Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC)
Sections 1&2 (Area Prescribing and Formulary)
Thursday 20th February 2025
Via MS Teams
Minutes

Committee Members:	✔ x	Area Prescribing	Formulary
Rao Kolusu (Chair) Doncaster Place	RK	✔	✔
Ewa Gabzdyl (Deputy Chair)(1 representative from Doncaster Place)	EG	✔	✔
Erica Carmody (only when EG cannot attend)	EC	x	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	✔	✔
Andrew Houston RDaSH FT	AHo	x	x
Rachel Hubbard Doncaster Place	RH	x	x
Malika 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	x	x
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	✔	✔
In attendance:			
Nabeel Alsindi	NA	✔	
Faiza Ali	FA	✔	
Cristina Scardovi	CSc	✔	✔
Kirsty Burdett	KB	✔	

✔ 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

<table>
<tr><th>Agenda Ref</th><th>Subject / Action Required</th><th>Action Required By</th></tr>
<tr><td></td><td>Welcome, Introductions and Housekeeping: -
Fire Alarm Procedure: N/A</td><td></td></tr>
<tr><td></td><td>Apologies for Absence:
There were apologies received from Sonia Griffiths (Mat Leave until June 2025) Rachel Hubbard.

The meeting was noted as Quorate.</td><td></td></tr>
<tr><td></td><td>Declarations of Interest
ICB Register of Interests
N/A</td><td></td></tr>
<tr><td></td><td>Notification of Any Other Business
Ewa Gabzdyl : Puberty blockers</td><td></td></tr>
<tr><td></td><td>Minutes and actions of the last Meeting
The minutes of the meeting held in January 2025 were approved as a true record

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 January 2025 MO Bulletin was noted.</td><td>KJ</td></tr>
<tr><td>02/25/1.1</td><td>Matters arising not on the agenda</td><td></td></tr>
<tr><td></td><td>N/A</td><td></td></tr>
<tr><td>02/25/1.2</td><td>Section 1 Prescribing functions</td><td></td></tr>
<tr><td>02/25/1.2.1</td><td>TLS IMOC February 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 February 2025 IMOC meeting.

The following have been agreed as Grey:
<table>
<tr><th>Drug/Product</th><th>Brand</th><th>rationale</th><th>Indication</th></tr>
<tr><td>Erdafitinib</td><td>Balversa®</td><td>6</td><td>Use as monotherapy for the treatment of adults with unresectable or metastatic urothelial carcinoma, harbouring susceptible FGFR3 genetic alterations who have previously received at least one line of therapy containing a PD-1 or PD-L1 inhibitor in the unresectable or metastatic treatment setting</td></tr>
<tr><td>Lecanemab</td><td>Leqembi®</td><td>6</td><td>Treatment of mild cognitive impairment and mild dementia due to Alzheimer’s disease in adults that are apolipoprotein E ε4 heterozygotes or non-carriers</td></tr>
<tr><td>Alimemazine</td><td></td><td>4</td><td>All licensed indications- urticaria and pruritus(already traffic lighted Amber if initiated for sleep disorders in children by tertiary sleep service in SCH (unlicensed indication)</td></tr>
</table></td><td>KJ</td></tr>
</table>

	Tirzepatide		*6*	***NICE TA1026-managing overweight and obesity***	

The following have been agreed as Red:

Crovalimab	*PiaSky®*	*1,6*	*Use as monotherapy for the treatment of adult and paediatric patients aged ≥12 years with a weight ≥40kg with paroxysmal nocturnal haemoglobinuria, in patients with haemolysis with clinical symptom(s) indicative of high disease activity, and in patients who are clinically stable after having been treated with a complement component 5 inhibitor for at least the past 6 months*
Eplontersen	*Wainzua®*	*1,6*	*Treatment of hereditary transthyretin-mediated amyloidosis in adults with Stage 1 and 2 polyneuropathy*
Tebentafusp		*1,6*	***NICE TA1027** for treating advanced uveal melanoma*
Bimekizumab			***NICE TA 1028**-treating moderate to severe hidradenitis suppurativa (terminated appraisal)*
Andexanet alfa			***NICE TA 1029**-reversing anticoagulation in people with intracranial haemorrhage (terminated appraisal)*
Durvalumab		*1,6*	***NICE TA1030**-Durvalumab with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer*
Vamorolone		*1,6*	***NICETA1031-**treating Duchenne muscular dystrophy in people 4 years and over*
Niraparib with abiraterone acetate and prednisone			***NICE TA1032**- Niraparib with abiraterone acetate and prednisone for untreated hormone-relapsed metastatic prostate cancer (terminated appraisal)*
Anhydrous sodium thiosulfate		*1,6*	***NICE TA1034**-preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours*
Vadadustat		*1,6*	***NICE TA1035**-treating symptomatic anaemia in adults having dialysis for chronic kidney disease*
Andexanet alfa		*1,6*	***NICE TA697**-Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban*

The following have been agreed as Green:

Spironolactone ***(new oral solution formulations)***	*Urospir®, Rosemont Pharmaceuticals Ltd*	N/A	Congestive cardiac failure, hepatic cirrhosis with ascites and oedema, malignant ascites, nephrotic syndrome and diagnosis and treatment of primary aldosteronism

The following were not traffic lighted as terminated appraisal

Andexanet alfa			***NICE TA 1029**-reversing anticoagulation in people with intracranial haemorrhage (terminated appraisal)*
Niraparib with abiraterone acetate and prednisone			***NICE TA1032**- Niraparib with abiraterone acetate and prednisone for untreated hormone-relapsed metastatic prostate cancer (terminated appraisal)*

Action:

- Karen Jennison to make the agreed additions / amendments to the MPD

02/25/1.2.2

NICE Guidance

The NICE guidance report was received that was discussed at the February 2025 IMOC meeting.

Ewa Gabzdyl informed the group of January's NICE guidance.

There were no actions.

02/25/1.2.3

MHRA - Drug Safety Update & NHS England Patient Safety alerts

	There was no MHRA report this month	
02/25/1.2.4	IMOC Update Karen Jennison gave an update from the February IMOC meeting David Warwicker (Sheffield GP) is now IMOC Chair, Ibandronic acid doc updated on website/MPD and included in the MO bulletin Migraine Management Guidelines now on website/MPD and in the MO Bulletin Freestyle Libre 3 plus was made available in the drug tariff last year and is more expensive than Freestyle libre 2 and 2 +, and is used as it is compatible with the hybrid closed loop. Freestyle Libre 3 + is more expensive but does not meet the 5x more expensive criteria to be traffic lighted as Grey 4 and may be more beneficial for children. Heidi Taylor has asked IMOC sub group to develop a list of CGM devices to be traffic lighted as it would be beneficial to prescribers. Freestyle Libre 3 and 3+ should only be prescribed if on a hybrid closed loop. Suggested wording for optimise Rx : When prescribing Freestyle Libre CGM please check that Freestyle Libre 3 is being requested appropriately for a child with T1DM or anyone using a Hybrid Closed Loop. Action: • Karen Jennison will forward to Jen Cox the Suggested wording for optimise Rx : When prescribing Freestyle Libre CGM please check that Freestyle Libre 3 is being requested appropriately for a child with T1DM or anyone using a Hybrid Closed Loop.	KJ/JC
02/25/1.3	**Matters Arising**	
08/24/1.5.1	Direction to Administer during pre-emptive medication supply. Steve Davies informed the group that he has organised a meeting to discuss with RDaSH FT colleagues and Dean Eggitt. It was noted that DBTHFT are using the Yorkshire and Humber Palliative care guidance now. Karen Jennison requested the link to add to the MPD / website. There was some concern around stock shortages of palliative care medication and difficulty obtaining stock. Action • Steve Davies will contact Claire Thomas to establish whether there is a protocol for shortages of palliative care medication. • Lee Wilson will forward the South Yorkshire and Humber palliative care guidance link to Karen Jennison to add to website / MPD for information.	SD LW/KJ
10/24/1.4.3	Melatonin SCP & Proforma Faiza Ali presented the updated shared care documents with the additional products that are available. There are now more options to be prescribed other than circadian, which has historically been the only brand that was in the Doncaster and Bassetlaw guidance documents. There have been some formatting changes that were requested at the last meeting the documents were discussed. On page four there is now a flow chart proposing the order of preference and based on whether an immediate release or extended release preparation is required.	

	There are now many licenced generics available and instead of Circadin as first line, it will be generic melatonin 2mg MR tablets which in itself generates significant cost saving. Other products consider whether a patient has swallowing difficulties. The brand Slenyto, which is quite a costly preparation is now second line Slenyto is licenced for autism and conditions similar to Smith syndrome. The document was approved by the group Action: • Karen Jennison to finalise the documents and upload onto the website / MPD /Bulletin • Karen Jennison to review the products included in the documents and ensure the MPD reflects the information on the documents	KJ KJ
02/25/1.4	**New Business**	
02/25/1.4.5	Sildenafil for Raynaud's Ewa Gabzdyl brought this item to the group for discussion. The general opinion was that this could be taken to IMOC sub-group for an ICB decision. Action: • Ewa Gabzdyl to take to IMOC sub-group for further discussion	EG
02/25/1.4.2	Testosterone Pathway / Provision in Doncaster Nabeel Alsindi updated the group regarding the Testosterone LES in Doncaster and pointed out that commissioning arrangements are different across Bassetlaw. Doncaster have always provided this service through Doctor Savage's specialist clinic on the NHS. After Dr Savage retired there was a gap in the service and so we designed a testosterone local enhanced service initially just as a short term measure to avoid a large number of patients being referred to endocrinology. This was a 6 month contracted service, and at the end of the 6 months the LMC were quite clear that they didn't see this as a core general practice and either would expect the service to continue, or they would recommend to practices to refer patients to endocrinology in secondary care. So the LES was kept in place and practices would do the monitoring and prescribing for their patients on testosterone. There are approximately 10 practises who chose not to sign up to the LES. None of the practises in Doncaster expressed an interest in doing the less for patients at other practices through a non-registered arrangement. A Bassetlaw GP doctor Greenwood at Larwood Health partnerships had been working with Doctor Savage and had an interest in in this area. So the ICB contracted him to take on the non-registered aspect covering those patients at the practices that had not signed up to the LES. There was a reasonable amount of activity through the LES for registered patients of practices that had signed up for the LES but there was minimal activity through the non-registered process. So with such a low uptake the ICB served notice on delivering that service. Currently the LES continues for registered patients and practices could still sign up to that if they want to start doing it. There is no longer a non-registered LES covering patients of the other practises.	

	This may lead to a small number of referrals into endocrinology. If the numbers do increase the ICB may have to review and investigate why the patients did not get referred to the non-registered when it was available. South Yorkshire is an outlier in this clinical area for having the LES for the registered patients and for having a unique commissioning arrangement in the past. With the increased financial pressures and the fact that there is a South Yorkshire ICB review of local enhanced services, it is anticipated that this service may come under review. It seems unlikely the recommendation would be to adopt the LES across all the South Yorkshire, and may recommend that the LES be stopped in Doncaster to fall in line with the other places. The review process of LES provision is estimated to be carried out across 2025/26 and report to be produced by the end of March 2026. This would then influence what LES would be worked up for 2026/27. Nabeel Alsindi confirmed that communication went out to practices to inform of the end of the non-registered LES and the opportunity to sign up to the practices registered patient LES, as this is being extended in the short term until the review has been carried out.	
02/25/1.4.3	Transgender Provision in Doncaster Nabeel Alsindi gave an update on the Transgender LES in Doncaster, which is available for all practices to sign up to, and any practices that do not wish to sign up can refer their patients to Lakeside Practice who are happy to provide the non-registered service. Lakeside Practice have forged links with Porterbrook Clinic in Sheffield to ensure the availability of advice and guidance to clinicians. There is a criteria of covering patients for the first 3 years which, and this is causing some confusion when claiming for payment. There may be some scope to change the LES to extend the time frame of the service. Nabeel Alsindi confirmed that this issue is being looked into and also the issue of patients coming into area and whether they should be considered as new patients. Ewa Gabzdyl suggested highlighting to Emily Parsons to ensure the safety element is considered. Nabeel Alsindi will be meeting Porterbrook Clinic in the next few weeks and if there is any information to communicate out will contact Karen Jennison to include in the MO bulletin. Action: • Ewa Gabzdyl will highlight to Emily Parsons the issues raised in the conversation to ensure the safety element is considered. • Nabeel Alsindi to put together a paragraph for information (when appropriate) and send to Karen Jennison to include in the MO Bulletin.	EG NA/KJ
02/25/1.4.4	ADHD SCP – product information Faiza Ali informed the group that there is a new methylphenidate product that has been relaunched called Ritalin XL capsules. This product is bioequivalent to the following brands: Metryol XL, Meflynate XL.	

	It is also included within SPS guidance as an option: https://www.sps.nhs.uk/articles/prescribing-and-switching-between-modified-release-methylphenidate/ Ritalin XL is the same price as Metryol XL Faiza Ali proposed this product be added to the table in the SCP as the first alternative to the first line choice. The group approved the change. Action • Karen Jennison to amend the document and replace the existing document on the website, and add the Ritalin XL Capsules onto the MPD entry in the appropriate place.	KJ
02/25/1.4.5	HRT Guidelines -Reviewed The group received the updated HRT guidance document that have been reviewed / updated by Rachel Hubbard. Everyone was in agreement about the removal of Climanor as this is now discontinued. The group were confused about the topical products and agreed to request a further discussion at the next PMOC with a view to approving after a final discussion with Rachel Hubbard.	
02/25/1.5	**Any Other Business**	
02/25/1.5.1	Indefinite ban on the supply of puberty blockers to children and young people under 18 years of age Ewa Gabzdyl informed the group that there is new guidance around a ban on puberty blockers. The group discussed this and Ewa Gabzdyl had suggested including the alert in the MO Bulletin / website. The group suggested that Emily Parsons may be the best person to decide on a course of action across SY ICB. Action: • Ewa Gabzdyl will forward to Emily Parsons to be discussed in the safety meeting, and will bring up at the next IMOC meeting.	EG
02/25/1.6	**Minutes from other groups**	
	SY ICB IMOC The minutes from the meeting held in January 2025 were received for information.	
	DBTHFT Drug & Therapeutics Committee (Monthly) The minutes from the meeting held in December 2024 were received for information.	
	RDASH FT Medicines Management Committee (Monthly) The minutes from the meeting held in November 2024 were received for information.	
	Barnsley Place APC The minutes from the meeting held in December 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 The minutes from the meeting held in November 2024 were received for information.	
	Close Section 1 and Open Section 2	
02/25/2.2	**Section 2 Formulary functions**	
02/25/2.2.1	New Product request - N/A	
02/25/2.2.2	Formulary and MPD (Medicines and Products Directory) review February 2025	

Formulary Section	Item	Indication	PMOC Action
4.7.4.2	Rimegepant - Prevention of migraine	Prevention of migraine	Red Non-formulary
4.7.4.1	Rimegepant - Acute treatment	acute treatment	Green 3rd line
4.7.4.2	Atogepant - Prevention of migraine	Prevention of migraine	Red Non-formulary
1.1.1	Co-magaldrox	Antacid	removed Maalox from choice
1.2	Eluxadoline	Irritable bowel syndrome with diarrhoea (IBS-D) in adults	GREY non-formulary
1.3.1	Famotidine oral	H2 receptor antagonists	Green 1st line formulary for palliative care
1.3.1	Famotidine Injection	H2 receptor antagonists	Famotidine injection Hosp only BLUE palliative care use only replaces ranitidine for palliative care
1.3.1	Ranitidine Injection	H2 receptor antagonists	Ranitidine approved as grey non-formulary for everything not available
1.4.2	Telotristat ethyl	Carcinoid syndrome diarrhoea in combination with somatostatin analogue (SSA) therapy in adults inadequately controlled by SSA therapy	GREY non-formulary
1.6.2	Sodium hydrogen carbonate/ sodium dihydrogen phosphate Suppository	Constipation (habitual or chronic) Bowel evacuation	GREY non-formulary
1.6.5	Sodium Dihydrogen Phosphate Dihydrate / Disodium phosphate dodecahydrate (phospho-soda)	Bowel cleansing prior to bowel endoscopy, radiology, or colonic surgery	GREY non-formulary

Action:

- Karen Jennison to make the agreed amendments to the MPD — KJ
- Karen Jennison to ask Ashley Hill about the progress of the smoking cessation products that have been on hold for some months — KJ

02/25/2.3	**Matters Arising**	
02/25/2.4	**New Business**	

02/25/2.4.1	Gliptins SY ICB Formulary Application Kirsty Burdett who is the temporary endocrine lead across South Yorkshire, under Heidi Taylor in the clinical effectiveness and quality and safety portfolio attended the meeting to present her formulary application for Gliptins across SY ICB. As an ICB, we spent £5,000,000 in the last year on Gliptins. So the five Gliptins that are available to prescribe these sitagliptin, linagliptin, alogliptin, sitagliptin and vildagliptin. The first three we see prescribed regularly. Linagliptin is not renally metabolised and is a 5 mg dose. This does not need to change depending on renal function, and so it is a good option for patients that have got an unstable renal or hepatic function, and so it does still have a place in therapy. However, on the on the Doncaster Formula at the moment alogliptin as well as sitagliptin. There is quite a significant cost difference between the two. The proposal is to do a piece of work across the ICB, and this is being agreed on a strategy and delivery level, which Chris Lawson is leading on. The piece of work will highlight patients that are on alogliptin because there is high prescribing in Doncaster on alogliptin, and there is a large potential saving. The piece of work will include switching, reviewing, removing gliptins from patients' repeat medication lists. This work is also being proposed across Bassetlaw. It was noted that the diabetic specialists in secondary care would need to be on board with this work. Kirsty Burdett confirmed a position statement will be written up to support the work, this would be made available on MO website / MPD/ Bulletin once finalised and approved through IMOC. Karen Jennison informed the group of feedback from Rachel Hubbard expressing caution around further switching of items previously switched for financial reasons. The group acknowledged this concern but accepted that the financial saving could not be ignored. Supply of sitagliptin was questioned and Kirsty Burdett assured the group that there would be no supply issues with generic sitagliptin. The group agreed that there is a quality element to this piece of work and this would be a good patient outcome, rather than just a financial switch. This piece of work will be included in the 2025/26 MO workplan.	
02/25/2.5	**Any Other Business**	
02/25/2.5.1	Dihydrocodeine A Bassetlaw GP raised a query around the dose of dihydrocodeine at maximum of 30mg QDS. Rob Wise raised this point to the group. Lee Wilson will be discussing the recommended dose regime at D&T committee and it was thought that in a specialist environment the dose may be higher for some patients in Secondary care. Although this will be rare to and would be an exception rather than the rule. It was thought that patients would not go home on high doses and would not be given more than 7 days supply of dihydrocodeine on discharge.	
	Date and Time of Next Meeting	

	The next PMOC meeting will be held on **Thursday 20th March 2025** at 12:00 Via MS Teams	