Minutes of the Integrated Medicines Optimisation Committee (IMOC)
Held on Wednesday 5th November 2025 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)
✓	*Left 13:30*	Alex Molyneux (AJM)	NHS SY ICS Chief Pharmacy Officer
✓	*Left 12:42*	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)
		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
✓		Lee Wilson (LW)	Consultant Pharmacist DBTHFT
✓	*Left 12:59*	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
		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
✓		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
✓	*Arr 11:50*	Shameila Afsar -Baig (SAB)	Senior Pharmacist (Strategy and Delivery)- Sheffield Place
✓	*Arr 12:13 left 13:14*	Kulsoom Khan (KKh)	Procurement Pharmacist at TRFT
✓	*Arr 12:02 left 13:23*	Mallicka Chakrabarty (MC)	GP Prescribing Lead (Bassetlaw)
		Navjit Johal (NJ)	Chief Pharmacist – Rotherham Hospital
		Robina Okes-Voysey (ROV)	Senior Pharmacist, Quality Improvement
✓	*Arr 11:45 left 13:32*	Bipin Chandran (BC)	Rotherham LMC representative
✓		Richard Crosby	Strategic Pharmacist – Integration (Primary care, Public health and Local Authority) – attending on behalf of Govinder Bhogal.
✓		Jenni Bussey	Deputising meeting secretary (minutes) in Ashley Hill's absence
✓	*Arr 11:47 left 12:40*	Shalini Desai	Senior Pharmacist - Endocrine [Clinical Effectiveness]
✓		Lisa Murray	Lead Pharmacist (Strategy and Delivery-Rotherham)
✓	*Arr 11:35*	Esha Imran	Trainee Pharmacist (Sheffield)
✓		Maryam Safdar	Trainee Pharmacist (Doncaster)
✓		Joy Power	Lead Pharmacist (Strategy and Delivery - Barnsley)
✓		Laura Fillingham	Lead Pharmacy Technician (medicines safety) - SYICB
✓	*Arr 11:47 left 12:39*	Rao Kolusu	Doncaster GP Lead for Long Term Conditions and PMOC Chair
✓		Dr Lisa Wilkinson	Consultant in Public Health Medicine
✓		Deborah Leese	Senior Pharmacist -Respiratory (Clinical Effectiveness)
✓		Helen Taylor (HT2)	Lead Pharmacist (Strategy and Delivery-Sheffield)

		Action
1	**Welcome:** Maryam Safdar & Esha Imran - Trainee Pharmacists (induction) Joy Power- Lead MO Pharmacist presenting agenda item 7 Laura Fillingham (LF) - Lead pharmacy Technician (medicines safety) presenting item 11 Dr Lisa Wilkinson - Consultant in Public Health Medicine presenting agenda item 8 Shalini Desai- Senior Pharmacist - Endocrine [Clinical Effectiveness] presenting agenda item 8 Deborah Leese - Senior Pharmacist -Respiratory (Clinical Effectiveness) agenda item 15 Helen Taylor – Lead Pharmacist S&D Sheffield – agenda item 16	
	Apologies Ashley Hill – Jenni Bussey minuting for this meeting. Dr Tom King - Consultant Dermatologist - agenda item 7 Chris Lawson	

	Surinder Ahuja Govinder Bhogal – Richard Crosby attending on his behalf. Abiola Allinson	
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	
3	**Notification of Any Other Business** None for this meeting	
4	**Minutes of the meeting held on 1st October 2025** The committee approved the minutes to October's meeting with the following amendment: Details of the Tirzepatide rebate to be amended to remove the specific details regarding amounts as these are yet to be finalised. AJM asked if it could be noted that there will be an NHS rebate on Tirzepatide which will result in a different payment price. This will be a confidential price which will not be disclosed but will have an	

	impact on any further position statement applications as the actual price will be different. AH to circulate the minutes and upload to the IMOC website.	**AH**
5	**Action Log** The required actions were duly recorded in the action log, and it was noted that there is a delay in progressing line 238 – Daridorexant TLDL application due to staff sickness.	
6	**ICB Formal Executive Group Report (FEG)** HT informed the committee that October's IMOC decisions went to the formal executive group meeting which were all acknowledged and supported.	
7	**Actinic Keratosis (AK) guidelines** The existing place-based guidance documents have been reviewed and brought together for one SY version. This guidance suggests changing the traffic light status of all the recommended products from red or amber (as classified at the 4 places) to make them all green. This will allow access for clinicians with confidence/competence to prescribe for AK patients in primary care. It is also hoped that with all products classified as green, this will assist in the navigation of stock shortages with several options available to prescribe. The guidance intends to be a clear pathway to follow for clinicians, rather than forced prescribing or diagnosis onto primary care. Feedback has been received from Rotherham LMC around upskilling clinicians in primary care, in response to this request	

	training sessions have been arranged. The other point raised by Rotherham LMC was that they would like to see funding for the extra appointments that would be needed to see and follow up with each patient. HT to take this to FEG. The committee was reassured that the support from Telederma would remain for product selection and referral for specialist input where required. A discussion took place around the reasoning for changing all the AK related products from red/amber to green, this was due to this being the first time a pathway has been developed. There were no medication safety implications for changing the traffic light status of these drugs to green in primary care use. JP to seek clarity regarding this from Dr T King. A typo in the section that refers to Solareze – this states that the review period is “406 weeks” and requires amending to say “4-6 weeks” – JP will correct this There was an ask for a 1-page summary of the guidance to help in consultation, it was also suggested that page 4 be moved to the front of the document to allow ease of navigation through the paper. The contact details for Doncaster in section 7 (referral to specialist services) were noted as missing from the guidance – EG will chase this up and provide details to JP. It was also suggested that a patient information leaflet be included into the guidance as a visual information source to support patients.JP will take this back for discussion with Dr King. TE asked that the authors be minded that not all patients have access or skill to use online resources, and JP assured the committee that any PILs could be offered as printed copies in general practice.	**JP** **JP**

	Decision: subject to the above minor amendments, the guidance was approved by the committee .	
8	**Tirzepatide weight management guideline** A comprehensive clinical guideline presented to support the change of traffic-light status for cohort one of NICE recommended weight management patients from red to green is proposed. The guideline needs to be made available to primary care clinicians as soon as possible to gain clarity and allow training to be launched before the associated LCS comes into force. Further tweaks to the guidance may be needed regarding retinopathy, footcare, maximum doses and titrating back down where appropriate. These alterations/additions will be amended in due course. The issue of affordability of increased prescribing was raised in the discussion. Patient expectation and pressure on the clinician to prescribe tirzepatide was also mentioned and perhaps this could be covered in the education and training sessions. A fair point was raised that a patient may meet the eligibility criteria for prescribing, but the decision needs to be made if tirzepatide is the right choice at that time for the patient. A discussion also took place as to how we get feedback on whether the right cohort of patients have been prescribed for and how we can feed relevant information back into national intelligence to help develop the service long-term. An online patient feedback form is being developed with further thoughts on how accessible this is for all users. **Decision:** The guideline and its recommendation to change TLDL status of Tirzepatide for cohort one was approved by the committee. Any further updates/amendments will be approved by the Chair and	DW

	another IMOC member and then reported back at future IMOC meetings for information.	
9	**Updated Tirzepatide weight management SY position statement** The position statement has been updated to reflect the new tirzepatide weight management guideline. It now allows the prescribing of tirzepatide for weight management in primary care, but only for patients in cohort one. It clearly states that others should not receive it on the NHS yet as there are no commissioning arrangements in place for them. They may be eligible under the specialist weight management service and the amended referral criteria for this is included in the appendix, replacing the previous inconsistent criteria across the four locations with a unified approach. This alignment is noted for reference and will be signed off by the governing body rather than this committee, ensuring the guidance reflects these changes. **Decision**: The suggested updates were approved by the committee.	
10	**DOAC SY position statement** JH presented the South Yorkshire position statement recommending generic apixaban and rivaroxaban as first-line DOACs for stroke prevention in adults with non-valvular AF across all care settings. The position statement has been adapted from the existing Barnsley position statement. Other places do not currently have a position statement. This supports medicines optimisation QIPP work to review and switch patients from edoxaban where clinically appropriate to either generic apixaban or generic rivaroxaban, delivering significant cost savings. Feedback from primary and secondary care colleagues and	

	Sheffield LMC has been incorporated, with no major changes required. A minor amendment will specify rivaroxaban tablets due to cost differences. HT emphasised the importance of acknowledging cost-driven drug switches, noting that these changes have delivered significant national savings and are necessary given the current financial deficit the NHS is in. HT stated that when two drugs offer equal efficacy, it is ethical to prescribe the most cost-effective option, and recommendations should adapt as circumstances change. The move from edoxaban to apixaban and rivaroxaban reflects both cost considerations and national guidance, AJM suggested the document be future proofed to limit frequency of need for updating by not defining the specific order of best value DOAC preferences to allow for these to be adapted as necessary without affecting the accuracy of this position statement. This was agreed as a sensible approach by the committee. JH will make this amendment. Post meeting note: Haematology views will be sought in response to Sheffield LMC comment regarding stroke/bleed risk with a DOAC-to-DOAC switch. (JH contacted Barnsley haematology team prior to this meeting. SAB contacted STH haematology post meeting). **Decision**: Subject to the above amendment, the position statement was approved by the Committee.	**JH**
11	**Safety updates minor updates to existing guidance documents** LF informed the committee with the safety updates below: • 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. 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 Open prescribing shows 56 items prescribed in SY ICB in August 2025; 743 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. • 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. 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 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. • #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.' 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: • MOT to take back to Place meetings to review and action as recommended in the safety update	**MOT**
12	**Horizon Scanning** Deborah Cooke highlighted one amendment that has been made regarding the new inhaled formulation of levodopa, the entry on the traffic light drug list would be at product level specifically for this product & classified as Grey 7. **Decision:** 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.	
13	**IMOC subgroup TLDL** Jenni Bussey highlighted that the vardenafil grey entry which is specifically linked to the Levitra brand of vardenafil would be redacted from the list as Levitra has been discontinued.	

	Decision: All drugs included in the list were approved and recorded in the summary below.	
14	**NICE Summary** TA1098 - Isatuximab in combination for untreated multiple myeloma when a stem cell transplant is unsuitable - Already classified as red on TLDL TA1074 (Update) - Sparsentan for treating primary IgA nephropathy This is an update to TA so that units now match what is reported by UK labs. No change in pt numbers etc since June 2025 when TA was first published - Already classified as red on TLDL TA937 (Update) - Targeted-release budesonide for treating primary IgA nephropathy This is an update to TA so that units now match what is reported by UK labs. No change in pt numbers etc since December 2023 when it was first published. - Already classified as red on TLDL TA1099 - Durvalumab for treating limited-stage small-cell lung cancer after platinum-based chemoradiotherapy - Already classified as red on TLDL TA1103 (Updates and replaces TA909) - Lorlatinib for ALK-positive advanced non-small-cell lung cancer that has not been treated with an ALK inhibitor - Already classified as red on TLDL TA1101 - Garadacimab for preventing recurrent attacks of hereditary angioedema in people 12 years and over – Suggest adding as red on TLDL	

	TA1100 - Mirabegron for treating neurogenic detrusor overactivity in people 3 to 17 years (terminated appraisal). Suggest Classify as green on SY TLDL in line with positive NICE TAs TA1104 - Sarilumab for treating polyarticular or oligoarticular juvenile idiopathic arthritis in people 2 to 17 years (Terminated appraisal) - Suggest Classify as red on SY TLDL in line with positive NICE TA TA1105 - Clascoterone for treating acne vulgaris in people 12 years and over (Terminated appraisal) - Already classified as grey on TLDL but application for use likely to be received by IMOC. **Decision:** These updates/additions to the SY TLDL were approved by the committee.	
15	**Children's & Young People's (CYP) asthma guidelines - updated version** Minor amendment to reflect that Symbicort 100/6 is now licensed for use in children aged 5-11 years old. **Decision:** This update was approved by the committee. **Proxor Position Statement** Proposal to change the formulary choice for betamethasone/formoterol (Fostair) combination inhaler to branded generic Proxor. This will realise significant savings across the SY system. Lots of possible choices but Proxor is most similar to currently used Fostair as it contains the same excipient ingredients, same propellant and dose counter. So, in terms of useability, it should be a familiar device for the patient.	

	The position statement is intended to support all four places with formulary changes from Fostair to Proxor with the exception of patients already prescribed Lufobec in Barnsley. It was noted that Proxor is manufactured in Europe and therefore improves product supply. The procurement cost of Proxor is appealing with it being the cheapest branded generic. Secondary care comments included that it is not currently on their formulary but would be adjusted when enough patients have been changed over in primary care or keep them on Fostair for their hospital stay and potentially be switched back to Proxor on discharge. This was thought to possibly cause issues and a conversation will be picked up outside the meeting to look into this further. Generic prescribing is not recommended due to differences in device and excipients. QIPP switch implications for those in Barnsley etc. where changes have been made to Luforbec were discussed, alongside formulary pecking order. The proposal is for all new patients to be changed to Proxor and not to retrospectively change anyone from Luforbec. Sheffield LMC have provided feedback which DL will address outside the meeting for clarification. **Decision:** This update was approved by the Committee	
16	**Migraine documents update** Following the October IMOC meeting HT2 has made minor updates to: • Neurology migraine management document • Rimegepant fact sheet • Rimegepant PIL **Decision:** These updates were approved by the Committee with minor rewording of Rimegepant factsheet.	

17	**Single National Formulary** This was brought for information only at this stage, needs to be added to the forward planner for IMOC as more will need to be discussed as the process moves forward, noting the potential impact on place-based formularies/APC's in the near future.	**AH**
18	**PresQIPP: Improving the use of local formularies for medical devices** This item was brought to the Committee for information and to encourage participation in the survey. PresQIPP are supporting the Department of Health and Social Care and NHS England with a survey on local formularies for medical devices. DHSC will use your responses to develop good practice guidance on the development and use of local formularies for prescribing medical devices that patients will use either at home or in the community. The survey will close on 30th November 2025.	
19	**Minutes from SY ICB place APCs** None were discussed	
20	**Stock Shortages** None were discussed	
21	**Items for Escalation (e.g. commissioning requirements)** HT made assurance that the pertinent points raised from today's meeting would be included in the FEG report regarding extra GP monitoring appointments linked to the approval of AK guidance and also concerns around increased tirzepatide prescribing going forward.	
22	**Workplan / Forward Planner/ action log** Single National Formulary to be added to the forward planner to return to a future meeting.	**AH**

	The Tirzepatide Guidance document will have future approval of amendments outside the meeting from the chair – this will need to be captured on the action log/forward planner to ensure appropriate action is followed-up. DW shared a desire for possible development tool/reflection on the levers used at IMOC regarding making formulary recommendations on a SY level and the need to develop a process to do this other than by producing position statements. This would need to be discussed at the IMOC sub group further. AH to add this to a sub group agenda with DW in attendance.	**AH/DW** **AH/DW**
23	**Any other Business** Nothing for this meeting	
24	**Date and Time of Next Meeting** Wednesday 3rd December 2025 11:30am Via Microsoft Teams	

Summary Points and Recommendations approved November's 2025

Approved Guidelines/ Shared Care protocols:	• 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

Drug/Product Traffic Light Status	Brand name	Rational / criteria	Indication	Date Considered	Comments	Agenda Item
Influenza vaccine ***(new vaccine)***	Supemtek TIVr®		Active immunisation for the prevention of influenza disease in adults	Nov-25		**Horizon Scanning**
Levodopa ***(new inhaled formulation)***	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 ***(new medicine)***	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 dependance	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 combinatin 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	Traztuzumab NICE information	**IMOC Subgroup TLDL (harmonisation of TLS)**
Treprostinil		1,6	All licensed indications	Nov-25		**IMOC Subgroup TLDL (harmonisation of TLS)**
Tretinoin		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**
Tirbaniulin ointment Tirzepatide (Cohort ONE patients only) weight management	klisyri		Weight management	Nov-25 Nov 25		**IMOC application** **IMOC application**