NHS
South Yorkshire
Integrated Care Board

Minutes of the Integrated Medicines Optimisation Committee (IMOC)
Held on Wednesday 3rd May 2026 11:30-13:30
Via Microsoft Team

Attendees present:	**Time of attendance (if not present for full meeting)**	**Invited Attendees:**	
✓		David Warwicker (DW)	Medical Lead for Medicines Optimisation **(chair)**
✓		Heidi Taylor (HT)	SYICB Medicines Optimisation Programme Director (Clinical Effectiveness, Quality and Safety)
✓		Alex Molyneux (AJM)	NHS SY ICS Chief Pharmacy Officer
✓	*Left at 12:33*	Chris Bland (CB)	Chair Community Pharmacy South Yorkshire (CPSY)
✓		Govinder Bhogal (GOVB)	Programme Director for Medicines Optimisation (Pathways Redesign and Population Health)
✓		Charlotte McMurray (CM)	SYICB Medicines Optimisation Programme Director (Pharmacy Integration and Development)
✓		Ashley Hill (AH)	SYICB Senior Medicines Optimisation Technician- Doncaster (IMOC Secretary)
		Esoop Bharoocha (EB)	SYICB Deputy Chief Pharmacist – Rotherham Hospital
		Dean Eggitt (DE)	LMC representative – Doncaster

		Rob Wise (RW)	Senior Pharmacist NNICB - Bassetlaw Place Partnership
		Krishna Kasaraneni (KK)	LMC Representative – Sheffield
✓		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
✓	*11:45-13:16*	Claire Thomas (CT)	Community Pharmacy Clinical lead- SY ICB
		Graham Marsh (GM)	Sheffield Teaching Hospital Chief Pharmacist
		Mr Veeraraghavan Chidambaram-Nathan (CN)	Transplant and General surgery Consultant - STH
✓		Trish Edney (TE)	Sheffield Healthwatch Representative
		Eloise Summerfield (ES)	Senior Pharmacist (Strategy & Delivery) Rotherham Place Support to High-Cost Drugs (Pathways)
✓		Deborah Cooke (DC)	Senior Pharmacist (Strategy and Delivery & Clinical Effectiveness- Barnsley Place)
		Gillian Turrell (GT)	SYICB- Hospital Pharmacist- Barnsley
✓		Sophie Holden (SH)	Rotherham GP MM lead for Rotherham Place
		Jason Page (JP)	Rotherham Place Medical Director
✓		Joanne Howlett (JH)	Medicines Optimisation Lead Pharmacist (Strategy and Delivery – Barnsley Place)
		Paul McManus (PM)	NHSE Specialist commissioning - Senior Pharmacist
		Ewa Gabzdyl (EG)	Senior Pharmacist Strategy & Delivery- Doncaster Place
✓		Surinder Ahuja (SA)	Medication Safety Officer & Lead Pharmacist Governance and Formulary- Rotherham Hospital
✓		Shameila Afsar -Baig (SAB)	Senior Pharmacist (Strategy and Delivery)- Sheffield Place
✓	*Left at 1pm*	Kulsoom Khan (KKh)	Procurement Pharmacist at TRFT
✓		Mallicka Chakrabarty (MC)	GP Prescribing Lead (Bassetlaw)

		Navjit Johal (NJ)	Chief Pharmacist – Rotherham Hospital
✓		Robina Okes-Voysey (ROV)	Senior Pharmacist, Quality Improvement
✓		Bipin Chandran (BC)	Rotherham LMC representative
✓		Greg Westley (GW)	Medicines Safety Officer
✓	*Left at 11:57*	Melissa Goodlad (ML)	MO Lead Pharmacist (Pharmacy Integration and Development)
✓	*11:42-12:08*	Leah Murphy (LM)	Senior Pharmacy Technician	Pathways Redesign and Population Health
✓	*12:14-12:34*	Akshay Phatak (AP)	Lead Pharmacist (Pathway redesign & Population health)
✓	*12:14-12:34*	Helen Linnington (HL)	Consultant old age psychiatrist for SHPU and the lead for the Old Rattle Communities for Sheffield Trust
✓	*12:14-12:34*	Aparna Mordekar (AMor)	Consultant, old age psychiatrist in Sheffield Memory Services and Liaison Psychiatry in SHPU

		Action
1	**Welcome:** Welcome to: Melissa Goodlad (ML)-MO Lead Pharmacist, Pharmacy Integration and Development. Leah Murphy (LM)-Senior Pharmacy Technician, Pathways Redesign and Population Health. Akshay Phatak (AP)-Lead Pharmacist, Pathway redesign & Population health. Helen Linnington (HL)-Consultant old age psychiatrist for SHPU and the lead for the Old Rattle Communities for Sheffield Trust. Aparna Mordekar (AMor)-Consultant, old age psychiatrist in Sheffield Memory Services and Liaison Psychiatry in SHPU.	
	Apologies None given	
2	**Declarations of Interest (DOI)** The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the South Yorkshire Integrated Care Board (ICB).	

	Declarations declared by members are listed in the ICB Register of Interests. The register is available on the ICB website at the following link: https://southyorkshire.icb.nhs.uk/about-us/our-structure/register-interests None were given	
3	**Notification of Any Other Business** None were given	
4	**Minutes of the meeting held on 6th May 2026 & any other items which are not on the agenda** HT updated the committee on the NICE TA for Dupilumab for COPD which had been traffic lighted as RED in line with the NICE TA at May's meeting. However, following review by the ICB Executive, it was agreed that the current classification should remain GREY. This reflects the anticipated financial impact on the system and the absence of an agreed clinical pathway and implementation framework. There is going to be a steer group formed to ensure a consistent and equitable approach to access across all four provider trusts. The group will need to develop clear prioritisation criteria. HT confirmed that a system wide meeting involving all provider trust has been arranged to initiate these discussions and support development of a coordinated approach. The Committee acknowledged the statutory NICE implementation timeline of 21 June 2026 and recognised that it is unlikely that full pathway development, governance, and approval processes will be completed within this timeframe. The proposed pathway will require approval of the ICB prioritisation panel. The committee supported the endorsement of RED traffic light classification subject to the formal approval by the ICB prioritisation panel and agreed that the traffic light status for Dupilumab could be re classified without requiring further IMOC approval but will update the committee when approval has been granted.	

	HT asked if the wording under the smoking cessation could be stronger to add clarity that it should be the commissioned smoking cessation service that should be prescribing the cytisinicline and prescribing in primary care only in exceptional circumstances. **Action:** • AH to update wording on the smoking cessation section of May's minutes • AH to upload ratified minutes to the medicines optimisation website and circulate	**AH**
5	**Action Log & Matters arising** The required actions were duly recorded in the action log.	
6	**Vitamin B 12 pathway** Lead Pharmacist Melissa Goodlad (ML) presented a proposal regarding the potential adoption of a SY wide Vitamin B12 pathway, based on the existing Sheffield Place guideline. Currently there is no equivalent pathway across Rotherham, Barnsley or Doncaster. The Sheffield pathway has undergone extensive development and stakeholder engagement over a 2-year period to reflect the updated NICE guidance, and the author of the paper had been contacted to seek approval of amending the document which was approved. Currently vitamin B12 is traffic lighted Green in all places, it was recognised that there is a clinical need for a pathway as the NICE guidance is complex and difficult to apply in practice. The committee discussed that there was a strong support for adopting a single pathway across SY, avoiding duplication of work and promoting standardised care. But there were differences highlighted in laboratory reporting and reference ranges across all places. It was proposed that this could be addressed through appendices, rather than requiring multiply versions of the pathway. SH discussed as a GP the current	

	document was complex and difficult to read particularly for use in primary care settings, whether a simpler multiple page document would be more useful separating flowcharts to make it easier to read. The committee approved the adoption of the vitamin B12 pathway in principle for SY, subject to refinement of formatting to improve clarity and usability and incorporating the different places laboratory reporting and reference ranges. ML will undertake the final amendments with support from SH. The final version will be submitted to the chair for sign -off prior to publication. The chair thanked the presenter for attending. **Actions:** • ML to complete final amendments with support from SH • The chair to sign off final version • Final version to come to IMOC for information • Added to the Forward Planner	**ML& SH** **Chair** **AH**
7	**Pharmacy prescribing contraception guide** Senior Pharmacy Technician Leah Murphy and Strategic Pharmacist Integration and Community Pharmacy Claire Thomas presented a proposal to develop a SY contraception guide, leading from initial work undertaken by community pharmacy contraception service. The proposal was developed in response to feedback in the variation in prescribing practices, including use of different brands and the need for a consistent system wide approach. The existing formularies vary across the four places, resulting in inconsistencies for prescribers, particularly those working across multiply settings. The proposed document identifies 1st line options commonly agreed across the four places and a second line option informed by NHS indicative pricing. CT informed the committee that the documents will support alignment between community pharmacy and general practice, promoting consistent prescribing and	

	addressing concerns regarding variation in product selection. It also reflects existing PGD agreements across the four places, and the document is intended to be used as a support and guide prescribing practice. LW enquired if any engagement had been done with secondary care but currently the work is primarily focused on primary care, but secondary care engagement could be considered in the future. LM & CT have had engagement with community pharmacy SY (CPSY) who confirmed general support, with a request for an appropriate implementation period to allow existing stock to be utilised. The committee approved the SY Pharmacy prescribing contraception guide. The chair thanked the presenters for attending. **Actions:** • AH to upload to the MO website • AH to circulate the document	**AH**
8	**IMOC annual report 2025-2026** AH produced IMOC's annual report which summarises the activities of IMOC from April 2025- March 2026 includes drug reviews; membership details; attendance figures and activity of documents approved by the IMOC. The committee approved the annual report and will be published on the MO website. **Actions:** • AH to upload the annual report to the MO website • AH to circulate the report	
9	**Safety updates**	

	Nasal decongestant sprays and drops containing Xylometazoline hydrochloride / Oxymetazoline hydrochloride: increased risk of rebound congestion, rhinitis medicamentosa, and tachyphylaxis with overuse -Patients and caregivers should be informed not to exceed the recommended dose and not to use for more than 5 consecutive days. Medical advice should be sought if symptoms of nasal congestion persist, worsen or do not improve after 5 days, as alternative treatment may be required. **The MHRA has reviewed the evidence for Finasteride and Dutasteride and the risk of suicidal thoughts and behaviours and has recommended further measures to minimise this risk. The product information for finasteride and dutasteride containing medicines is being updated to provide more information on these side effects. The UK Finasteride patient cards, already introduced in 2024, highlight the risks of psychiatric and sexual side effects.** -Advice for Healthcare Professionals: finasteride is associated with depression, suicidal ideation and sexual dysfunction which may persist after treatment is stopped inform patients of the risks at point of prescribing and advise patients to read the Finasteride patient cards and the patient leaflet for finasteride which are both supplied in the 1 mg and 5 mg packs the product information for finasteride 1 mg will be updated with a warning that sexual dysfunction may contribute to mood disorders, and that sexual dysfunction has also been reported without mood alterations. When prescribing finasteride, review their medical record, ask patients if they have a history of depression or suicidal ideation and review patients regularly for psychiatric and/or sexual side effects. Patients prescribed finasteride 1 mg should stop taking the medicine if they develop suicidal thoughts or depression and contact their healthcare professional as soon as possible.	

	Patients prescribed finasteride 5mg or dutasteride should consult their healthcare professional as soon as possible if they develop suicidal thoughts or depression. Dutasteride works in a similar way to finasteride – therefore, as a precaution, a warning will be added to the dutasteride product information that mood alterations have been reported with the same class of medicine (finasteride) Patients prescribed finasteride or dutasteride should contact their healthcare professional if they experience sexual dysfunction. report suspected adverse drug reactions associated with finasteride or dutasteride using the Yellow Card scheme **Trurapi® (insulin aspart) 100units/ml solution for injection 3ml pre-filled Solostar pens are in limited supply until late May 2026, followed by an out of stock period until mid-June 2026.** **Trurapi® 100units/ml solution for injection 3ml cartridges remain available and can support increased demand. These are compatible with the AllStar® PRO and JuniorSTAR® pens, which can also support increased demand. NovoRapid® FlexPen® (insulin aspart) 100units/ml solution for injection 3ml pre-filled pens remain available and can support increased demand.** **-** Clinicians should: • not initiate any new patients on Trurapi® (insulin aspart) 100units/ml solution for injection 3ml pre filled Solostar pens until the shortage has resolved; • review existing patients currently prescribed Trurapi® Solostar pens and where they have insufficient supplies to last until the re-supply date, consider prescribing the following alternatives until the shortage resolves: o Trurapi® (insulin aspart) 100units/ml solution for injection 3ml cartridges with AllStar® PRO or JuniorSTAR® pens, (see Supporting information) and where this is not appropriate; o NovoRapid® Flexpen® (insulin aspart) 100units/ml pre-filled pen.	

	SY prescribing Items in last available month's data = 32 (Doncaster24, Sheffield 3, Rotherham 5, Barnsley 0) **Crescent Pharma Limited is initiating a precautionary recall of one batch of Ramipril 2.5 mg Capsules following the identification of a potential packaging error at the manufacturing site. One complaint has been received to date, in which a sealed carton of Ramipril 2.5 mg Capsules (Batch No. GR155023) was found to contain two blister packs of Ramipril 10 mg Capsules (Batch No. GR175026). Both batches were manufactured at the same site, and the issue appears to have occurred during the secondary packaging process for Batch GR155023.** **-** Advice for Healthcare Professionals: stop supplying the impacted batch of Ramipril 2.5mg Capsules (batch number GR155023) immediately. Quarantine all remaining stock and return it to your supplier using your approved process. If batch/product traceability information is available, healthcare professionals involved in dispensing medicinal products should contact all patients who have been dispensed the impacted product and ask them to inspect the packs they have in their possession. If batch/product traceability information is not available, pharmacists should identify all patients dispensed this product between 16 Jan 2026 and 22 May 2026. Attempts should be made to contact patients who have been dispensed the impacted product within the last 28 days as a priority. Any patients with impacted packs should be told to stop taking them immediately, return them to the pharmacy and contact their GP practice. Patients with non-impacted packs (majority of patients) should be informed they may continue to take the capsules from this batch. Where patients are identified with a defective pack they should be told to contact their prescriber responsible for their care to discuss treatment review and if a new prescription is required for ongoing resupply.	

	Actions: • Place Committee members to discuss/ implement at Place meetings	
10	**IMOC subgroup TLDL** The committee approved the IMOC sub group drugs and these have been recorded in the summary below. Noting that the Melatonin 2mg M/R is traffic lighted green for use in adult insomnia this will be updated on the TLDL. AH asked the committee for direction on the current SY TLDL, where the sub group are trying to align where possible red traffic light status of drugs. There are occasions where due to commissioning / formulary arrangements that not all four places can agree a single traffic light status in which a multiple traffic light status may need to be given. The committee recognised that it has a time-consuming task and with the current changes within the MO it might not be sustainable to achieve quickly. The committee agreed that a pragmatic approach needs to be done, and the vision is to have a single, accessible reference point. AJM discussed that a formal paper would need to come to IMOC to discuss these concepts after AJM and HT have completed having their Place discussions.	
11	**SY Dementia guidance** Akshay Phatak (AP)Lead Pharmacist (Pathway redesign & Population health), Helen Linnington (HL)-Consultant old age psychiatrist for SHPU and the lead for the Old Rattle Communities for Sheffield Trust and Aparna Mordekar (AMor)-Consultant, old age psychiatrist in Sheffield Memory Services and Liaison Psychiatry in SHPU. The committee previously agreed to a development of a SY dementia Amber G prescribing guideline to establish a consistent guidance and traffic light classification across SY. The proposed guidance has had been developed through extensive stakeholder engagement, including input from clinical specialists, pharmacy leads and commissioning colleagues. The committee discussed that there was some	

	feedback from the Sheffield LMC who were not supportive of the change in traffic light status from Amber-to-Amber G concerns raised around the commissioning arrangements, workload and QOF funding. HT has reached out to Sheffield LMC representative KK to discuss further but will also capture their concerns on the executive paper. HL & AP discussed that the proposal model reflects current clinical practices and is practice as usual HL does not envisage any changes to current prescribing practice. The diagnosis and stabilisation will be undertaken by the specialist teams, and once stable patients managed in primary care, with complex patients being jointly cared for and rereferral routes clearly stated for those who are primarily managed by primary care. The committee acknowledged the concerns of Sheffield LMC and that they appear to be principally related to system and contractual constraints, rather than clinical content which would be captured in the Exec paper. The committee recognised the importance of ensuring that capacity and deliverability are considered alongside clinical appropriateness. Continuing dialogue with stakeholders, including the LMC to address outstanding concerns. **Actions:** • HT + HL to address the concerns of Sheffield LMC • HT to capture the LMC concerns within the FEG report • AH to update the SY TLDL & Publish the guidance	**HT+HL** **HT** **AH**
12	**Horizon Scanning** DC updated the committee that the Specialist Pharmacy Service (SPS) new medicines letter, previously utilised as a primary source for horizon scanning is no longer being produced on a monthly basis. A replacement resource is in development but is not expected to be available until next year. DC has found an alternative source utilising MIMS product tracker which is available within existing systems and does require additional subscription. Horizon scanning will return to next month's agenda with June and July's drugs for approval.	

	The committee discussed the purpose and value of horizon scanning and whether it needed to continue. Committee members discussed that historically it provided support informed decision making and reduce variability in practice capturing new drugs and traffic lighting them helps respond to emerging prescribing queries. Horizon scanning identifies cost effective treatment opportunities. The committee agreed that horizon scanning should continue.	
13	**NICE Summary** NICE TA1148- Sodium zirconium cyclosilicate for treating hyperkalaemia. This is already traffic lighted Red. There are ongoing conversations regarding this being re classified and a paper may come back to IMOC in due course. NICE TA1146-Ripretinib for treating advanced gastrointestinal stromal tumours after 3 or more kinase inhibitors. Previously traffic lighted Grey, now traffic lighted Red NICE TA1147-Vorasidenib for treating astrocytoma or oligodendroglioma with IDH1 or IDH2 mutations after surgery in people 12 years and over. Already traffic lighted Red NICE TA1149-Belantamab mafodotin with bortezomib and dexamethasone for previously treated multiple myeloma. Already traffic lighted Red NICE TA1152-Semaglutide for reducing the risk of major adverse cardiovascular events in people with cardiovascular disease and overweight or obesity. The NICE impact assessment modelling divides the eligible population into : • An incident cohort, comprising patients newly presenting with myocardial infarction (MI), stroke, or peripheral arterial disease (PAD) • A prevalent cohort, comprising patients already within the healthcare system	

	List price: £1724 per pt per annum Incident population Yr 1 511 x 1724 = £ 881K Yr 2 707 x 1724 = £ 1.22 mill Yr 3 904 x 1724 = £ 1.55 mill Prevalent population Yr 1 349 x 1724 = £ 602K Yr 2 341 x 1724 = £ 588K Yr 3 340 x 1724 = £ 586K Noting the prevalent population numbers come from NHSE data but appears low this has been queried with NICE. The committee agreed Traffic light status as Red but acknowledge that this is not a drug which needs prescribing to be maintained by the specialist services. There will need to be a pathway put in place before prescribing can be considered in primary care. LW discussed that Doncaster specialists will be prescribing once there is a pathway in place as there is no mechanism in place for repeat prescribing. The Committee noted that, whilst Electronic Prescription Service (EPS) functionality should be available within secondary care to support prescribing processes, it is not currently implemented nationally, representing a gap in system capability. HT would highlight this in the FEG report. NICE TA1150-Encorafenib with binimetinib for treating BRAF V600E mutation-positive advanced non-small-cell lung cancer. Already traffic lighted Red NICE TA1153- Zanidatamab for treating HER2-positive advanced biliary tract cancer after 1 or more lines of systemic treatment. Traffic lighted Red	

	NICE TA1151- Inebilizumab for treating immunoglobulin G4-related disease. Traffic lighted Grey NICE TA1154-Oxybutynin hydrochloride for managing neurogenic detrusor overactivity in people 6 years and over with spinal cord injury or spina bifida. Traffic lighted Red **Action:** • Place representatives to discuss and implement if required at Place meetings	
14	**ICB Formal Executive Group Report (FEG)** HT informed the committee that May's IMOC decisions went to the formal executive group meeting which was all acknowledged and supported.	
15	**Quality Impact Assessment panel feedback** AH informed the committee that while updating the IMOC application forms the Equility and Impact assessment forms were out of date. AH contacted Richard Kennedy a panel member of the Quality Impact Assessment (QIA) Panel, where a pragmatic approach was decided that a generic QIA form should be submitted on the outputs of IMOC. AH discussed the following feedback from presenting on the panel on the 20th of May. The panel recognised strong engagement and good practice within IMOC, identifying the importance of having a patient representative such as Healthwatch Member present. The panel supported the pragmatic approach to QIA completion, recognising that a full QIA is not required for all IMOC applications/ decisions. A full QIA should be mandated where decisions: • Alter access to treatments or eligibility criteria • Change clinical pathways or service delivery models	

	• Impact vulnerable or protected population groups • Risk inequitable access due to phased or resource-constrained implementation Discussions on opportunities for improvement to help strengthen processes and outcomes such as: • Utilisation of DDAT analytics to track prescribing trends patient demographics offers potential for improved population-level insight. This would improve systematic monitoring for the uptake of medicines and guidelines. Currently monitoring is done reactively, driven by incidents or performance issues. • Ensuring there is a better process in place to review patient information leaflets before being presented at IMOC. Strengthening patient engagement • Including a commissioning manager as a committee member may help with some of the commissioning issues. This could improve the alignment of decision making to address variations in service delivery • Consideration to sustainability – now included within the application forms but should be considered in IMOC decisions. The Chair asked whether a box could be added the IMOC application forms to prompt authors to ensure that patient information leaflets are checked by a patient reading group prior to submission to IMOC agenda. The committee discussed the importance of having a patient representative as a committee member in the future when the TOR are being reviewed. The committee unanimously agreed having TE (Healthwatch member) was very valuable.	
16	**Minutes from SY ICB place APCs** None were discussed	
17	**Stock shortages** None were discussed	
18	**Items for Escalation (e.g. commissioning requirements)** - **SY Dementia**	

19	**Workplan / Forward Planner/ action log** Ongoing collective action to be added to the planner	
20	**Any other Business** None was discussed	
21	**Date and Time of Next Meeting** Wednesday 1st July 2026 11:30am Via Microsoft Teams	

Summary Points and Recommendations approved June's 2026

Approved Guidelines/ Shared Care protocols:	• Proceed with a SY vitamin B12 pathway • Pharmacy prescribing contraception guide • SY Dementia guidance

Drug/Product Traffic Light Status	Brand name	Rationale / criteria	Indication	Date Considered	Review date	Comments	Agenda Item
Budesonide inhaler			Used in the treatment of Asthma & COPD	Jun-26		Please refer to SY Asthma and COPD guidance documents. Consider using the lowest cost product which meets the needs of the individual patient.	**IMOC subgroup**

Budesonide/formoterol inhaler			Used in the treatment of Asthma & COPD	Jun-26		Please refer to SY Asthma and COPD guidance documents. Consider using the lowest cost product which meets the needs of the individual patient.	**IMOC subgroup**
Beclometasone inhaler			Used in the treatment of Asthma & COPD	Jun-26		Please refer to SY Asthma and COPD guidance documents. Consider using the lowest cost product which meets the needs of the individual patient.	**IMOC subgroup**
Beclometasone/ Formoterol inhaler			Used in the treatment of Asthma & COPD	Jun-26		Please refer to SY Asthma and COPD guidance documents. Consider using the lowest cost product which meets the needs of the individual patient.	**IMOC subgroup**
Salbutamol inhaler			Used in the treatment of Asthma & COPD	Jun-26		Please refer to SY Asthma and COPD guidance documents. Consider using the lowest cost product which meets the needs of the individual patient.	**IMOC subgroup**
Fluticasone furoate/vilanterol inhaler			Used in the treatment of Asthma & COPD	Jun-26		Please refer to SY Asthma and COPD guidance documents. Consider using the lowest cost product which meets	**IMOC subgroup**

						the needs of the individual patient.	
Beclometasone /formoterol/glycopyrronium inhaler			Used in the treatment of Asthma & COPD	Jun-26		Please refer to SY Asthma and COPD guidance documents. Consider using the lowest cost product which meets the needs of the individual patient.	**IMOC subgroup**
Umeclidinium/vilanterol inhaler			Used in the treatment of Asthma & COPD	Jun-26		Please refer to SY Asthma and COPD guidance documents. Consider using the lowest cost product which meets the needs of the individual patient.	**IMOC subgroup**
Glycopyrronium /formoterol inhaler			Used in the treatment of Asthma & COPD	Jun-26		Please refer to SY Asthma and COPD guidance documents. Consider using the lowest cost product which meets the needs of the individual patient.	**IMOC subgroup**
Tiotropium /oldaterol inhaler			Used in the treatment of Asthma & COPD	Jun-26		Please refer to SY Asthma and COPD guidance documents. Consider using the lowest cost product which meets the needs of the individual patient.	**IMOC subgroup**

Fluticasone furoate /umeclidinium /vilanterol inhaler			Used in the treatment of Asthma & COPD	Jun-26		Please refer to SY Asthma and COPD guidance documents. Consider using the lowest cost product which meets the needs of the individual patient.	**IMOC subgroup**
Formoterol /glycopyrronium /budesonide inhaler			Used in the treatment of Asthma & COPD	Jun-26		Please refer to SY Asthma and COPD guidance documents. Consider using the lowest cost product which meets the needs of the individual patient.	**IMOC subgroup**
Indacaterol / glycopyrronium inhaler			Used in the treatment of Asthma & COPD	Jun-26		Please refer to SY Asthma and COPD guidance documents. Consider using the lowest cost product which meets the needs of the individual patient.	**IMOC subgroup**
Salmeterol /Fluticasone propionate inhaler			Used in the treatment of Asthma & COPD	Jun-26		Please refer to SY Asthma and COPD guidance document. Consider using the lowest cost product which meets the needs of the individual patient.	**IMOC subgroup**
Magnesium carbonate/Anhydrous citric acid			Bowel cleansing prior to bowel endoscopy, radiology, or colonic surgery	Jun-26			**IMOC subgroup**

Melatonin (2mg m/r)			Insomnia in adults	Jun-26		Inline with the SY insomnia adults pathway	**IMOC subgroup**
Glucagon pre filled pen (Amber G)	Ogluo®	1, 2b	Severe hypoglycaemia in adults, adolescents, and children aged 2 years and over with diabetes mellitus.	Jun-26		Product has now been discontinued	**IMOC subgroup**
Sodium zirconium cyclosilicate		7	hyperkalaemia	Jun-26		**This has already been traffic lighted as Red NICE TA 1148**	**NICE TA**
Ripretinib		1,6	treating advanced gastrointestinal stromal tumours after 3 or more kinase inhibitors	Jun-26		**Change in traffic light status from GREY TO RED NICE TA 1146**	**NICE TA**
Vorasidenib		1,6	treating astrocytoma or oligodendroglioma with IDH1 or IDH2 mutations after surgery in people 12 years and over	Jun-26		**Already traffic Lighted as RED NICE TA 1147**	**NICE TA**
Belantamab mafodotin with bortezomib and dexamethasone		1,6	previously treated multiple myeloma	Jun-26		**Already traffic Lighted as RED NICE TA 1149**	**NICE TA**
Semaglutide		1,6	reducing the risk of major adverse cardiovascular events in people with cardiovascular disease and overweight or obesity	Jun-26		**NICE TA 1152**	**NICE TA**
Encorafenib with binimetinib		1,6	treating BRAF V600E mutation-positive advanced non-small-cell lung cancer	Jun-26		**Both drugs traffic lighted as RED already NICE TA 1150**	**NICE TA**
Zanidatamab		1,6	treating HER2-positive advanced biliary tract cancer	Jun-26		**NICE TA 1153 In line with positive NICE TA's**	**NICE TA**

			after 1 or more lines of systemic treatment				
Inebilizumab		7	Inebilizumab for treating immunoglobulin G4-related disease (terminated appraisal)	Jun-26		NICE TA 1151	**NICE TA**
Oxybutynin hydrochloride	Vesoxx	7	managing neurogenic detrusor overactivity in people 6 years and over with spinal cord injury or spina bifida (terminated appraisal)	Jun-26		NICE TA 1154	**NICE TA**
Donepezil		1,2b	Mild to moderately severe dementia in Alzheimer's disease	Jun-26		**link to dementia amber G guidance - when live on MO website**	**IMOC Application**
Rivastigmine		1,2b	Mild to moderately severe dementia in Alzheimer's disease	Jun-26		**link to dementia amber G guidance - when live on MO website**	**IMOC Application**
Galantamine		1,2b	Mild to moderately severe dementia in Alzheimer's disease	Jun-26		**link to dementia amber G guidance - when live on MO website**	**IMOC Application**
Memantine		1,2b	Moderate to severe dementia in Alzheimer's disease	Jun-26		**link to dementia amber G guidance - when live on MO website**	**IMOC Application**
Ethinylestradiol 20 micrograms / Desogestrel 150 micrograms	Gedarel® 20/150, Bimizza® 150/20		Combined Oral Contraceptives	Jun-26			**IMOC Application**
Ethinylestradiol 20 micrograms / Gestodene 75 micrograms	Millinette® 20/75,Akizza® 75/20		Combined Oral Contraceptives	Jun-26			**IMOC Application**

Ethinylestradiol 20 micrograms / Drospirenone 3mg	Eloine®		Combined Oral Contraceptives	Jun-26			**IMOC Application**
Ethinylestradiol 30 micrograms / Levonorgestrel 150 micrograms	Rigevidon®,Levest® 150/30		Combined Oral Contraceptives	Jun-26			**IMOC Application**
Ethinylestradiol 30 micrograms / Desogestrel 150 micrograms	Gedarel® 30/150 ,Cimizt® 150/30		Combined Oral Contraceptives	Jun-26			**IMOC Application**
Ethinylestradiol 30 micrograms / Gestodene 75micrograms	Millinette® 30/75,Femodene®		Combined Oral Contraceptives	Jun-26			**IMOC Application**
Ethinylestradiol 30 micrograms /Drospirenone 3mg	Yacella® ,Dretine®		Combined Oral Contraceptives	Jun-26			**IMOC Application**
Ethinylestradiol 35 micrograms /Norgestimate 250micrograms	Lizinna® ,Cilique®		Combined Oral Contraceptives	Jun-26			**IMOC Application**
Ethinylestradiol 30 micrograms /Levonorgestrel 50 micrograms	TriRegol®,Logynon®		Combined Oral Contraceptives	Jun-26			**IMOC Application**

Desogestrel 75microgram,Drospirenone 4mg ,Levonorgestrel 30micrograms ,Norethisterone 350micrograms	Prescribe as generic		Progestogen-Only Contraceptives	Jun-26			**IMOC Application**
Dupilumab (was previously traffic lighted Red)		7	maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils	Jun-26		**The ICB is working on the pathways for delivery to support equitable rollout of the NICE TA. The TL status will remain grey until this is completed**	**NICE TA**