Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC)
Sections 1&2 (Area Prescribing and Formulary)
Thursday 18th April 2024
Via MS Teams
Minutes

Committee Members:	✔ x	Area Prescribing	Formulary
Rao Kolusu (Chair) Doncaster Place	RK	✔	x
Charlotte McMurray (Deputy Chair) Doncaster Place	CMcM	✔	x
Rob Wise Bassetlaw Place	RW	✔	✔
Lee Wilson DBTHFT (1 representative from DBTHFT)	LW	✔	✔
Rachel Wilson DBTHFT (Area Prescribing only when LW cannot attend)	RaW	x	x
Steve Davies RDaSH FT (1 representative from RDaSH FT)	SD	x	x
Andrew Houston RDaSH FT	AHo	x	x
John Dalton Finance Doncaster Place	JD	✔	✔
Rachel Hubbard Doncaster Place	RH	✔	✔
Faiza Ail Doncaster Place	FA	✔	✔
Malika Chakrabarty Bassetlaw (Area Prescribing only)	MC	✔	x
Rumit Shah LMC	RS	✔	✔
Dean Eggitt LMC (Area Prescribing only)	DE	✔	✔
Prakash Navaneetharjah (PCD Doncaster North)	PN	✔	✔
Sonia Griffiths (PCD Doncaster 4D)	SG	✔	✔
Lisa Sharp Doncaster NMP	LS	x	x
Pankaj Chatuvedi DBTHFT (Formulary only)	PC	x	x
Ashley Hill Doncaster MOT	AH	x	x
Jen Cox Doncaster MOT	JC	x	x
Karen Jennison Doncaster MOT	KJ	✔	✔
In attendance:			
Emily Parsons (SY ICB)		✔	x

✔ x – Indication of attendance to each section of the meeting (where required to attend)
X – Not required to attend this section of the meeting
SY ICB – South Yorkshire Integrated Care Board
IMOC – Integrated Medicines Optimisation Committee
PMOC – Place Medicines Optimisation Committee
MOT – Medicines Optimisation Team
TLS – Traffic Light System
MPD- Medicines and Product Directory
SCP – Shared Care Protocol

Agenda Ref	Subject / Action Required	Action Required By	Time scale
	Welcome, Introductions and Housekeeping: - Fire Alarm Procedure: N/A		

	Apologies for Absence: The chair acknowledged Jen Cox, Steve Davies/Andrew Houston. The chair welcomed Sonia Griffiths from PCD Doncaster (4D practices), who will be joining the PMOC group to represent primary care pharmacy workforce. In attendance Emily Parsons : Item 02/24/1.2 SY ICB Valproate Plan Corie Collins-Eyre & Aaliyah Cawley – Student Technician training		
	Declarations of Interest ➢ ICB Register of Interests There were no declarations of interest declared at this meeting.		
	Notification of Any Other Business There were no notifications of any other business declared at this meeting.		
	Minutes and actions of the last Meeting The minutes of the meeting held on 21st March 2024 were all agreed and accepted as a true record. The ratified minutes will be circulated to the appropriate distribution list. **Action log** The action log was discussed and updated accordingly.		
	Matters arising not on the agenda		
	Disposal of cytotoxic sharps in community There is still an issue at Bassetlaw regarding the disposal of sharps in the community where patients have injectable cytotoxic medication via home care. The committee discussed that it could be an option for DBTH to consider if going down the shared Care protocol route whether there would be a possibility of offering a sharps disposal service for patients at the hospital. Rob Wise advised the group that discussions with the local council are ongoing and no resolution has been reached at the moment. The group had a discussion around the inconsistencies in the area and it was agreed to feedback to IMOC that there are still issues with this and enquire if there are any plans to look at this issue on a SY ICB level. Actions:- • Karen Jennison to liaise with Ashley Hill to ask this question	KJ	
04/24/1	**Section 1 Prescribing functions**		
04/24/1.1	**TLS IMOC April 2024**		

Please Note : TLS status finalised at IMOC all items are classified as non-Formulary unless stated otherwise.

The committee received the TLS list that was agreed at the April 2024 IMOC meeting.

The following have been agreed as Grey

- Azathioprine - Rationale 3 -75mg & 100mg strengths
- Antimalarials -rationale 2 -Prophylaxis treatment of malaria
- Angiotensin II Rationale 2 -Treatment of refractory hypotension in adults with septic or other distributive shock
- Elranatamab- Rationale 6 -Monotherapy for the treatment of adults with relapsed and refractory multiple myeloma, who have received at least three prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy
- Evinacumab – Rationale 6-Use as an adjunct to diet and other low-density lipoprotein-cholesterol lowering therapies for the treatment of adult and adolescents aged ≥12 years with homozygous familial hypercholesterolaemia
- Momelotinib -Rationale 6 -Treatment of disease-related splenomegaly or symptoms in adults with moderate to severe anaemia who have primary myelofibrosis, post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis and who are Janus Kinase inhibitor naïve or have been treated with ruxolitinib
- Respiratory syncytial virus vaccine- Rationale 6-Passive protection against lower respiratory tract disease caused by respiratory syncytial virus in infants from birth through 6 months of age following maternal immunisation during pregnancy and active immunisation of individuals aged ≥60 years for the prevention of lower respiratory tract disease caused by respiratory syncytial virus
- Satralizumab Rationale 2-Use as a monotherapy or in combination with immunosuppressive therapy for the treatment of neuromyelitis optica spectrum disorders in adults and adolescents aged ≥12 years who are anti-aquaporin-4 IgG seropositive
- Tirzepatide – Rationale 6-(**weight management indication**) -Already classified for type 2 diabetes. Also for weight management, including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity in adults with an initial Body Mass Index (BMI) of ≥30kg/m2 (obesity) or ≥27kg/m2 to <30kg/m2 (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, prediabetes, or type 2 diabetes mellitus)
- Tremelimumab- Rationale 6 -Use in combination with durvalumab for the first-line treatment of adults with advanced or unresectable hepatocellular carcinoma

The following have been agreed as Red

- Eculizumab -Rationale 1,6 -In line with positive NICE TAs
- Tocilizumab- Rationale 1,3 -In line with positive NICE TAs State that COVID-19 indication is for infusion only.
- Aciclovir IV- Rationale 1,6
- Activated Charcoal Emergency Treatment of Poisoning ('many oral poisons') - Rationale 1,6
- Activated Protein C Congenital Protein C deficiency -Rationale 1,6
- All Intravenous nutrition
- Adefovir dipivoxil- Rationale 1,6 chronic hepatitis B
- Adenosine- Rationale 1,6- Supraventricular arrhythmias
- Agalsidase alfa & beta -Rationale 1,6- Fabry's disease
- Albendazole- Rationale 1,6
- Aldesleukin In line with positive NICE TAs
- Alemtuzumab -Rationale 1,6 -In line with positive NICE TAs
- Alpelisib -Rationale 1,6- Indicated in combination with Fulvestrant for the treatment of postmenopausal women, and men, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer with a PIK3CA mutation after disease progression following endocrine therapy as monotherapy
- Alteplase -Rationale 1,6
- Amikacin- Rationale 1,6-In line with positive NICE TAs
- Aminophylline IV- Rationale 1,6
- Amivantamab- Rationale 1,6-In line with positive NICE TAs

- Amphotericin -Rationale 1,6 -Antifungal
- Anagrelide -Rationale 1,6 - Polycythaemia vera, Thrombocytosis,
- Andexanet alpha -Rationale 1,6- Emergency Treatment of Poisoning (rivaroxaban and apixaban)
- Anidulafungin- Rationale 1,6- Invasive candidiasis
- Anti-D (Rh0) -Rationale 1,6 -Immunoglobulin
- Antihemophilic factor/Von Willebrand factor complex - Rationale 1,6 -Congenital Von Willebrand Disease
- Anti-lymphocyte immunoglobulin (horse) (Atgam®) -Rationale 1,6-Treatment of acquired moderate to severe aplastic anaemia
- Antimalarials -Rationale 1,6 -For treatment of malaria
- Fluocinolone acetonide- Rationale 1,6 -chronic diabetic macular oedema
- Epcoritamab- Rationale 1,6 -relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments
- Etrasimod- Rationale 1,6- moderately to severely active ulcerative colitis in people aged 16 and over
- Denosumab - Rationale 1 - In line with positive NICE Tas

The following have been agreed as Amber

- Azathioprine – Rationale1,2ab – 25mg and 50mg -In line with Place's shared care protocols, preparations within the documents. Cross reference to Grey traffic light status for **high strengths (75mg &100mg)**

The following have been agreed as Amber-G

None

The following have been agreed as Green

- Doxylamine & Pyridoxine-Nausea and vomiting during pregnancy
- Adrenaline

None were returned to IMOC for further discussion

Rob Wise made a special mention of the antimalarial medication which has been put together as Grey for prophylaxis instead of individual items being listed.

Rob Wise also highlighted tryptophan which has not been brought to the PMOC this month but may come next month. There has been discussion around the TLS status being changed from Red to Amber, this would need a discussion at IMOC including the mental health representatives who were not at the last IMOC. It is thought that there will not be much prescribing of this.

Rob Wise also wanted to mention that azathioprine has been split into to TLS status' as the high strength doses have been categorised as Grey. This was just for information.

It was noted that there are an increasing number of split TLS categories coming through from IMOC where the TLS categorisation was based on dose strength or dose form of a medication. The group feel that this may cause confusion for prescribers where there are several TLS entries for the same medication or product. It was requested that this should be fed back to IMOC.

Action:

- Karen Jennison to inform Ashley Hill that the list was accepted. KJ/AH

	• Jen Cox will amend the MPD/ optimise Rx accordingly. • Karen Jennison to do a central search for tryptophan and bring back to next meeting for information. • Karen Jennison to include a piece in the bulletin around the advice not to use high strength azathioprine and the antimalarials are not to be prescribed for prophylaxis. • Karen Jennison to liaise with Ashley Hill to inform that PMOC feel that where there are several TLS entries for the same medication or product this may cause confusion for prescribers.	JC KJ KJ KJ/AH	
04/24/1.2	**NICE Guidance** Charlotte McMurray presented the March 2024 NICE Guidance, highlighting only items that refer to Medicines and Primary care. There were NO actions required by PMOC this month.		
04/24/1.2	**MHRA - Drug Safety Update & NHS England Patient Safety alerts** The group received the latest safety update from Emily Parsons The group noted the recommendations, and these will be actioned by the MO team.		
04/24/1.3	**Matters Arising**		
02/24/1.2	SY ICB Valproate Plan Emily Parsons attended to discuss the national patient safety alert about valproate and this is the first incidence where ICBs have been tasked with coordinating the response to NHSE. In South Yorkshire the response/ action plan is being led by Alex Molyneux and he has put together a group. The Patient Safety update requested that a large group of varied clinicians and specialists to be brought together, and I think in South Yorkshire it was for the Medicines Safety Officers (MSO) from each organisation to attend and then to feed that back to their individual clinicians and organisations. There have now been three or four meetings. Each acute and mental health trust has developed an action plan for how they will incorporate the new regulations into their procedures when seeing Valproate and reviewing valproate patients. There is also an action plan for primary care in South Yorkshire, which the group is working towards. Emily Parsons informed the group that she has been updating guidance and producing some wording for valproate that could be used across all guidance documents to try and keep a consistent message, it is difficult to produce a broad statement to include all indications and all variations for paediatric patients, bipolar and epilepsy. So there will be a document for each indication. Currently they are in draft form and will be shared with all the relevant specialists and groups. There will also be a primary fact sheet that will help prescribers in primary care.		

New Initiation of Valproate:

- Now all patients, male and female, who are initiated on valproate need to have the agreement of two independent specialists to agree that it is the only effective treatment.
- Both female and male patients need risk acknowledgement form filling in an initiation. Which will be shared with primary care.

For existing patients,

- Male patients, it just need education as to the potential risks to fertility. But they do not need assessing or reviewing at the moment
- Female patients, all female patients under 55 will need reviewing again by two specialists who will agree that Valproate is the only effective treatment, and that should happen at their next annual review.

Trusts need to.

- Develop a way of building in the two specialist assessment to their processes for female patients. Primary care at the moment have no responsibility to do anything with female patients other than make sure that they are under a specialist and if they are not, to refer them into specialist services for review.
- Continue prescribing and dispensing as per the shared care agreements that the patients are already under.

To identify all patients who are prescribed valproate in primary care and we've also done searches that would help to identify those that look like they may not be meeting the conditions of the pregnancy prevention programmes as female patients. The searches will rule out people who have codes that would indicate a permanent exclusion such as hysterectomy if they've had ovarian tubes removed, or if they haven't got a uterus or a cervix.
We also exclude patients who have recorded as having an annual risk acknowledgement form within the last 12 months because that would indicate they are under a specialist.
We exclude patients who have got a code for pregnancy prevention Programme not needed in the last 12 months. And those where a 'pregnancy prevention has been declined' code has been entered in the last 12 months.
It is noted that the searches are only as accurate as the use of the snomed coding in the clinical systems.
There are plans to perform an audit to obtain numbers of patients for secondary care so they can get an idea of the capacity they are going to need for reviewing patients that are in primary care that may not be under specialist secondary care at the moment This may be done by MO teams or PCN pharmacy workforce, this has not been decided yet.

The guidance at the moment says that at least one of those specialists should be a consultant, the second specialist could be a nurse or a specialist pharmacist or Registrar so that there is more scope and this will be in the updated shared care wording and will include the definition of a 'specialist'.

	The clinical systems team in Sheffield have done the searches and they are ready to be shared. There will be searches that identify all patients on valproate, and then ones that try to reduce the number that would need reviewing in terms of highlighting patients that may not be under secondary care or not meeting the conditions of the pregnancy prevention programme at the moment. It was noted that Bassetlaw patients should be included in this work plan for paediatrics and epilepsy, but the mental health patients will be covered under Notts mental health provision. The searches will be shared with the appropriate MO teams to embed on the clinical systems and the documents will be shared at future meetings once they are in final draft form. Rao Kolusu thanks Emily Parsons for attending and Emily left the meeting.		
03/24/1.4.5	Doncaster LMC representation at IMOC Dean Eggitt updated the group people that he had looked into asking an alternative LMC representative but people are clinically busy by the nature of their jobs. So Dean will continue to be the LMC representative at the IMOC and try to attend every Wednesday. It was suggested that if Dean Eggitt and Rachel Hubbard are sent any documents in early development that would require a GP opinion before the IMOC meetings then Dean and Rachel could feedback before the meeting to Ashley Hill, and then if Dean is not able to attend his comments can be taken in account at the meeting. This was agreed as a good idea and Dean and Rachel are happy to do this. Then the final draft / approved documents would come to PMOC as per the usual process. Action: • Karen Jennison to liaise with Ashley Hill and set up a process where Dean and Rachel are sent the documents outside the IMOC/PMOC meetings when GP comments / feedback are needed during the early development of documents.	KJ/AH	
04/23/1.4	**New Business**		
04/24/1.4.1	ICB Vitamin D Adults Guideline Faiza Ali is currently involved in the development of an SY ICB-wide guidance document for adults with Vitamin D deficiency , she presented the current adults vitamin D management guidance to the group, explaining that previous guidance has changed and the levels at which a prescriber was advised to treat has changed and NICE guidance now says patients below 25 should be treated. Faiza Ali explained that the new SYICB guidance document is not going to be ready immediately and so asked if the existing guidance could be amended to reflect current guidance and then in due course be replaced by the SY ICB document. There were concerns over the different laboratory testing processes used across the 4 places in SY and whether there was any guarantees of standardisation. It was noted that is there is a SY ICB document then the processes should all be the same.		

	Actions: • Faiza Ali to feedback the concerns around differences in lab testing, equipment and tolerances to the group who are developing the SY ICB guidance. • Faiza Ali and Karen Jennison to amend the existing document to reflect current NICE guidance and replace existing document on the website / MPD.	FA FA/KJ	

04/24/1.4.2	SY ICB guideline for young adults with T2D (18-39yrs) Charlotte McMurray informed the group that this document is for comment / feedback at the next PMOC in May, and requested everyone to read and bring their comments to the next meeting. Charlotte McMurray will then gather the comments/feedback and share with Dr Song who has developed the guideline and any amendments will be made to accommodate Doncaster Place specific information. The final draft / version will be brought back to a future PMOC meeting.		
04/24/1.4.3	SY ICB Draft Dental Position statement Rachel Hubbard gave some background around the draft dental document, and shared with the group her thoughts on the document. Which she expressed as three documents in one. Incorporating prescribe advice, self-care and mouth treatments. The group discussed the document and the implications to prescribers. The main aim appears to be to advise prescribers what they should do if they are asked to prescribe these dental related products. The group thought the document could be made more clearer to support prescribers in general practice. Other feedback from the group includes some of the terminology is quite loose and could be more prescriptive and direct. Action: • Rachel Hubbard to feedback to the group developing the position statement of the comments from the group.	RH	
04/24/1.4.4	National Lipid management pathway The group discussed the new updated National guidance that has been approved by IMOC which does include both primary and secondary prevention. The current document which is on the MO website is an SYB document that covers secondary care only but needs the treatment threshold numbers updating. The group agreed to keep this as an interim document until Dean Eggitt has the opportunity to work on a simplified version of the guidance and possibly a simplified primary care one also. Actions: • Karen Jennison and Rachel Hubbard to amend the local secondary care document and replace existing version with the amended one. • Karen Jennison to add the new National guidance which includes primary and secondary prevention on to the MO website.	KJ/RH KJ	

04/24/1.4.5	Finerenone SCP The group discussed this SCP and it was accepted as a sensible approach and classification of Amber. It was noted that this appears to be Sheffield orientated and so if this is to be used in Doncaster there should be Doncaster contacts details included in the document. It was also suggested that this should be reviewed in 12-18 months to establish the appropriateness of the Amber status or change to Green once everyone has got used to prescribing it. Action: • Karen Jennison to pass the comments/feedback to Ashley Hill to take back to IMOC.	KJ/AH	
04/24/1.4.6	IMOC TLDL proposal document Cenobamate This is a proposal to introduce this drug for children with epilepsy, which is currently not being used and to have it under Amber shared care. This medication will be prescribed where suitable. This patient cohort would otherwise receive sodium valproate. A question was raised around whether this medication would be used in line with all the other similar medication that is covered under the SCP, which would cover any monitoring requirements, and it was assumed that this would be a very small number of patients requiring this medication. The group agreed that this medication probably does need to be added to the Amber drug list with a letter back to our commissioning colleagues to explain that this is becoming a burdensome issue for us and we need a prescribing solution from tertiary care to be able to continue to prescribe specialist drugs because it cannot continue to be picked up in primary care. Action: Karen Jennison to feedback to Ashley Hill the comments from the group.	KJ	

04/24/1.4.7	IMOC TLDL proposal document Eslicarbazepine This is a proposal to introduce this drug for children with epilepsy, which is currently not being used and to have it under Amber shared care. This medication will be prescribed where suitable. This patient cohort would otherwise receive sodium valproate. A question was raised around whether this medication would be used in line with all the other similar medication that is covered under the SCP, which would cover any monitoring requirements, and it was assumed that this would be a very small number of patients requiring this medication. The group agreed that this medication probably does need to be added to the Amber drug list with a letter back to our commissioning colleagues to explain that this is becoming a burdensome issue for us and we need a prescribing solution from tertiary care to be able to continue to prescribe specialist drugs because it cannot continue to be picked up in primary care. Action: • Karen Jennison to feedback to Ashley Hill the comments from the group.	KJ/AH	
04/24/1.4.8	Guidance for Pre-emptive prescribing in Palliative Care The group received a request to extend the review date on the existing document as there is a group currently reviewing and developing an SY ICB document but this will take a few months to complete. The group discussed how the new document could be improved and it was suggested that it could link in with the palliative end of life care pathways and any other useful information for palliative care could be included either as a link or a in a subscript, which might be helpful including the different assistance that can be accessed during palliative care, hospices for both children and adults and bereavement services which will make it more useful document. Action: • Rao Kolusu will take the comments /feedback to the palliative care meeting	RK	
04/24/1.5	**Any Other Business**		
	None		
04/24/1.6	**Minutes from other groups**		
	SY ICB IMOC The minutes from the meeting held in March 2024 were received for information.		
	DBTHFT Drug & Therapeutics Committee (Monthly) The minutes from the meeting held in March 2024 were received for information.		
	RDASH FT Medicines Management Committee (Monthly) The minutes from the meeting held in January 2024 were received for information.		
	Barnsley Place APC There were no minutes available for this meeting		

<table>
<tr><td></td><td>Rotherham Place MMC
There were no minutes available for this meeting</td><td></td><td></td></tr>
<tr><td></td><td>Sheffield Place APG
The minutes from the meeting held in February 2024 were received for information.</td><td></td><td></td></tr>
<tr><td></td><td>Nottinghamshire
There was no bulletin available for this meeting</td><td></td><td></td></tr>
<tr><td></td><td>Close Section 1 Comfort break
Open Section 2</td><td></td><td></td></tr>
<tr><td>04/24/2</td><td>Section 2 Formulary functions</td><td></td><td></td></tr>
<tr><td>04/24/2.2.1</td><td>New Product request
N/A</td><td></td><td></td></tr>
<tr><td>04/24/2.2.2</td><td>Formulary and MPD (Medicines and Products Directory) review
<table>
<tr><td>12.1.3</td><td>Olive Oil ear drops and Sodium Bicarbonate 5% ear drops</td><td>Remain Grey</td></tr>
<tr><td>12.3.5</td><td>Artificial Saliva preps</td><td>Remain Grey</td></tr>
<tr><td>13.2.1</td><td>Emollient preps</td><td>Lee Wilson to discuss with Ewa Gabzdyl</td></tr>
<tr><td>13.4</td><td>Topical Corticosteroids</td><td>JC to add to top of page on MPD</td></tr>
<tr><td>13.5.1</td><td>Eczema</td><td>miscellaneous section on MPD</td></tr>
<tr><td>13.5.1</td><td>Alitretinoin</td><td>Remove non-formulary flag</td></tr>
<tr><td>13.5.2</td><td>Biologics indicated for Psoriasis</td><td>Remove non-formulary flag</td></tr>
<tr><td>13.5.2</td><td>Capasal</td><td>Remain Grey</td></tr>
<tr><td>13.5.2</td><td>Exorex</td><td>Remove from MPD -Discontinued</td></tr>
<tr><td>13.5.2</td><td>Tacalcitol (Curatoderm)</td><td>Remove from MPD -Discontinued</td></tr>
<tr><td>13.5.3 & 13.6.2 (only first section linked)</td><td>Acitretin & Isotretinoin</td><td>Add link to item on MPD</td></tr>
<tr><td>13.6.1</td><td>Clarithromycin/Erythromycin & (Iso)tretinoin topical combinations</td><td>Remove from MPD -Discontinued</td></tr>
<tr><td>13.9</td><td>Ketoconazole/Selenium Shampoo</td><td>Include link on MPD and add treatment duration of 3-4 months</td></tr>
<tr><td>13.11</td><td>Birch Bark Extract</td><td>miscellaneous section</td></tr>
<tr><td></td><td>oestriol 0.5mg pessaries</td><td>Green Non-formulary</td></tr>
<tr><td>6.4.1</td><td>Mirena (Levonorgestrel releasing intrauterine system)</td><td>Update guidance on MPD</td></tr>
<tr><td>5</td><td>Infections</td><td></td></tr>
<tr><td>5.1.1</td><td>Benzylpenicillin</td><td>Green</td></tr>
<tr><td>5.1.2</td><td>Cefotaxime</td><td>Green</td></tr>
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	4.2.1	Benperidol	change to Red		
	11.8.1	Acetylcysteine Eye Drops	Amber-G		
	6.1.2.3	Tirzepatide	Amber-G formulary but not given a line choice status		
	6.1.2.3	Semaglutide	Green - remove statement		
	6.1.2.3	Liraglutide Injection	green take off G		
	6.1.2.3	Pioglitazone	green take off G		
	4.6	Doxylamine & Pyridoxine	Green non-formulary add sentence		
	3.4.3	Adrenaline	Add MHRA Guidance Green Formulary		
		Azathioprine	Grey for high strengths add separate status		
	Action: • Jen Cox to make the amendments to the MPD			JC	
04/23/2.3	**Matters Arising**				
01/24/2.4.1	Emollient Guidance This item was deferred to the May PMOC meeting				
01/24/2.4.5	Carbocisteine / Acetylcysteine (Acepiro Brand) on MPD – both 1st line on MPD It was agreed that these two medications can remain first line with a note on the MPD entry to explain the rationale. For anyone who requires a liquid / dispersible product acetylcysteine will be first line as branded Acepiro and can be prescribed for anyone. Carbocisteine capsules can be prescribed for anyone who can swallow capsules. Carbocisteine liquid is non-formulary. Action: • Jen Cox will amend the MPD accordingly			JC	
10/23/2.3.2	Ocular Lubricant Guidance review Faiza Ali presented the draft ocular lubricant guidance, this is based on the previous version but with more products as requested previously. The document includes reference to buying OTC and self-care where appropriate, with products that should be prescribed for long term conditions. A minor addition was suggested of a note to say that 'if a patient is referred into secondary care, then they come out on some different products which will not be on the primary care formulary'. It was noted that Evolutio should be informed of the guidance and asked not to prescribe any medication that is not on the formulary and also to encourage buying OTC where appropriate to do so. The group approved the guidance. Action:			KJ	

	• Karen Jennison will make the suggested amendment, version the document and add to the MO website. • Karen Jennison will add to the bulletin. • Jo Sanderson to take the ocular lubricant guidance to Evolutio meeting.	KJ JS	
04/24/2.3.1	Dexamethasone Dexamethasone is in the palliative care formulary, but there is no reference to the dose conversion from oral to injectable products. A patient's quality of life can really be impacted on if you suddenly stop dexamethasone. It was suggested that this could be incorporated into the palliative care document being reviewed at the moment. Action: • Rao Kolusu to take this to the palliative care group to include in the guidance being developed.	RK	
04/24/2.4	**New Business** None		
04/24/2.5	**Any Other Business** None		
	Date and Time of Next Meeting The next PMOC meeting will be held on Thursday 18th April at 12:00 Noon via MS Teams		