Minutes of the Integrated Medicines Optimisation Committee (IMOC)
Held on Wednesday 4th March 2026 11:30-13:30
Via Microsoft Team

Attendees present:	Time of attendance (if not present for full meeting)	Invited Attendees:	
✓		David Warwicker (DW)	Medical Lead for Medicines Optimisation **(chair)**
✓		Heidi Taylor (HT)	SYICB Medicines Optimisation Programme Director (Clinical Effectiveness, Quality and Safety)
		Alex Molyneux (AJM)	NHS SY ICS Chief Pharmacy Officer
✓		Chris Bland (CB)	Chair Community Pharmacy South Yorkshire (CPSY)
✓		Govinder Bhogal (GOVB)	Programme Director for Medicines Optimisation (Pathways Redesign and Population Health)
		Chris Lawson (CL)	SYICB Medicines Optimisation Programme Director (Strategy & Delivery)
✓		Charlotte McMurray (CM)	SYICB Medicines Optimisation Programme Director (Pharmacy Integration and Development)
✓		Ashley Hill (AH)	SYICB Senior Medicines Optimisation Technician- Doncaster (IMOC Secretary)
✓	*Left at 12:37*	Esoop Bharoocha (EB)	SYICB Deputy Chief Pharmacist – Rotherham Hospital

✓	*Left at 12:44*	Dean Eggitt (DE)	LMC representative – Doncaster
		Rob Wise (RW)	Senior Pharmacist NNICB - Bassetlaw Place Partnership
		Krishna Kasaraneni (KK)	LMC Representative – Sheffield
		Lee Wilson (LW)	Consultant Pharmacist DBTHFT
		Sarah Hudson (SH)	Deputy Chief Pharmacist SWYPFT
		Joanne Wragg (JW)	Sheffield Children's NHS FT Chief Pharmacist
✓		Barbara Obasi (BO)	Senior Pharmacist (Pharmacy Integration and Development Portfolio)
		Abiola Allinson (AA)	SYICB Chief Pharmacist- SHSC
✓		Steve Davis (SD)	RDaSH Chief Pharmacist
		Claire Thomas (CT)	Community Pharmacy Clinical lead- SY ICB
		Graham Marsh (GM)	Sheffield Teaching Hospital Chief Pharmacist
		Mr Veeraraghavan Chidambaram-Nathan (CN)	Transplant and General surgery Consultant - STH
		Trish Edney (TE)	Sheffield Healthwatch Representative
✓		Eloise Summerfield (ES)	Senior Pharmacist (Strategy & Delivery) Rotherham Place Support to High-Cost Drugs (Pathways)
✓		Deborah Cooke (DC)	Senior Pharmacist (Strategy and Delivery & Clinical Effectiveness-Barnsley Place)
		Gillian Turrell (GT)	SYICB- Hospital Pharmacist- Barnsley
✓	*Left at 12:55*	Sophie Holden (SH)	Rotherham GP MM lead for Rotherham Place
		Jason Page (JP)	Rotherham Place Medical Director
✓		Joanne Howlett (JH)	Medicines Optimisation Lead Pharmacist (Strategy and Delivery – Barnsley Place)
		Paul McManus (PM)	NHSE Specialist commissioning - Senior Pharmacist
✓		Ewa Gabzdyl (EG)	Senior Pharmacist Strategy & Delivery- Doncaster Place
		Surinder Ahuja (SA)	Medication Safety Officer & Lead Pharmacist Governance and Formulary- Rotherham Hospital
✓		Shameila Afsar -Baig (SAB)	Senior Pharmacist (Strategy and Delivery)- Sheffield Place

✓	*Left at 12:25*	Kulsoom Khan (KKh)	Procurement Pharmacist at TRFT
✓		Mallicka Chakrabarty (MC)	GP Prescribing Lead (Bassetlaw)
		Navjit Johal (NJ)	Chief Pharmacist – Rotherham Hospital
		Robina Okes-Voysey (ROV)	Senior Pharmacist, Quality Improvement
✓		Bipin Chandran (BC)	Rotherham LMC representative
		Greg Westley (GW)	Medicines Safety Officer
✓	*12:45-13:04*	Joanne Hill (JH)	Chief Technician
✓	*11:30-12:15*	Dr Evon Boules (EBou)	Consultant Immunologist and Clinical lead for Immunology PRU
✓	*11:43-11:57*	Sharron Kebell (SK)	Senior Pharmacist - High cost Drugs Pathways
✓	*11:57-12:18*	Ebun Ojo (EB)	Senior Pharmacist (SYICB Cardiovascular Lead; Clinical Effectiveness)
✓	*11:59-12:26*	Laura Godley (LG)	Lead Pharmacist
✓	*12:14-12:32*	Joy Power (JP)	Lead Pharmacist
✓	*12:32-12:42*	Sam Humphries (SHum)	Secondary Care Project Lead

		Action
1	**Welcome:** Joanne Hill (JH), Dr Evon Boules (EBou), Sharron Kebell (SK), Ebun Ojo (EB) Laura Godley (LG), Joy Power (JP), Sam Humphries (SHum)	
	Apologies Trish Edney, Lee Wilson, Jason Page, Grey Westley, Robina Okes-Voysey, Alex Molyneux	
2	**Declarations of Interest (DOI)** The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the South Yorkshire Integrated Care Board (ICB). Declarations declared by members are listed in the ICB Register of Interests. The register is available on the ICB website at the following link: https://southyorkshire.icb.nhs.uk/about-us/our-structure/register-interests None were given	
3	**Notification of Any Other Business** None were given	

4	**Minutes of the meeting held on 4th February 2026 & any other items which are not on the agenda** HT highlighted a small spelling mistake on page 12. This was noted and amended. The minutes were taken as a true reflection of the meeting and were approved. **Action:** AH to upload ratified minutes to the medicines optimisation website and circulate.	**AH**
5	**Action Log & Matters arising** The required actions were duly recorded in the action log. SY Gluten Free Update – AH updated the committee that the SY position statement is now live on the MO website. DC brought to the attention that the SY Gluten free prescribing guidelines, which has now been suspended is still live on the SY ICB website. GOVB will get this removed. GOVB gave an update that there will be some further Gluten free supporting documents to be approved and will come to IMOC in due course. Doncaster LMC's queried if there is any information on where to forward complaints on the decision to no longer prescribe Gluten free products. DE felt that with the new traffic light status and position statement primary care clinicians may receive complaints. HT stated that they should follow the ICB complaints procedure. Daridorexant TLDL application- Documents have now been approved and will be live on the medicine's optimisation website soon.	
6	**Updating the Shared care protocol for sublingual immunotherapy (SLIT) (Grazax®/Acarizax®) for use in Adults only to include Betula verrucosa**	

	Dr Evon Boules (EBou)- Immunology Consultant at Sheffield Teaching hospital (STH). Prepared a few slides to ask the committee to update the already approved shared care protocol for sublingual immunotherapy (SLIT) (Grazax®/Acarizax®) for use in adults only to include Betula verrucosa (Itulazax 12 SQ-Bet, Alk-Abelló). Itulazax is indicated for the treatment of moderate-to-severe allergic rhinitis and/or conjunctivitis induced by pollen from the birch homologous group. It is currently only offered by the tertiary service at STH. The service currently uses pre-seasonal treatment (Pollinex Tree Initial & Extension Kit) which is a licensed product. This is given subcutaneously so patients need to attend hospital for their injections. There is no second line option for tree pollen desensitisation, so the addition of Itulazax would give 2 options for treatment for those with allergy to the birch homologous group of trees. EBou explained the financial difference between the subcutaneous injection to the sublingual tablets. The Pollinex injection costs around £1600 over the 3 years compared to Itulazax over 3 years is £58.5. EBou explained that if Itulazax is not added to the current SCP patients will have to receive the current injection therapy, which may not be suitable for some patients. The Clinical Immunology and Allergy unit (CIAU) is unable to offer follow up appointments for patients to receive their prescription and does not have a system in place to produce regular prescriptions. EBou discussed that there is a short period of time to introduce the treatment, desensitisation for tree pollen needs to be introduced somewhere between September and November, the immunology clinic can only accommodate a limited number of appointment slots. This means they are unable to offer treatment to all patients and have to create a waiting list. This can affect patients' quality of life and will likely require GP prescriptions for other treatments eg antihistamines and nasal sprays. HT discussed that in principle it is a sensible direction of travel improving the care of patients and also cost effective. The current situation within SY ICB is that any movement of workload is not applicable at the moment and will not be undertaken by Primary care currently. The LMC's have fed back that until remuneration is in place no new or updated SCP will be accepted. As the next cohort of patients will not be starting this treatment before September this does give time to complete commissioning	

	arrangements which are expected to be completed by June. BC agreed that in principle the inclusion of Itulazax is clinically appropriate and confirmed that there are ongoing discussions regarding SCP also suggested the use of Electronic Prescription systems (EPS) being sent to local pharmacies. Currently hospital EPS is not available in SY. The committee discussed that it is worth exploring with STH in treating patients with the oral preparation as it is a significant cost saving. EBou to link in with Graham Marsh – Chief Pharmacist to consider how to get prescriptions to patients of the oral treatment. EBou discussed that it will be taken to the next business meeting but concerned that patients need to have regular prescriptions with patient numbers growing their current team would possibly not be able to maintain the prescription reviews. It was also noted that Shared care protocols do not have to be accepted by GPs. The committee agreed that clinically the updated shared care protocol is approved. But with the current ongoing discussions of remuneration with the LCS negotiations the document was not approved. This will be escalated and included in the FEG report. Once LCS commissioning arrangements have been approved EBou will be updated, and the SCP will be added to the forward planner. Actions: • EBou to discuss prescribing oral treatment at STH with Graham Marsh • Escalation of the current LCS blockage in the FEG report • AH to add to forward planner	
7	**Prescribing guidelines for the use of SGLT2 inhibitors (Dapagliflozin and Empagliflozin) in the management of chronic heart failure** Ebun Ojo (EO)- MO cardiovascular disease Pharmacist. Proposed to the committee to re traffic light SGLT2 inhibitors Dapagliflozin and Empagliflozin from Amber G to Green for the management of patients with heart failure with reduced, mildly reduced and preserved ejection fraction. Historically Dapagliflozin and Empagliflozin have been traffic lighted Amber G with	

	supporting guidance documents in Sheffield and Barnsley. The guidance document presented would harmonise the traffic light classification of SGLT2 within SY. EO explained that there were a few minor typos which have been highlighted and will be amended. Appendix 1 is a useful checklist which can be used by primary care clinicians, feedback had been collected from specialists, colleagues and LMC members. Recent NICE update NG106 guidelines and the new heart failure QOF indicator – specifying treatment with the four pillars for patients with Heart Failure due to reduced ejection fraction and with heart failure (HFrEF)with left ventricular ejection fraction (LVEF). The Green traffic light status will help practices in achieving their QOF targets as it empowers them to be able to start patients on SGLT2 inhibitors. EB has fed back to the specialist's teams the importance of ensuring heart failure diagnosis is clearly stated in the discharge summaries with a management plan, and whether the patients follow up will be seen by a heart failure nurse or consultant. SH was supportive of the change of traffic light status but asked if the appendix 1 checklist could be incorporated into the GP clinical systems for clinicians to use instead of having to print it off, as this would be beneficial. EO will have a look into this. HT noted that there were concerns raised by the LMC's around the shift in workload, QOF having 12 points associate with this should help facilitate its implementation. The LMC concerns will be raised and included in the FEG report. It was noted that with the guidance and the QOF the impact means that potentially an increase in prescribing and cost and this should be flagged to the executive board as this will put pressure on the prescribing budget. EO to look at figures and send them to CM and HT to include in the FEG report. BC Rotherham LMC member was supportive of the change and has seen tremendous improvement in cardiac function in his patients. The committee approved Dapagliflozin and Empagliflozin Green traffic light status and also approved the supporting guidelines. **Actions :** • EB to amend the guideline with the minor typos and send to AH	**EB**

	• EB to collect figures to include in the FEG report • CM to include LMC feedback and potential impact on the prescribing budget in the FEG report • AH to upload the Guidance documents to the Medicines Optimisation website and circulate**.**	**EB** **CM** **AH**
8	**Updates to documents -SY Gabapentinoid deprescribing guidance** Laura Godley (LG) MO Pharmacist at Rotherham Place presented on behalf of Helen Taylor who has prepared the documents. The Gabapentinoid deprescribing guidance and the patient information leaflets were previously approved at Sheffield's Area Prescribing Group in 2022. The documents have been recently updated to include recent safety updates and side effects. The updates have been completed and reviewed by consultants at Sheffield Teaching Hospital Dr Wassall and Dr Bendinger who were part of the original creation of the documents. Helen Taylor has included the changes to the documents in the attachments. The documents have been circulated to the LMC's and had feedback from Rotherham LMC that they would like to discuss it at their next meeting in March. The patient information leaflets have also to be reviewed by a patient reading group. EW has shared the documents with DRI formulary pharmacist who supported the documents. The committee approved the documents subject to approval from the patient reading groups and any feedback from Rotherham LMC. **Actions:** • Helen Taylor to receive feedback from Rotherham LMC and patient reader panel	

	• AH to upload to the Medicines Optimisation website once final approval from the Chair	**Helen Taylor** **The Chair/ AH**
9	**Update to the Tirzepatide type 2 diabetic guidance document** Joy Power presented the latest updated document for approval. Updates to the document include: Patients currently taking Orlistat should be reviewed prior to starting tirzepatide treatment. Updates to the cautions and contraindications including acute pancreatitis information has been expanded and diabetic retinopathy has also been included. Appendix 1 includes a flow chart from the British Association of Clinical Diabetologists and Primary Care. HT discussed that there has been a recently updated NICE Guidance Type 2 diabetes in Adult management NG 28 published where they have reviewed diabetic medication and have changed the pecking order and basing decisions on HbA1c verses weight loss. The committee agreed that in the interim until the guidance document can be updated with the new updated NICE Guidance that the version which has come to IMOC is approved. Action : • JP to review the new updated NICE guidance in due course • AH to add diabetic 2 guidelines to be updated following NICE update to the forward planner • AH to update the Medicines Optimisation website with the new updated version approved at the meeting	**JP** **AH** **AH**

10	**Monitored Dosage system (MDS) Patient Information leaflet (PIL)** Sam Humphries (SHum) presented the MDS PIL which was designed a few years ago as part of a sweep of resources that Primary care requested as part of the MDS work. The ask of the committee was to approve a PIL to inform patients of alternatives to MDS. The PIL has been to many different stakeholders and patient representatives have reviewed and feedback comments which have been incorporated. CB asked if the wording could be changed on page 2 regarding fees for MDS to state that there may be a fee to have an MDS if the patient wanted an MDS for their convenience rather than clinically required. HT asked if there were apps available for people to use as a reminder to take their medication. SHum to review and amend. The committee discussed some clarity around the medicine's safety, that if a Dr wants to make an adjustment to a patient's medication it can take weeks when using an MDS. The title could also be made clearer to say, "monitored dosage systems and alternatives". The committee were happy to approve the MDS PIL with the above amendments. SHum will make the amendments required and the chair will have the final sign off. **Actions:** • SHum to make the above amendments to the PIL • The chair to sign off final version • AH to upload to the medicines optimisation website and circulate	**SHum** **The chair** **AH**

11	**Horizon Scanning** All drugs included in the list were approved and recorded in the summary below. Highlighting Optimise Rx and Script switch can be used to notify prescribers with recommendations required. Methylphenidate (new MR chewable tablet formulation)- Tuzulby® has been highlighted to the Lead Pharmacist who is working on the ADHD pathway.	
12	**IMOC subgroup TLDL** The committee approved the IMOC sub group drugs and these have been recorded in the summary below.	
13	**NICE Summary** QS209 & NG28- Type 2 diabetes in adult management: NICE have updated their visual support which helps summarise and clarify the pecking order for the different comorbidities patients may have and what is 1st and second line. For 1st line treatment slow release metformin rather than normal metformin. It was noted for immediate action that Places take this action away to ensure they have updated their formularies. The updates will need to be reviewed and implemented and put on the forward planner to action. NICE TA1128- Targeted-release budesonide for treating primary IgA nephropathy. This is an update to previous NICE TA. The guidance expands eligibility for targeted-release budesonide to a wider group of people with immunoglobulin A nephropathy (IgAN), bringing it in line with the licensed indication. Previous NICE technology appraisal guidance (TA937) recommended the treatment only if a person has a UPCR of 170 mg/mmol or more. The review now extends this to include people with a UPCR	

	of 90 mg/mmol or more or a protein excretion of 1.0 g/day or more. Traffic Light status Red. NICE TA1127-Nivolumab with chemotherapy for neoadjuvant treatment then alone for adjuvant treatment of resectable non-small-cell lung cancer. Traffic Light status Red. NICE TA1129- Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy. Traffic Light status Red. NICE TA 1130- Talazoparib with enzalutamide for untreated hormone-relapsed metastatic prostate cancer. Traffic Light status Red. NICE TA1131- Obinutuzumab with mycophenolate mofetil for treating lupus nephritis. Traffic Light status Red. NICE TA 1133- Belantamab mafodotin with pomalidomide and dexamethasone for previously treated multiple myeloma. Traffic Light status Red. NICE TA1134- Dupilumab for treating severe chronic rhinosinusitis with nasal polyps. Traffic Light status Red. NICE HST34- Cerliponase alfa for treating neuronal ceroid lipofuscinosis type 2. Traffic Light status Grey 7 NICE TA1132- Ruxolitinib for treating moderate to severe chronic graft versus host disease after an allogeneic stem cell transplant in people 28 days to 17 years (terminated appraisal).All positive NICE TA's traffic lighted Red 1,6 **Actions:** • AH to update SY traffic light drug list • Places to review their formulary status of metformin SR as updated in the new TA.	

14	**Safety updates minor updates to existing guidance documents** The following safety updates were discussed and approved: **Further discussions around the Regulation 28 report - death due to emollient build up on clothing.** The group supported the value of adding the link Keep the warmth, lose the risk: MHRA and National Fire Chiefs Council issue winter emollient safety warning - GOV.UK to the SY guideline on emollients and risk of severe and fatal burns. Also updated SY Fire Service broken link. Place teams to circulate the updated document. - The updated SY guideline on emollients was approved JH updated the committee that there have been three fatalities in Doncaster reported recently. This is being reviewed by the SY safeguarding Oversight committee and if there are any actions this will be taken through to the medicine's safety group. "**Isotretinoin – changes to prescribing guidance and additional risk minimisation measures** The Commission on Human Medicines (CHM) has endorsed changes to the risk minimisation measures for isotretinoin, following a review of the impact of the measures implemented in 2023. MHRA ask healthcare professionals to review these new measures and supporting materials and integrate them into their clinical practice." GPs and primary care teams should be aware that isotretinoin prescribing now uses revised risk-minimisation measures, including removal of the mandatory second prescriber for under-18s, while all patients must still undergo robust counselling and monitoring, use the updated Acknowledgement of Risk Form (https://assets.publishing.service.gov.uk/media/6972522d21a2f53a6a4fd4b5/uk-additionaldata-ack-risk-form_Final__002_.pdf), adhere to the Pregnancy Prevention Programme, and be monitored for mental health, sexual side effects	

	and pregnancy risk, with closer coordination between primary care, community pharmacy and dermatology services. **GLP-1 receptor agonists and dual GLP-1/GIP receptor agonists: strengthened warnings on acute pancreatitis, including necrotising and fatal cases** The product information for all Glucagon-Like Peptide-1 (GLP-1) receptor agonists and dual GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonists has been further updated to highlight the potential risk of severe acute pancreatitis with these products, including rare reports of necrotising and fatal pancreatitis. - "Primary care clinicians should remain vigilant for symptoms of acute pancreatitis in patients using GLP-1 or dual GLP-1/GIP receptor agonists, as product information has been updated to include strengthened warnings about rare but severe, including necrotising and fatal, cases. Patients should be advised to seek urgent medical attention for severe, persistent abdominal pain (possibly radiating to the back) with or without nausea or vomiting. Clinicians should ask specifically about privately prescribed GLP-1/GIP agents, as these may not appear in GP records. If pancreatitis is suspected, treatment should be stopped immediately and not restarted if the diagnosis is confirmed, and caution is advised in patients with a history of pancreatitis. Practices should continue to report suspected adverse reactions via the Yellow Card scheme." "**Semaglutide (Wegovy, Ozempic and Rybelsus): risk of Non-arteritic Anterior Ischemic Optic Neuropathy (NAION)** Non-arteritic anterior ischemic optic neuropathy (NAION), a condition that can cause sudden deterioration in vision, usually in one eye at a time, has been very rarely reported in association with semaglutide in the treatment of type 2 diabetes, weight management and cardiovascular risk reduction. Patients	

	reporting a sudden loss of vision (including partial loss) while on semaglutide treatment should be urgently referred for ophthalmological examination." - Primary care teams should ensure they are fully informed of the updated safety information and recommended actions outlined in the recent MHRA Drug Safety Update regarding semaglutide-containing medicines (Wegovy, Ozempic and Rybelsus). This includes being aware of the very rare risk of non-arteritic anterior ischaemic optic neuropathy (NAION) and the associated clinical presentation, as highlighted by the MHRA. **Burkholderia stabilis infections associated with non-sterile alcohol-free wipes: ongoing risk to patients including those with longstanding intravascular devices managed in the community** UKHSA are providing an update to previous advice regarding contaminated non-sterile alcohol-free wipes in response to continuing detection of cases and a recent death attributable to Burkholderia stabilis infection. - Health professionals are asked to be aware of recommendations as issued in the National Patient Safety Alert from 26 June 2025, and to proactively check for and dispose of contaminated products. **"IXCHIQ Chikungunya vaccine: updates to restrictions of use following safety review** Following the completion of a safety review and the recommendations of the Commission on Human Medicines (CHM), the IXCHIQ Chikungunya vaccine is no longer indicated for adults over the age of 60 years, and is contraindicated in all individuals with hypertension, cardiovascular disease, diabetes mellitus, and/or chronic kidney disease. This action follows very rare fatal reactions, and other serious adverse reactions reported globally last year. In addition, the CHM have advised that the IXCHIQ vaccine should be given no later than 30 days prior to travel." - Primary care clinicians will need to avoid offering IXCHIQ to adults aged ≥60 or to anyone with hypertension, cardiovascular disease, diabetes, or chronic	

	kidney disease, and ensure strict adherence to contraindications and precautions when advising travellers. They must also provide thorough pre-travel benefit–risk assessments and ensure the vaccine is given no later than 30 days before travel. **Falsified Mounjaro KwikPen 15mg pre-filled pens** A falsified version of Mounjaro (tirzepatide) KwikPen 15mg solution for injection has been found supplied through one online pharmacy in the UK. The falsified product is labelled with batch D873576 and applies to Mounjaro KwikPen 15mg solution for injection in pre-filled pen only. - "Healthcare professionals should stop supplying the Mounjaro KwikPen 15mg pre-filled pens with the above falsified batch number immediately. Quarantine all remaining stock and return it to your supplier. Patients who report a faulty pen should be advised not to attempt to use it. If it is a 15mg pen, they should be asked to check the batch number and report the case to the MHRA via info@mhra.gov.uk if it matches the above-mentioned batch number and expiry date. MHRA will arrange a collection of the pen." Actions: • AH to upload the SY Guideline on emollient with the new version on the MO website • MOT to take back to Place meetings to review and action as recommended in the safety update	
15	**Extending the review date of IMOC documents** HT discussed that historically in Sheffield used to have 5-year review dates on guidelines and shared care protocols. This was based on the principle that NICE do not have expiry dates. Guidelines would be updated if there was new evidence or a NICE TA, supply issue or safety issues. With the reduction of staff and the impending changes to the organisation. The committee were asked to	

	consider that any new SY guidelines/ Shared care protocols review date could be extended to 5 years. The committee agreed that any new SY documents could have a review date of 5 years.	
16	**ICB Formal Executive Group Report (FEG)** CM informed the committee that February's IMOC decisions went to the formal executive group meeting which were all acknowledged and supported.	
17	**Minutes from SY ICB place APCs and other documents for circulation** None were discussed	
18	**Stock Shortages** Co-codamol 30/500 there is currently a stock shortage. The chair explained that at a recent opioid safety group meeting discussions took place that this could be used as an opportunity to deprescribe some opioids that have been left on repeat prescription. HT discussed that Helen Taylor had drafted some comms which captured this and was shared at Place. It was also noted that there is a stock shortage on Fluoxetine 20mg capsules, CB to look into this. 5FU Fluorouracil cream(generic) there has been a supply problem with. The 4% Tolak cream is not licenced for Bowen's disease. The traffic lighting of some of the other creams which would be used for Bowens' disease such as Aldara is only specifically traffic lighted for the use in AK. The question was raised whether to use an off licenced treatment or to wait until stock returns. CB will look into the supply issue, if it is a long-term stock shortage he will inform Joy Powers who can review further.	
19	**Items for Escalation (e.g. commissioning requirements)** Unable to approve shared care protocols due to ongoing commissioning issues.	
20	**Workplan / Forward Planner/ action log**	

	NICE NG28 Type 2 Diabetic guidance update to be added to the forward planner Updating the Shared care protocol for sublingual immunotherapy (SLIT) (Grazax®/Acarizax®) for use in Adults only to include Betula verrucosa- forward planner	
21	**Any other Business** None were discussed	
22	**Date and Time of Next Meeting** Wednesday 1st April 2026 11:30am Via Microsoft Teams	

Summary Points and Recommendations approved March's 2026

Approved Guidelines/ Shared Care protocols:	• Prescribing guidelines for the use of SGLT2 inhibitors (Dapaglifozin and Empagliflozin) in the management of chronic heart failure • Updates to documents -SY Gabapentinoid deprescribing guidance (Once feedback from the LMC's and readers group has been considered) • Update to the Tirzepatide type 2 diabetic guidance document • Monitored Dosage system (MDS) Patient Information leaflet

IMOC TLDL March 2026

Drug/Product Traffic Light Status	Brand name	Rationale / criteria	Indication	Date Considered	Review date	Comments	Agenda Item
Acoramidis ***(new medicine)***	Beyonttra®	1,6	Treatment of wild-type or variant transthyretin amyloidosis in adults with cardiomyopathy	Mar-26		*already classified Red with NCIE Tas at Feb 26 IMOC*	**Horizon Scanning**
Methylphenidate ***(new MR chewable tablet formulation) (AMBER)***	Tuzulby®	1,23	Use as part of a comprehensive treatment programme for attention deficit/ hyperactivity disorder in children and adolescents aged 6 to 17 years when remedial measures alone prove insufficient	Mar-26		*Methylphenidate is already classified Amber on SY TLDL (Feb 24) at chemical substance level*	**Horizon Scanning**
Acetic acid 2%			acute otitis externa	Mar-26			**IMOC subgroup TLDL**
Adapalene plus benzoyl peroxide 0.1%/2.5%.			acne	Mar-26			**IMOC subgroup TLDL**
Alpha Tocopheryl (Vitamin E) (AMBER G)		1,2b	Following British National Formulary (BNF)advice	Mar-26		Alpha-Tocopheryl BNF Information	**IMOC subgroup TLDL**
Alprostadil cream (AMBER G)		1	Erectile dysfunction	Mar-26			**IMOC subgroup TLDL**
Bilastine			Antihistamine	Mar-26		Refer to Place based formularies/guidelines for alternative listing	**IMOC subgroup TLDL**
Loratadine			Antihistamine	Mar-26		Refer to Place based formularies/guidelines for	**IMOC subgroup TLDL**

						alternative listing	
Cetirizine			Antihistamine	Mar-26		Refer to Place based formularies/guidelines for alternative listing	**IMOC subgroup TLDL**
Chlorphenamine			Antihistamine	Mar-26		Refer to Place based formularies/guidelines for alternative listing	**IMOC subgroup TLDL**
Hydroxyzine			Antihistamine	Mar-26		Refer to Place based formularies/guidelines for alternative listing	**IMOC subgroup TLDL**
Promethazine			Antihistamine	Mar-26		Refer to Place based formularies/guidelines for alternative listing	**IMOC subgroup TLDL**
Voxelotor			Treating haemolytic anaemia caused by sickle cell disease	Mar-26		remove from SY TLDL as product has been discontinued	**IMOC subgroup TLDL**
Fluoxetine 10mg tablets		4	cross reference to green traffic light entry	Mar-26			**IMOC subgroup TLDL**
Fluoxetine (with the exception of the 10mg tablet formulation - refer to the grey entry)			SSRI	Mar-26		Update to Green(previously Grey) as capsules are more cost effective than tablets	**IMOC subgroup TLDL**

						10mg tablets ~£60 per box; capsules ~£2.	
Ganciclovir eye drops		1,6	All licensed indications	Mar-26			**IMOC subgroup TLDL**
Ketamine		1,6	All licensed indications	Mar-26			**IMOC subgroup TLDL**
Lanreotide		1,6	All licensed indications	Mar-26			**IMOC subgroup TLDL**
Levofloxacin		1,6	All licensed indications	Mar-26			**IMOC subgroup TLDL**
Disopyramide		1,6	All licensed indications	Mar-26			**IMOC subgroup TLDL**
Budesonide M/R 4mg capsules	Kinpeygo	1,6	Targeted-release budesonide for treating primary IgA nephropathy Already traffic lighted update with new NICE TA1128	Mar-26		NICE TA 1128	**NICE TA**
Nivolumab		1,6	Nivolumab with chemotherapy for neoadjuvant treatment then alone for adjuvant treatment of resectable non-small-cell lung cancer Already Traffic Lighted	Mar-26		NICE TA1127	**NICE TA**
Niraparib		1,6	Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy	Mar-26		NICE TA1129	**NICE TA**
Talazoparib		1,6	Talazoparib with enzalutamide for untreated hormone-relapsed metastatic prostate cancer	Mar-26		NICE TA1130	**NICE TA**

Obinutuzumab		1,6	Obinutuzumab with mycophenolate mofetil for treating lupus nephritis Already traffic lighted	Mar-26		NICE TA1131	**NICE TA**
Belantamab mafodotin		1,6	Belantamab mafodotin with pomalidomide and dexamethasone for previously treated multiple myeloma Already traffic lighted	Mar-26		NICE TA1133	**NICE TA**
Dupilumab		1,6	Dupilumab for treating severe chronic rhinosinusitis with nasal polyps	Mar-26		NICE TA1134	**NICE TA**
Cerliponase alfa		7	Cerliponase alfa for treating neuronal ceroid lipofuscinosis type 2	Mar-26		HST34	**NICE TA**
Ruxolitinib		7	Ruxolitinib for treating moderate to severe chronic graft versus host disease after an allogeneic stem cell transplant in people 28 days to 17 years (terminated appraisal) Traffic Lighted Red for positive NICE TA's	Mar-26		NICE TA1132	**NICE TA**
Baloxavir marboxil		7	Baloxavir marboxil for treating and preventing influenza in children 1 to 11 years (terminated appraisal)	Mar-26		NICE TA1135	**NICE TA**
Dapagliflozin 10mg			The management of patients with heart failure with reduced, mildly reduced and preserved ejection fraction Previously traffic lighted as Amber G	Mar-26		-	**IMOC Application**
Empagliflozin 10mg	Jardiance®		The management of patients with heart failure with reduced, mildly reduced and preserved ejection fraction Previously traffic lighted as Amber G	Mar-26		-	**IMOC Application**