Minutes of the Integrated Medicines Optimisation Committee (IMOC)
Held on Wednesday 7th October 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)	Programme Director for Medicines Optimisation (Clinical Quality)
✓	*11:35 12:00/13:04:13:26*	Alex Molyneux (AJM)	NHS SY ICS Chief Pharmacy Officer
✓	*12:15-13:00*	Chris Bland (CB)	Chair Community Pharmacy South Yorkshire (CPSY)
✓		Govinder Bhogal (GOVB)	Programme Director for Medicines Optimisation (Strategy, Planning and Commissioning)
✓		Charlotte McMurray (CM)	Medicines Optimisation Programme Director (Corporate Effectiveness)
✓		Ashley Hill (AH)	Senior Pharmacy Technician
✓		Esoop Bharoocha (EB)	SYICB Deputy Chief Pharmacist – Rotherham Hospital
✓	*Left at 12:22*	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
		Abiola Allinson (AA)	SYICB Chief Pharmacist- SHSC
✓		Claire Thomas (CT)	Strategic Pharmacist
		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
		Lisa Eccles (formerly Murray) (LE)	Lead Pharmacist
✓		Deborah Cooke (DC)	Senior Pharmacist
✓		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)	Lead Pharmacist
✓		Paul McManus (PM)	NHSE Specialist commissioning - Senior Pharmacist
✓	*Left at 12:36*	Surinder Ahuja (SA)	Medication Safety Officer & Lead Pharmacist Governance and Formulary- Rotherham Hospital
✓		Shameila Afsar -Baig (SAB)	Senior Pharmacist
		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
✓		Bipin Chandran (BC)	Rotherham LMC representative

✓		Greg Westley (GW)	Senior Pharmacist
		Kuljit Nandhara (KN)	Chief Pharmacist – RDaSH
✓		Patrick Clearly (PC)	Barnsley BDU/Medicines Information/Advanced Clinical Practitioner at South West Yorkshire Partnership Teaching NHS Foundation Trust-Lead Clinical Pharmacist
✓		Helen Cunningham (HC)	Medicines Optimisation Team Lead Technician
✓		Sejal Vegad (SV)	Clinical Rotational Pharmacist- Barnsley Trust
✓		Dr William Parker (WP)	Cardiology Registrar, Sheffield Teaching Hospitals NHS Foundation Trust
✓		Melissa Goodlad (MG)	Lead Pharmacist
✓		Razwan Saleem (RS)	Strategic Pharmacist

		Action
1	**Welcome:** Sam kyerematenng - Medical Director and Clinical Lead for Programme Development of St Lukes Hospice - not able to attend this meeting Alex Gentle - Barnsley hospital Pharmacist - who is undertaking his prescribing qualification attending for information. Claire Thomas- Strategic Pharmacist (Clinical Quality)	
	Apologies Navjit Johal, Joanne Lane, Jason Page, Sophie Holden	
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 AH has developed a Microsoft forms DOI which is to be completed by non ICB staff.	
3	**Notification of Any Other Business** None were given	

4	**Minutes of the meeting held on 2nd September 2026 & any other items which are not on the agenda** Clarify that the Ciclosporin classification referred to the oral formulation on page 23&32. Include both colour categorisation and SNF wording for NICE classifications to ensure consistency and completeness. With the above amendment the 2nd September 2026 IMOC minutes were acknowledged as a true reflection and approved. **Action:** • AH to upload ratified minutes to the medicines optimisation website and circulate	**AH**
5	**Action Log & Matters arising** Action 278: Vitamin B 12 pathway- This is now live on the MO website Action 287: updated IMOC Terms of reference – this has been deferred to Octobers FEG meeting	
6	**Icosapent ethyl application** Dr William Parker (WP)-Cardiology Registrar, Sheffield Teaching Hospitals NHS Foundation Trust. Presented the application for Icosapent Ethyl, outlining its role in secondary prevention of cardiovascular disease and reducing vascular events. The application had originally been submitted seeking a Green (all-settings prescribing) classification. Following stakeholder engagement and consultation, it had subsequently been revised to Specialist Initiation (Amber-G). WP acknowledged the feedback that had led to this amendment but wished to discuss whether a less restrictive classification, such as Specialist Recommendation/Guidance, may be appropriate. The chair highlighted that all the LMC's safety and prescribing concerns were captured in ENC D and WP had subsequently responded and was circulated to the LMC's and committee members. WP advised that NICE and NHS England support the use of Icosapent Ethyl in eligible patients and that prescribing arrangements nationally are generally aligned with use in primary care. He highlighted that the medication provides an opportunity to improve secondary prevention of cardiovascular disease in a high-risk patient population.	

	WP highlighted that prescribing rates across South Yorkshire appear lower than those observed nationally and in neighbouring health systems, potentially contributing to variation in patient access to treatment. It was noted that Icosapent Ethyl has a straightforward prescribing profile. WP explained that there is no requirement for dose titration and that specialist monitoring is not required beyond routine cardiovascular follow-up. He advised that patients receiving Icosapent Ethyl would not typically need to be monitored more intensively in secondary care than other patients receiving standard secondary prevention therapies, previously GPs had been prescribing Omega 3. That restricting prescribing through specialist-only arrangements may create barriers to access and could contribute to inequalities in the availability of treatment across the South Yorkshire population. WP therefore supported a prescribing model that would facilitate broader access whilst maintaining appropriate clinical oversight. Rotherham LMC representative BC articulated that colleagues were supportive of the specialist initiated (previously known as Amber G) but had raised concerns by general practice regarding the potential for bleeding complications and the challenges associated with arranging timely reviews and follow-up appointments within primary care. He noted that, within the current pressures facing general practice, there could be difficulties ensuring patients were reviewed promptly after treatment initiation if concerns arose. DC highlighted that other ICB's had variable prescribing arrangements as either suitable prescribing in all settings or appropriate for prescribing following specialist advice or initiation. DC also reported that prescribing rates across SY remain comparatively low when assessed against national prescribing data. The committee acknowledged that there was a lack of familiarity of prescribing this medication which had raised concerns from prescribers and therefore benefit from specialist endorsement. AJM discussed that with a specialist advice category this would not restrict access but would give opportunity to prescribers who have specialist knowledge and to be given reassurance from prescribers that the treatment decision had been reviewed and supported by a specialist. Doncaster LMC representative DE discussed that he was in support of the application and thanked WP for presenting the proposal, explaining the potential benefit to patients to be able to access this medication.	

	Following a full discussion the chair observed that options appeared divided between specialist initiation and specialist advice. To establish a recommendation the committee were asked to vote. There were 12 votes for specialist advice the votes contained voters from LMC, Trust providers, ICB Medicines Optimisation Pharmacists. Specialist initiation there were 2 votes from LMC and Trust provider. The chair concluded that Icosapent Ethyl would be classified as specialist advice. The chair thanked WP for attending and presenting. Action: • Icosapent Ethyl will be added to the SY Prescribed Product Classification List once final approval from the executive group	**AH**
7	**ICB Formal Executive Group (FEG) Report** GOV updated the committee with the feedback from the executive committee: Due to David Crichton not able to attend FEG, September's report will be discussed at October's meeting	
8	**Sodium Zirconium guidelines** Sodium Zirconium guidelines have been produced by Dr William McKane, Consultant Nephrologist, Sheffield Teaching Hospitals Foundation Trust; Diana Vasile, Lead Pharmacist. This had previously been discussed at IMOC and was given an Amber G status, due to the updated categorisation the document submitted is to be approved by the IMOC as a specialist initiation. The committee approved the Sodium Zirconium guidelines. Action: • AH to update SY Prescribed Product Classification List • AH to upload document to Medicines Optimisation website	**AH** **AH**

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Safety updates

Affected drug	Impact for primary care in South Yorkshire	Recommended Actions
Filters should be used during the administration of Parenteral Nutrition for patients in all care settings	Limited impact on routine primary care. Relevant to community nutrition, homecare and specialist nursing services supporting patients receiving PN in the community. For information and local review of current practice.	For information. Consider sharing with community nursing, nutrition and homecare services to confirm local processes align with MHRA guidance. No wider primary care action required at this stage.
Clobazam Martindale Pharma 5 mg/5 mL and 10 mg/5 mL Oral Suspension 150ml	Minimal impact. Community pharmacy awareness only. No further action required.	Shared with CPSY for inclusion in their newsletter
B. Braun Melsungen AG, Meropenem 1000 mg powder and solvent for solution for infusion	Incorrect information identified within the patient information leaflet. Product quality unaffected and stock remains available.	Minimal impact as product is generally used in secondary care settings. No further action required.

Ramipril 1.25mg, 2.5mg, 5mg and 10mg **capsules**	Potential impact on prescribing and dispensing. Practices are advised to prescribe no more than one month's supply where appropriate. Community Pharmacy and Primary Care notified.	Share in Practice Bulletin and Community Pharmacy South Yorkshire Newsletter. Message on Optimise RX
Lansoprazole 15mg and 30mg orodispersible tablets	Potential impact on prescribing and dispensing, particularly for patients requiring orodispersible formulations. Clinicians may need to review treatment, switch formulations, or consider alternative PPIs where clinically appropriate. Community Pharmacy and Primary Care notified.	Share in Practice Bulletin and Community Pharmacy South Yorkshire Newsletter. Message on Optimise RX
ResMed Astral 100 and 150 Ventilators	No impact on routine primary care.	No further action

Penicillin versus Penicillamine National Patient Safety Alert Update

Progress Report

GW reminded members that NHS England issued a National Patient Safety Alert requiring organisations to identify and resolve situations where records relating to penicillin allergy and penicillamine treatment may have been incorrectly coded within electronic clinical systems. incorrect coding has the potential to result in:

- Inappropriate prescribing decisions.

	• Delays to treatment. • Significant patient safety risks. Following from the circulation of the paper, RDaSH had provided final assurance regarding its review. The review identified: • One patient with a recorded penicillin allergy. • The patient's records were reviewed. • The allergy information was confirmed to be correct. • No further action was required. This provided additional assurance that the alert requirements were being addressed appropriately within mental health and community services. GW advised that the National Patient Safety Alert referenced the establishment of a Chief Clinical Information Officer (CCIO) or Digital Lead-led oversight group to support implementation and governance arrangements. Consideration had been given to whether a dedicated South Yorkshire-wide oversight group should be established. Following discussion, it was concluded that this was not required at the present time. The rationale for this decision was that: • Responsibility for implementing the Alert remains primarily with individual provider organisations. • Providers are completing the required reviews and submitting formal assurance directly to NHS England through existing reporting routes. • The work relates predominantly to clinical coding, electronic patient record systems and data quality assurance rather than medicines optimisation policy.	

	• Whilst there are clear medicines-related patient safety implications, the practical requirements of the Alert are largely operational and systems-focused. • No significant system-wide risks, barriers or implementation concerns have been identified that would necessitate additional system-level governance arrangements. It was therefore agreed that existing governance arrangements provide appropriate oversight. Progress will continue to be monitored through the South Yorkshire Medication Safety Group, with any emerging risks or issues escalated through established governance processes as required. Members noted the update and welcomed the progress made across provider organisations in addressing the requirements of the National Patient Safety Alert. The Committee supported the view that existing governance and assurance arrangements were proportionate and sufficient, recognising that accountability for delivery rests with individual provider organisations. No concerns were raised regarding the proposed approach to oversight. **Updated Recording Medications Prescribed Elsewhere Guidance** The guidance document had previously been approved at IMOC. GW brought the documents back to IMOC with an amendment specifically to clarify medication interaction checking within GP clinical systems. GW explained that some uncertainty had arisen regarding whether interaction alerts would be generated when externally prescribed medicines were initially entered onto clinical systems. The amendment clarifies that: • Recording a medicine prescribed elsewhere improves future interaction checking functionality. • No interaction alert is triggered when the medicine is first recorded. • Interaction alerts are generated only when an additional medicine is subsequently prescribed which creates a clinically significant interaction. The amendment was intended to clarify system functionality and avoid misunderstandings. The committee supported the amendments to the document.	

	Adult Shared Care Protocol for Epilepsy- Cenobamate Safety Amendment GW introduced amendments to the Adult Shared Care Protocol for Epilepsy relating specifically to cenobamate. The change followed updated MHRA advice after reports of severe liver injury in patients receiving treatment. The revised protocol introduces enhanced monitoring arrangements, including: • Baseline liver function testing before treatment commences. • Repeat liver function tests after approximately three to four months. • Additional monitoring where clinically indicated by patient factors or abnormal results. BC raised broader concerns regarding practical implementation of the epilepsy shared care arrangements. Whether medicines such as Cenobamate should be initiated, titrated and stabilised by secondary care before being transferred to primary care. He advised that correspondence from epilepsy services can frequently be complex and arrangements can be difficult to interpret such as liver toxicity and interpreting subsequent monitoring requirements and present patient safety concerns when managing specialist medicines. GW discussed that the shared care protocol was due to be reviewed in April 2027. The committee approved the update. **Propranolol Prescribing Safety** GW introduced a paper seeking views on whether a consistent South Yorkshire approach to propranolol safety would be beneficial, following increasing national concerns regarding overdose, self-harm and suicide risks. The committee discussed Propranolol remains an important and commonly used treatment option, particularly for anxiety-related symptoms. With any approach should not restrict appropriate prescribing. Clinical judgement must remain central to prescribing decisions. BC & MC agreed that producing an SY propanol document would not be beneficial as this may restrict prescribing, instead educational resources and safety awareness initiatives would be more appropriate than prescribing restrictions. The committee agreed that OptimiseRx or clinical system alerts for patients at increased overdose risk should be added. To include Standardised safety messaging and patient counselling. Prescriber education through bulletins and communication channels. Encouraging a "start low, go slow" approach when initiating treatment where clinically appropriate.	

10	**Horizon scanning** DC presented the latest Horizon Scanning Report and advised the Committee considered the enclosure submitted for endorsement of the proposed formulary categories (Column H) and associated preferencing recommendations (Column M). Members were advised that the document had been produced prior to the post-meeting clarification regarding preferencing terminology. Consequently, references within the document to "formulary" and "non-formulary" recommendations would be revised to align with the terminology agreed by the Committee, namely "preferred" and "non-preferred" designations. It was further noted that, following subsequent discussions, products assigned a "Do Not Prescribe" category would not be allocated an additional preferencing recommendation. These products would retain the standalone "Do Not Prescribe" categorisation, and the document would be amended accordingly. The Committee noted that the IMOC Subgroup is developing supporting definitions for the preferencing recommendation categories to ensure consistent interpretation and application across the South Yorkshire system. Members were informed that the text highlighted in red within the enclosure represented the proposed wording for inclusion within OptimiseRx. Orforglipron, a new oral GLP-1 receptor agonist licensed for both weight management and type 2 diabetes mellitus. For the weight management indication, it was proposed that Orforglipron be assigned a "Do Not Prescribe" category pending publication of the relevant NICE Technology Appraisal. Members were advised that publication, previously anticipated in the near term, had been delayed until January. For the type 2 diabetes indication, members noted that NICE does not intend to develop a separate Technology Appraisal, as GLP-1 receptor agonists were previously considered as a therapeutic class within NICE guideline NG28. However, it was recognised that NG28 predates the availability of Orforglipron.	

	Given the absence of specific appraisal guidance and the need for specialist clinical input, it was proposed that the type 2 diabetes indication be brought back to a future meeting following engagement with relevant specialists. All drugs were approved and can be found detailed in the summary at the end. **Actions**: • AH to update the SY Prescribed Product Classification List once final approval from the executive group	**AH**
11	**IMOC subgroup TLDL** AH presented the latest IMOC subgroup list. All drugs were approved and can be found detailed in the summary at the end. DC presented the committee with an Oral GLP-1 Products and Product Categorisation Review. The Committee received a report and supporting enclosure relating to oral GLP-1 receptor agonists, together with a letter from the National Medical Director and Chief Pharmaceutical Officer for England regarding the prescribing of semaglutide products. Members noted the national advice concerning Rybelsus® (oral semaglutide) and Wegovy®, which reinforced the importance of prescribing products in accordance with their licensed indications. In particular, the correspondence highlighted that Rybelsus® should be prescribed for the management of type 2 diabetes and not for weight management purposes. The Committee was reminded that oral semaglutide for weight management had previously been assigned a Do Not Prescribe categorisation by IMOC. The current proposals sought to include the GLP-1 receptor agonists licensed for diabetes within the South Yorkshire Product Categorisation List, reflecting the current prescribing position across the South Yorkshire system. Members noted that further work was underway to consider implementation of NICE guidance and the future positioning of GLP-1 receptor agonists. As a result, the classifications represented an interim position and may require review at a future meeting. It was further noted that there remained variation in prescribing arrangements across South Yorkshire localities and, consequently, the proposed classifications reflected current local practice pending further system-wide review. During discussion, members considered the proposed classification of GLP-1 receptor	

	agonists as either specialist initiation or specialist advice. It was highlighted that, in practice, initiation of these medicines for type 2 diabetes frequently occurs within primary care following advice from specialist diabetes teams, rather than through direct specialist prescribing. The Committee agreed that the terminology within the enclosure should more accurately reflect current clinical practice. Members therefore supported replacing references to specialist initiation with specialist advice for the GLP-1 receptor agonists under consideration. The Committee also emphasised the importance of clearly distinguishing between oral and injectable GLP-1 therapies within supporting guidance and communications to avoid ambiguity regarding prescribing responsibilities. Members additionally noted that the discussion may have implications for existing prescribing pathways and categorisations for tirzepatide in diabetes. Whilst not within the scope of the current proposal, it was agreed that this should be reviewed through future work to ensure consistency of approach. Actions: • AH to update the SY Prescribed Product Classification List once final approval from the executive group • Ensure associated guidance and Optimise Rx messaging clearly distinguish between oral and injectable GLP-1 receptor agonists. • Add a future workplan item to review the categorisation and prescribing arrangements for tirzepatide and related diabetes therapies. • Bring any revised recommendations arising from the wider review of GLP-1 implementation and NICE guidance back to a future IMOC meeting Post meeting note: SAB has reviewed the categorisation of cyproterone acetate for prostate cancer within Sheffield and has confirmed that it is classified as Amber Shared Care.	**AH** **AH** **Will be added to the subgroup planner**
13	**NICE summary** SAB presented the NICE document:	

	NICE TA1045- 12 SQ-HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites. Already classified as shared care. Shared care protocol to be updated to include 5–11-year-old patients. Based on NICE figures:152 eligible 5-11yr olds Yr1: (7.5%) 11pts Yr2: (15%) 23pts Yr3: (22.5%) 34pts Confirmed pts with SCH: 2 under 12yr old having tx with acarizax. £991 in Yr1 £975 subsequent yrs per patient Yr1: £11K,Yr2: £21K,Yr3: £32K Also need to consider homecare costs £50/mth per patient and outpatient tariff costs NICE TA1087-12 SQ-Bet SLIT for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen in people 5 years and over. Shared care protocol to be updated to include 5–11-year-old patients. Based on NICE figures: 78 eligible 5-17yr olds Yr1: (7.5%) 6pts,Yr2: (15%) 12pts,Yr3: (22.5%) 17pts Confirmed pts with SCH: 1 pt under 12yr old currently having tx with Ituluzax. £991 in Yr1,£975 subsequent yrs per patient Yr1: £6K,Yr2: £11K,Yr3: £16K Also need to consider homecare costs £50/mth per patient and outpatient tariff costs NICE TA1189-Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency. Already classified as Specialist only.	

	NICE TA1187- Rilzabrutinib for treating persistent or chronic immune thrombocytopenia. Classified as Do not prescribe. NICE TA1188- Brensocatib for treating non-cystic fibrosis bronchiectasis in people 12 years and over. Classified as Do not prescribe. NICE TA1186- Lisocabtagene maraleucel for treating relapsed or refractory follicular lymphoma after 2 or more lines of systemic treatment. Already classified as Specialist only in line with positive NICE TA's. NICE TA1191- Nemolizumab for treating moderate to severe prurigo nodularis. Already classified as Specialist only in line with positive NICE TA's. But not recommended for prescribing for this indication. NICE TA1190-Durvalumab with platinum-based chemotherapy, then with or without olaparib, for untreated advanced or recurrent endometrial cancer. Already classified as Specialist only in line with positive NICE TA's. NICE TA1192- Mirdametinib for treating symptomatic and inoperable plexiform neurofibromas associated with neurofibromatosis type 1 in people 2 to 17 years. Classified as Specialist only NICE TA1193- Ibrutinib with R-CHOP for untreated mantle cell lymphoma when a stem cell transplant is suitable. Already classified as Specialist only in line with positive NICE TA's. NICE TA1194- Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma. Already classified as Specialist only in line with positive NICE TA's. Actions: • Recommendations will be made to the executive group, and the SY product classification list will be updated once approval has been given.	
13	**Updated Tirzepatide weight management guidance**	

	ROV presented the committee with three documents: Quick reference guide, full clinical guideline and summary of changes. Members were advised that the guidance had previously been approved by IMOC and had been updated to reflect changes to the South Yorkshire tirzepatide position statement and product categorisation arrangements. The principal amendments included the incorporation of NHS England Priority Cohort 2 eligibility criteria and the removal of references limiting treatment to Cohort 1 only. References to the former Local Enhanced Service (LES) had also been removed. Additional revisions included updates to reflect changes made to NICE NG28, clarification regarding the use of relevant SNOMED codes (including those associated with QOF requirements), and amendments to language within the guidance to ensure consistency with current policy and practice. Members noted the inclusion of hyperlinks to supporting resources, including the tirzepatide patient information leaflet and wraparound support materials, to improve accessibility for clinicians and facilitate referrals. The Committee agreed that the proposed amendments were appropriate and reflected current national and local guidance. **Actions:** • AH to update MO website with the updated Quick reference guide, full clinical guideline	**AH**
14	**HCL priority cohorts updated position statement** GOVB presented the committee with an update on the phased implementation of Hybrid Closed Loop (HCL) technology position statement and considered proposed amendments to the eligibility criteria to support the next phase of rollout. Members were reminded that, when HCL technology was initially approved, implementation across South Yorkshire was agreed on a phased basis using defined priority cohorts. The amendments set out in Enclosure R reflected progression to the next stage of the agreed rollout programme. Members were advised that HCL technology would continue to be initiated and managed by specialist services. The proposed changes had been reviewed and agreed by specialist teams	

	across South Yorkshire and remained under the oversight of Dr Lisa Wilkins, with existing allocation arrangements in place across provider organisations. The Committee noted that the revised criteria reflected the next agreed phase of implementation and would support broader access to HCL technology in line with the established rollout plan. Actions: • AH to update the MO website with the updated HCL position statement	**AH**
15	**Updates on documents that require a decision** **Doncaster Enoxaparin (Clexane®) Shared Care Protocol update** LW updated the Committee that Doncaster Hospital Trust had recently transitioned from dalteparin to enoxaparin (Clexane®). Members were advised that the switch had already been implemented within Doncaster and that approval of the shared care protocol was being sought to support ongoing prescribing and monitoring arrangements between secondary and primary care with Doncaster LMC representative DE who had reviewed the updated SCP and was happy with the switch. It was noted that the protocol reflected existing Doncaster prescribing arrangements for low molecular weight heparins, whereby treatment is initiated within secondary care and subsequently transferred to primary care under agreed shared care arrangements. Members heard that similar changes were being considered elsewhere in South Yorkshire, with Rotherham and Barnsley progressing plans to move towards enoxaparin (Clexane®) pathways. Doncaster's updated SCP was based on Sheffield's enoxaparin (Inhixa) SCP whose SCP was previously approved. During discussion, members highlighted ongoing work within maternity services regarding the provision of low molecular weight heparin for patients requiring treatment within 72 hours of being identified as high risk for venous thromboembolism (VTE). The Committee noted that this work related to a separate South Yorkshire programme and sat outside the scope of the shared care protocol currently under consideration.RS discussed that there is a working group in the ICB being led by Tracy Hoggarth Midwifery Clinical Lead, who might be interested in the conversations around enoxaparin. Members considered the potential implications of having multiple locality-specific enoxaparin shared care protocols across South Yorkshire. Whilst recognising the need for local protocols to support service implementation, the Committee agreed that a future ambition should be the	

	development of a single South Yorkshire-wide shared care protocol to promote consistency of practice and reduce duplication of work across organisations. The Committee also discussed the use of different enoxaparin brands across primary and secondary care. It was noted that whilst hospital providers were largely committed to the use of Clexane® through existing contractual arrangements, alternative brands, including Inhixa®, were available and may offer cost advantages within primary care. Members recognised that any decision regarding a preferred South Yorkshire product would require a broader system-wide assessment of clinical, practical and financial implications. It was noted that patients initiated on Clexane® in secondary care should continue to receive the same brand following transfer to primary care in accordance with the proposed protocol. Members discussed the potential impact of switching between products, including differences in administration devices and patient training requirements. The Committee agreed that any future consideration of product switching should be undertaken through an agreed South Yorkshire process rather than as part of the current protocol approval. Several minor amendments to the documentation were identified during discussion. These included clarification of monitoring arrangements within the shared care forms, particularly in relation to heparin-induced thrombocytopenia (HIT) monitoring, and improvements to the wording and format of the primary care acceptance documentation. Members agreed that these amendments were administrative in nature and did not alter the overall intent of the protocol. GT gave a Barnsley Trust update, that they have been working closely with Rotherham Trust and will support to make this a SY shared care protocol. Barnsley are looking at switching in December/ January depending on governance. Members further noted that discussions regarding enoxaparin product preference and associated cost implications would be most appropriately considered through the Medicines Value Group, with any recommendations subsequently reported through the relevant governance mechanisms. GOVB agreed that he would take this to be discussed at the next Medicines value group and would feedback to IMOC. IMOC approved the SCP for Doncaster, with the view that a SY SCP would be collated by Trust and subgroup colleagues. **Actions:**	

	• LW to update Doncaster's SCP with the amendments • AH to update to MPD and MO website with the updated SCP • GOV to discuss at the next medicines value group and report back to IMOC • AH to add to subgroup action log **Updated SGLT2 Inhibitor Guidance for Heart Failure position statement** Melissa Goodlad (MG) presented the committee with an updated SGLT2 Inhibitor Guidance for Heart Failure position statement following feedback received from GP practices regarding the South Yorkshire incentive scheme. Practices had highlighted concerns that secondary care clinicians were initiating empagliflozin rather than dapagliflozin, which could impact achievement of local incentive criteria. The amendments had been reviewed by the IMOC Subgroup and were intended to strengthen the existing message that generic dapagliflozin should be used as the preferred first-line SGLT2 inhibitor for heart failure where clinically appropriate. Key changes included: • Removal of dapagliflozin and empagliflozin from the document title. • Relocation of the key messaging box to a more prominent position within the document. • Addition of further wording emphasising that generic dapagliflozin is the first-line SGLT2 inhibitor for heart failure. • Inclusion of a link to the South Yorkshire position statement. • Amendments to the comparison table to reinforce the first-line status of dapagliflozin, including removal of emphasis from empagliflozin and retention of bold text for dapagliflozin dosing and treatment recommendations. Members agreed that the amendments provided greater clarity and strengthened the existing commissioning position without changing the underlying clinical recommendations. The updated position statement was approved. The chair thanked MG for attending and presenting.	**LW** **GOV** **AH**

	Actions: • AH to update MO website with the amended document	**AH**
16	**For Information on updates on documents and minutes** The following Barnsley Guidelines will be removed from the SY MO website following decisions made at IMOC regarding classification of medicines: • Barnsley Bempedoic acid with ezetimibe Amber-G guideline • Barnsley Lipid management for Primary Prevention of Cardiovascular Disease in Adults • Optimising lipid management for secondary prevention of CVD disease in Barnsley • Barnsley guidance for the use of Linezolid in the treatment of pneumonia and severe skin and soft tissue infections. Relugolix specialist initiation is awaiting final approval from the chair. This was previously agreed at IMOC to have an Amber G status (Specialist initiation).	
17	**Stock shortages** The committee considered information circulated regarding recently discontinued products detailed within the agenda papers. Items noted included: Discontinuation of a Clenil® 50mcg & 250mcg product and Atimos® (formoterol) 12 mcg Discontinuation of a Qufora rectal irrigation products- Qufora IrriSedo Balloon, Qufora IrriSedo Cone, and Qufora catheter QKCATH 15, which will no longer be available for supply after 31 December 2026 and the Qufora IrriSedo Mini which will no longer available for supply after 30 March 2027. It was noted that the affected products were not currently considered preferred formulary options and therefore minimal impact on prescribing practice was anticipated.	
18	**Items for Escalation (e.g. commissioning requirements)**	
19	**Workplan / Forward Planner/ action log**	

	Updated accordingly, as above. It was noted that some items on the forward planner were from previous members of the medicines optimisation team who are no longer here. This would be picked up by the IMOC subgroup.	
20	**Any other Business** No other business was given.	
21	**Date and Time of Next Meeting** Wednesday 4th November 11:30-13:30 via Microsoft teams	
	Approved guidelines/ Shared care guidelines • Sodium Zirconium guidelines • Updated Tirzepatide weight management • Doncaster Enoxaparin (Clexane®) Shared Care Protocol update • HCL priority cohorts updated position statement • Updated Recording Medications Prescribed Elsewhere Guidance • Adult Shared Care Protocol for Epilepsy- Cenobamate Safety Amendment	

October's 2026 SY Product Classification List

Agenda Item	Drug/Product	Brand name	Indication	Categories (previously known as Traffic Light Status)	Preferencing recommendation (First line, Second line, Other, Non-formulary, Hospital only)	Comments

					SY	
IMOC sub group	**Apixaban**		Treatment and prevention of DVT and/or PE	**Specialist Initiation**		NICE TA341
IMOC sub group	**Aviptadil / phentolamine (Invicorp)**		erectile dysfunction	**Specialist Initiation**		
IMOC sub group	**Aripiprazole injection**		Schizophrenia, rapid control of agitation and disturbed behaviours in patients, when oral therapy is not appropriate.	**Specialist Only**		
IMOC sub group	**Calcium acetate**		Hyperphosphataemia	**Specialist Initiation**		
IMOC sub group	**Chlordiazepoxide (dual categorisation)**		Alcohol withdrawal	**Specialist Advice in Rotherham**		see also specialist only category for Barnsley, Doncaster & Sheffield
IMOC sub group	**Chlordiazepoxide (dual categorisation)**		Alcohol withdrawal	**Specialist Only in Barnsley Doncaster & Sheffield**		see also specialist advice category for Barnsley, Doncaster & Sheffield

IMOC sub group	**Cinacalcet**		primary hyperparathyroidism In line with Place based shared care protocols where available	**Shared care**		
IMOC sub group	**Cinacalcet**		Secondary hyperparathyroidism in adult patients with end stage renal disease	**Specialist Only**		
IMOC sub group	**Clindamycin - solution for infusion or injection**		For use in line with hospital Antimicrobial Policy	**Specialist Only**		
IMOC sub group	**Co-enzyme Q10**		for an indication of 'Metabolic disorders ONLY'	**Specialist Initiation**		Formularies – BIMDG
IMOC sub group	**Colistimethate sodium (colistin sulfomethate sodium)**		Specialised commissioning. To be prescribed by cystic fibrosis services	**Specialist Only**		
IMOC sub group	**Colistimethate sodium (colistin sulfomethate sodium)**		non-cystic fibrosis bronchiectasis indication.	**Shared care**		
IMOC sub group	**Dabigatran etexilate**		Treatment and prevention of DVT and/or PE	**Specialist Initiation**		
IMOC sub group	**Dabigatran etexilate**		Anticoagulant for stroke and systemic embolism prevention in AF	**All Settings**		

IMOC sub group	**Paliperidone MR tablets (multiple categorisation)**		schizophrenia	**Specialist Initiation**		Doncaster patients on the SMI register (also categorised under shared care & Specialist only)
IMOC sub group	**Paliperidone MR tablets (multiple categorisation)**		schizophrenia	**Shared Care**		Doncaster patients not on the SMI register (also categorised under specialist initiation & Specialist only)
IMOC sub group	**Paliperidone MR tablets (multiple categorisation)**		schizophrenia	**Specialist only**		Barnsley, Rotherham & Sheffield only (also categorised under specialist initiation & Shared care)
IMOC sub group	**Paliperidone depot injection (Byannli® & Xeplion®)**	Byannli® & Xeplion®	schizophrenia	**Specialist Initiation**		Doncaster patients on the SMI register (also categorised under shared care & Specialist only)

IMOC sub group	**Paliperidone depot injection (Byannli® & Xeplion®)**	Byannli® & Xeplion®	schizophrenia	**Shared Care**		Doncaster patients not on the SMI register (also categorised under specialist initiation & Specialist only)
IMOC sub group	**Paliperidone depot injection (Byannli® & Xeplion®)**	Byannli® & Xeplion®	schizophrenia	**Specialist only**		Barnsley, Rotherham & Sheffield only (also categorised under specialist initiation & Shared care)
IMOC sub group	**Cyproterone Acetate (multiple categorisation)**		prostate cancer	**Specialist Initiation**		Barnsley, Doncaster & only (also categorised under Shared care)
IMOC sub group	**Cyproterone Acetate (multiple categorisation**		prostate cancer	**Shared Care**		Rotherham & Sheffield only (also categorised under specialist only)
IMOC sub group	**Cyproterone Acetate (multiple categorisation)**		Male hypersexuality/ Anti-androgen used in the treatment of severe	**Specialist Only**		

			hypersexuallity and sexual deviation in the male.			
IMOC sub group	**Cyproterone Acetate (multiple categorisation)**		Trans Women prescribing	**Specialist Advice**		link to guidance
IMOC sub group	**Disulfiram (multiply categorisation)**		Alcohol disorders - maintenance of abstinence	**Specialist Initiation**		Barnsley & Sheffield Only (also categorised under Shared care & Specialist only)
IMOC sub group	**Disulfiram (multiply categorisation)**		Alcohol disorders - maintenance of abstinence	**Shared Care**		Rotherham Only (also categorised under Specialist initiation & Specialist only)
IMOC sub group	**Disulfiram (multiply categorisation)**		Alcohol disorders - maintenance of abstinence	**Specialist Only**		Doncaster only (also categorised under Specialist initiation & Shared care)
IMOC sub group	**Danaparoid sodium**		Heparinoids	**Specialist Only**		

IMOC sub group	**Mefenamic Acid acid 250mg capsules and 500mg tablets**		In line with NICE CKS Dysmenorrhoea and NICE CKS Menorrhagia, only after both ibuprofen and naproxen have been tried. Mefenamic acid has important consequences in overdosage because it can cause convulsions, which if prolonged or recurrent, require treatment BNF: Mefenamic Acid – side-effects (include this as an optimise rx message)	**All Settings**		It is important that the recommended dose is not exceeded and the regime adhered to since some reports of overdose (include this as an optimise Rx message)
IMOC sub group	**L-Ornithine-L-aspartate (LOLA)**		For acute overt hepatic encephalopathy	**Specialist Only**		
IMOC sub group	**Doxycycline**		Antibiotic	**All Settings**		NICE antimicrobial guidance
IMOC sub group	**Enoxaparin**		In line with Place based shared care protocols where available	**Shared care**	**Sheffield & Doncaster only**	
Application	**Icosapent ethyl**		Lipid modifying drug	**Specialist Advice**		
Application	**Sodium zirconium cyclosilicate (SZC)**		persistent hyperkalaemia in patients with chronic kidney disease(CKD) (stages 3b-5) or heart failure based on NICE TA1148	**Specialist Initiation**		Note change in classification link to guidance once published on the MO website

Horizon scanning	**Remibrutinib**		For treating chronic spontaneous urticaria inadequately controlled by H1-antihistamines	**Do not prescribe**		NICE TA in development
Horizon scanning	**Crisantaspase**		Indicated as a component of a multi-agent chemotherapeutic regimen for the treatment of acute lymphoblastic leukaemia (ALL) and lymphoblastic lymphoma (LBL) in adult and paediatric patients (1 month and older) who developed hypersensitivity or silent inactivation to E. coli-derived asparaginase.	**Specialist Only**		

Horizon scanning	**Tolterodine oral solution (new licensed oral solution formulation) (will classify as Tolterodine on IMOC list)**		Symptomatic treatment of urge incontinence and/or increased urinary frequency and urgency as may occur in patients with overactive bladder syndrome.	**All Settings**	Preferred - use the anticholinergic medicine with the lowest acquisition cost for Overactive Bladder syndrome (OAB,) where clinically appropriate, refer to local guidance where available. Tolterodine 2mg/5ml oral suspension has a higher cost in comparison to tolterodine tablets.

Horizon scanning	**Carbimazole**		Carbimazole is an anti-thyroid agent. It is indicated in adults and children in all conditions where reduction of thyroid function is required. Such conditions are: Hyperthyroidism, Preparation for thyroidectomy in hyperthyroidism, Therapy prior to and post radio-iodine treatment.	**All Settings**	Preferred - Carbimazole 5mg and 20mg tablets should be used wherever possible as carbimazole 10mg and 15mg tablets have a significantly higher cost . carbimazole 2.5mg/ml sugar-free oral solution has a higher cost in comparison to carbimazole tablets.	
Horizon scanning	**Orforglipron (weight management)**		As an adjunct to diet and exercise for weight management in adults with a BMI of: ≥30kg/m2 (obesity); or ≥27kg/m2 to <30kg/m2 (overweight) with at least one weight-related comorbidity.	**Do not prescribe**		NICE TAs for managing overweight and obesity in development.

NICE TA	**12 SQ-HDM SLIT**		for treating allergic rhinitis and allergic asthma caused by house dust mites, addition of 5-11yr olds.	**Shared care**		Overview | 12 SQ-HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites | Guidance | NICE
NICE TA	**12 SQ-Bet SLIT**		for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen addition of in people aged 5 to 17years old.	**Shared care**		12 SQ-Bet SLIT for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen in people 5 years and over
NICE TA	**Dostarlimab**		for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency	**Specialist Only**		Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency
NICE TA	**Rilzabrutinib**		for treating persistent or chronic immune thrombocytopenia (terminated evaluation)	**Do not prescribe**		Rilzabrutinib for treating persistent or chronic immune thrombocytopenia
NICE TA	**Brensocatib**		for treating non-cystic fibrosis bronchiectasis in people 12 years and over	**Do not prescribe**		Brensocatib for treating non-cystic fibrosis bronchiectasis in people 12 years and over

NICE TA	**Lisocabtagene maraleucel**		for treating relapsed or refractory follicular lymphoma after 2 or more lines of systemic treatment	**Do not prescribe (for this indication)**		Lisocabtagene maraleucel for treating relapsed or refractory follicular lymphoma after 2 or more lines of systemic treatment
NICE TA	**Nemolizumab**		for treating moderate to severe prurigo nodularis	**Do not prescribe (for this indication)**		Nemolizumab for treating moderate to severe prurigo nodularis
NICE TA	**Durvalumab**		Durvalumab with platinum-based chemotherapy, then with or without olaparib, for untreated advanced or recurrent endometrial cancer	**Specialist Only**		Durvalumab with platinum-based chemotherapy, then with or without olaparib, for untreated advanced or recurrent endometrial cancer
NICE TA	**Mirdametinib**		for treating symptomatic and inoperable plexiform neurofibromas associated with neurofibromatosis type 1 in people 2 to 17 years	**Specialist Only**		Mirdametinib for treating symptomatic and inoperable plexiform neurofibromas associated with neurofibromatosis type 1 in people 2 to 17 years

NICE TA	**Ibrutinib**		Ibrutinib with R-CHOP for untreated mantle cell lymphoma when a stem cell transplant is suitable	**Specialist Only**		Ibrutinib with R-CHOP for untreated mantle cell lymphoma when a stem cell transplant is suitable
NICE TA	**Isatuximab**		Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma	**Specialist Only**		Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma
NICE TA	**Semaglutide tablets for type 2 diabetes (dual classification)**	Rybelsus®	Semaglutide tablets (Reybelsus®) for type 2 diabetes. Note: as there are two brands of semaglutide tablets available with different licenses, where semaglutide tablets are prescribed, this should be by brand.	**Specialist Advice in Barnsley & Sheffield**		In Barnsley & Sheffield only (see all settings for Doncaster & Rotherham)
IMOC sub group	**Semaglutide tablets for type 2 diabetes (dual classification)**	Rybelsus®	Semaglutide tablets (Reybelsus®) for type 2 diabetes. Note: as there are two brands of semaglutide tablets available with different licenses, where semaglutide tablets are prescribed, this should be by brand.	**All Settings Doncaster & Rotherham**		In Doncaster & Rotherham only (see specialist advice for Barnsley & Sheffield)
IMOC sub group	**Semaglutide injection for type 2 diabetes (dual classification)**	Ozempic®	Indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise • as monotherapy when metformin is considered inappropriate due to intolerance or contraindications • in addition to other medicinal	**Specialist Advice in Barnsley & Sheffield**		In Barnsley & Sheffield only (see all settings for Doncaster & Rotherham)

			products for the treatment of diabetes.			
IMOC sub group	**Semaglutide injection for type 2 diabetes (dual classification)**	Ozempic®	Indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise • as monotherapy when metformin is considered inappropriate due to intolerance or contraindications • in addition to other medicinal products for the treatment of diabetes.	**All Settings Doncaster & Rotherham**		In Doncaster & Rotherham only (see specialist advice for Barnsley & Sheffield)
IMOC sub group	**Liraglutide injection for type 2 diabetes (dual classification)**	Biosimilars (Victoza® brand discontinued)	Liraglutide injection for type 2 diabetes. Note: as there are various brands of liraglutide injection available with different licenses, where liraglutide injection is prescribed, this should be by brand.	**Specialist Advice in Barnsley & Sheffield**		In Barnsley & Sheffield only (see all settings for Doncaster & Rotherham)
IMOC sub group	**Liraglutide injection for type 2 diabetes (dual classification)**	Biosimilars (Victoza® brand discontinued)	Liraglutide injection for type 2 diabetes. Note: as there are various brands of liraglutide injection available with different licenses, where liraglutide injection is prescribed, this should be by brand.	**All Settings Doncaster & Rotherham**		In Doncaster & Rotherham only (see specialist advice for Barnsley & Sheffield)

IMOC sub group	**Dulaglutide injection for type 2 diabetes prescribe by brand (dual classification)**	Trulicity®	Dulaglutide injection (Trulicity®) for type 2 diabetes. Prescribe by brand.	**Specialist Advice in Barnsley & Sheffield**		In Barnsley & Sheffield only (see all settings for Doncaster & Rotherham)
IMOC sub group	**Dulaglutide injection for type 2 diabetes prescribe by brand (dual classification)**	Trulicity®	Dulaglutide injection (Trulicity®) for type 2 diabetes. Prescribe by brand.	**All Settings Doncaster & Rotherham**		In Doncaster & Rotherham only (see specialist advice for Barnsley & Sheffield)