



**Doncaster Place & Bassetlaw Place Medicines Optimisation  
Committee (PMOC)  
Sections 1&2 (Area Prescribing and Formulary)  
Thursday 16<sup>th</sup> January 2025  
Via MS Teams  
Minutes**

<b>Committee Members:</b>	<b>✓ x</b>	<b>Area Prescribing</b>	<b>Formulary</b>
Rao Kolusu (Chair) Doncaster Place	RK	x	x
Ewa Gabzdyl (Deputy Chair)(1 representative from Doncaster Place)	EG	✓	✓
Erica Carmody (only when EG cannot attend)	EC	x	x
Charlotte McMurray (SY ICB MO Team) from 13:00	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	✓	✓
Malika Chakrabarty Bassetlaw (Area Prescribing only)	MC	x	x
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
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>			

✓ 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
	<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, Mallicka Chakrabarty. Charlotte McMurray attended late at 13:00 but had given apologies for this.  The meeting was noted as Quorate.	
	<b>Declarations of Interest</b> <a href="#">ICB Register of Interests</a> N/A	
	<b>Notification of Any Other Business</b> N/A	
	<b>Minutes and actions of the last Meeting</b> The minutes of the meeting held in December 2024 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> There was no MO Bulletin produced from in December.	KJ
01/25/1.1	<b>Matters arising not on the agenda</b>	
	N/A	
01/25/1.2	<b>Section 1 Prescribing functions</b>	
01/25/1.2.1	<b>TLS IMOC January 2025</b> <b>Please Note : TLS status finalised at IMOC all items are classified as non-Formulary unless stated otherwise.</b> The committee received the TLS list that was agreed at the January 2024 IMOC meeting.  The following have been agreed as Grey: <ul style="list-style-type: none"> <li>Donanemab (new medicine)- Kisunla® - Treatment of mild cognitive impairment and mild dementia due to Alzheimer's disease in adults that are apolipoprotein E ε4 heterozygotes or non-carriers- Rationale 6</li> <li>Fosdenopterin (new medicine) - Nulibry® - Treatment of patients with molybdenum cofactor deficiency Type A Temporary status awaiting NICE HST</li> </ul> The following have been agreed as Red: <ul style="list-style-type: none"> <li>Thiamine hydrochloride injection (new intramuscular injection/intravenous infusion formulation) - Generic Thiamine deficiency conditions where oral therapy is not possible; treatment of Wernicke's encephalopathy associated with alcohol addiction and/or alcohol withdrawal syndrome and prevention of Wernicke-Korsakoff syndrome; treatment of</li> </ul>	



	<p>peripheral neuropathy (dry beriberi) and heart failure (wet beriberi) due to thiamine malabsorption; treatment of anorexia – refeeding syndrome- Rationale 1</p> <p>The following have been placed on hold and will return in the future</p> <ul style="list-style-type: none"> <li>Ublituximab (new medicine) - Briumvi® - Treatment of adults with relapsing forms of multiple sclerosis with active disease defined by clinical or imaging features</li> <li>Liraglutide biosimilar (new biosimilar)- Treatment of adults, adolescents and children aged ≥10 years with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise as monotherapy when metformin is considered inappropriate due to intolerance or contraindications and in addition to other medicinal products for the treatment of diabetes.</li> </ul> <p>Action:</p> <ul style="list-style-type: none"> <li>Karen Jennison to make the agreed additions / amendments to the MPD</li> </ul>	KJ
01/25/1.2.2	<p><b>NICE Guidance</b></p> <p>The NICE guidance report was received that was discussed at the January 2025 IMOC meeting.</p> <p>Ewa Gabzdyl informed the group of January's NICE guidance updates highlighting the following:-</p> <p>NG244 and NG245 - Asthma pathway / Asthma diagnosis monitoring and management – Deborah Leese is currently working with respiratory MO place leads to develop an SY ICB asthma guidance document.</p> <p>NG112 Urinary tract infection recurrent – this has been updated and SY places to review local formulary guidelines. Methenamine already green on TLS and the group agreed to change this to 1<sup>st</sup> line formulary choice for recurrent UTI.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>Karen Jennison to change Methenamine to 1st line formulary choice for recurrent UTI on MPD</li> <li>UTI Guidance – Local guidance to be reviewed Ewa Gabzdyl to delegate to the appropriate MO team member</li> <li>Karen Jennison to add / amend the following: <ul style="list-style-type: none"> <li>➤ Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments as RED on MPD</li> <li>➤ Bevacizumab gamma for treating wet age-related macular degeneration Monthly long-term treatment as RED</li> <li>➤ Bevacizumab gamma for treating wet age-related macular degeneration as RED</li> <li>➤ Eplontersen for treating hereditary transthyretin-related amyloidosis as RED</li> </ul> </li> </ul>	<p>KJ</p> <p>EG</p> <p>KJ</p>
01/25/1.2.3	<p><b>MHRA - Drug Safety Update &amp; NHS England Patient Safety alerts</b></p> <p>The MHRA Safety update report was received that was discussed at the January 2025 IMOC meeting.</p>	



	<p>Influenza season 2024/25: Use of antiviral medicines – The group requested assurance from Community pharmacy around testing for covid and the stock of antivirals to fulfil this requirement.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>Karen Jennison to contact Claire Thomas to gain assurance that community pharmacy can provide this medication to patients that require a prescription and there is adequate provision for covid testing.</li> </ul> <p>Shortage of Pancreatic enzyme replacement therapy (PERT) – The group discussed the long term Implications of this shortage and the provision of medication for adults as well as children and young people. Doncaster have provision in place for children and young people already but would require a process for adults.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>Lee Wilson and Ewa Gabzdyl will meet with Emily Parsons to establish the plan to provide PERT medication to adults in Doncaster, and Lee Wilson will inform his colleague Shy Lih Teo who would be leading on this from DBTHFT.</li> </ul>	<p>KJ</p> <p>LW/EG</p>
01/25/1.2.4	<p>IMOC Update</p> <p>There was no IMOC update this month.</p>	
<b>01/25/1.3</b>	<b>Matters Arising</b>	
08/24/1.5.1	<p>Direction to Administer during pre-emptive medication supply. Steve Davies was not at this meeting but had informed the secretary that he has arranged a meeting with the appropriate colleagues at RDaSH FT and Dean Eggitt and will bring back any update to the group at a future meeting.</p>	
10/24/1.4.3	<p>Vitamin B12 deficiency management summary</p> <p>Rao Kolusu has developed a condensed version of the NG239 guidelines on B12 deficiency management in primary care. This is still in development and the inclusion of medication doses for treatment will be added. This will be brought back to the meeting once it is in final draft form.</p> <p>Ruth Medlock, a haematology Consultant from DBTHFT has agreed to review the guidance document and has requested to see the draft document to review it before she attends any meetings.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>Karen Jennison will send the draft document to Ruth Medlock for her attention.</li> </ul>	KJ
10/24/1.4.4	<p>Melatonin SCP &amp; Proforma</p> <p>This was deferred to the February PMOC and Faiza Ali will bring it back.</p> <p>Action:</p>	



	<ul style="list-style-type: none"> <li>Faiza Ali will continue to work on this and bring it back to a meeting in the new year.</li> </ul>	FA
<b>01/25/1.4</b>	<b>New Business</b>	
01/25/1.4.1	<p>Draft DOAC for VTE ( Notts)</p> <p>Rob Wise presented a draft document that has been in development at Notts ICB and may be useful for Doncaster and Bassetlaw patients, that GPs could follow it if they so wish and may find it useful. The document covers all information around DOAC initiating for VTE and switching from one DOAC to another. It was thought to be a useful reference tool.</p> <p>It was suggested that the title could be more descriptive of the contents to cover all the information. It was noted that with Bassetlaw having links with both SY and Notts ICBs it would be useful for Doncaster and Bassetlaw GPs to use.</p> <p>It was also suggested this may be offered across SY ICB to other places if they wished to adopt it, although Sheffield place have already got a similar document.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>Rob Wise to feedback about the title and a request to make it more descriptive and also to remove the brands from 2 of the DOACs with a view to avoiding the encouragement of branded prescribing. Rob Wise will bring back this document to a future PMOC when further developed.</li> </ul>	RW
01/25/1.4.2	<p>Expiry dates in care homes</p> <p>Ewa Gabzdyl reminded the group of a conversations around expiry dates of topical products such as emollients at the December PMOC, highlighting that some creams in care homes are thrown away because they have been opened for three months.</p> <p>Ewa Gabzdyl has found a document developed by Sheffield MO Care homes team which may be adopted by Doncaster.</p> <p>This document gives advice on products with longer expiry dates once open, and includes creams and other products.</p> <p>Doncaster Place care homes / quality team have been working with Doncaster Council on developing a medicines policy for the carers so this may be a useful document and could be considered alongside those medicines policies.</p> <p>The group agreed that this document could be useful to prescribers and should be shared as a reference for GPs to use when prescribing. The document will be brought back to future meetings and can be added to the MO Bulletin/ website and shared with prescribers for information when completed.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>Ewa Gabzdyl to contact Tracey Thomas in the Quality Team to enquire if there is an appetite to use this document alongside the care home medicines policy, and bring back when ready for approval/ use.</li> </ul>	EG





01/25/1.4.3	<p>Alimemazine TLS Status</p> <p>Alimemazine was discussed at the January IMOC and it was proposed that this should be classified as Grey across SY ICB for licensed indications. Currently in Doncaster it is classified as Amber under the SCP for sleep disorders in children.</p> <p>The group discussed the use of this medication and agreed to the Grey listing for all other indications except the SCP sleep disorders which is Amber.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>Karen Jennison to confirm to Ashley Hill that PMOC agreed to the TLS Grey listing for all other indications except the SCP sleep disorders which will remain Amber.</li> </ul>	KJ
01/25/1.4.4	<p>COPD NICE Guidance</p> <p>Ewa Gabzdyl informed the group of new NICE Guidance around COPD and confirmed that the MPD in this section is currently out of date along with the local guidance document. Deborah Leese will be producing a new SY ICB guidance document and formulary choices will be changed according to current product availability. It was agreed that Ewa Gabzdyl, Lee Wilson and Helen Meynell will discuss formulary product choice in the interim. This could then be brought back to PMOC on the Formulary /MPD spreadsheet for approval and action.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>Ewa Gabzdyl, Lee Wilson and Helen Meynell will discuss formulary product choice in the interim and added to the Formulary /MPD spreadsheet for approval and action.</li> </ul>	EG/LW/HM
01/25/1.4.5	<p>Sildenafil for Raynaud's</p> <p>This item was deferred to the February PMOC</p>	
01/25/1.5	<b>Any Other Business</b>	
01/25/1.6	<b>Minutes from other groups</b>	
	<p><b>SY ICB IMOC</b></p> <p>The minutes from the meeting held in December 2024 were received for information.</p>	
	<p><b>DBTHFT Drug &amp; Therapeutics Committee (Monthly)</b></p> <p>There were no minutes available for this meeting.</p>	
	<p><b>RDASH FT Medicines Management Committee (Monthly)</b></p> <p>There were no minutes available for this meeting.</p>	
	<p><b>Barnsley Place APC</b></p> <p>There were no minutes available for this meeting.</p>	
	<p><b>Rotherham Place MMC</b></p> <p>There were no minutes available for this meeting.</p>	
	<p><b>Sheffield Place APG</b></p> <p>There were no minutes available for this meeting.</p>	
	<b>Nottinghamshire</b>	



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	<b>Close Section 1 and Open Section 2</b>																							
<b>01/25/2.2</b>	<b>Section 2 Formulary functions</b>																							
01/25/2.2.1	New Product request - N/A																							
01/25/2.2.2	<div>Formulary and MPD (Medicines and Products Directory) review January 2025</div> <table><thead><tr><th>Formulary Section</th><th>Item</th><th>Indication</th><th>PMOC Action</th></tr></thead><tbody><tr><td>10.1.1</td><td>Celecoxib</td><td>Anti-inflammatory in joints caused by arthritis.</td><td>Make Green Formulary</td></tr><tr><td>10.1.1</td><td>Diclofenac Injection</td><td>short-term acute pain management, where the duration should be limited to two days</td><td>Make non-Formulary / Red instead of Blue hospital only formulary</td></tr><tr><td>7.4.2</td><td>Vibegron</td><td>Symptomatic treatment of adults with overactive bladder syndrome</td><td>Make non-formulary as per Oct PMOC</td></tr><tr><td>4.7.2</td><td>Dihydrocodeine Post-op</td><td>Not for routine use in Primary Care and not to be put on repeat from a discharge . If prescribed post-surgery, full course will be supplied by secondary care and would be AMBER-G for this indication</td><td>In Primary Care not for routine repeat use post-op</td></tr></tbody></table> <div>Action:<ul style="list-style-type: none"><li>Karen Jennison to make the agreed amendments to the MPD</li></ul></div>			Formulary Section	Item	Indication	PMOC Action	10.1.1	Celecoxib	Anti-inflammatory in joints caused by arthritis.	Make Green Formulary	10.1.1	Diclofenac Injection	short-term acute pain management, where the duration should be limited to two days	Make non-Formulary / Red instead of Blue hospital only formulary	7.4.2	Vibegron	Symptomatic treatment of adults with overactive bladder syndrome	Make non-formulary as per Oct PMOC	4.7.2	Dihydrocodeine Post-op	Not for routine use in Primary Care and not to be put on repeat from a discharge . If prescribed post-surgery, full course will be supplied by secondary care and would be AMBER-G for this indication	In Primary Care not for routine repeat use post-op	KJ
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01/25/2.4.1	<div>Liothyronine Tablets vs Capsules</div> <div>Ewa Gabzdyl informed the group that Liothyronine capsules at considerably more cost effective than tablets, and in the SCP, It does not specify tablets are better than capsules so this would be an appropriate switch for the MO team to make in the QIPP agenda and would produce a large cost saving.</div> <div>Capsules could be prescribed for patients who are able to take products containing bovine derived gelatine. There will be some patients who will need to be prescribed tablet form, e.g. vegans. This would be included in the SOP to ensure exclusion from the switch. There are only a small cohort of patients who are prescribed liothyronine and they have to fulfil the criteria of the SCP.</div> <div>Under the current collective action a lot of GPs are not initiating this SCP for new patients at the moment. Historically liothyronine was not prescribed on FP10 as it is an unlicensed product.</div> <div>It was agreed that the switch is appropriate for the patients who can take capsules and it will be added to the QIPP list for the coming year.</div> <div>It was also agreed that the MPD should be amended to show capsules as first choice over the tablets, and a sentence to explain the rationale.</div> <div>Action:<ul style="list-style-type: none"><li>Ewa Gabzdyl to add the switch to the QIPP agenda for the coming year.</li></ul></div>			EG																				



	<ul style="list-style-type: none"> <li>Ewa Gabzdyl will put together a sentence to add to the MPD entry and Karen Jennison will amend the MPD entry to include the capsules.</li> <li>Karen Jennison will include an article in the MO Bulletin to advise prescribers that capsules are 1<sup>st</sup> line choice for liothyronine initiation of new patients.</li> </ul>	EG  KJ
12/24/2.5	<b>Any Other Business</b>	
	<b>Date and Time of Next Meeting</b> The next PMOC meeting will be held on <b>Thursday 20<sup>th</sup> February 2025</b> at 12:00 Via MS Teams	

