Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC)
Sections 1&2 (Area Prescribing and Formulary)
Thursday 15th August 2024
Via MS Teams
Minutes

Committee Members:	✔ x	Area Prescribing	Formulary
Rao Kolusu (Chair) Doncaster Place	RK	✔	✔
Charlotte McMurray (Deputy Chair) Doncaster Place	CMcM	✔	✔
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
Rachel Hubbard Doncaster Place	RH	x	x
Malika Chakrabarty Bassetlaw (Area Prescribing only)	MC	✔	x
Rumit Shah LMC	RS	✔	x
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	✔	✔
Jen Cox Doncaster MOT	JC	✔	✔
Karen Jennison Doncaster MOT	KJ	✔	✔
In attendance:			
Faiza Ali Doncaster Place	FA	✔	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
	Welcome, Introductions and Housekeeping: - Fire Alarm Procedure: N/A	
	Apologies for Absence:	

	The chair acknowledged apologies from Pankaj Chatuvedi, Rachel Hubbard. In attendance : Faiza Ali Attended to deliver an update on the ADHD Shared Care Protocol documents and Methylphenidate stock summary aid.	
	Declarations of Interest ICB Register of Interests No new declarations of interest were made at this meeting.	
	Notification of Any Other Business Direction to Administer - Rumit Shah	
	Minutes and actions of the last Meeting The minutes of the meeting held in July 2024 were approved as a true record with the following request being noted : Action: • Karen Jennison will distribute the ratified minutes to the appropriate list. **Action log** The action log was discussed and updated accordingly. **MO Bulletin** The latest MO Bulletin was attached for information, and is embedded on the MO website.	KJ
	Matters arising not on the agenda	
	Erectile Dysfunction Guidance and Tadalafil 2.5mg The group agreed to approve the ED guidance document in principle at the July meeting pending the final decision at IMOC around the tadalafil 2.5mg, which is to remain GREY. Action: • Karen Jennison will finalise the ED guidance document and replace the existing document on the MO website, and include a link to this on the September PMOC Agenda for completeness. • Jen Cox will add the link to the new document onto the MPD and amend any TLS/Formulary status as per the new guidance document. • Karen Jennison will add the new document to the MO Bulletin for information	KJ JC KJ
08/24/1	**Section 1 Prescribing functions**	
08/24/1.1	**TLS IMOC August 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 August 2024 IMOC meetings.

The following have been agreed as Grey:

- Lisocabtagene maraleucel - Rationale 7 - for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma
- Rozanolixizumab - Rationale 6 - Indicated as an add-on to standard therapy for the treatment of generalised myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) or anti-muscle or specific tyrosine kinase (MuSK) antibody positive.
- Vadadustat - Rationale 6- Indicated for the treatment of symptomatic anaemia associated with chronic kidney disease (CKD) in adults on chronic maintenance dialysis.

The following have been agreed as Red:

- Capreomycin- Tuberculosis
- Avibactam(including in combination with other drugs) - Rationale 1- Antibiotic
- Ceftazidime (including in combination with other drugs)- Rationale 1- Antibiotic
- Ceftobiprole- Rationale 1,- Antibiotic
- Ceftolozane (including in combination with other drugs)- Rationale 1,-Antibiotic
- Tazobactan (including in combination with other drugs) - Rationale 1- Antibiotic
- Cefuroxime eye drops and injections - Rationale 1 - Misc ophthalmic preparations
- Ceritinib - Rationale 1,6- In line with Positive NICE TA's
- Certolizumab - Rationale 1,6 - In line with Positive NICE TA's
- Cetrorelix - Rationale 1 Treatment of female infertility.
- Cetuximab - Rationale 1,6 In line with Positive NICE TA's
- Chlorambucil - Rationale 1
- Chloramphenicol (oral or injectables) - Rationale 1
- Chlormethine hydrochloride - Rationale 1,6
- Chloroquine - for treatment of malaria and other indications is red. For malaria prophylaxis is grey
- Chlorothiazide - Rationale 1,6 Unlicensed special. Used in BHNFT (paediatrics)
- Chorionic Gonadotrophin - Rationale 1,6- Infertility.
- Cidofovir - Rationale 1,6 - Cytomegalovirus infection in immunocompromised patients
- Ciprofloxacin eye drops - Rationale 1- Misc ophthalmic preparations
- Cisplatin - Rationale 1,6- In line with Positive NICE TA's
- Cladribine - Rationale 1,6 - In line with Positive NICE TA's
- Clofarabine- Rationale 1,6 - In line with Positive NICE TA's
- Clofazimine - Rationale 1,6 - Leprosy.
- Cobicistat (including combinations) - Rationale 1,6 - NHSE commissioned.
- Conestat alfa - Rationale 1,6 - Angioedema (hereditary)
- Crisantaspace - Rationale 1,6 - In line with Positive NICE TA's
- Crizanlizumab- Rationale 1,6 - In line with Positive NICE TA's
- Crizotinib - Rationale 1,6 - In line with Positive NICE TA's
- Cyclophosphamide - Rationale 1,6 - Cancer chemotherapy
- Cycloserine - Rationale 1
- Cyproheptadine - Rationale 1 - Emergency Treatment of Poisoning (Serotonin Syndrome)
- Cytarabine (including in combination with other drugs) - Rationale 1
- Cytarabine - Rationale 1
- Cefepime + enmetazobactam - Rationale 1 - Treatment of the following infections in adults: Complicated urinary tract infections including pyelonephritis, hospital-acquired pneumonia including ventilator associated pneumonia, and treatment of patients with bacteraemia that occurs in association with, or is suspected to be associated with, any of the infections listed above
- Lebrikizumab - Rationale 1,6 - In line with Positive NICE TA's
- Phenylephrine + ketorolac - Rationale 1 Use in adults for maintenance of intraoperative mydriasis, prevention of intraoperative miosis and reduction of acute postoperative ocular pain in intraocular lens replacement surgery
- Oxybutynin intravesical solution - Rationale 1 - Indicated for the suppression of neurogenic detrusor overactivity (NDO) in children from 6 years of age and adults, who are managing bladder emptying by clean intermittent catheterisation, not adequately managed with oral anticholinergics.
- Voxelotor - Rationale 1,6 - Treatment of haemolytic anaemia due to sickle cell disease in adults and paediatric patients aged ≥12 years as monotherapy or in combination with hydroxycarbamide

The following have been agreed as Amber:

- Denosumab updated on SCP - Rationale 1,2,3
- Alimemazine new SCP - Izenal SF or Alfresed (sugary version)- cost effective brands - Rationale 1,2,3
- Liothyronine new SCP- Rationale 1,2,3

	• Mycophenolate - Rationale 1,2,3 - TLS Amber for shared care protocols but Red for all other indications The following have been agreed as Green: • Oral Combined hormone contraception - Refer to Place formulary • Levofloxacin tablets - Antibiotic • Estradiol Valerate, dienogest – Qlaira - oral contraception • Aciclovir 3% eye ointment - Herpes Simplex infection • Betamethasone plasters - Corticosteroids (topical) • Aminophylline hydrate - Indicated in adults and children aged 6 years and above for the treatment and prophylaxis of bronchospasm associated with asthma, chronic obstructive pulmonary disease and chronic bronchitis. Indicated in adults for the treatment of left ventricular and congestive cardiac failure. Action: • Jen Cox will add/ update the MPD accordingly	JC
08/24/1.2	**NICE Guidance** Charlotte McMurray presented the July 2024 NICE Guidance, highlighting only items that refer to Medicines and Primary care. There were no actions required at this meeting	
08/24/1.2	**MHRA - Drug Safety Update & NHS England Patient Safety alerts** Jen Cox presented the latest MHRA safety update August 2024 from Emily Parsons. Action: • Jen Cox to run a central search to identify any patients on Kay-cee-L syrup and distribute to the MO team to inform the practices that this product is out of stock. • Karen Jennison to include the Valproate document links in the next MO Bulletin. • Charlotte McMurray will contact the RDaSH epilepsy team regarding the epilepsy flowchart.	JC KJ CMcM
08/24/1.3	**Matters Arising**	
05/24/1.4.3	ADHD SCP & Proforma Faiza Ali presented the draft ADHD SPC and Proforma. There was a discussion around the provision of annual monitoring of overall health, adverse side effects and symptom control by primary care. It was noted that usually under shared care, the expectation from primary care is a review to seek assurance that the patient taking the medication and checking for side effects and suitability to the patient, which is covered in the Locally enhanced service(LES). This proforma requires a face-to-face GP appointment to check the patients weight, height and blood pressure, which is considerably more than is usually expected. It was noted that these checks are also being done in secondary care appointments on a 6 monthly basis and so there should be no need for this to be duplicated in	

	primary care. It was suggested that Faiza Ali should liaise with RDaSH colleagues and propose that this annual monitoring for overall health should be removed from the primary care side of the agreement and rest with secondary care. Primary care would carry out the medication check as per usual agreement. If RDaSH are in agreement then Faiza Ali will return to the next PMOC meeting with the amended documents for final approval. Action: • Faiza Ali will liaise with RDaSH colleagues and propose that the annual monitoring for overall health should be removed from the primary care side of the agreement and rest with secondary care. Primary care would carry out the medication check as per usual agreement. If RDaSH are in agreement then Faiza Ali will return to the next PMOC meeting with the amended documents for final approval.	FA
07/24/1.4.1	Spacers and Children This item was deferred to the next meeting as Ewa Gabzdyl was unavailable for this meeting. Action: • Karen Jennison to carry this item over to the September meeting and invite Ewa Gabzdyl to present the item.	KJ
08/24/1.4	**New Business**	
08/24/1.4.1	**Final Draft** SY ICB guideline for young adults with Type 2 Diabetes (18-39 years) Charlotte McMurray presented the final draft and explained that this document has been in development for some time. Rob Wise noted that 'Bassetlaw' should be added to the document alongside Doncaster, Barnsley, Rotherham and Sheffield (Box 6), and that the wording could be amended to say Trusts rather than just places. Rob Wise requested that a note could be added regarding the smoking cessation for Bassetlaw being provided by Nottinghamshire ICB for information. Charlotte McMurray requested that if there are any further comments / amendment requests they be sent directly to her by 5pm on 23rd August 2024. She will then meet with Dr Song to convey all comments/ amendment request and finalise the document. The final document will be brought back once all amendments have been made. Prakash Navaneetharajah requested if Charlotte McMurray could check with Dr Song around the BMI level as there are some differences between the licenced advice and NICE guidance. This could be clarified in the document. Action: • Charlotte McMurray will obtain the Nottinghamshire ICB smoking cessation link and feedback to Dr Song the few new points raised at the PMOC, with a view to making some final amendments, and will bring the final document back for completeness.	CMcM

08/24/1.4.2	Collective action Dean Eggitt informed the group that general practice has decided to go to collective industrial action which officially started on the 1st of August 2024. This industrial action is optional for practises who want to engage in it. There are 10 different options that practices can sign up to and each practise might choose any of them, none of them or all of them. Amongst those options, the things that might have an impact on medicines most are data sharing, information sharing and shared care prescribing. So some practises may choose to withdraw from shared care prescribing. Each practice has the choice to withdraw entirety. In Doncaster, shared care prescribing is part of the contract but they may choose to refuse to accept any new shared care patients, and only keep existing ones. Which also means then that any new shared care protocols won't be accepted by primary care. The second part is data sharing, which is basically disengaging from information sharing with other providers, including Commissioners, so it may restrict access to patient level data for commissioning. Because this is collective industrial action rather than a strike, no notice has to be given and may go on for years. The BMA expect very few people to sign up at first but expect more and more practices to sign up, which means general practise will reduce what it does over a period of time and that period of time can be from months to years. The expectation from the BMA is for general practice to reduce its' workload over a prolonged period of time in a way that nobody can predict how it is going to happen. Most GP's do not want to be involved in industrial action because they feel it will be harmful for patients. Although currently they are not planning to get involved, this may change over time and the collective action may gain momentum in due course. Dean Eggitt encouraged the PMOC group to take the collective action into consideration when making decisions around new shared cared development. Doncaster LMC is acting as a resource of guidance and advice to help practices to understand the process, but will not be actively influencing any actions. Dean Eggitt is currently speaking with Clinical Directors at DBTHFT and RDaSH FT. Action: • Charlotte McMurray will inform Alex Molyneux of this industrial action in Doncaster. • Lee Wilson will escalate to DBTHFT Medical Director	CMcM LW
08/24/1.4.3	Proformas-Shared Care Protocol (SCP) The development of a generic ICB-wide SCP proforma has been moving slowly across the 4 ICB places and all places are in agreement to adopt a generic proforma for all SCP. It is hoped that an electronic template can be developed to assist in the efficiency of	

	the process but this will not be in place in the near future, but conversations are being had across all IT platforms to establish where this could be kept. Until an electronic version can be developed it would accompany the protocol documents as previously in Doncaster and Barnsley. Further developments will be brought back to future meetings.	
08/24/1.4.4	Clinical Decision Aid for SGLT2 group of drugs Charlotte McMurray presented the decision aid to the group and there was a discussion around the information included in the document. Charlotte McMurray explained to the group that the current local guidance is up for review and under the new team structure there will be a diabetes lead who will lead on the development of an ICB-wide approach to the development and review of guidance documents. It was agreed that the decision aid may be useful to some clinicians but it contained a lot of trial information which is not needed. It was agreed to continue with the local guidance until the clinical lead is in post, and the local guidance will be reviewed and updated in due course.	
08/24/1.4.5	SY IMOC august update Charlotte McMurray updated the group on the documents that have recently been approved at the August IMOC meeting :- Denosumab SCP , Guidance for patients on HRT with unscheduled bleeding document, Alimemazine SCP, SY Interim Position Statement on Hybrid Closed Loop (HCL) Systems for Managing Blood Glucose Levels in Type 1 diabetes and Liothyronine SCP. These documents will be uploaded onto the IMOC website and links will be added to MO website and MPD replacing existing guidance where appropriate. It was noted that some of the SCP do not have a proforma attached, but future SCP will have one attached as standard procedure. This may cause issues in Doncaster and Barnsley as clinicians would require a proforma to sign before accepting prescribing responsibility. The group noted the risk of a Amber drug prescription being sent through to primary care without a proforma possibly being refused in primary care. The chair requested that this concern / risk should be fed back to IMOC. Action: • Ashley Hill will send the links to Karen Jennison and Jen Cox when the documents are uploaded onto the IMOC website and they will then be linked to the MO website and MPD • Ashley Hill will take back to IMOC the concerns of the PMOC around SCP without proformas attached.	AH/JC/KJ AH
08/24/1.4.6	Liothyronine SCP The SY ICB SCP for liothyronine has been approved at IMOC. Doncaster only have a small number of patients on liothyronine. It has been noted that a lot of requests come from patients who have	

	seen a private consultant or who have seen liothyronine on the internet and request a prescription. It has a much higher cost than levothyroxine, and is unlicenced. Although historically Doncaster has not supported the prescribing of this medication the group accepts the SCP as it has been approved across SY ICB. It is hoped that the use of this medication should not rise in light of the SCP.	
08/24/1.4.7	September IMOC meeting Ashley Hill informed the group that there will be no standing items coming from September's IMOC meeting due to a change in the focus and the IMOC meeting is being used to discuss terms of reference and to plan the future format and focus of the IMOC group.	
08/24/1.4.8	Methylphenidate Stock Summary Aid Faiza Ali presented the group with a document that listed all the methylphenidate brands and forms, showing biosimilar products that can be interchanged and others that cannot. The document was considered useful. The group did not feel that generic prescribing was a good approach as this may lead to unlicensed products being prescribed. It was suggested that this document may be useful to the pharmacy workforce and would be included in the next MO bulletin. Action: • Karen Jennison to add to MO website and include in the next MO bulletin • Charlotte McMurray to circulate Methylphenidate Stock Summary Aid to the PCN/Practice/Community Pharmacy workforce for information.	KJ CMcM
08/24/1.4.9	B12 Deficiency Guidance Rao Kolusu reminded the group of the B12 Deficiency guidance that went out of date and NICE produced a new document that was quite complex. Rao Kolusu has tried to contact DBTHFT consultants to ask if anyone is writing any guidance. There is no guidance in development at this time in Doncaster. It was noted that the measurements on the NICE guidance are different from those on the previous local guidance and this may cause confusion for primary care who do not have the specialist knowledge on this subject. It was noted that prescribing of B12 may rise due to the new guidance and this is something we need to monitor across Doncaster. Rao Kolusu mentioned patients self-administering injectable B12 would be more efficient and avoid several GP appointments on initiation, as in Covid where some patients self-administered contraceptive injectables. The group agreed that it would be useful to have a simple guidance document and especially on when to advise patients to buy over the counter, as this was on the old guidance and prescribers found this a useful reference. Rao Kolusu suggested asking at IMOC if anyone	

	in the other 3 places has started any new guidance, Ashley Hill suggested that Rao Kolusu attends a future IMOC to present his request and maybe a working group could be set up across the ICB MO team to develop a document. Action: • Rao Kolusu will fill in the IMOC form and attend a future IMOC meeting to discuss with the wider SY ICB MO team.	RK
08/24/1.5	**Any Other Business**	
08/24/1.5.1	Direction to Administer during pre-emptive medication supply. When a patient is discharged from hospital on pre-emptive medication (palliative), they are written on the discharge letter and a weeks' supply of medication is given. District nurses should consider the discharge letter as an authority to administer without the GP being required to write another one. The group had a discussion about what happens once the supply from hospital finishes and when GP prescribes more, should another authority to administer letter be issued? It was agreed that RDaSH FT should be consulted for their opinion on this. Further discussion will continue at the next meeting. Action: • Karen Jennison will contact Steve Davies to ascertain what their understanding of the arrangement. Should a GP issue another authority to administer or does the discharge letter cover the full course of medication throughout the palliative process.	KJ
08/24/1.6	**Minutes from other groups**	
	SY ICB IMOC The minutes from the meeting held in July 2024 were received for information.	
	DBTHFT Drug & Therapeutics Committee (Monthly) The minutes from the meeting held in July 2024 were received for information.	
	RDASH FT Medicines Management Committee (Monthly) There were no minutes available for this meeting.	
	Barnsley Place APC The minutes from the meeting held in July 2024 were received for information.	
	Rotherham Place MMC There were no minutes available for this meeting.	
	Sheffield Place APG There were no minutes available for this meeting.	
	Nottinghamshire There were no minutes available for this meeting.	
	Close Section 1 Comfort break **Open Section 2**	
08/24/2	**Section 2 Formulary functions**	

<table>
<tr><td>08/24/2.2.1</td><td>New Product request - N/A</td><td></td></tr>
<tr><td>08/24/2.2.2</td><td>Formulary and MPD (Medicines and Products Directory) review

<table>
<tr><th>Formulary Section</th><th>Item</th><th>Approved Status to be updated on MPD</th></tr>
<tr><td>4.10.2</td><td>Varenicline</td><td>On Hold</td></tr>
<tr><td>7.3.2</td><td>Drospirenone (Slynd)</td><td>On Hold</td></tr>
<tr><td>13>7 / 8.2.4</td><td>Imiquimod (Aldara)</td><td>On Hold</td></tr>
<tr><td>7.3.1</td><td>Ethinylestradiol /drospirenone tablets</td><td>On Hold</td></tr>
<tr><td>7.3.1</td><td>Gestodene/ethinylestradiol</td><td>On Hold</td></tr>
<tr><td>4.6 / 6.3.2</td><td>Dexamethasone (base) 3.3mg/1ml injection = dexamethasone phosphate 4mg (oral equivalent)
Dexamethasone (base) 6.6mg/2ml = dexamethasone phosphate 8mg (oral equivalent)</td><td>GREEN - Add conversion wording to MPD from column E of spread sheet- replace existing wording</td></tr>
<tr><td>4.7.4.1</td><td>Rimegepant - Prevention of migraine</td><td>On Hold</td></tr>
<tr><td>6.5.2</td><td>Desmopressin</td><td>Add DDAVP to MPD for primary care but note to say generically prescribed in secondary care</td></tr>
<tr><td>3.1.3</td><td>Aminophylline hydrate</td><td>On Hold - send back to IMOC</td></tr>
<tr><td>5.1.12</td><td>Levofloxacin tablets</td><td>GREEN - Formulary</td></tr>
<tr><td>7.3.1</td><td>Estradiol Valerate, dienogest - Qlaira</td><td>GREEN - Non-Formulary</td></tr>
<tr><td>13.3</td><td>Aciclovir 3% eye ointment</td><td>GREEN - Formulary</td></tr>
<tr><td>13.4</td><td>Betamethasone plasters</td><td>GREEN - Non-Formulary</td></tr>
<tr><td>3.4.1</td><td>Alimemazine</td><td>Amber Non-formulary</td></tr>
<tr><td>6.2.1</td><td>Liothyronine</td><td>Amber Non-formulary</td></tr>
</table>

Action:
• Jen Cox to make the agreed amendments to the MPD and bring the items to return at the next meeting with updates.
• Jen Cox to add a new column into the spread sheet with indication relating to the items on the list for future meetings.</td><td>JC

JC</td></tr>
<tr><td>08/23/2.3</td><td>Matters Arising</td><td></td></tr>
<tr><td>01/24/2.4.1</td><td>Emollient Guidance
This item was deferred to the next PMOC meeting</td><td></td></tr>
<tr><td>08/24/2.4</td><td>New Business</td><td></td></tr>
</table>

08/24/2.5	**Any Other Business** None	
	Date and Time of Next Meeting The next PMOC meeting will be held on **Thursday 19th September 2024** at 12:00 Noon via MS Teams	