavailability, which is bioequivalent to the initial formulation (i.e. 3mg (initial formulation) = 1.5mg (new formulation); 7mg (initial formulation) = 4mg (new formulation); 14mg (initial formulation) = 9mg (new formulation)). https://www.medicines.org.uk/emc/dhpc/105215/Document **Impact for primary care in South Yorkshire** - Open prescribing shows 1869 items prescribed in SY ICB in June 2025: 23,492 items in the last 12m. The two formulations will temporarily co-exist on the market which could result in confusion and potential overdosing, which increases the risk of adverse events. - Patients currently taking Rybelsus should be informed and advised about the change in formulation and dose when the new formulation is prescribed or dispensed. - Patients starting Rybelsus treatment should be prescribed the new formulation and be suitably informed by the prescriber or pharmacist. **Impact for primary care in South Yorkshire** - Consider promoting details to primary care clinicians. The new formulations are not available on clinical systems yet (checked S1 23rd Sept). Ensure system alerts enabled when available.	

	Optimise Rx alert - New Rybelsus formulation. We are aware of the recent communication sent to HCPs regarding the replacement of Rybelsus tablets with a new formulation with increased bioavailability. The 1.5 mg, 4 mg, and 9 mg tablets are not yet available in the NHS Dictionary of Medicines and Devices (dm+d) or prescribing systems. Once the new formulations are available, we will create appropriate messages to alert prescribers of the changes. HT added a patient information leaflet that may be useful to the meeting chat.	
8.	**Pharmacy and Prescribing Commissioning Group Feedback (PPGC)**	
	HT & AMc informed that the main points of interest for this meeting were around Tirzepatide for weight management. This stance is being worked up at the moment and the method of rolling out a service across the South Yorkshire footprint is being looked at, more information will be shared as this is finalised. There were no primary care representatives at the meeting so the conversation around anticoagulation in practices wasn't able to be progressed. There was also a query about POTS (postural orthostatic tachycardia syndrome), this was in relation to STH not following traffic light statuses and asking GPs to initiate prescribing which needs to be addressed on a contractual level. Sheffield patients should still be seen in clinic and local arrangements still followed, where patients from other areas are limited to advice and guidance for primary care prescribing. In the case involving the practice that LS works at, the incorrect generic letter was sent out that is usually used for patients out of area. This issue will be picked up outside the meeting via an email conversation that LS is already included in.	
9.	**Protocols/Prescribing Guidelines/TLDL applications pre-IMOC**	
	• Azathioprine and mercaptopurine SCP update – SA presented this on behalf of Sharron Kebell. It is a minor update after the MHRA alert that was released about intrahepatic cholestasis risk from thiopurines in pregnancy. Details have been added to the SCP on page 7, and then again on page 10 in the references section. AMc agreed that the update to the pregnancy section made sense but should also be updated within the responsibilities of the consultant initiator that details counselling around contraception is needed, it would be a good place to make reference to pregnancy advice here too. The group agreed with this, SA will liaise with SK to make this additional update. **Decision:** Subject to the above suggested amendment, the updated SCP was approved. • SPAF guideline update – HS presented the proposed update to the guideline. Amendment to SPAF guidance to update recommendations on frequency of monitoring of U&Es, LFTs and FBC in patients on DOACs. See page 9, changes highlighted in yellow or in track changes. This update is in line with amended guidance in NICE CKS and SPS on frequency of monitoring. Monitoring every 4 months is recommended for patients aged over 75 years or frail, as advised in the EHRA practical guide on the use of non-vitamin K antagonist oral anticoagulants in patients with AF (see table 3). This proposal was discussed at APG July 2025 but not approved. Concern was expressed at the impact on the workload on GP practices and the evidence for this recommendation. It was advised that clarification was sought nationally from NICE CKS and SPS; their responses are given below. Further work has also been done to refine the clinical systems' search to determine a more realistic impact on workload. **SPS reply** (15 Sept 2025) As you noted, the full bibliography is included in the footer of the monograph. The recommendation reflects the opinions of the EHRA guideline authors rather than a strictly evidence-based approach. We have intentionally presented this as a consideration rather than a requirement to support local decision-making, which is consistent with CKS. In general, monitoring requirements are often based on expert consensus rather than direct research evidence. Where possible, we aim to provide a	**SA/SK**

	specific timeframe for any monitoring, as we understand this is helpful for users, though final interpretation sometimes still remains a matter for local clinical judgement. We have reviewed our correspondence and have not received similar queries from other ICBs. The DOAC monograph is currently being updated, and we will ensure your query is considered as part of this process. The revised version will be published in due course. **NICE CKS reply** (via NICE from Agilio Software, developers of CKS) 24 Sept 2025. As your correspondent notes, the recommendation to monitor people taking DOACs every 4 months if they are frail or aged 75 years or older is based on the updated European Heart Rhythm Association (EHRA) *Practical guide on the use of non-Vitamin K antagonist oral anticoagulants in patients with atrial fibrillation*. We note that SPS also advises that 4-monthly monitoring is recommended by the EHRA for these people. As with all guidelines, clinical judgment should be used when making decisions about the management of patients, including appropriate follow-up intervals, considering the individual's characteristics, comorbidities, and other treatments. Perhaps if your correspondent contacts the EHRA directly they might be able to provide further detail on this recommendation. In line with these responses, the wording of the amendment has been revised to more closely follow that on the SPS website: Current wording v3.2: More frequent U&Es, LFTs and FBCs advised if declining renal function (calculated CrCl <60ml/min) **see below**, frail or increasing age >75, intercurrent illness that may impact on renal or liver function. Proposed new wording v3.3: • Consider monitoring more frequently than annually in the following patients at increased risk of bleeding: o declining renal function (calculated CrCl <60ml/min) **see below;** o frail or increasing age >75 years use clinical judgement, for example, EHRA expert opinion suggests monitoring every 4 months; o intercurrent illness; o concomitant medicines that may impact on renal or liver function; o hepatic function changes. After a lengthy discussion around the wording and potential interpretation on this, alongside potential for increased workload on primary care with up to 3 additional appointments for monitoring required for some in this cohort of patients, it was decided that this version of the wording is the most acceptable and appropriate at this time. **Decision**: This version of the updated SPAF guidelines was approved by the group.	
10.	**Integrated Medicines Optimisation Committee (IMOC)**	
	HT reported that the 2 main items of note were that the rimegepant and atogepant for migraine prevention had been supported for amber G status, but paused until prescribing guidelines and the patient information leaflet have been updated and some training has been booked in to support primary care prescribing more safely. The other point to note was that work on an electronic transfer of care communication system has been piloted in one of the SY places, and from that has been approved for roll-out across the SY patch. In Sheffield we have had a different model for shared care, some being transactional such as the DMARDs whereby Rheumatology or Gastroenterology write out to primary care asking to engage in shared care and they continue to prescribe until they receive an acceptance response. Historically, we have decided not to do a transactional process with some SCPs because a lack of response creates an associated increased workload. However, there has been an increased appetite for a move towards a transactional process facilitated by a digital solution that is easier to use. One has now been developed using AccuRx which has been agreed at IMOC and will be used in the development of new SCPs and then, in the future, as other existing SCPs are updated, they	

	will move to using the digital system. If it involves an amber G classified drug, it won't be needed, it will be kept for where it is going to involve a continued shared care process. AMc commented that there may be some issues in implementation, if the new EPR system used at STH is any example. HT has been assured that the AccuRx system is compatible with STH's systems.	
11.	**NICE Guidance**	
	• **Tirzepatide** – no change to the clinical content, just to refer to the price changes for the pens and the implications this may have for increased requests from privately-obtaining patients wanting to change to obtaining via NHS. These patients will still need to be assessed and meet the NICE prescribing criteria for NHS supply. • **Chronic heart failure** - changes have been made to align the Quality Standard 9 (QS9) with the updated NICE guideline on chronic heart failure in adults. Statement 3 of QS9 on medication for chronic heart failure with reduced ejection fraction has been updated to reflect changes to the guidance. Links, definitions and source guidance sections have also been updated throughout. A considered response needs to be developed to the updated pharmacological management of heart failure looking at the four pillars of treatment once a diagnosis has been made, particularly in reduced ejection fraction. Looking at ACE inhibitors, beta-blockers, SGLT2s & mineralocorticoid receptor antagonists to be started sequentially. A response to these changes needs to undertaken in relation to local traffic light and formulary statuses for these drugs.	
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**	
	APG annual report – JB brought the 2023 APG annual outputs spreadsheet to the meeting to ask if this type of summary would be useful to be completed for 2024 & started for 2025. HT informed that this summary, alongside a formal annual report used to go to the ICB Exec team & that this ended in 2023. After a discussion, it was decided JB would take over creating these annual output spreadsheet summaries which were deemed useful for reporting on APG function in implementing policies/guidance/etc. within Sheffield place. JB will bring these to a future APG meeting as completed. **Updated features on MO website** – JB wanted to highlight new features on the MO website that had come about from feedback by group members. The Sheffield place noticeboard has been updated with resource pages that contain links that were on the previous CCG intranet page as text, in order to preserve the access to these resources in a way that fits the new MO website format. JB also highlighted that the trending documents & recently amended/uploaded documents section on the bottom of the main website page has been replicated on each place page too to allow users to see these on a local place scale as well as across South Yorkshire. JB was very happy to showcase the feature that allows users to view all the documents contained on the website as a list to scroll in case a user is unsure which category a document sits under etc.	**JB**

	Proposal to hold a future meeting face to face at ICB Sheffield office (Eyre Street) – HT raised the possibility of holding a future APG meeting in person at Eyre Street as there had previously been an appetite for this. The logistics of room bookings, options for hybrid attendance and the need for a member to have access to a disabled parking space on site were discussed. It was planned that the March 2026 APG meeting would be in person subject to all these arrangements being met. JB & SA to liaise and co-ordinate this. **Tamiflu prescribing** – LS asked if there had been any guidance regarding prescribing of Tamiflu, which had previously been announced as being made available all-year-round. HT responded that the guidance information needs updating, that this was in hand, and that it will be shared as soon as it is complete. **The Medicines Code** – EP raised awareness that the current Medicines Code document needs updating and as it is currently a Sheffield document, the opinion/agreement of the group was sought before it is updated with the proposal to expand the remit to be a South Yorkshire-wide document. reviewing each section and replace links where now available. The group agreed that this would be a good collaborative use of resources. The newly appointed Medicines Safety Officer will be looking at this on commencing his role in December. TE offered her best Christmas wishes to the group as she will be unable to attend the November meeting, and no meeting is held in December.	**JB/SA**
16.	**Date of the next meeting:** 1:30-3:00pm Thursday 20th November 2025. Virtual meeting via MS Teams.	

Appendix 1 – October TLDL updates.

Drug/Product	Rational / criteria	Indication	Date Considered	Comments
Dydrogesterone ***(new formulation with new indication)*** Nalvee®		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).	Oct-25	
Ixazomib	1,6	In line with positive NICE TA recommendations	Oct-25	Ixazomib NICE information
Ixekizumab	1	In line with positive NICE TA recommendations	Oct-25	Ixekizumab NICE information

Lamivudine	1	for all indications	Oct-25	
Lanadelumab	1,6	In line with positive NICE TA recommendations	Oct-25	Lanadelumab NICE information
Lanthanum	1	In line with NICE guidance	Oct-25	Lanthanum NICE information
Lapatinib	1,6	In line with positive NICE TA recommendations	Oct-25	Lapatinib NICE information
Laronidase	1,6	Mucopolysaccharidosis	Oct-25	
Ledipasvi/Sofosbuvir	1,6	Hepatitis C	Oct-25	
Lenalidomide	1,6	In line with positive NICE TA recommendations	Oct-25	Lenalidomide NICE information
Lenograstim	1	All licensed indications	Oct-25	
Letermovir	1,6	In line with positive NICE TA recommendations	Oct-25	Letermovir NICE information
Levocarnitine	1	All licensed indications	Oct-25	
Lipegfilgrastim	1	All licensed indications	Oct-25	
Lomustine	1	All licensed indications	Oct-25	
Lopinavir/Ritonavir	1	All licensed indications	Oct-25	
Lurasidone	1	All licensed indications	Oct-25	
Lusutrombopag	1	In line with positive NICE TA recommendations	Oct-25	Lusutrombopag NICE information
Macitentan	1,6	All licensed indications	Oct-25	
Mannitol	1,6	In line with positive NICE TA recommendations	Oct-25	Mannitol NICE information
Maraviroc	1,6	All licensed indications	Oct-25	
Maribavir	1,6	In line with positive NICE TA recommendations	Oct-25	Maribavir NICE information
Mecasermin	1	All licensed indications	Oct-25	
Mepacrine	1	All licensed indications	Oct-25	
Mepolizumab	1,6	In line with positive NICE TA recommendations	Oct-25	Mepolizumab NICE information
Mercaptamine	1,6	All licensed indications	Oct-25	

Meropenem	1	All licensed indications	Oct-25	
Mesna	1	All licensed indications	Oct-25	
Methoxyflurane	1	All licensed indications	Oct-25	
Metreleptin	1,6	In line with NICE recommendations	Oct-25	Metreleptin NICE information
Mexiletine	1,6	All licensed indications	Oct-25	Mexiletine NICE information
Midostaurin	1,6	In line with positive NICE TA recommendations	Oct-25	Midostaurin NICE information
Mifamurtide	1,6	In line with positive NICE TA recommendations	Oct-25	Mifamurtide NICE information
mifepristone (includes in combination)	1	All licensed indications	Oct-25	
Migalastat	1,6	In line with NICE recommendations	Oct-25	Migalastat NICE information
Misoprostol (includes in combination)	1	induction of labour or miscarriage or abortion (multiple traffic light classifications)	Oct-25	
Misoprostol		GI and musculoskeletal (multiple traffic light classifications)	Oct-25	
Mitomycin	1	All licensed indications	Oct-25	
Mitotane	1	All licensed indications	Oct-25	
Mitoxantrone	1	All licensed indications	Oct-25	
Mogamulizumab	1,6	In line with positive NICE TA recommendations	Oct-25	Mogamulizumab NICE information
Nelfinavir	1,5,6	HIV	Oct-25	
Nepafenac	1	All licensed indications	Oct-25	
Neratinib	1,6	In line with positive NICE TA recommendations	Oct-25	Neratinib NICE information
Nevirapine	1,6	All licensed indications	Oct-25	
Nilotinib	1,6	In line with positive NICE TA recommendations	Oct-25	Nilotinib NICE information
Nimodipine	1	All licensed indications	Oct-25	
Nintedanib	1,6	In line with positive NICE TA recommendations	Oct-25	Nintedanib NICE information

Nitisinone	1,6	All licensed indications	Oct-25	
All human coagulation factor IX	1	All licensed indications	Oct-25	
Noradrenaline	1	All licensed indications	Oct-25	
Nusinersen	1,6	In line with positive NICE TA recommendations	Oct-25	Nusinersen NICE information
Obeticholic acid	1,6	In line with positive NICE TA recommendations	Oct-25	Obeticholic acid NICE information
Obinutuzumab	1,6	In line with positive NICE TA recommendations	Oct-25	Obinutuzumab NICE information
Ocrelizumab	1,6	In line with positive NICE TA recommendations	Oct-25	Ocrelizumab NICE information
Omalizumab	1,6	In line with positive NICE TA recommendations	Oct-25	Omalizumab NICE information
Ombitasvir, paritaprevir and ritonavir	1,6	In line with positive NICE TA recommendations	Oct-25	Ombitasvir/paritaprevir/ritonavir NICE information
Oxaliplatin	1	In line with positive NICE TA recommendations	Oct-25	Oxaliplatin NICE information
Oxytocin (includes in combination)	1	All licensed indications	Oct-25	
Paclitaxel	1,6	In line with positive NICE TA recommendations	Oct-25	Paclitaxel NICE information
Palbociclib	1,6	In line with positive NICE TA recommendations	Oct-25	Palbociclib NICE information
Palonosetron	1,6	All licensed indications	Oct-25	
Panobinostat	1,6	In line with positive NICE TA recommendations	Oct-25	Panobinostat NICE information
Recombinant Parathyroid hormone	1,6	All licensed indications	Oct-25	Parathyroid hormone NICE information
Paricalcitol	1,6	All licensed indications	Oct-25	
Pasireotide	1,6	All licensed indications	Oct-25	
Patiromer	1	In line with positive NICE TA recommendations	Oct-25	Patiromer NICE information
Pazopanib	1,6	In line with positive NICE TA recommendations	Oct-25	Pazopanib NICE information
Pegaspargase	1,6	In line with positive NICE TA recommendations	Oct-25	Pegaspargase NICE information
Pegfilgrastim (including biosimilars)	1	All licensed indications	Oct-25	

Peginterferon (including in combination)	1,6	In line with positive NICE TA recommendations	Oct-25	Peginterferon NICE information
Pegvisomant	1,6	All licensed indications	Oct-25	
Pemigatinib	1,6	In line with positive NICE TA recommendations	Oct-25	Pemigatinib NICE information
Pemetrexed	1,6	In line with positive NICE TA recommendations	Oct-25	Pemetrexed NICE information
Pentamidine	1	All licensed indications	Oct-25	
Pentosan	1	In line with positive NICE TA recommendations	Oct-25	Pentosan NICE information
Pentostatin	1	Hairy cell leukaemia	Oct-25	
Pertuzumab (including in combination)	1,6	In line with positive NICE TA recommendations	Oct-25	Pertuzumab NICE information
Phenylephrine inj	1	for all indications. Multiple traffic light indications for other preparations, also see red & grey lists	Oct-25	
Phenylephrine	1	for OTC preparations. Multiple traffic light classifications, also see red list	Oct-25	
Pirfenidone	1,6	In line with positive NICE TA recommendations	Oct-25	Pirfenidone NICE information
Plerixafor	1,6	All licensed Indications	Oct-25	
Polatuzumab (including in combination)	1,6	In line with positive NICE TA recommendations	Oct-25	Polatuzumab NICE information
Pomalidomide	1,6	In line with positive NICE TA recommendations	Oct-25	Pomalidomide NICE information
Ponatinib	1,6	In line with positive NICE TA recommendations	Oct-25	Ponatinib NICE information
Ponesimod	1,6	In line with positive NICE TA recommendations	Oct-25	Ponesimod NICE information
Posaconazole	1,6	All licensed indications	Oct-25	
Procarbazine	1	All licensed indications	Oct-25	
Protamine	1	Emergency Treatment of Poisoning (heparin reversal)	Oct-25	
anti-thymocyte immunoglobulin (Rabbit)	1,6	Immunosuppression in solid organ transplantation	Oct-25	
Raltegravir	1,6	HIV	Oct-25	

Rasburicase	1,6	Hyperuricaemia associated with cytotoxic drugs	Oct-25	
Reslizumab	1,6	In line with positive NICE TA recommendations	Oct-25	Reslizumab NICE information
Meloxicam		NSAID	Oct-25	Refer to Place based formularies
Guselkumab	1,6	Treating moderately to severely active ulcerative colitis	Oct-25	NICE TA1094 already traffic lighted
Guselkumab	1,6	previously treated moderately to severely active Crohn's disease	Oct-25	NICE TA 1095 Already traffic lighted
Pembrolizumab with carboplatin and paclitaxel	1,6	untreated primary advanced or recurrent endometrial cancer	Oct-25	NICE TA1092 Already traffic lighted
Idebenone	1,6	treating visual impairment in Leber's hereditary optic neuropathy in people 12 years and over	Oct-25	NICE TA1093
Tirzepatide		for treating type 2 diabetes	Oct-25	NICE TA924 Already traffic lighted as Amber G
Tirzepatide		for managing overweight and obesity	Oct-25	NICE TA026 Already traffic lighted
Benralizumab	1,6	treating relapsing or refractory eosinophilic granulomatosis with polyangiitis	Oct-25	NICE TA1096 Already traffic lighted
Enfortumab vedotin with pembrolizumab	1,6	untreated unresectable or metastatic urothelial cancer when platinum-based chemotherapy is suitable	Oct-25	NICE TA097 Was traffic lighted as Grey now traffic lighted as Red
Atogepant		prevention in episodic and chronic migraine	Oct-25	This was agreed but not updating the TLS until education and training has been completed
Rimegepant		prevention in episodic migraine	Oct-25	This was agreed but not updating the TLS until education and training has been completed