



Minutes of the Meeting of the Sheffield Area Prescribing Group
20th November 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
No		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		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	Pharmacoconomics 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
No		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
Yes		Chris Bland - CB	Community Pharmacy South Yorkshire representative.
No		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 & APG Secretary
Yes	13:50-14:20	Deborah Leese – DL	Senior Pharmacist Clinical Lead Respiratory M O Team, NHS SY ICB. Co-Clinical Lead CYP Asthma, The Children and Young People's Alliance, NHS South Yorkshire ICB. Presenting paper in section 9
Yes		Eleanor Alexander	Trainee Pharmacist, M O Team, NHS SY ICB – attending to observe

Summary Points and Recommendations from November 2025

APG approvals	<ul style="list-style-type: none">Proxor formulary application for Sheffield placeDMARD quick reference guide update
IMOC approvals	<ul style="list-style-type: none">AK GuidelineTirzepatide weight management guidelineTirzepatide position statement updateDOAC position statementChildren's & Young people's (CYP) asthma guidelineProxor position statementRimegepant document update
IMOC TLDL approvals	<ul style="list-style-type: none">Appendix 1

		ACTION
1.	Welcome, Apologies for Absence & Quoracy	
	<p>Apologies from ZM, TE, HT, JW & SA</p> <p>The chair declared the meeting to be quorate.</p> <p>Deb Leese, Senior Pharmacist, Respiratory Lead (SY ICB) attended to present Proxor papers – section 9.</p> <p>Eleanor Alexander – Trainee Pharmacist MOT (SY ICB) attended to observe as part of her training.</p>	
2.	Declarations of Interest	
	<p>No new declarations of interest were made; existing declarations were deemed as not relevant to the agenda for this meeting for core members.</p> <p>DL declared that she has been involved recently as a speaker at Chiesi funded events. This is not a true conflict as the products recommended in the updated formulary application is not a Chiesi product but was recorded for completeness.</p>	
3.	Draft minutes of the October APG meeting	
	<p>The draft minutes were approved as an accurate representation of the October meeting.</p> <p>AA asked that for future minutes the Sheffield Health and Social Care Foundation Trust (SHSC) be updated to Sheffield Healthcare Partnership University NHS Trust (SHPU). JB will update this.</p>	JB
4.	Matters Arising from the October APG meeting	
	<ul style="list-style-type: none"> Send feedback to HT re: issues with Minor Ailments Scheme (MAS) in Sheffield – HT attended a place LCS meeting where these issues were discussed, she has taken actions from that meeting to source more examples. Claire Thomas (Strategic Pharmacist), community pharmacy lead and Jo Tsoneva (Programme Manager) have both been involved with the MAS. HT requested they provide community pharmacy MAS usage data so that we can compare with primary care prescribing data. Once this information is available, it will be brought to APG to discuss further. KFRE reporting in CKD – HS informed that a virtual proposal is being completed to update the CKD guidance as the previously reported issues with KFRE reporting from labs is going to be a long-term issue. At last month's meeting 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. This amendment will also be in the virtual proposal. The specific information indicating we preferred the use of dapagliflozin over empagliflozin as cost-effective choice will also need to be removed due to Astra-Zeneca having a patent protection for CKD. Having a stated preference for dapagliflozin in our guidance may be an infringement of this supplementary patent protection. The group were happy for these changes to be made and approved by virtual proposal. DV will submit this shortly. Annual outputs spreadsheets from APG for 2024 and 2025 – JB reported that these spreadsheets will be brought to the next meeting in January 2026 for information. Face to face meeting in March 2026 – JB has booked a room at Eyre Street and asked that members respond to the calendar appointment to indicate attendance as soon as possible. The issue of car parking was raised, JB agreed to act as liaison for members who require this. Members were encouraged to contact JB directly if required. 	ALL DV JB JB/ALL
5.	Papers on MO website	
	Sheffield: SPAF guidance and the Azathioprine and mercaptopurine SCP update	

	<p>have been uploaded to the MO website, as approved at the October APG meeting.</p> <p>South Yorkshire: The IMOC secretary is awaiting finalised copies of approved documents in order to upload them to the SY webpage.</p>	
6.	Virtual Proposals agreed under delegated authority	
	None for this meeting.	
7.	Medicines Safety Update	
	<ul style="list-style-type: none"> 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. <p>https://www.gov.uk/drug-device-alerts/class-3-medicines-recall-accord-healthcare-ltd-ipratropium-bromide-500-microgram-slash-2ml-nebuliser-solution-el-25-a-slash-45?utm_medium=email&utm_campaign=govuk-notifications-topic&utm_source=3205dad9-9795-48a8-bfca-a50aae5041c2&utm_content=immediately</p> <p>Open prescribing shows 1 item prescribed in Sheffield place in August 2025; 27 items in the last 12m (Sept 24 - Aug 25). 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. No action is required by patients as this recall is being undertaken at a Pharmacy and Wholesaler level. Patients who have taken the mislabelled ampoules will have received the correct medication as it is the same product but with labels intended for the Korean market.</p> <p>Action: Promoted at APG LL 6th Nov 25 and shared with practices</p> <ul style="list-style-type: none"> 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. <p>https://www.gov.uk/drug-device-alerts/class-4-medicines-defect-notification-relonchem-ltd-various-products-el-25-a-slash-44?utm_medium=email&utm_campaign=govuk-notifications-topic&utm_source=c2475dc4-8c05-4381-9523-fbff5a2f6ab5&utm_content=immediately</p> <p>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. Pharmacy providers should also consider local assessments, in line with this notification and inform Relonchem Ltd of any stock that cannot be used in an automated dispensing system. No action is needed from patients, continue to take medication from these batches as prescribed by your healthcare professional. The product quality and safety of the tablets are not affected by this issue. Patients should continue to take medicines from these batches as prescribed by your healthcare professional.</p> <p>Action: Promoted at APG LL 6th Nov 25 and shared with practices</p> <ul style="list-style-type: none"> #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.' 	

<https://www.gov.uk/drug-safety-update/number-medsafetyweek-3-9-november-2025-a-call-to-action-to-improve-patient-safety>

Primary care can support the campaign by promoting #MedSafetyWeek from 3rd-9th November 2025. Suggestions include:

- 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

Action: Promoted at APG LL 6th Nov 25 and shared with practices

- 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.

<https://www.gov.uk/drug-safety-update/paracetamol-and-pregnancy-reminder-that-taking-paracetamol-during-pregnancy-remains-safe>

Paracetamol is used widely in primary care and should continue to be recommended as the first-choice pain reliever for pregnant women, used at the lowest dose and for the shortest duration.

Action: Details promoted in all place updates, primary care bulletins for each place and SY ICB bulletin. Promoted at APG LL 6th Nov 25 and shared with practices.

- **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>

Open prescribing shows 71 items prescribed in Sheffield in July 2025; 1100 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.

05.11.25 The new formulations are still not available on clinical systems.

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.

	Action: Promoted at APG LL both October and 6th Nov 25 meetings and shared with practices via GP bulletin.	
8.	Pharmacy and Prescribing Commissioning Group Feedback (PPGC)	
	CS and SA now attend PPCG meetings. CS fed back that the main discussions that took place were around the Minor Ailments Scheme in Sheffield, HT is collating examples of issues and formulating a plan to address issues and is liaising with Claire Thomas/Jo Tsoneva to attend a future APG for further discussion (also see matters arising). DOAC monitoring was discussed. There is a scoping exercise being undertaken to gain information from other ICBs on any guidance they use or locally commissioned services (LCSs) etc.	
9.	Protocols/Prescribing Guidelines/TLDL applications pre-IMOC	<ul style="list-style-type: none"> Proxor position statement and place formulary application – The position statement has been approved by IMOC as a South Yorkshire stance. The group were asked to approve the positioning of Proxor as first line treatment for new patients, and to be considered as an option for those currently prescribed Fostair pMDI in conversation with the patient. The concern about secondary care prescribing on hospital admission/discharge was raised, AM informed that Proxor is not a contracted drug so would need sign-off from the Chief Pharmacist to stock, this may present possible legal challenges with the products that are contracted. DL informed that even if only half of the patients in Sheffield were prescribed Proxor over a million pounds in savings would be realised and that the prescribing in secondary care would only represent a small cohort as most patients are managed in primary care overall. Doncaster hospitals are prescribing generically to avoid issues on discharge, so this is a potential solution. DL was asked to update the existing Sheffield adult asthma guidelines to position Proxor as first line in the interim whilst the SY wide guidance is being written. DL agreed and the group were happy for this to be done as a virtual proposal with AMc, SA & LS with designated authority from the group. The impact on other guidance such as the greener inhaler guidance will be looked at in line with the Proxor position statement & place formulary positioning. LS asked if Sheffield LMC's comments on the position statement had been responded to, DL will look into this. A general discussion around the process of IMOC approvals and place implications and implementation took place, clarification on this will be sought and brought to a future meeting. HS/JB outlined the process behind the traffic light drugs updates that come from IMOC and how they impact the Sheffield place list (by removal of those drugs listed on the central SY list) and there ought to be a similar process for formulary alignment developed. <p>Post meeting note (SA): The role/purpose of IMOC can be found here for information. SA and HT attend IMOC meetings with SA as the APG representative for Sheffield Place. The implementation of agreed IMOC guidelines/SCP/TLDs is usually done once information is shared with APG, as per the APG draft TOR. A similar process exists for the other places in SY. It is suggested that any review of this process awaits the outcome of the ICB MO re-organisation.</p> <p>Decision: the formulary positioning for Proxor in Sheffield was approved by the group, DL was asked to update the local guidance documents in the interim to support this. The position statement was brought for information as this was approved at IMOC.</p> <ul style="list-style-type: none"> DMARD quick reference guide update – HS stepped in to present this on behalf of SK as SA was also unavailable for the meeting. HS noted that all the links within the document need to be updated to the new MO website

	<p>links. It was also suggested that the document be given a different version title to update it, and the review date needs extending. HS to feed these suggestions back to SK.</p> <p>Decision: subject to the above detailed changes, the group approved the updated guide.</p>	HS/SK
10.	Integrated Medicines Optimisation Committee (IMOC)	
	<p>CS summarised in the absence of HT/SA that the main points were that the papers submitted for the meeting were all approved:</p> <ul style="list-style-type: none"> • AK Guideline • Tirzepatide weight management guideline • Tirzepatide position statement update • DOAC position statement • Children's & Young people's (CYP) asthma guideline • Proxor position statement • Rimegepant document update 	
11.	NICE Guidance	
	<ul style="list-style-type: none"> • The main point to note is that mirabegron has been traffic lighted as green to align the traffic light status for TA290 (for treating symptoms of overactive bladder) as this had not been classified before on SY list. 	
12.	APG Mailbox.	
	<p>JB reported that there has been a Freedom of Information (FOI) request about all members of prescribing decision groups within SY. This came via the IMOC mailbox and has been dealt with following ICB procedures for FOIs.</p>	
13.	Reports from Neighbouring Committees	
	Nothing of note for this meeting	
14.	Never Events and Patient Safety Incidents.	
	Nothing reported	
15.	Any Other Business	
	<p>At this point in the meeting LS asked if anyone had come across use of methylphenidate for giggle incontinence, the response was that no one had and that any shared care in place is specifically for the indication of ADHD, therefore any other indications would need prescribing to be undertaken solely by the secondary care clinician. AA shared a link in the meeting chat on MS Teams to Giggle Incontinence - Gateshead Health for information. It was agreed that this would be off-label use and therefore definitely under the remit of a specialist.</p> <p>RL brought a generic letter that her practice had received regarding improper conduct from locum/PCN pharmacists changing patient's nominated pharmacies on the practice clinical systems. This appears to relate to a wider issue and has been witnessed in other practices/PCNs. CS said she had been included in an email trail investigating the issue and would try to locate the information to feed back to the group. RL was thanked for sharing the information, which is useful intelligence. APG does not routinely deal with matters like this, but information is gratefully received for local intelligence purposes.</p> <p>CS will ensure this information is shared with Claire Thomas, LPC, CPSY & Helen Chapman at STH and suggested to RL that contacting Paul Wike would be a good idea as he has seen similar in his practice/PCN.</p> <p>The chair wished everyone a Merry Christmas & Happy New Year.</p>	

16.	Date of the next meeting: 1:30-3:00pm Thursday 15 th January 2026. Virtual meeting via MS Teams.	
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Appendix 1 – November TLDL updates.

Drug/Product Traffic Light Status	Brand name	Rational / criteria	Indication	Date Considered	Comments	Agenda Item
Influenza vaccine (<i>new vaccine</i>)	Supemtek TIVr®		Active immunisation for the prevention of influenza disease in adults	Nov-25		Horizon Scanning
Levodopa (<i>new inhaled formulation</i>)	Inbrija®	7	Intermittent treatment of episodic motor fluctuations (OFF episodes) in adults with Parkinson's disease treated with a levodopa/dopa-decarboxylase inhibitor	Nov-25		Horizon Scanning
Nirsevimab (<i>new medicine</i>)	Beyfortus®	1,6	Prevention of respiratory syncytial virus (RSV) lower respiratory tract disease in neonates and infants during their first RSV season, and children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season	Nov-25		Horizon Scanning
Ribavirin (including in combination with other drugs)		1,6	In line with positive NICE TA recommendations	Nov-25	Ribavirin NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Ribociclib (including in combination with other drugs)		1,6	In line with positive NICE TA recommendations	Nov-25	Ribociclib NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Rilpivirine (including in combination with other drugs)		1,6	In line with positive NICE TA recommendations	Nov-25	Rilpivirine NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Riociguat		1,6	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Ritonavir (including in combination with other drugs)		1,6	In line with positive NICE TA recommendations	Nov-25	Ritonavir NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Romiplostim		1	In line with positive NICE TA recommendations	Nov-25	Romiplostim NICE information	IMOC Subgroup TLDL (

					harmonisation of TLS)
Romosozumab	1	In line with positive NICE TA recommendations	Nov-25	Romosozumab NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Ropeginterferon	1,6	All licensed indications	Nov-25	Ropeginterferon NICE TA in development	IMOC Subgroup TLDL (harmonisation of TLS)
Ropivacaine	1	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Roxadustat	1	In line with positive NICE TA recommendations	Nov-25	Roxadustat NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Sacituzumab govitecan	1,6	In line with positive NICE TA recommendations	Nov-25	Sacituzumab NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Sarilumab	1	In line with positive NICE TA recommendations	Nov-25	Sarilumab NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Selexipag	1,6	All licensed indications	Nov-25	-	IMOC Subgroup TLDL (harmonisation of TLS)
Siponimod	1,6		Nov-25	Siponimod NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Aspirin		All licensed indications & off-licensed use for hypertension in pregnancy	Nov-25	Aspirin in pregnancy NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Sodium Phenylbutyrate	6	for treating amyotrophic lateral sclerosis, see red traffic light list for other indications	Nov-25	Sodium Phenylbutyrate NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Sodium Phenylbutyrate	1,6	All licensed indications, see also grey traffic light classification listing	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Sofosbuvir (including in combination with other drugs)	1,6	In line with positive NICE TA recommendations	Nov-25	Sofosbuvir NICE information	IMOC Subgroup TLDL (harmonisation of TLS)

Sotorasib	1,6	In line with positive NICE TA recommendations	Nov-25	Sotorasib NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Streptomycin	1	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Streptozocin	1	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
buprenorphine/naloxone	1	Opioid drug dependence	Nov-25	Buprenorphine/naloxone NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Sucroferric oxyhydroxide	1,6	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Sugammadex	1	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Sunitinib	1,6	In line with positive NICE TA recommendations	Nov-25	Sunitinib NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Talimogene laherparepvec	1,6	In line with positive NICE TA recommendations	Nov-25	Talimogene NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Tedizolid	1	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Teduglutide	1,6	In line with positive NICE TA recommendations	Nov-25	Teduglutide NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Tenofovir (including in combination with other drugs)	1,6	HIV & also in line with positive NICE TA recommendations	Nov-25	Tenofovir NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Tepotinib	1,6	In line with positive NICE TA recommendations	Nov-25	Tepotinib NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Teriflunomide	1,6	In line with positive NICE TA recommendations	Nov-25	Teriflunomide NICE information	IMOC Subgroup TLDL (harmonisation of TLS)

Teriparatide	1	In line with positive NICE TA recommendations	Nov-25	Teriparatide NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Terlipressin	1	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Tetracosactide	1	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Tezacaftor (in combination with other drugs)	1,6	In line with positive NICE TA recommendations	Nov-25	Tezacaftor NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Tezepelumab	1	In line with positive NICE TA recommendations	Nov-25	Tezepelumab NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Thalidomide	1,6	In line with positive NICE TA recommendations	Nov-25	Thalidomide NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Thiotepa	1	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Tigecycline	1	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Tildrakizumab	1	In line with positive NICE TA recommendations	Nov-25	Tildrakizumab NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Tioguanine	1	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Tirofiban	1	In line with positive NICE TA recommendations	Nov-25	Tirofiban NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Tivozanib	1,6	In line with positive NICE TA recommendations	Nov-25	Tivozanib NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Tolvaptan	1,6	In line with positive NICE TA recommendations	Nov-25	Tolvaptan NICE information	IMOC Subgroup TLDL (harmonisation of TLS)

Tralokinumab	1,6	In line with positive NICE TA recommendations	Nov-25	Tralokinumab NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Trastuzumab (including in combinatin with other drugs)	1,6	In line with positive NICE TA recommendations	Nov-25	Trastuzumab NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Treprostinil	1,6	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Tretinoïn	1	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Trientine	1,6	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Upadacitinib	1,6	In line with positive NICE TA recommendations	Nov-25	Upadacitinib NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Ustekinumab	1,6	In line with positive NICE TA recommendations	Nov-25	Ustekinumab NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Valganciclovir	1	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Vasopressin	1	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Venetoclax (including in combinatin with other drugs)	1,6	In line with positive NICE TA recommendations	Nov-25	Venetoclax NICE information	IMOC Subgroup TLDL (harmonisation of TLS)
Verteporfin	1	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Vinblastine	1	All licensed indications	Nov-25		IMOC Subgroup TLDL (harmonisation of TLS)
Vardenafil		Erectile Dysfunction. Follow Place formularies / guidelines for further information	Nov-25	Updated SLS criteria information	IMOC Subgroup TLDL (harmonisation of TLS)

Letermovir	1,6	In line with positive NICE TA recommendations	Nov-25	Letermovir NICE Information	IMOC Subgroup TLDL (harmonisation of TLS)
Lisocabtagene maraleucel	1,6	In line with positive NICE TA recommendations	Nov-25	Lisocabtagene maraleucel NICE Information	IMOC Subgroup TLDL (harmonisation of TLS)
Isatuximab (in combination) already traffic lighted	1,6	untreated multiple myeloma when a stem cell transplant is unsuitable	Nov-25	NICE TA1098	IMOC NICE TA
Sparsentan already traffic lighted	1,6	Treating primary IgA nephropathy	Nov-25	NICE TA1074	IMOC NICE TA
Budesonide already traffic lighted	1,6	Targeted-release budesonide for treating primary IgA nephropathy-	Nov-25	NICE TA937	IMOC NICE TA
Durvalumab already traffic lighted	1,6	Treating limited-stage small-cell lung cancer after platinum-based chemoradiotherapy	Nov-25	NICE TA1099	IMOC NICE TA
Garadacimab	1,6	Preventing recurrent attacks of hereditary angioedema in people 12 years and over	Nov-25	NICE TA1101	IMOC NICE TA
Lorlatinib already traffic lighted	1,6	For ALK-positive advanced non-small-cell lung cancer that has not been treated with an ALK inhibitor	Nov-25	NICE TA1103	IMOC NICE TA
Mirabegron	6	for treating neurogenic detrusor overactivity in people 3 to 17 years (terminated appraisal)- not to be traffic lighted	Nov-25	NICE TA1100	IMOC NICE TA
Mirabegron		In line with positive NICE TA recommendations		-	
Sarilumab	6	for treating polyarticular or oligoarticular juvenile idiopathic arthritis in people 2 to 17 years (terminated appraisal) will traffic light as red (see below)	Nov-25	NICE TA1104	IMOC NICE TA
Sarilumab	1,6	In line with positive NICE TA recommendations	Nov-25	Sarilumab NICE Information	IMOC NICE TA
Clascoterone already traffic lighted	6	For treating acne vulgaris in people 12 years and over (terminated appraisal)	Nov-25	NICE TA1105	IMOC NICE TA
Fluorouracil 5% cream	Efudix		Nov-25	-	IMOC application
Fluorouracil 4% cream	Tolak		Nov-25	-	IMOC application

5 Fluorouracil and salicylic acid 5FU-SA	Actikerall			Nov-25	-	IMOC application
Imiquimod 5% cream	Aldara			Nov-25	-	IMOC application
Imiquimod 50mg/g cream	Bascelles			Nov-25	-	IMOC application
Diclofenac 3% gel	Solaraze			Nov-25	-	IMOC application
Imiquimod 3.75% Cream	Zyclara			Nov-25	-	IMOC application
Tirbanulin ointment	klisyri			Nov-25	-	IMOC application