



Minutes of the Integrated Medicines Optimisation Committee (IMOC)
Held on Wednesday 6th May 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)
✓		Charlotte McMurray (CM)	SYICB Medicines Optimisation Programme Director (Pharmacy Integration and Development)
✓		Ashley Hill (AH)	SYICB Senior Medicines Optimisation Technician- Doncaster (IMOC Secretary)
		Esoop Bharoocha (EB)	SYICB Deputy Chief Pharmacist – Rotherham Hospital
		Dean Eggitt (DE)	LMC representative – Doncaster
✓		Rob Wise (RW)	Senior Pharmacist NNICB - Bassetlaw Place Partnership

		Krishna Kasaraneni (KK)	LMC Representative – Sheffield
✓	<i>Left at 12:36</i>	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
		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
✓	<i>Left at 1pm</i>	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
✓	<i>Left at 12:32</i>	Surinder Ahuja (SA)	Medication Safety Officer & Lead Pharmacist Governance and Formulary- Rotherham Hospital
✓		Shameila Afsar -Baig (SAB)	Senior Pharmacist (Strategy and Delivery)- Sheffield Place
✓	<i>Left at 12:47</i>	Kulsoom Khan (KKh)	Procurement Pharmacist at TRFT
✓	<i>Arrived at 11:54</i>	Mallicka Chakrabarty (MC)	GP Prescribing Lead (Bassetlaw)

		Navjit Johal (NJ)	Chief Pharmacist – Rotherham Hospital
✓		Robina Okes-Voysey (ROV)	Senior Pharmacist, Quality Improvement
✓	<i>Left at 1pm</i>	Bipin Chandran (BC)	Rotherham LMC representative
✓		Greg Westley (GW)	Medicines Safety Officer
✓		Helen Cunningham (HC)	Medicines Optimisation Team Lead Technician (Integration and Development; Strategy and Delivery Doncaster)
✓		Joanne Lane (JL)	CEO for Community Pharmacy South Yorkshire
✓		Patrick Clearly (PC)	Lead Pharmacist - Barnsley BDU/Medicines Information/Advanced Clinical Practitioner at South West Yorkshire Partnership Teaching NHS Foundation Trust
✓	<i>11:40-11:57</i>	Nicola Standing-Brown (NSB)	Senior Nurse Educator SY Primary Care Workforce & Training Hub
✓	<i>11:51-13:10</i>	Razwan Saleem (RS)	Strategic Pharmacist (Secondary & Tertiary Care; Pathways)
✓	<i>11:56-12:22</i>	Fernando Fuertes (FF)	Lead pharmacist at Barnsley Hospital

		Action
1	<p>Welcome:</p> <p>Welcome to: Helen Cunningham (HC) Medicines Optimisation Team Lead Technician (Integration and Development; Strategy and Delivery Doncaster)</p> <p>Patrick Clearly Lead Pharmacist - Barnsley BDU/Medicines Information/Advanced Clinical Practitioner at South West Yorkshire Partnership Teaching NHS Foundation Trust</p> <p>Nicola Standing-Brown Senior Nurse Educator ,SY Primary Care Workforce & Training Hub</p> <p>Razwan Saleem Strategic Pharmacist (Secondary & Tertiary Care; Pathways)</p> <p>Fernando Fuertes Lead Pharmacist at Barnsley Hospital</p> <p>Joanne Lane (JL) CEO for Community Pharmacy South Yorkshire</p>	
	<p>Apologies</p> <p>Alex Molyneux, Jason Page, Chris Bland, Navjit Johal</p>	
2	<p>Declarations of Interest (DOI)</p> <p>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).</p>	

	<p>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</p> <p>None were given</p>	
3	<p>Notification of Any Other Business</p> <p>HT to discuss Place communications</p>	
4	<p>Minutes of the meeting held on 1st April 2026 & any other items which are not on the agenda</p> <p>HT informed the committee of a few amendments to April's minutes including NICE TA1140- Ruxolitinib patient numbers were 205 instead of 2025 on page 5 and on page 8 under items for escalation Ruxolitinib is not a secondary care cost pressure it will have cost implications to the ICB as this is a high cost drug excluded from tariff. The amendments were approved and will be updated on the April's minutes. HT also updated the committee that from the NICE impact assessment it is showing cost of £976,000 for year one basing it on 205,000 patients. But it is expected that there will be another 100 patients each year which will increase it to 1 million. 463,000 in year two and approaching 2 million in year three. There will be some offset as not all patients will need phytotherapy because they will be on the treatment. At the moment it is not understood how this is funded. The traffic light status will still remain red.</p> <p>Action: AH to upload ratified minutes to the medicines optimisation website and circulate.</p>	AH
5	<p>Action Log & Matters arising</p> <p>The required actions were duly recorded in the action log.</p>	

6	<p>Guidance on switching Children from liquid antibiotics to tablets/ capsule medication</p> <p>Nicola Standing-Brown (NSB) Senior Nurse Educator, SY Primary Care Workforce & Training Hub has been working with the paediatric antimicrobial network in SY. The guide is to use as part of a tool to help encourage children to tablets/ capsule antibiotics. The guidance includes a helpful conversion table and resource which can be shared with parents and guardians. The documents would be hosted on the medicines optimisation website, to make it accessible to clinicians. The antimicrobial network will be updating the guidance when up for renewal. The committee gave positive feedback on the guidance document, on the usefulness of the conversion table and the colourfulness which makes the documents stand out. The document was approved and the chair thanked NSB for attending and presenting.</p> <p>Action:</p> <p>AH to upload the document to the medicines optimisation website and circulate</p>	AH
7	<p>Pylera Traffic Light Application</p> <p>Fernando Fuertes (FF) Lead Pharmacist at Barnsley Hospital, presented the application to change the traffic light status of Pylera® (Bismuth subcitrate potassium, metronidazole, tetracycline hydrochloride 140mg/125mg/125mg capsules) from Grey to Green for the eradication of Helicobacter pylori. It was proposed that it would be prescribed in line with national clinical guidelines within the BNF, as a 1st and 2nd line alternative for patients with a penicillin allergy. HT discussed that there had been some feedback from LMC colleagues who were not supportive of the change in traffic light status, including concerns that this could be a transfer of work from secondary to primary care. The committee discussed the previously approved interface document which supports cross working and prescribing between primary and secondary care.</p>	

	<p>Therefore, a primary care clinician would not be expected to prescribe Pylera for Helicobacter pylori to a patient identified in a provider trust, as the treatment should be started as soon as possible. FF discussed that there has already been some prescribing of Pylera within SY primary care. BC discussed the concerns from Rotherham LMC, that there is potential for inappropriate transfer of prescribing from secondary to primary care and the unfamiliarity of prescribing bismuth containing regimens. It was also noted that their concerns raised by the other Place LMC's. The committee discussed in great detail with the majority in support of the traffic light change, but not unanimously it was agreed to the change in traffic light status to green, subject to some education and training for primary care clinicians and emphasising what is outlined within the interface document, regarding the responsibilities of prescribing. RS discussed that he is currently working on an updated version of the interface documents and will be circulating it to the LMC's to see if any additional wording is required. CM added that with the current ICB consultation and changes within the medicines optimisation team there will be a delay in education. The LMC concerns will also be highlighted in the executive report. The chair thanked FF for attending and presenting.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Update traffic light status • Update action log- update when training/ education is available • Include LMC concerns in the executive report. 	
8	<p>Cytisincline Traffic Light Application</p> <p>Razwan Saleem (RS) presented the application to change the traffic light status of Cytisincline also known as Cytisine from grey to green. This would align with the other nicotine replacement therapy drugs. RS expressed to the committee that commissioned services must be used as the standard pathway. Primary care prescribing is only permitted in exceptional circumstances where these services are inaccessible. It was noted that the wording on the SY traffic light</p>	

	<p>drug list is used for the other nicotine replacement drugs, which has very minimal prescribing within primary care. The committee discussed that the LMC's were not supportive of the green traffic light status. HT discussed that previously other nicotine replacement therapy drugs were traffic lighted green to allow vulnerable and in exceptional circumstance a primary care clinician could prescribe, otherwise patients should be signposted to their local smoking cessation service. DC discussed that it has now been included in the NICE NG209 2025 guidance update, previously it was given the grey traffic light status as there was no supportive guidance available. PC who is a lead pharmacist at Southwest Yorkshire Partnership Foundation Trust who has been working on Patient Group Directions (PGDs) with the Yorkshire smoke free team. Highlighted that monitoring of these drugs will require primary care monitoring as particularly stop smoking can affect therapeutic levels of some drugs such as theophylline and can cause toxicity. It was agreed that perhaps the current wording on the traffic light list could be amended. The green traffic light status was agreed. The chair thanked RS for attending and presenting.</p> <p>Actions:</p> <ul style="list-style-type: none"> • AH to update traffic light status and accompanying wording 	
9	<p>Updates to Documents</p> <p>AH presented three recently updated documents to the committee.</p> <ul style="list-style-type: none"> • Updated shared care protocol & guidance document (new or updated) proposal application form • Traffic light proposal application form • Process for creating new& updating current shared care protocol or prescribing guidelines <p>Amendments to the application forms include the inclusion of traffic light status in other prescribing areas (e.g. Derbyshire), open prescribing data, and clearer</p>	

	<p>fields for application title and date. A key change across both forms is the revision of the appendices: the Quality Impact Assessment (QIA) has been restructured to include updated protected characteristics and a sustainability checklist.</p> <p>AH confirmed that the QIA has been discussed with the Involvement Team. While it has been recommended that a QIA be completed for the overall IMOC process, protected characteristics and sustainability considerations will continue to be captured within the application forms reviewed by IMOC and its subgroup. The overall IMOC process QIA has been completed and will go to panel at the end of May. AH will feedback any comments at the next meeting.</p> <p>SH suggested that the application forms should more clearly state the drug and indication at the outset to improve clarity for readers.</p> <p>The third document outlined minor updates to the Place/South Yorkshire guideline and shared care protocol process.</p> <p>The committee approved all documents, subject to a minor amendment to the application forms.</p> <p>Actions:</p> <ul style="list-style-type: none"> • AH to make the slight wording amendment to the application forms • Replace previous versions on the Medicines Optimisation website and circulate • Update IMOC with feedback from QIA panel 	
10	<p>Horizon Scanning</p> <p>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 the recommendations required.</p>	
11	<p>IMOC subgroup TLDL</p>	

	<p>The committee approved the IMOC sub group drugs and these have been recorded in the summary below.</p>	
<p>12</p>	<p>NICE Summary</p> <p>NICE TA1142- Dupilumab for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils. Already traffic lighted Red. There is an ambition nationally to potentially in the future move this to a community based respiratory model, but at the moment with the funding it is only available in secondary care. The figures are based on old COPD prevalence population data 115 (10%) in year 1, 288 (25%) in year 2 and 599 (52%) in year 3 but is predicted to be higher numbers. There will be a national confidential discount made available, but it will have significant cost pressures to the ICB. NICE has deemed it with the quality cost effectiveness, but the cost pressure is significant. It will reduce exacerbations and patients will have better COPD control. This will be highlighted within the Executive Report, alongside a separate paper addressing system capacity, including implications for respiratory services and workforce requirements. HT informed the committee that Blueteq will no longer be commissioned in SY, this is a system which supports the ICB to ensure that high cost drugs are compliant with NICE technology appraisals.</p> <p>NICE TA1143- Fezolinetant for treating moderate to severe vasomotor symptoms associated with menopause. Agreed traffic light status is Red. As experience of use is gained there could be a change in traffic light status in the future. The impact assessment tool suggests 431 patients in Year 1 with a potential cost of £270k per annum.</p> <p>NICE TA1144-Subcutaneous spesolimab 1-ml formulation for preventing generalised pustular psoriasis flares in people 12 years and over (terminated appraisal). Spesolimab already traffic lighted red in line with positive NICE TA's.</p>	

	<p>NICE TA1145- Pembrolizumab for neoadjuvant and adjuvant treatment of resectable locally advanced head and neck squamous cell carcinoma. Pembrolizumab already traffic lighted red in line with positive NICE TA's.</p> <p>NICE TA1124- Concizumab for treating haemophilia A or B in people 12 years and over with factor inhibitors (terminated appraisal). Traffic Lighted as Grey 6</p> <p>NICE TA1125- Pembrolizumab with pemetrexed and platinum-based chemotherapy for untreated unresectable advanced malignant pleural mesothelioma (terminated appraisal). Traffic Lighted red in line with positive NICE TA's</p> <p>NICE TA 1126- Natalizumab (originator and biosimilar) for treating highly active relapsing–remitting multiple sclerosis after disease-modifying therapy. Already traffic lighted red in line with positive NICE TA's</p> <p>NICE TA1056- Molnupiravir for treating COVID-19. Already traffic lighted red in line with positive NICE TA's</p>	
13	<p>Safety Updates</p> <p>Regent Medical Limited / Mölnlycke Health Care, Hibiwash 500ml</p> <p>Mölnlycke Health Care are recalling specific batches of Hibiwash due to microbial contamination at the manufacturing facility, following routine weekly microbiological monitoring.</p> <p>- "Stop using and supplying the specific batches of Hibiwash immediately. Quarantine all remaining stock and return it to suppliers using approved process.</p> <p>Healthcare professionals responsible for the management of patients with cystic fibrosis or awaiting lung transplant who have been supplied with Hibiwash since 10 February 2026 should contact patients directly.</p>	

There is no need to contact other patients. If healthcare professionals are contacted by a member of the public or patient who suspects they have used a product from an affected batch, they should be reassured that risk is very low."

Human Rabies Immunoglobulin

Bio Products Laboratory Limited is recalling one batch of Human Rabies Immunoglobulin following a stability failure for this batch. The batch has shown a reduction in potency of the Human Rabies immunoglobulin.

- Healthcare professionals are advised to stop supplying the above batch immediately. Quarantine all stock and return it to your supplier using your supplier's approved process. Bio Products Laboratory Limited can confirm that 1,414 packs of this batch have been released and distributed. No related adverse event reports have been received related to this defect. No action is required by patients as this product is administered by healthcare professionals only, who will ensure the affected stock is removed from use. The recall is a precautionary measure to mitigate the risk of a loss of efficacy of the product once administered. No adverse event reports have been received related to this issue. Patients who may have received treatment from these batches will not need to take any action.

Crescent Pharma Limited is recalling one batch of Ramipril 10mg Capsules as a precautionary measure due to a potential error at the manufacturing site. Crescent Pharma Limited has received one complaint to date, where it has been identified that, inside a sealed carton of Ramipril 10 mg Capsules Batch No.: GR174091, one blister pack of Ramipril 5 mg Capsules Batch No.: GR164094 was found. Both product batches were manufactured at the same manufacturing site, and the error appears to have occurred during secondary packaging of the cartons of Batch GR174091. Please note this is a Class 2 Patient, Pharmacy and Wholesaler level recall. Any possible impact of a lower dose of ramipril is expected to be gradual rather than immediate or life threatening

- "Advice for Healthcare Professionals:

<p>Stop supplying the impacted batch of Ramipril 10mg Capsules (Batch No GR174091)</p> <p>immediately. Quarantine all remaining stock and return it to your supplier using your approved process.</p> <p>If batch/product traceability information is available, pharmacy professionals and other healthcare professionals involved in dispensing medicinal products should identify and immediately contact all patients who have been dispensed the impacted product and ask them to confirm if they have remaining stock within their possession for return.</p> <p>If batch/product traceability information is not available, pharmacists should identify all patients dispensed this product between 13 May 2025 and 16 April 2026. Where appropriate and feasible, contact all patients who have been dispensed the impacted product with priority given to those who have been dispensed the product most recently and within the last 28 days. The majority of this was distributed in 2025 and therefore it is expected that many of these packs will have been dispensed to patients and consumed.</p> <p><u>Advice for Healthcare Professionals to Provide to Patients:</u></p> <p>If you were prescribed Ramipril 10 mg Capsules and have received the impacted product batch (Batch Number GR174091) please check that the carton contains the correct medication. The batch number and expiry date information can be found on outer carton.</p> <p>If the carton contains blister strips that are labelled and contain Ramipril 5 mg capsule, contact your dispensing pharmacy in the first instance. If the carton contains blister strips that are labelled and contain Ramipril 10 mg Capsules, you do not need to take further action.”</p>	
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During the April MSG it was raised by SCHFT that they are experiencing stock issues with Rifinah which is used for the treatment of TB. Expected allocations from Sanofi have not arrived. A parallel import has been sourced from Poland, but this is in a capsule formulation so contains gelatine. Further management may be supplying as separate ingredients. No other members of the group had experienced such issues.

"Amarox Limited is recalling one batch of Sertraline 100 mg film-coated tablets as a precautionary measure due to an error at the manufacturing site. Amarox Limited has received one complaint to date from an adult patient who reported the adverse event of headache, where it was identified that a pack of Sertraline 100 mg film-coated tablets (Batch Number V2500425) contains one blister strip of Citalopram 40 mg film-coated tablets inside the sealed carton. Both products were manufactured at the same manufacturing site and the error appears to have occurred during secondary packaging of the blister strips into the cartons.

Please note this is a Class 2 Patient, Pharmacy and Wholesaler level recall."

"Advice for Healthcare Professionals:

Stop supplying the affected batch of Sertraline 100 mg film-coated tablets (Batch Number V2500425) immediately. Quarantine all remaining stock and return it to your supplier using your approved returns process. If batch/product traceability information is available, pharmacy professionals and other healthcare professionals involved in dispensing should identify and immediately contact all patients who have been dispensed the impacted product and ask them to confirm if they have remaining stock within their possession for return. If batch/product traceability information is not available, pharmacists should identify all patients dispensed this product from 28 November 2025 onwards. Where appropriate and feasible, contact all patients who have been dispensed the impacted product with priority given to those who have been dispensed the

product most recently and within the last 28 days. The majority of this was distributed in 2025 and therefore it is expected that many of these packs will have been dispensed to patients and consumed.

Advice for Healthcare Professionals to Provide to Patients:

Some cartons of Sertraline 100 mg film-coated tablets, manufactured by Amaro Limited, may contain a blister strip(s) of Citalopram 40 mg tablets. All packs of Sertraline 100 mg film-coated tablets, Batch Number V2500425, are being recalled as a precautionary measure. If you have been prescribed Sertraline 100 mg film-coated tablets and have received impacted product (Batch Number V2500425), please check that the carton contains the correct medication. The batch number and expiry date can be found printed on the side of the outer carton. If the carton contains blister strips that are labelled and contain Citalopram 40 mg film-coated tablets, contact your dispensing pharmacy in the first instance. If the carton contains blister strips that are labelled and contain Sertraline 100 mg film-coated tablets, you do not need to take further action."

Remind patients to carry their emergency card for Addison's disease

Following two Prevention of Future Deaths reports received by NHS England, work is taking place to seek the support of GPs and healthcare professionals to remind patients with Addison's disease of the importance of carrying their Steroid Emergency Card.

This card is used to inform healthcare professionals, such as ambulance staff, that their medication cannot be stopped in circumstances where they are unable to communicate their health problems effectively.

Steroid Emergency Cards can be ordered from PCSE online or from NHS Forms, Print, Exemptions, Cards and EIHC.

Patients with Addison's disease should have their emergency plan written into their Universal Care Plan, where this is used. Further information can be found on NHS England's website

	<p>Action:</p> <ul style="list-style-type: none"> Place representatives to discuss and implement if required at Place meetings 	
14	<p>ICB Formal Executive Group Report (FEG)</p> <p>There was no April's FEG report. April's decisions will be included in May's FEG report.</p>	
15	<p>Minutes from SY ICB place APCs and other documents for circulation</p> <p>No minutes from places were discussed. The chair informed the committee that Gluten-Free FAQs and example practice letters are now available on the Medicines Optimisation website to support consistent responses to gluten-free prescribing queries.</p>	
16	<p>Stock Shortages</p> <p>AH informed the committee that Pentasa® 1 g suppositories have recently been re-branded by Ferring Pharmaceuticals as a generic (Mesalazine 1 g suppository Ferring). There is a cost saving from switching suitable patients to the generic brand. It was also noted that Ferring brand of mesalazine 1 G suppository is still not available to prescribe on SystemOne or EMIS.</p> <p>There was a recent BBC news article regarding stock shortages and community pharmacies unable to get medication. JL discussed that the medicine supply chain is extremely fragile, and the current reimbursement system is no longer sustainable. It was noted that recent national media coverage has helped to articulate the impact on community pharmacies, wider primary care, and patients.</p> <p>Concerns were raised regarding the high volume of price concessions, which reflect discrepancies between Drug Tariff prices and actual acquisition costs. In many cases, pharmacies are dispensing medicines at a financial loss. JM emphasised that this position is not sustainable and may result in pharmacy</p>	

	<p>closures, with consequential impacts across the wider healthcare system. In which a greater -wide collaboration to reduce friction across primary care and to support a coordinated response.HT referenced that AJM had previously led a group to manage medicines shortages. It was suggested that this group, including its membership and remit, should be revisited and potentially convened proactively in anticipation of ongoing system pressures, HT to discuss this with AJM. In light of the changes to ICB forums there is an uncertainty around governance and concerns around a clear system-level forum to coordinate responses to medicines shortages.</p> <p>HT suggested that medicines supply issues remain a standing agenda item at IMOC, with a view to strengthening the focus on actionable, system-level discussions. However, JM noted the highly dynamic nature of supply issues, which may limit the effectiveness of discussion within standard meeting cycles. The committee agreed the importance of improving the system and communications particularly with patients. TE acknowledged the seriousness of the issue but queried whether resolution should sit nationally rather than locally. JM confirmed that national lobbying efforts are ongoing but stressed the importance of a coordinated regional response to mitigate local impacts in the interim.</p> <p>CM reiterated the need to revisit system roles, responsibilities, and escalation routes, noting previous discussions that suggested the ICB may no longer act as a system convener for medicines shortages. Clarification on governance and how issues should be escalated through IMOC and other forums was identified as a priority.</p> <p>The Committee noted the discussion and agreed to continue this as a standing agenda item.</p>	
17	<p>Items for Escalation (e.g. commissioning requirements) Pylera Traffic Light Application- LMC concerns</p>	

	<p>NICE TA1142- Dupilumab for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils- financial/ capacity impact</p> <p>NICE TA1143- Fezolinetant for treating moderate to severe vasomotor symptoms associated with menopause</p>	
18	<p>Workplan / Forward Planner/ action log</p> <p>No Updates</p>	
19	<p>Any other Business</p> <p>HT discussed due to the reduced ICB capacity and changes under the new operating model, the previous approach of cascading IMOC decisions through Place meetings and issuing communications multiple times is no longer sustainable.</p> <p>The group discussed moving towards a single, system-wide communication approach (e.g. IMOC bulletin and/or webinar), with the option for Places to add tailored, local information where needed. DC discussed that Barnsley had previously discussed this at their last APC meeting and was in support of having a SY IMOC communication. EW from Doncaster place was also in support as they no longer have their place bulletin. AH discussed whether poll/ survey feedback from different stakeholders should be gathered ahead of a decision.</p> <p>Action:</p> <ul style="list-style-type: none"> • Places to discuss at their May meeting and feedback at Junes meeting 	
20	<p>Date and Time of Next Meeting</p> <p>Wednesday 3rd June 2026 11:30am Via Microsoft Teams</p>	

Summary Points and Recommendations approved
May's 2026

<u>Approved Guidelines/ Shared Care protocols:</u>	<ul style="list-style-type: none"> Guidance on switching Children from liquid antibiotics to tablets/capsule medication
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Drug/Product Traffic Light Status	Brand name	Rationale / criteria	Indication	Date Considered	Review date	Comments	Agenda Item
Progesterone micronised vaginal preparations		1	Supplementation of the luteal phase during Assisted Reproductive Technology (ART) cycles	May-26		Different products have different licensed indications - refer to the SPC.	Horizon Scanning
Progesterone micronised vaginal preparations		1,2b	Prevention of preterm birth.	May-26		Different products have different licensed indications - refer to the SPC.	Horizon Scanning
Loteprednol eye drops		1	corticosteroid eye drops	May-26		-	IMOC subgroup
Glibenclamide suspension	(Amglidia®)	1	Treatment of neonatal diabetes mellitus, for use	May-26		-	IMOC subgroup

			in newborns, infants and children.				
Copper histidinate injections	Copper histidinate injections	1	Presymptomatic neonates with classical Menkes disease	May-26			IMOC subgroup
Prasterone pessaries	Intrarosa		When prescribed in line with NICE NG23 1.5.10	May-26		NICE NG23	IMOC subgroup
Ospemifene tablets	Senshio		When prescribed in line with NICE NG23 1.5.11	May-26		NICE NG23	IMOC subgroup
Bismuth subcitrate potassium , metronidazole , tetracycline hydrochloride 14mg/125mg/125mg	Pylera ®		Helicobacter Pylori eradication	May-26		Green for first line or second line use only to treat H.Pylori in those with penicillin allergy. See link for clinical scenarios where consideration may be indicated. Note the licensed treatment is for 10 days.	IMOC application
Cytisinicline (cytisine)			To aid smoking cessation	May-26		Commissioned services must be used as the standard pathway. Primary care prescribing is only permitted in exceptional circumstances where these services are inaccessible. Please see CKS for supporting information (Cytisinicline Prescribing information Smoking cessation CKS NICE)	IMOC application
Dupilumab (already traffic lighted)		1,6	maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils	May-26		NICE TA1142	NICE TA

Fezolinetant (previously traffic lighted as Grey)		1,6	treating moderate to severe vasomotor symptoms associated with menopause	May-26		NICE TA 1143	NICE TA
Spesolimab		6	Subcutaneous spesolimab 1-ml formulation for preventing generalised pustular psoriasis flares in people 12 years and over (terminated appraisal)	May-26		NICE TA1144- Spesolimab has already been traffic lighted Red - will change wording to inline with positive NICE TA's	NICE TA
Pembrolizumab		1,6	neoadjuvant and adjuvant treatment of resectable locally advanced head and neck squamous cell carcinoma	May-26		NICE TA 1145- already traffic lighted inline with positive NICE TA's	NICE TA
Concizumab		6	treating haemophilia A or B in people 12 years and over with factor inhibitors (terminated appraisal)	May-26		NICE TA1124	NICE TA
Pembrolizumab with pemetrexed and platinum-based chemotherapy		6	untreated unresectable advanced malignant pleural mesothelioma (terminated appraisal)	May-26		NICE TA1125- already traffic lighted red inline with positive NICE TA's	NICE TA
Natalizumab		1,6	highly active relapsing- remitting multiple sclerosis after disease-modifying therapy	May-26		NICE TA1126- already traffic lighted Red inline with positive NICE TA's	NICE TA
Molnupiravir		1	treating COVID-19	May-26		NICE TA1056	NICE TA