

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on
Wednesday, 22nd July 2026.

Present:	Shaun Green (SG)	Chair, Chief Pharmacist, NHS Somerset
	Hels Bennett (HB)	Medicines Manager, NHS Somerset
	Peter Berman (PB)	Lay Representative
	Daniela Broughton (DB)	Prescribing Technician, NHS Somerset
	Peter Cope (PC)	Chief Pharmacist, NHS Dorset
	Dr David Davies (DD)	West Somerset Representative
	Dr Matthew Hayman (MH)	Chair of Drugs & Therapeutics Committee, SFT
	Dr Gareth Jones (GJ)	South Somerset East Rural Representative, LMC Representative
	Esther Kubiak (EK)	Medicines Manager, NHS Somerset
	Ed Moore (EM)	Clinical Quality Safety and Improvement Lead and Digital Nursing Officer, NHS Somerset
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Andrew Prowse (AP)	Director of Pharmacy, Chair of Drugs and Therapeutics committee, SFT
	Dr Val Sprague (VS)	Bridgwater Representative, LMC Representative
	Dr Rob Tippin (RT)	Mendip Representative, LMC Representative
	Mihaela Tirnoveanu (MT)	Taunton Representative
	Marco Yeung (MY)	Medicines Manager, NHS Somerset
	Yvonne Lamb (YL)	Operations Manager, LPC
Apologies:	Dr Orla Dunn (OD)	Consultant in Public Health, Somerset County Council
	Bernice Cooke (BC)	Director of Nursing and Deputy Chief Nursing Officer Patient Safety Specialist, NHS Somerset
	Kyle Hepburn (KH)	West Mendip Representative
	Melanie Nixon (MN)	Quality Lead (Maternity, Neonatal, Women, Children and Young People), NHS Somerset

1 APOLOGIES AND INTRODUCTIONS

SG welcomed everyone to the Medicines Programme Board.

Peter Cope was introduced to the group.

Apologies were received from OD, BC, KH and MN.

PB left the meeting at 9:45am, and AP and MY left at 11:00am.

2 REGISTER OF MEMBERS' INTERESTS

- 2.1 The Medicines Programme Board received the Register of Members' Interests relevant to its membership.

The Medicines Programme Board noted the Register of Members' Interests.

3 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

- 3.1 Under the NHS Somerset's arrangements for managing conflicts of interest, any member making a declaration of interest is able to participate in the discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by a nominated member of the Medicines Programme Board.

There were no declarations of interest relating to items on the agenda.

4 MINUTES OF THE MEETING HELD ON 20th May 2026.

- 4.1 The Minutes of the meeting held on 20th May were agreed as a correct record.

4.2 Review of action points

All items were either complete or, on the agenda.

5 Matters Arising

5.1 ICB cluster update and medicines management team restructure

SG and SM advised the group of their forthcoming departure and outlined the transition to a streamlined cluster medicines optimisation team. From August, Peter Cope will take up the role of Cluster Chief Pharmacist, with HB becoming the lead pharmacist for Somerset. An overview of the new team structure was provided and it was noted that further consultation will take place regarding future governance arrangements and decision-making processes.

Team Structure Changes:

SG and SM confirmed that the revised structure will consist of three senior pharmacists across the cluster: Helen Wilkinson, Rachel Hobson and Fiona Arnold. SG highlighted that he has worked with all three colleagues over many years and expressed confidence in their expertise and ability to provide strong leadership within their respective areas. HB will support the Somerset neighbourhood, and the group wished her well in the role and pledged their full support going forward. The new model reflects the ICB's increasing strategic focus, with a corresponding reduction in local medicines optimisation team

capacity. Further details will follow once pharmacy technician and administrative posts have been appointed.

Impact on Local Services:

The restructure will result in significantly fewer staff available to provide detailed operational oversight and local leadership. As a result, neighbourhood teams will be expected to take on greater responsibility and work more closely with the medicines optimisation team. The transition will require careful management to ensure continuity of service while new ways of working and governance arrangements are established.

5.2 Discontinuation of Levemir® (insulin detemir) – Action to Accelerate Patient Switching

MY updated the board on the system-wide response to the discontinuation of Levemir insulin, detailing patient numbers, escalation routes, and the need for primary care to actively manage switching, with national focus increasing and clear timelines for completion.

Patient Data and Progress: As of July, Somerset had approximately 180 patients still on Levemir, 70% with type 1 diabetes coding. MY has shared oversight data with primary care and locality managers to facilitate escalation and switching.

Escalation and Communication: A cascade email was sent to diabetes stakeholders and practice managers, outlining escalation routes for patients remaining on Levemir, with SFT implementing mechanisms for pharmacy staff to flag cases to Diabetes Specialist Nurse leads.

Primary Care Responsibilities: SG emphasised that primary care holds medico-legal responsibility for patients prescribed Levemir, even if managed in secondary care, and must liaise with secondary care to ensure patients are aware of discontinuation and have switching plans.

Timelines: Noted increasing national concern about the pace of switching, with deadlines set for robust plans by 31 July, majority switching by 30 September, and completion by 30 November 2026.

5.3 Single National Formulary

SG provided an update on the development of the Single National Formulary, which aims to reduce unwarranted variation in prescribing and improve equitable and timely access to medicines across England. Members discussed the potential benefits of greater national consistency, whilst recognising concerns around how local service provision, commissioning arrangements and prescribing responsibilities would be reflected within the new model.

Concerns were raised regarding shared care arrangements and the potential for medicines currently prescribed and monitored within specialist services to be transferred to primary care without the necessary service infrastructure, training or clinical expertise. Examples included dementia medicines, where local pathways and specialist support vary. It was noted that successful implementation would require clear national commissioning arrangements, defined monitoring responsibilities and appropriate specialist support where needed.

The discussion also touched on the increasing number of newly qualified independent prescribing pharmacists entering the workforce and the opportunities and challenges this presents. It was noted that while prescribing qualifications are becoming standard for pharmacists, appropriate commissioning, governance arrangements, competency frameworks and professional support will remain essential to ensure safe and effective practice.

5.4 Temporary Business Continuity Process Formulary Amendments Statement

MY presented a proposed interim process to maintain business continuity for formulary and medicines decisions during the transition to a single cluster governance structure. The proposal, which aligns with arrangements already adopted in Dorset and expected to be implemented in BSW, reflects the ICB's statutory responsibility to implement NICE Technology Appraisals and other mandated medicines within required timescales. To ensure compliance during the transition period, authority would be delegated to the Chief Pharmacist to approve NICE-mandated medicines and other statutory formulary amendments, with decisions subject to retrospective review through the appropriate governance process once the new arrangements are established.

The proposal was approved.

6 Items for Approval

6.1 PGD Turning Point Thiamine 250mg/2ml IM Injection

A new PGD for thiamine injection for Turning Point clinics, a public health commissioned service, replacing the discontinued Pabrinex and supporting timely treatment for patients with alcohol use disorder.

Approved.

For organisational sign-off.

Action: Hels Bennett

6.2 BPAS PGD Etonogestrel Subdermal Implant (Nexplanon)

The Nexplanon PGD was updated to reflect the new five-year duration.

Approved.

For organisational sign-off.

Action: Hels Bennett

7 Other Issues for Discussion

7.1 Future Governance and Decision Making Arrangements

PC explained that a consultation on future medicines governance arrangements would be launched shortly. The consultation will seek views on how governance should operate within the cluster model, balancing consistency across the wider system with the flexibility to meet local needs. Feedback from members will be used to inform future proposals and decision-making structures, with the September MPB meeting likely to focus on an update on the consultation process, proposed timelines, and implementation considerations. Members were encouraged to engage with the consultation and provide feedback on potential risks, opportunities, and practical implications of the proposed changes.

7.2 Safer Prescribing in Pregnancy and Beyond Project

SM presented an update on the Safer Medicines in Pregnancy and Beyond programme, highlighting its development, impact, and recognition as a nationally acclaimed patient safety initiative. Reflecting on the work undertaken in Somerset, SM noted that improving the safe use of medicines during pregnancy, breastfeeding, and across the wider patient journey has been a key achievement, with the programme attracting interest from the MHRA as a potential model for wider adoption.

Project Development and Resources:

SM outlined the evolution of the programme from a single guidance document in 2017 to a comprehensive suite of resources supporting safer prescribing practices. The development of the Somerset prescribing website and integration with netFormulary enabled the creation of easily accessible information, including links to national resources such as SPS guidance. Resources now include prescribing guidance, patient information, medicines in pregnancy posters, bed-sharing information and guidance on safe sleep, and educational materials covering pregnancy, lactation, and paediatric prescribing. The focus has been on sharing evidence-based resources, moving away from blame based education, e.g. simply sharing bed sharing risks, to sharing safe sleep information. The group was reminded of the wide range of resources available and encouraged to continue promoting their use within practices. This protects patients and clinicians across the system.

Impact and Outcomes:

The project has delivered measurable improvements in patient safety, particularly through identifying and supporting patients of childbearing potential prescribed higher-risk medicines. Initially launched through a 2023 incentive scheme focusing on a small number of medicines, the programme has expanded over time to include additional medications and risk areas. SM reported a significant reduction in the number of patients prescribed high-risk

medicines without appropriate counselling or pregnancy prevention measures, representing a major achievement for practices across Somerset. The work was recognised nationally with a PrescQIPP Patient Safety Award.

Coding, Risk Assessment and Inclusivity:

The programme has also focused on improving clinical coding and risk assessment processes to support safe and inclusive practice. This included the development of inclusive coding solutions that recognise diverse patient circumstances and family structures, including patients with learning disabilities, trans patients, and those in same-sex relationships, enabling clinicians to undertake appropriate risk assessments and provide tailored counselling where required.

Cultural Change and Education:

A key aim of the initiative has been to promote a culture of “whole journey prescribing”, encouraging clinicians to consider medicines safety throughout a patient’s life course. SM emphasised that the programme has never been about stopping necessary treatment, but rather supporting informed, evidence-based decision-making through effective risk assessment and risk mitigation. Examples from outside Somerset highlighted the potential consequences of discontinuing medicines without appropriate clinical review, reinforcing the importance of balanced discussions between patients and healthcare professionals.

SM thanked SG for supporting the development and expansion of the programme over the years and acknowledged the contribution of colleagues, including DB's support with educational materials and poster development. In closing, SM encouraged practices to continue using the resources available and to maintain the programme’s key messages following her departure, noting that the work has helped protect both patients and prescribers and represents a significant achievement for Somerset. The Board congratulated SM on the success of the initiative and thanked her for her passionate leadership and commitment.

7.3 Cardiovascular Disease Modern Service Framework

SG and MY presented the newly published Cardiovascular Disease Modern Service Framework, outlining its 12 priorities, benchmarking Somerset's performance, and emphasising the need for improved outcomes through neighbourhood commissioning and care pathway approaches.

Framework Priorities: The framework sets out strategic goals for prevention, diagnosis, and treatment of cardiovascular, kidney, and metabolic risk factors, aiming to reduce premature deaths and health inequalities.

Local Performance and Data: Somerset's benchmarking revealed areas needing improvement, particularly in hypertension management and other CVD manifestations, with MY disseminating updated CVD prevent data quarterly.

Care Pathway Approach: MY urged prescribers to focus on diagnostic accuracy, coding, and integrated care pathways, rather than isolated medication reviews, to address unmet needs and variation.

7.4 **3 x MSK First Care Practitioner Physiotherapist PGDs**

Updated PGDs for HCPC-registered musculoskeletal physiotherapists working in GP practices and ICB-commissioned services across Somerset were presented. The PGDs cover the administration of lidocaine injections, methylprednisolone acetate (Depo-Medrone®), and combined methylprednisolone/lidocaine injections for the treatment of intra- and extra-articular musculoskeletal lesions and rheumatic disorders. The documents, which are already in use in Somerset and due to expire in November 2026, were reviewed and updated to align with Somerset NHS Foundation Trust PGDs, reflecting the cross-sector working of physiotherapists. Updates included the addition of rheumatic disorders as an indication and revised guidance on the timing of corticosteroid injections in relation to flu and COVID-19 vaccinations.

Approved.

For organisational sign-off.

Action: Hels Bennett

8 **Other Issues for Noting**

8.1 4 x BPAS PGDs approved (email approval)

The following 4 x BPAS PGDs were shared with MPB committee member via email in June and were approved for use in Somerset ICB.

- ❖ PGD - Administration of Etonogestrel Subdermal Implant - BPAS - V3.0
- ❖ PGD - Administration of LNG IUD - BPAS - v3.0
- ❖ PGD - Supply of combined oral contraceptives - BPAS - v3.2
- ❖ PGD for Lidocaine 1pc injection - BPAS - V3.0

For organisational sign-off (in progress).

Action: Hels Bennett

8.2 **Supporting autistic people and people with a learning disability to live well in their communities**

The group noted the publication of guidance focused on supporting autistic people and people with a learning disability to live well in their communities and reducing the health inequalities that contribute to poorer outcomes and reduced life expectancy. Members were encouraged to review the document and ensure that staff complete the Oliver McGowan Mandatory Training on Learning Disability and Autism. The importance of providing equitable access to healthcare, maintaining appropriate care

plans and reviews, and challenging poor practice was highlighted to support individuals to remain active, engaged and well within their communities.

8.3 **Sepsis Modern Service Framework**

Noted the publication of the Sepsis Modern Service Framework and the importance of early recognition and prompt treatment of sepsis, alongside ongoing antimicrobial stewardship work. It was noted that the framework includes both primary and secondary care elements and has been circulated to Sepsis Leads across Somerset practices for information. Members were encouraged to review the document.

8.4 **Benedict's Law and Allergy Management in Educational Settings**

Benedict's Law is a set of national protections designed to improve allergy safety in schools.

Life-saving allergy pens must be stocked by schools for the first time under new laws, alongside much improved allergy policies which are effective rather than those which provide a false sense of security.

Key themes include - identifying risk, training, better management of allergies, adrenaline devices, IHPs, wellbeing inclusion and safe participation.

Members welcomed the guidance and its focus on improving safety, awareness and outcomes for children and young people with allergies.

Members noted a significant increase in requests to primary care for adrenaline auto-injector (AAI) prescriptions for use as school stock, and allergy management plans, with some practices receiving large volumes of requests.

It was clarified that while schools are now expected to hold emergency supplies of AAI, responsibility for procuring stock rests with educational settings and should not be met through NHS prescribing.

Concerns were raised regarding misinterpretation of the guidance and the resulting increase in requests being directed to primary care. Members agreed on the importance of supporting children, families and educational settings, while maintaining a consistent approach to prescribing and avoiding inappropriate requests for school stock supplies.

The group highlighted the need for greater awareness among schools, nurseries and other early years settings regarding their responsibilities under the guidance. It was agreed that the issue should be raised with Children and Young People's services to support consistent messaging

and implementation. Community pharmacies will also be informed of the guidance and its implications.

Raise awareness of the guidance and associated responsibilities with the Children and Young People's team. **Action: Ed Moore**

Share relevant information with community pharmacies. **Action: Yvonne Lamb**

Explore aligned wording with the LMC to support practices in responding consistently to requests for emergency stock prescriptions and allergy management plans. **Action: Medicines Optimisation Team**

9 Additional Communications for Noting

9.1 Medicine Programme Board decisions - Fezolinetant for vasomotor menopause symptoms

-Noted.

9.2 Medicine Programme Board decisions - Wegovy for secondary prevention of CVD in patients with BMI

Patients initiated on Wegovy for CVD prevention in line with the NICE TA do not require referral into the Tirzepatide wrap around obesity support service.

-Noted.

9.3 BMJ Confirms no clinical benefit for Calcium, vitamin D, or combined supplementation to prevent fractures and falls

-Noted.

9.4 Female patients 40yrs plus with repeat UTI antibiotic but no topical estrogen treatment

-Noted.

10 Formulary Applications

10.1 Anzupgo® (delgocitinib) 20 mg/g cream - proposal to move from RED to Amber²

A proposal to reclassify delgocitinib cream for chronic hand eczema from RED to Amber² was considered.

Dermatology recommended the following wording on the formulary if approved: *"Delgocitinib should be started and monitored by a healthcare professional with experience in diagnosing and treating chronic hand eczema in secondary care."*

Concerns were raised regarding the proposed monitoring arrangements, particularly how ongoing specialist oversight would be maintained following transfer of prescribing to primary care. Members queried whether patients

would remain under dermatology follow-up, including through patient-initiated follow-up (PIFU) arrangements, and whether a Shared Care Protocol and Amber³ classification would be more appropriate. It was agreed not to approve the change at this stage. Further clarification will be sought from the Dermatology team regarding monitoring responsibilities, follow-up arrangements and formulary wording, with the matter to be considered further at cluster level. Members emphasised the importance of patients remaining under Dermatology care for annual review and ongoing monitoring where appropriate.

Seek clarification from the Dermatology team regarding monitoring arrangements, follow-up pathways and formulary wording.

Action: Shaun Green

To be considered at cluster level following Dermatology clarification.

Action: Daniela Broughton / Marco Yeung

Post-meeting note: Dermatology are not keen to change the TLS at this stage, for number of reasons, therefore it has been agreed to keep as red for now and for the new cluster to review in 6 months.

11 Reports From Other Meetings

Feedback

11.1 Primary Care Network Feedback

Progress updates on:

- Structured medication reviews
- Deprescribing
- Social prescribing options e.g., Pain, sleep etc.
- PCN workforce

MT (Taunton): Reported that Structured Medication Reviews (SMRs) continue, with a focus on deprescribing. The team is awaiting details of the new QOF requirements.

RT (Mendip): Advised reviewing the recently published SNP documents, which outline a number of potential future options but provide limited detail on likely implementation arrangements. Concerns remain regarding potential funding pressures in the Mendip area, which are understood to be linked to future contractual decisions and are known to the ICB. Business-as-usual activity continues, with services adapting to new pharmacy requirements. Also highlighted a planned region-wide IT system change, with the first practice expected to go live in August and rollout across the Mendip and Frome area anticipated to be completed by April.

DD (West Somerset): Reported ongoing workforce challenges and raised concerns regarding weight management referral pathways. Increased demand has resulted in local Tier 1 and Tier 2 services becoming overwhelmed, with some providers no longer accepting referrals, leaving limited referral options for

patients. The issue will be raised through relevant system forums for further discussion.

GJ (South Somerset East Rural): Reported the appointment of a new Pharmacy Technician.

Nothing to report from the other PCNs.

Summary

11.2 Community Pharmacy Somerset Report

YL encouraged practices to take up offers of CPD sessions for pharmacy services and to arrange these promptly when contacted. An update was provided on the Community Pharmacy Cancer Referral Service, which will enable community pharmacists to refer patients directly into cancer pathways when relevant symptoms are disclosed during consultations. The service will initially support referrals for bowel, breast and lung cancer symptoms, and post-menopausal bleeding. The pilot will launch in Taunton and Minehead in September, expand to North Sedgemoor and Bridgwater in November, and be rolled out across the remainder of Somerset after Christmas, subject to successful implementation.

YL advised that Michelle will be leaving the organisation imminently. Laura Picton has been appointed as the new Chief Executive Officer and is expected to take up post in late August or early September.

11.3 LMC Report

Nothing to report at this time, other than Benedict's law which was discussed under item 8.4.

Noted that VS is no longer on the LMC.

11.4 Somerset NHS Foundation Trust D&TC Meeting - Next meeting – 14th September

11.5 Somerset NHS Foundation Trust Mental Health Medicines Group - Next meeting – 15th September

11.6 Somerset NHS Foundation Trust Medicines Governance Committee - Last meeting – 7th July

Membership arrangements for the committees are being reviewed. HB and MY will join the D&TC, with existing MGC membership arrangements expected to continue pending confirmation. Membership of the MHMG will be considered by the new medicines optimisation leadership team.

AP to email committee membership queries to SG for onward discussion with PC and the new team.

Action: Andrew Prowse

Part 2 – Items for Information or Noting

12 Current Performance

12.1 March Scorecard Trend

The end-of-year scorecard trend was reviewed, with most indicators demonstrating improvement, reflecting the continued engagement and support of primary care colleagues. An increase in sip feed expenditure was noted, including prescriptions for patients with documented obesity and cases where repeat prescriptions had continued without recent review. Practices were reminded to ensure BMI records are up to date, regularly reassess ongoing need, and follow a food-first approach where clinically appropriate.

The current Somerset prescribing incentive scheme will continue until the end of March. It was noted that Dorset and BSW currently operate separate schemes, with an expectation that a more aligned cluster-wide scheme will be developed from April onwards under the leadership of PC and the new medicines optimisation team. HB is expected to oversee delivery of the current scheme during the transition period.

13 Rebate Schemes

13.1 Anzupgo® (delgocitinib) 20 mg/g cream, Leo Laboratories Limited

❖ Start date: 22 June 2026

-Noted.

14 NICE Technology Appraisals

14.1 [TA1155] Rozanolixizumab for treating antibody-positive generalised myasthenia gravis

Published: 20 May 2026

Commissioned by NHS England, provided by NHS Hospital trusts.

Red drug.

MPB Agreed.

Add to Formulary Red drug.

Action: DY

14.2 [TA1146]: Ripretinib for treating advanced gastrointestinal stromal tumours after 3 or more kinase inhibitors

Published: 21 May 2026

Commissioned by NHS England, provided by NHS Hospital trusts.

Red drug.

MPB Agreed.

Add to Formulary Red drug.

Action: DY

- 14.3 **[TA1157] Givinostat for treating Duchenne muscular dystrophy in people 6 years and over**
Published: 28 May 2026
- Commissioned by NHS England, provided by NHS Hospital trusts.
- Red drug.
- MPB Agreed.
- Add to Formulary Red drug. **Action: DY**
- 14.4 **[TA1158] Amivantamab with carboplatin and pemetrexed for untreated EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer**
Published: 28 May 2026
- Commissioned by NHS England, provided by NHS Hospital trusts.
- Red drug.
- MPB Agreed.
- Add to Formulary Red drug. **Action: DY**
- 14.5 **[TA1159] Lisocabtagene maraleucel for treating relapsed or refractory large B-cell lymphoma after 2 or more lines of systemic treatment**
Published: 03 June 2026
- Commissioned by NHS England, provided by NHS Hospital trusts.
- Red drug.
- MPB Agreed.
- Add to Formulary Red drug. **Action: DY**
- 14.6 **[TA1160] Durvalumab with chemotherapy for neoadjuvant and adjuvant treatment then alone for adjuvant treatment of resectable gastric or gastro-oesophageal junction adenocarcinoma**
Published: 03 June 2026
- Commissioned by NHS England, provided by NHS Hospital trusts.
- Red drug.
- MPB Agreed.
- Add to Formulary Red drug. **Action: DY**

- 14.7 **[TA1161] Sotatercept for treating pulmonary arterial hypertension**
Published: 03 June 2026
- Commissioned by NHS England, provided by NHS Hospital trusts.
- Red drug.
- MPB Agreed.
- Add to Formulary Red drug. **Action: DY**
- 14.8 **[TA1162] Nusinersen and risdiplam for treating spinal muscular atrophy**
Published: 04 June 2026
- Commissioned by NHS England, provided by NHS Hospital trusts.
- Red drug.
- MPB Agreed.
- Add to Formulary Red drug. **Action: DY**
- 14.9 **[TA1163] Nogapendekin alfa inbakicept with BCG for non-muscle-invasive bladder cancer with carcinoma in situ that is unresponsive to BCG**
Published: 04 June 2026
- Terminated evaluation.
- Not Recommended.
- MPB agreed.
- Add to Formulary Not Recommended drug. **Action: DY**
- 14.10 **[TA1164] Tisotumab vedotin for treating recurrent or metastatic cervical cancer that has progressed on or after systemic treatment**
Published: 11 June 2026
- Commissioned by NHS England, provided by NHS Hospital trusts.
- Red drug.
- MPB Agreed.
- Add to Formulary Red drug. **Action: DY**
- 14.11 **[TA1165] Cemiplimab with platinum-based chemotherapy for untreated advanced non-small-cell lung cancer**

Published: 16 June 2026

Commissioned by NHS England, provided by NHS Hospital trusts.

Red drug.

MPB Agreed.

Add to Formulary Red drug.

Action: DY

14.12 **[TA1166] Mepolizumab for maintenance treatment of uncontrolled chronic obstructive pulmonary disease with raised blood eosinophils**

Published: 17 June 2026

Commissioned by ICBs, provided by NHS Hospital trusts.

Red drug.

MPB Agreed.

Add to Formulary Red drug.

Action: DY

14.13 **[TA1167] Serplulimab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer**

Published: 18 June 2026

Commissioned by NHS England, provided by NHS Hospital trusts.

Red drug.

MPB Agreed.

Add to Formulary Red drug.

Action: DY

14.14 **[TA1168] Imlunestrant for treating oestrogen receptor-positive HER2-negative advanced breast cancer after endocrine therapy**

Published: 18 June 2026

Terminated appraisal.

Not Recommended.

MPB agreed.

Add to Formulary Not Recommended drug.

Action: DY

14.15 **[TA1169] Mirvetuximab soravtansine for treating folate receptor-alpha-positive platinum-resistant epithelial ovarian, fallopian tube or primary peritoneal cancer**

Published: 24 June 2026

Commissioned by NHS England, provided by NHS Hospital trusts.

Red drug.

MPB Agreed.

Add to Formulary Red drug.

Action: DY

14.16 **[TA1170] Daratumumab with bortezomib, lenalidomide and dexamethasone for untreated multiple myeloma when a stem cell transplant is unsuitable**

Published: 24 June 2026

Commissioned by NHS England, provided by NHS Hospital trusts.

Red drug.

MPB Agreed.

Add to Formulary Red drug.

Action: DY

14.17 **[TA1171] Seladelpar for previously treated primary biliary cholangitis**

Published: 24 June 2026

Commissioned by NHS England, provided by NHS Hospital trusts.

Red drug.

MPB Agreed.

Add to Formulary Red drug.

Action: DY

14.18 **[TA694] Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia**

Last updated: 24 June 2026

Updated recommendation 1.1, and sections 2.5 and 2.6, to remove reference to a commercial arrangement and to update the list price for bempedoic acid and bempedoic acid–ezetimibe.

-Noted.

14.19 **[TA1172] Atogepant for treating migraine**

Published: 30 June 2026

Commissioned by ICBs, provided by Primary and secondary care.

Green drug.

MPB Agreed.

Add to Formulary Green drug.

Action: DY

- 14.20 **[TA1173] Pirtobrutinib for treating relapsed or refractory chronic lymphocytic leukaemia after a BTK inhibitor**
Published: 01 July 2026

Commissioned by NHS England, provided by NHS Hospital trusts.

Red drug.

MPB Agreed.

Add to Formulary Red drug.

Action: DY

- 14.21 **[TA1174] Cemiplimab for treating recurrent or metastatic cervical cancer that has progressed on or after platinum-based chemotherapy**
Published: 09 July 2026

Commissioned by NHS England, provided by NHS Hospital trusts.

Red drug.

MPB Agreed.

Add to Formulary Red drug.

Action: DY

- 14.22 **[TA1175] Glycopyrronium bromide cream for treating severe primary axillary hyperhidrosis**
Published: 09 July 2026

Commissioned by ICBs, provided by Primary and NHS hospital trusts.

Green drug.

MPB Agreed.

Add to Formulary Green drug.

Action: DY

- 14.23 **[TA1176] Teplizumab for delaying the onset of stage 3 type 1 diabetes in people 8 years and over with stage 2 type 1 diabetes**
Published: 09 July 2026

Commissioned by ICBs, provided by NHS Hospital trusts.

Red drug.

MPB Agreed.

Add to Formulary Red drug.

Action: DY

Post-meeting note: Confirmed as ICB commissioned. Diabetes team to develop pathway to identify patients

14.24 **[TA1177] Pembrolizumab with chemoradiotherapy for untreated locally advanced cervical cancer**

Published: 14 July 2026

Commissioned by NHS England, provided by NHS Hospital trusts.

Red drug.

MPB Agreed.

Add to Formulary Red drug.

Action: DY

14.25 **[TA1178] Deuruxolitinib for treating severe alopecia areata**

Published: 15 July 2026

Commissioned by ICBs, provided by NHS Hospital trusts.

Red drug.

MPB Agreed.

Add to Formulary Red drug.

Action: DY

14.26 **[TA1179] Lutetium-177 vipivotide tetraxetan for treating PSMA-positive hormone-relapsed metastatic prostate cancer after an anti-androgen but not a taxane**

Published: 16 July 2026

Terminated evaluation.

Not Recommended.

MPB agreed.

Add to Formulary Not Recommended drug.

Action: DY

14.27 **[TA1180] Netarsudil for treating open-angle glaucoma or ocular hypertension**

Published: 16 July 2026

Terminated evaluation.

Not Recommended.

MPB agreed.

Add to Formulary Not Recommended drug.

Action: DY

15 **NICE Clinical Guidance**

15.1 **[NG258] Anaphylaxis: assessment and referral after emergency treatment**

Published: 27 May 2026

-Noted.

15.2 **[NG220] Multiple sclerosis in adults: management**

Last updated: 03 June 2026

Updated recommendations on diagnosis to refer to the revised 2024 McDonald criteria, instead of the 2017 criteria.

-Noted.

15.3 **[NG194] Postnatal care**

Last updated: 09 June 2026

A recommendation was added to cross-reference to recommendations on vitamin K prophylaxis in the section on care of the newborn baby in NICE's guideline on intrapartum care.

-Noted.

15.4 **[NG235] Intrapartum care**

Last updated: 09 June 2026

Reintroduced recommendations on prevention of vitamin K deficiency bleeding. For more information, see the rationale and impact section on vitamin K.

-Noted.

15.5 **[NG126] Ectopic pregnancy and miscarriage: diagnosis and initial management**

Last updated: 17 June 2026

Reviewed the evidence and made new recommendations on anti-D immunoglobulin prophylaxis.

-Noted.

15.6 **[CG81] Advanced breast cancer: diagnosis and treatment**

Last updated: 30 June 2026

Reviewed the evidence and made new and updated recommendations and recommendations for research on providing information and supportive care, diagnosis and assessment, and systemic anticancer therapy. Also added links to relevant technology appraisal guidance in the sections on diagnosis and assessment and systemic anticancer therapy. Some recommendations have been stood down as they no longer reflect current practice.

-Noted.

15.7 [NG88] Heavy menstrual bleeding: assessment and management
Last updated: 07 July 2026

Removed a recommendation that stated not to routinely test for serum ferritin in the section on laboratory tests. Based on feedback from stakeholders, reviewed this recommendation from 2007. After revisiting the evidence behind it, concluded that a recommendation against serum ferritin testing in women with heavy menstrual bleeding is not justified because of the risk of iron deficiency in this population.

-Noted.

16 Medicines Safety Summary

16.1 ICB Medicines Safety update

EK shared SPS safety summaries and flagged national safety alerts for finasteride, dutasteride, nasal decongestants, ACE inhibitors, and supply shortages for sodium valproate, propafenone, and co-codamol.

Highlighted several recent incidents involving communication and medicines management across care settings. These included delays in antibiotic treatment where GPs were asked to prescribe following secondary care investigations without receiving clinical correspondence, despite agreements that urgently required medicines should be supplied by the trust. Concerns were also raised about discharge summary inaccuracies, including the omission of furosemide from a discharge record, which contributed to a patient's readmission with heart failure. In addition, medicines information not transferring correctly between systems had resulted in transcription errors for medicines such as insulin and methylphenidate. Practices were reminded to ensure medicines are recorded appropriately in EMIS, including listing hospital-only medicines within the repeat medication section where applicable, as medicines recorded solely as acute prescriptions may expire after three months and not be visible to secondary care systems, potentially affecting medicines reconciliation and safe transitions of care. Incidents should be reported to support escalation and system-wide learning.

17 Risk Review and Management

17.1 General Risk and Management

-Trusts
-ICB

Prescribing expenditure was noted to be approximately 8% higher than the same period last year. It was acknowledged that the prescribing data is being influenced by several factors, including the national funding arrangements for tirzepatide, the financial benefits of which are not reflected within primary care prescribing data, and the recovery of approximately £500,000 relating to a prescribing attribution issue arising from a GP moving to an out-of-area practice that had not been processed correctly by PCSE. These factors are currently distorting the overall financial position, and it is hoped that adjustments will be made to minimise any impact on prescribing incentive scheme reporting. The importance of the medicines optimisation team in identifying and resolving such issues was highlighted.

18 Any Other Business

18.1 Nefopam classification

A query was raised about nefopam's classification as a red drug; it was confirmed that SPS does not recommend the use of nefopam, advising review and transition for longstanding patients.

18.2 Farewells and Acknowledgements

The group thanked SG and SM for their invaluable contributions over the years, they will be missed very much, with SG reflecting on his time in post and wishing the team continued success, noting the importance of collaborative decision-making.

DATE OF NEXT MEETINGS

Future medicines governance arrangements TBC following consultation.