



**Minutes of the Meeting of the Sheffield Area Prescribing Group
 19th February 2026 via MS Teams**

Attendee present:	Time of attendance: (if not full meeting)	Attendee name & initials:	Attendee title, organisation, and role (where applicable)
Yes		Dr Andrew McGinty - AMc	GP, NHS SY ICB, and joint Chair of APG
No		Dr Zak McMurray - ZM	Medical Director NHS SY ICB and joint Chair of APG
No		Heidi Taylor - HT	Programme Director for Medicines Optimisation (Clinical Effectiveness, Quality and Safety) NHS SY ICB
Yes		Hilde Storkes - HS	Lead Pharmacist (Formulary), MO Strategy & Delivery (Sheffield) NHS SY ICB
No		Abiola Allinson - AA	Chief Pharmacist. Sheffield Healthcare Partnership University NHS Trust (SHPU)
No		Dr Jonathan Mitchell - JM	Consultant representative. Sheffield Healthcare Partnership University NHS Trust (SHPU)
No		Joanne Wragg - JW	Chief Pharmacist, Sheffield Children's FT
Yes		Andrew Moore - AM	Pharmacoeconomics Pharmacist, STHFT. Deputising for STHFT Chief Pharmacist.
Yes		Dr Laura Smy - LS	GP, NHS South Yorkshire ICB and Representative of Local Medical Committee (LMC).
Yes		Dr Rhona Leadbetter - RL	GP, NHS South Yorkshire ICB
No		Dr Trish Edney - TE	Lay member. Healthwatch representative
No		Dr Craig Lawton - CL	GP, NHS South Yorkshire ICB
Yes		Mr Veeraraghavan Chidambaram-Nathan - VN	Consultant representative STHFT
Yes		Chris Bland - CB	Community Pharmacy South Yorkshire representative.
No		Shameila Afsar-Baig - SA	Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB
No		Claire Stanley - CS	Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB
Yes		Jenni Bussey - JB	Lead MO Pharmacy Technician (Clinical Effectiveness) NHS SY ICB & APG Secretary
Yes		Jill Rigby - JR	Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB - standing in for Shameila & Claire
Yes	13:38-14:02	Dr Hannah Delaney - HD	Consultant Chemical Pathologist, STHFT – attended re: section 9 – Vitamin B12 guidance
Yes	14:04-14:20	Helen Taylor	Clinical Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB – attended re: section 9 – co-codamol MSN/patient information

Summary Points and Recommendations from February 2026

APG approvals (virtual by delegated authority)	<ul style="list-style-type: none"> Minor update to the Sheffield Formulary Respiratory chapter in relation to the adult asthma and COPD guidelines for SY that went to IMOC in February. The addition of Spiolto Respimat to the guideline as a LABA/LAMA option – this was to bring all 4 formularies in line.
IMOC approvals	<ul style="list-style-type: none"> Tirzepatide weight management patient information leaflet (short version 2 page) Daridorexant supporting information (after minor amendments) SY Asthma and COPD Guidelines (Sheffield Formulary updated) Updated migraine pathway documents (now on MO website)

	<ul style="list-style-type: none"> • 3rd party ordering patient information leaflet 	
IMOC SY TLDL approvals	<ul style="list-style-type: none"> • Appendix 1 – February updates 	
		ACTION
1. Welcome, Apologies for Absence & Quoracy	<p>Apologies from CL, TE, CS, SA & JM were received in advance of the meeting.</p> <p>Jill Rigby - Senior Pharmacist, MO Strategy & Delivery (Sheffield) NHS SY ICB attending in the absence of SA & CS.</p> <p>The chair declared the meeting to be quorate.</p> <p>Presenting attendees:</p> <p>Dr Hannah Delaney – Vit B12 (section 9)</p> <p>Helen Taylor – MO Pharmacist (Sheffield), Lead for Palliative Care and Pain (section 9)</p>	
2. Declarations of Interest	No new declarations of interest were made; existing declarations were deemed as not relevant to the agenda for this meeting for core members.	
3. Draft minutes of the January 2026 APG meeting	The draft minutes were approved as an accurate representation of the January meeting.	
4. Matters Arising from the January 2026 APG meeting	<ul style="list-style-type: none"> • Face to face/hybrid meeting of APG in March 2026 – the secretary asked that members who had expressed a need for accessible parking on-site at Eyre Street supply their car details via email in good time to allow adequate provision to be made. Other members were asked to confirm their method of attendance (in person or virtually) to the secretary by Friday 6th March. • SY position statement on prescribing of gluten free foods to be circulated to APG members for information – pending. We are still waiting comms input on this & when it has been published on the MO website we will also circulate to the APG group members. 	<p>ALL</p> <p>SA/JB</p>
5. Papers on MO website	<p>South Yorkshire:</p> <ul style="list-style-type: none"> • Rimegepant for migraine prevention • Atogepant for migraine prevention • Updated Neurology migraine management • Rimegepant migraine patient information • Factsheet Rimegepant prescribing information for acute treatment of migraine in adult • SY Tirzepatide weight management - patient information booklet • SY adult asthma and COPD guidelines • SY adult asthma and MART Patient Information leaflet 	
6. Virtual Proposals agreed under delegated authority	Minor update to the Sheffield Formulary Respiratory chapter in relation to the adult asthma and COPD guidelines for SY that went to IMOC in February. The addition of Spiolto Respimat to the guideline as a LABA/LAMA option – this was to bring all 4 formularies in line.	
7. Medicines Safety Update	<p>In the absence of SA, the January safety report details and associated actions were addressed by exception where a member required more information. JR will pass on any queries/feedback to SA as required.</p> <ul style="list-style-type: none"> • Tamoxifen: update to product information on QT prolongation and monitoring recommendations for high-risk patients 	

	<p>Current clinical guidelines identify tamoxifen as a medicine with potential to prolong QT interval on an electrocardiogram (ECG), although the risk of Torsade de Pointes (TdP) is considered low. Tamoxifen is also known to cause QT prolongation in overdose. https://www.gov.uk/drug-device-alerts/mhra-safety-roundup-november-2025#tamoxifen-update-to-product-information-on-qt-prolongation-and-monitoring-recommendations-for-high-risk-patients</p> <p>Healthcare professionals are advised to monitor ECG and electrolytes before and during tamoxifen treatment in patients with risk factors for QT prolongation, including those with cardiac comorbidities or taking QT-prolonging medicines. Patients should be informed of this potential risk and advised to report symptoms such as palpitations, dizziness, or fainting.</p> <p>Action for primary care: promote to clinicians at APG Learning Lunch in March</p> <p>HS raised the above entry on tamoxifen; she sought the opinion of the primary care clinicians present regarding the impact of this MHRA alert on primary care workload. The increased requirements for ECGs and U&Es to monitor affected patients would impact greatly. Both LS & RL responded in agreement with this hypothesis. They also suggested that secondary care should take main responsibility in the management of QT risk in this patient cohort.</p> <p>JR will feed this back to SA, it was also noted that the SY ICB Medicines Safety Officer be included in any further discussion outside the meeting, alongside using established links with the secondary care Medicines Safety Officer.</p> <p>Post meeting note SA: This alert was also discussed at the IMOC subgroup. Further enquiries with oncology specialists will be made and updated info shared with the group when available.</p>	JR/SA/GW
8.	Pharmacy and Prescribing Commissioning Group Feedback (PPGC)	
	AMc informed that there was nothing to report as there has not been a meeting held since the last APG meeting.	
9.	Protocols/Prescribing Guidelines/TLDL applications pre-IMOC	
	<ul style="list-style-type: none"> • Vitamin B12 guidance – Dr Hannah Delaney, Consultant Chemical Pathologist, STHFT attended to address any queries/feedback as co-author Kirsty Burdett was not able to attend today’s meeting. An updated draft was sent to members for this meeting, following previously supplied feedback from the last submission to APG in late 2025. Hannah (and Kirsty) were thanked for their hard work in developing this guidance. A query raised by LS regarding reference to cost effectiveness of treatment which previously left out costs related to administration of IM injections in primary care had been resolved on the most up-to-date version of the guidance. A further suggestion to adjust the order of causes/treatment changing in boxes 2 and 3 to reflect the most common first. HS also suggested some minor revisions of the references section and in the symbol in box 2 for cross reference to the subacute combined degeneration of the cord box. <p>Decision: The group agreed to support this guidance subject to the suggested amendments being implemented. Hannah and Kirsty will work on this and share with the chair, SA, RL to approve under delegated authority via email.</p> <p>Post meeting note (KB): Pernicious anaemia (PA) is confirmed as the most common cause. Hannah has split PA from other causes of GI malabsorption and moved that down and then put diet above medicines to address this feedback.</p> <ul style="list-style-type: none"> • Co-codamol MSN and patient information letters – Helen Taylor attended to provide information on the MSN for co-codamol 30/500 tablets and to 	AMc/SA/RL

	<p>seek feedback on the patient information letters that she has developed to assist practices addressing this issue. CB reported that there is a significant supply issue with co-codamol 30/500 tablets from a community pharmacy perspective, although supplies of the capsule form of this strength is currently unaffected. HelTay has created letters for practices to utilise with options to use the capsules instead of tablets, or to separate the ingredients and prescribe individually alongside the opportunity to reduce the codeine portion of any treatment as appropriate. There were several re-wording suggestions made by the group to make the language used in the letters more accessible. It was also suggested that the potential for two prescription charges in light of ingredients being prescribed separately be highlighted where relevant. The method of communicating these letters to patients was queried, it was suggested that the use of electronic communication via AccuRx would be useful to avoid paper and printing costs incurred by practices, as there are large numbers of patients in primary care currently prescribed the 30/500 co-codamol tablets.</p> <p>Decision: the use of these patient letters was supported by the group, it was suggested that the amended draft letters be re-circulated to key members for input such as TE as a patient advocate group representative, LS and HS.</p>	<p>HelTay/TE /LS/HS</p>
<p>10.</p>	<p>Integrated Medicines Optimisation Committee (IMOC)</p>	
	<p>SA was unable to attend today's APG meeting, the following information was shared via the agenda to highlight important information from the February IMOC meeting:</p> <p>Traffic Light Drugs List: From February 2026</p> <ul style="list-style-type: none"> • Roclanda- Amber G (previously treated primary open-angle glaucoma or ocular hypertension) • Buprenorphine- Red for Opioid dependence Green- for Pain • Daridorexant –Green for Insomnia, CBTi not available • Relugolix- RED for Prostate Ca pending for primary care use due to commissioning arrangements not in place, added to forward planner. • Rimegepant and Atogepant- Amber G migraine treatment/prevention <p>Horizon Scanning document: from February 2026</p> <p>Progesterone 400mg soft vaginal capsules - Prometrium® (formulation) Amber G (Indicated for the prevention of miscarriage in women presenting with bleeding in the first trimester of pregnancy and have a history of recurrent miscarriages)</p> <p>Guidance approved:</p> <ul style="list-style-type: none"> • Tirzepatide weight management patient information leaflet (short version 2 page) • Daridorexant supporting information (after minor amendments) • SY Asthma and COPD Guidelines (Sheffield Formulary updated) • Updated migraine pathway documents (now on MO website) • 3rd party ordering patient information leaflet <p>There was a query regarding Daridorexant, AM wanted to know if there was a pathway available for these patients. LS asked about the CBTi input into treatment, highlighting the importance of these measures in terms of patient outcomes that can be achieved as a non-medication treatment. JR will take these queries back to SA & ask her to feed back any information to the next APG meeting.</p> <p>The need for the supply of Progesterone 400mg soft vaginal capsules - Prometrium® to be supplied by secondary care was also raised as women with a history of recurrent miscarriages need to be supported and sensitively managed by a specialist. This point was</p>	<p>JR/SA</p> <p>LS</p>

	raised at IMOC where the horizon scanning document was approved, LS will also feed back via LMC that this point was also raised here at place level.	
11.	NICE Guidance	
	February TA document: There is nothing of note for primary care in this report, all listed are NHSE commissioned and have been given a red traffic light drug status.	
12.	APG Mailbox.	
	Nothing for this meeting	
13.	Reports from Neighbouring Committees	
	Nothing was raised from this information from this meeting.	
14.	Never Events and Patient Safety Incidents.	
	Nothing reported	
15.	Any Other Business	
	The chair fed back from the recently attended 'Impact of ICB changes on place prescribing meetings' meeting. This was a meeting set up to explore the impact of organisational change within the ICB and therefore the MO team on place prescribing meetings and was attended by chairs from all four places in South Yorkshire alongside MO team representation including the Chief Pharmacist Alex Molyneux. The consultation period of organisational change has ended; we now enter a period of colleagues leaving under voluntary redundancy conditions. At the meeting there was an open discussion about where the future of place meetings lies with regards to support from a depleted MO team. Attendees highlighted the value of place-based meetings, citing networking and connection opportunities with stakeholders as being very highly valued in all four places equally. Any further developments that impact APG will be shared with the group as they arise.	
16.	Date of the next meeting: 1:30-3:00pm Thursday 19 th March 2026. Hybrid virtual & in-person meeting via MS Teams/Banks room at Eyre Street ICB Sheffield place offices.	

Appendix 1 – February 2026 SY TLDL updates

Drug/Product Traffic Light Status	Brand name	Rationale / criteria	Indication	Date Considered	Comments	Agenda Item
Teplizumab	Tziel®	6	To delay the onset of Stage 3 type 1 diabetes in adult and paediatric patients aged 8 years and older with Stage 2 type 1 diabetes	Feb-26	<i>NICE TA expected April 2026</i>	Horizon Scanning
Progesterone 400mg soft vaginal capsules - Prometrium® (formulation) Amber G	Prometrium®, Besins Healthcare	1,2b	Indicated for the prevention of miscarriage in women presenting with bleeding in the first trimester of pregnancy and have a history of recurrent miscarriages	Feb-26		Horizon Scanning
Obecabtagene autoleucel	Aucatzyl®	1,6	Treatment of adults aged 18 years or older with relapsed or refractory B cell precursor acute lymphoblastic leukaemia	Feb-26	<i>Already classified red on the SY TLDL as part of NICE TAs Jan 26 IMOC</i>	Horizon Scanning
Varenicline			Smoking cessation in adults	Feb-26	<i>Already classified green on the SY TLDL at chemical substance level with the wording: Please refer to Place Commissioned services and guidance documents. In exceptional circumstances, for patients who are unable to access these services, primary care can prescribe. Please see CKS for supporting information.</i>	Horizon Scanning
Buprenorphine/naloxone		1	Opioid dependence	Feb-26	Please note this does not mean hospital only . Red also refers to specialist services	IMOC subgroup TLDL
Buprenorphine			Pain	Feb-26		IMOC subgroup TLDL
Buprenorphine		1	Opioid dependence	Feb-26	Please note this does not mean hospital only . Red also refers to specialist services.	IMOC subgroup TLDL
Calcium Polystyrene Sulfonate		1	All licensed indications	Feb-26		IMOC subgroup TLDL
Clobazam		1	Anxiety (severe- short-term relief)	Feb-26		IMOC subgroup TLDL

Primidone			Essential tremor	Feb-26		IMOC subgroup TLDL
Intravaginal device and pessaries			Non-surgical management of pelvic floor dysfunction	Feb-26	Prescribe on specialist recommendation and in line with NICE guidance	IMOC subgroup TLDL
Dostarlimab with platinum-containing chemotherapy		1,6	Treating primary advanced or recurrent endometrial cancer with microsatellite stability or mismatch repair proficiency	Feb-26	NICE TA1117 Already traffic lighted	NICE TA
Venetoclax with obinutuzumab		1,6	untreated chronic lymphocytic leukaemia	Feb-26	NICE TA 1119 Already traffic lighted	NICE TA
Avelumab with axitinib		1,6	untreated advanced renal cell carcinoma	Feb-26	NICE TA 1120 Already traffic lighted	NICE TA
Acoramidis		1,6	treating transthyretin amyloidosis with cardiomyopathy	Feb-26	NICE TA 1121	NICE TA
Amivantamab with lazertinib		1,6	untreated EGFR mutation-positive advanced non-small-cell lung cancer	Feb-26	NICE TA 1122 Already traffic lighted	NICE TA
latanoprost/netarsudil eye drops Amber G	Roclanda®		previously treated primary open-angle glaucoma or ocular hypertension	Feb-26	NICE TA 1009	Application
Daridorexant (Holding updating TLS until documents are ready)			chronic insomnia	Feb-26	supporting documents require some amendments Traffic light status will be amended when the documents have been approved by the chair	Application
Atogepant Amber G			preventing episodic and chronic migraine	Feb-26	Documents will be added to the MO website . Will send out link when ready	Application
Rimegepant Amber G			preventing episodic migraine	Feb-26	Documents will be added to the MO website . Will send out link when ready	Application
Entrectinib		7	for treating NTRK fusion-positive solid tumours in people 12 years and over.	Feb-26	NICE TA1118	NICE TA
Depemokimab		1,6	for treating chronic rhinosinusitis with nasal polyps in adults. Terminated appraisal-traffic lighted red for positive NICE TA's	Feb-26	NICE TA1123	NICE TA
Relugolix 120mg tablets	Orgovyx®	1,7	Treating prostate cancer in adults	Feb-26	NICE TA995	Application