



**Doncaster Place & Bassetlaw Place Medicines Optimisation  
Committee (PMOC)  
Sections 1&2 (Area Prescribing and Formulary)  
Thursday 23<sup>rd</sup> April 2025  
Via MS Teams  
Minutes**

<b>Committee Members:</b>	✓ x	<b>Area Prescribing</b>	<b>Formulary</b>
Rao Kolusu (Chair) Doncaster Place	RK	x	x
Ewa Gabzdyl (Deputy Chair)(1 rep from Doncaster Place)	EG	✓	✓
Erica Carmody (only when EG cannot attend)	EC	x	x
Rob Wise Bassetlaw Place	RW	✓	✓
Lee Wilson DBTHFT ( 1 rep from DBTHFT)	LW	✓	✓
Rachel Wilson DBTHFT (when LW cannot attend)	RaW	x	x
Steve Davies RDaSH FT ( 1 rep from RDaSH FT)	SD	x	x
Andrew Houston RDaSH FT	AHo	x	x
Rachel Hubbard Doncaster Place	RH	✓	✓
Mallika Chakrabarty Bassetlaw (Area Prescribing only)	MC	✓	✓
Dean Eggitt LMC	DE	✓	✓
Rumit Shah LMC (when DE cannot attend)	RS	x	x
Prakash Navaneetharjah (PCD Doncaster North)	PN	✓	✓
Sonia Griffiths (PCD Doncaster 4D) On Mat Leave until June 25	SG	x	x
Lisa Sharp Doncaster NMP	LS	x	x
Pankaj Chatuvedi DBTHFT (Formulary only)	PC	x	x
Charlotte McMurray (SY ICB MO Team) (Only when needed)	CMcM	x	x
Ashley Hill Doncaster MOT (only when needed)	AH	x	x
Jen Cox Doncaster MOT (Only when needed)	JC	x	x
Karen Jennison Doncaster MOT	KJ	✓	✓
<b>In attendance:</b>			
Emily Parsons		Item 4/25/1.4.1	
Faiza Ali		Item 4/25/1.4.1	
Hannah Wain		✓	✓
Mifeoluwa Awe		✓	✓
Ryan Khademi		✓	✓
Reya Biju		✓	✓

✓ x – Indication of attendance to each section of the meeting (where required to attend)

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
	<b>Welcome, Introductions and Housekeeping: -</b> Fire Alarm Procedure: N/A	
	<b>Apologies for Absence:</b> There were apologies received from Sonia Griffiths (Mat Leave until June 2025) Rao Kolusu and Pankaj Chaturvedi <b>In attendance:</b> Emily Parsons & Faiza Ali – Item 4/25/1.4.1 ( 12:00) Hannah Wain – PTPT Professional development Mifeoluwa Awe - Doncaster Pharmacist Professional development Ryan Khademi – Bassetlaw Pharmacist Professional development Reya Biju - Pharmacy student from Weldricks currently completing a 13-week placement in general practice with PCN  It was noted that Ewa Gabzdyl will chair the meeting in Rao Kolusu's absence. The meeting was noted at Quorate.	
	<b>Declarations of Interest</b> <a href="#">ICB Register of Interests</a> There were no new declarations of interest shared at this meeting.	
	<b>Notification of Any Other Business</b> Ewa Gabzdyl – Dementia – Memantine currently Green, proposal to switch to Amber-G in line with other places in the development of an ICB-wide document.	
	<b>Minutes and actions of the last Meeting</b> The minutes of the meeting held in March 2025 were approved as a true record  Action: <ul style="list-style-type: none"> <li>• Karen Jennison will distribute the ratified minutes to the appropriate list.</li> </ul> <b>Action log</b> The action log was discussed and updated accordingly.  <b>MO Bulletin</b> The March 2025 MO Bulletin was noted.	KJ
<b>04/25/1.1</b>	<b>Matters arising not on the agenda</b>	
04/25/1.1.1	Karen Jennison informed the group of feedback from Jen Cox regarding the question raised about Systm1 multilex and local formulary. Jen Cox was aware that a few practices were using the wrong formulary, and recently the formulary updates have been featured in the MO bulletin to encourage them to use the local formulary. Jen Cox sends an email out every quarter for the Doncaster MO team reminding them to discuss the formulary updates and ensure they are embedded onto their clinical systems by the practice manager or appointed colleague when a new update comes out.	



On the subject of course lengths for antibiotics, Jen Cox confirmed that directions are only added by exception, but a list of antibiotics can be made and the directions added for the next update. Directions can only be added to Sysytm1 and not Emis, but it would help the Systm1 practices.

There are already OptimiseRx messages enabled to recommend 5-day prescribing but the acceptance rate is quite low. This measurement is in the new DIBs programme for 25-26 so hopefully this will encourage practices to accept the prompts and follow the advice given on OptimiseRx.

It was suggested that Amina Hussain could liaise with Jen Cox to make a list of the antibiotics that should be 5-day courses and add to the clinical systems.

**Post meeting note:** This was discussed at the Doncaster MO team meeting and Erica Carmody will liaise with Jen Cox to put together the list of antibiotics that require directions for 5-day course prescribing.

N/A

04/25/1.2

## Section 1 Prescribing functions

04/25/1.2.1

TLS IMOC April 2025

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 2025 IMOC meeting.

The following have been agreed as Grey:

Drug/Product	Brand	rationale	Indication
Dengue vaccine (now included in Green Book)	Qdenga®	1	Prevention of dengue disease in individuals aged ≥4 years
Eszopiclone	Lunivia®	7	Treatment of insomnia, in adults, usually for short-term duration
Sulthiame	Ospolot®	6	Treatment of Rolandic epilepsy (benign childhood epilepsy with centrotemporal spikes)
Tarlatamab	Imdylltra®	6	Treatment of adults with extensive-stage small cell lung cancer with disease progression on or after at least two prior lines of therapy including platinum-based chemotherapy
Aprocritentan	Jeraygo®	6	Treatment of resistant hypertension in adult patients in combination with at least three antihypertensive medicinal products
Delgocitinib	Anzupgo®	6	Treatment of moderate to severe chronic hand eczema (CHE) in adults for whom topical corticosteroids are inadequate or inappropriate
Viagra® (For Erectile Dysfunction)	By Brand	4	Erectile Dysfunction. See also entry in green and red sections.
Cialis (For Erectile Dysfunction)	By Brand	4	Erectile Dysfunction. See also entries in green section and red section
Zolbetuximab	Vyloy	2	Untreated claudin-18.2-positive HER2-negative unresectable advanced gastric or gastro-oesophageal junction adenocarcinoma

The following have been agreed as Red:

Osimertinib	Tagrisso	6	Adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection
Exagamglogene autotemcel	Casgevy	6	For treating severe sickle cell disease in people 12 years and over
Atezolizumab	Tecentrig	6	Untreated advanced or recurrent non-small-cell lung cancer when platinum-doublet chemotherapy is unsuitable (terminated appraisal)
Delafloxacin		1,6	Fluoroquinolone antibiotic
Diloxanide		1,6	Antiprotozoal drugs -amoebicides

The following have been agreed as Green:





04/25/1.2.4	<p>IMOC Update</p> <p>Karen Jennison informed the group of documents that have been approved at IMOC and are now available on the IMOC website with links to Doncaster MO website and MPD. These are:-</p> <ul style="list-style-type: none"> <li>• Yorkshire and the Humber A Guide to Symptom Management in Palliative Care- this was approved, and the link put on the IMOC website. It is also on Doncaster website and MPD</li> <li>• Where's my medicine patient information (Colour version)</li> <li>• Where's my medicine patient information (B&amp;W version)</li> </ul> <p>The Gliptin position has been approved and will be circulated, along with the suite of searches and action sheet by the leadership team.</p>	
04/25/1.3	<b>Matters Arising</b>	
08/24/1.5.1	<p>Direction to Administer during pre-emptive medication supply.</p> <p>Steve Davies was not in attendance, so this item was deferred to the next meeting</p>	
04/25/1.4	<b>New Business</b>	
04/25/1.4.1	<p>Valproate / Topiramate DIBS implementation plan</p> <p>Ewa Gabzdyl informed the group that valproate and topiramate are included as part of the local Doncaster prescribing incentive scheme. Practises are being asked to identify patients who are on valproate and topiramate and review in terms of the pregnancy prevention programme, females of childbearing age and practises would then assess whether their patients have had the RF forms completed in last 12 months and if not refer back to secondary care.</p> <p>Ewa Gabzdyl has had a conversation with RDaSH colleagues who confirmed that they have got a process established for reviewing patients with mental health within mental health portfolio of bipolar patients. This process is working well, and practises have advised that they are managing to refer and those patients to get reviewed and get their RF forms completed.</p> <p>Unfortunately, that is not the case for Epilepsy patients and now there is a scheme where practises are required to review the patients and refer, there needs to be a similar process as for mental health patients.</p> <p>To enable those patients to really have those reviews.</p> <p>It was noted that previously the epilepsy nurses at RDaSH have attended the PMOC and explained their roles, which do not include reviewing this cohort of patients. This process is consultant led and therefore would require a referral to a consultant for initial assessment.</p> <p>The main concern of this group was to establish the correct process to advise GPs what to do in order to carry out their part of the process and to ensure a large number of referrals don't flood secondary care. It was thought that the patients who had been discharged from secondary care would be more of an issue that patients who were still under secondary care, as these patients would automatically get reviewed by the consultant in their regular appointments.</p> <p>It was noted that other places within the SY ICB may have already established a process, and this could be adopted by Doncaster, and it was thought that a separate working group may be the answer, there had been one set up</p>	



	<p>previously and it was suggested that this may be reformed to discuss any issues and propose a plan to move forward across all 4 places. The numbers of patients were anticipated to be a relatively small number across Doncaster. It was suggested that further discussion could take place in PMOC section 3.</p> <p>Action:</p> <ul style="list-style-type: none"><li>Karen Jennison to take to PMOC section 3 to discuss further from a Place perspective, as this will be included in the next DIBS and practices will need to understand what their role in this process will be.</li></ul>	KJ												
04/25/1.5	<b>Any Other Business</b>													
04/25/1.5.1	Dementia – Memantine is currently Green, there is a proposal to switch to Amber-G in line with other places in the development of an ICB-wide document. The group agreed that this should be deferred to the May meeting and to contact Steve Davies at RDaSH FT for his opinion. This will be discussed further at the next meeting in May 25.													
04/25/1.6	<b>Minutes from other groups</b>													
	<b>SY ICB IMOC</b> The minutes from the meeting held in March 2025 were received for information.													
	<b>DBTHFT Drug &amp; Therapeutics Committee (Monthly)</b> The minutes from the meeting held in March 2025 were received for information.													
	<b>RDASH FT Medicines Management Committee (Monthly)</b> The minutes from the meeting held in February 2025 were received for information.													
	<b>Barnsley Place APC</b> The minutes from the meeting held in February 2025 were received for information.													
	<b>Rotherham Place MMC</b> The minutes from the meeting held in February 2025 were received for information.													
	<b>Sheffield Place APG</b> There were no minutes available for this meeting.													
	<b>Nottinghamshire</b> There were no minutes available for this meeting.													
	<b>Close Section 1 and Open Section 2</b>													
04/25/2.2	<b>Section 2 Formulary functions</b>													
04/25/2.2.1	New Product request - N/A													
04/25/2.2.2	<p>Formulary and MPD (Medicines and Products Directory) review April 2025 The formulary products for COPD were agreed as below:</p> <table><tr><th>Formulary Section</th><th>Item</th><th>Indication</th><th>PMOC Action</th></tr><tr><td>3.1.4</td><td>Anoro Ellipta DPI</td><td>COPD LABA/LAMA</td><td>1st line</td></tr><tr><td>3.1.4</td><td>Duaklir Genuair</td><td>COPD LABA/LAMA</td><td>2nd line</td></tr></table>	Formulary Section	Item	Indication	PMOC Action	3.1.4	Anoro Ellipta DPI	COPD LABA/LAMA	1st line	3.1.4	Duaklir Genuair	COPD LABA/LAMA	2nd line	
Formulary Section	Item	Indication	PMOC Action											
3.1.4	Anoro Ellipta DPI	COPD LABA/LAMA	1st line											
3.1.4	Duaklir Genuair	COPD LABA/LAMA	2nd line											



	3.1.4	Bevespi PMDI	COPD LABA/LAMA	1st line	
	3.1.4	Ultibro Breezehaler DPI	COPD LABA/LAMA	2nd line	
	3.1.2	Incruse Ellipta	COPD mono LAMA	1st line	
	3.1.2	Tiogiva (branded Tiotropium)	COPD mono LAMA	2nd line	
	3.2	Luforbec 100/6 MDI	COPD ICS/LABA	1st line	
	3.2	Fostair 100/6 MDI and NEXThaler	COPD ICS/LABA	2nd line	
	3.2	Relvar Ellipta 92/22 DPI	COPD ICS/LABA	1st line	
	3.2	Symbicort Turbohaler 200/6 and 400/12	COPD ICS/LABA	2nd line	
	3.2	Trelegy Ellipta DPI	COPD ICS/LABA	1st line	
	3.2	Trixeo Aerosphere PMDI	COPD ICS/LABA/LAMA	2nd line	
	3.2	Trimbow PMDI and NEXThaler	COPD ICS/LABA/LAMA	2nd line	
	3.2	DuoResp Spiromax DPI	COPD ICS/LABA/LAMA	-	
	Action: <ul style="list-style-type: none"> <li>Karen Jennison to make the agreed amendments to the MPD</li> </ul>				KJ
04/25/2.3	<b>Matters Arising</b>				
04/25/2.4	<b>New Business</b>				
04/25/2.5	<b>Any Other Business</b>				
	<b>Date and Time of Next Meeting</b> The meeting in May is cancelled and so the next PMOC meeting will be held on <b>Thursday 19<sup>th</sup> June 2025</b> at 12:00 Via MS Teams				

