Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC)
Sections 1&2 (Area Prescribing and Formulary)
Thursday 18th July 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	x	x
Lee Wilson DBTHFT (1 representative from DBTHFT)	LW	x	x
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	✔	✔
Rachel Hubbard Doncaster Place	RH	✔	✔
Faiza Ail Doncaster Place	FA	✔	x
Malika Chakrabarty Bassetlaw (Area Prescribing only)	MC	✔	x
Rumit Shah LMC	RS	✔	x
Dean Eggitt LMC (Area Prescribing only)	DE	x	x
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	✔
Ashley Hill Doncaster MOT	AH	✔	x
Jen Cox Doncaster MOT	JC	✔	✔
Karen Jennison Doncaster MOT	KJ	✔	✔
In attendance:			
N/A			

✔ 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 Rob Wise, Lee Wilson, Steve Davies and Dean Eggitt In attendance : There were no guest attendees at this meeting.	
	Declarations of Interest ICB Register of Interests Rao Kolusu declared that all clinicians in Doncaster attended a Target session that was sponsored by Eli Lilly. Malika Chakrabarty declared that she attended a talk on SGLT2 drugs sponsored by Boehringer Ingelheim.	
	Notification of Any Other Business There was one notification of any other business declared at this meeting. • Tirzepatide by Rachel Hubbard	
	Minutes and actions of the last Meeting The minutes of the meeting held in may were approved as a true record with the following request being noted : Section : 05/24/1.1.1 Rumit Shah requested that *Diphtheria + tetanus + pertussis vaccine (new medicine) Brand Adacel®* with the following indication - *Active immunisation against tetanus, diphtheria and pertussis in persons aged ≥4 years as a booster following primary immunisation. Also for passive protection against pertussis in early infancy following maternal immunisation during pregnancy* could be added to the MPD for clarity. This has been categorised as GREY 6 by IMOC. Action: • Jen Cox will add the requested information to the MPD • 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 Bulletins were attached for information and Rachel Hubbard highlighted the QR code on the second page of the bulletin and requested that the group could give their feedback on the bulletin. This would be useful to further develop the content and presentation and highlight any improvements that could help Doncaster Clinicians from a MO perspective.	JC KJ

	Matters arising not on the agenda	
07/24/1	**Section 1 Prescribing functions**	
07/24/1.1	**TLS IMOC June and July 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 June and July 2024 IMOC meetings. The following have been agreed as Grey: • Gonadotrophin releasing hormone (GnRH) analogues drugs - used to suppress puberty as part of treating gender incongruence or gender dysphoria in children and young people who are under 18 years of age – Rationale 2 • Melphalan flufenamide - treating relapsed or refractory multiple myeloma - Rationale 7 • Gefapixant - treating refractory or unexplained chronic cough – Rationale 7 • Avapritinib - Monotherapy for the treatment of adults with unresectable or metastatic gastrointestinal stromal tumours harbouring the platelet-derived growth factor receptor alpha D842V mutation - Rationale 2 • Ciprofibrate - Lipid-regulating drug - Rationale 4 • Almotriptan- Treatment of acute migraine - Rationale 4 • Atorvastatin 30mg and 60mg tablets - Lipid modification - Rationale 4 • Bismuth subcitrate potassium, metronidazole, tetracycline hydrochloride 140 mg/125 mg/125 mg capsules (new medicine)- Indicated in combination with omeprazole for the eradication of Helicobacter pylori and prevention of relapse of peptic ulcers in patients with active or a history of H. pylori associated ulcers. - Rationale 3 • Rosuvastatin Capsules - For cost effective option prescribe tablets, exception being opening capsules for swallowing difficulties & mixed with soft food for oral administration or administered via nasogastric tube. - Rationale 4 • Sirolimus for treating facial angiofibroma caused by tuberous sclerosis complex in people 6 years and over - Rationale 6 The following have been agreed as Red: • Pembrolizumab- In line with positive NICE TAs(including in combination with other drugs) -Rationale 1,6 • Selinexor - In line with positive NICE TAs(incl in combination with other drugs)- Rationale 1,6 • Remdesivir and tixagevimab plus cilgavimab -treating COVID-19 - Rationale 1,3 • Atogepant - for preventing migraines -Rationale 1,6 • Tisagenlecleucel - In line with positive NICE Tas - Rationale 1,6 • Budesonide 4mg capsule - Treatment of primary immunoglobulin A nephropathy in adults at risk of rapid disease progression with a urine protein-to-creatinine ratio ≥1.5g/gram - Rationale 1,6 • Etrasimod - Treatment of patients aged ≥16 years with moderately to severely active ulcerative colitis who have had an inadequate response, lost response, or were intolerant to either conventional therapy, or a biological agent - Rationale 1,6 • Aztreonam- Rationale 1,6 • Bacillus Calmette-Guerin (OncoTICE®) Bladder instillation - Rationale 1,6 • Basiliximab - Renal transplantation (immunosuppressive therapy) – Rationale 1,6 • Bedaquiline – Tuberculosis – Rationale 1,6 • Bee Venom (Alutard Bee Venom®) - Allergy Immunotherapy – Rationale 1,6 • Belantamab mafodotin - Multiple myeloma - Rationale 1,6 • Belatacept - Prophylaxis of graft rejection in adult recipients of a renal transplant – Rationale 1,6 • Belimumab - In line with positive NICE TA recommendations – Rationale 1,6 • Bendamustine - Chronic lymphocytic leukaemia, multiple myeloma – Rationale 1,6 • Benralizumab - Severe eosinophilic asthma – Rationale 1,6 • Benzylpenicillin benzathine- Rationale 1,6 • Beractant - Pulmonary surfactants – Rationale 1,6 • Berotralstat - NHSE commissioned – Rationale 1,6 • Beta Interferon - Rationale 1,6 • Betaine - Drugs used in metabolic disorders – Rationale 1,6 • Betamethasone injection - Status asthmaticus, shock from surgery/trauma, acute adrenal crisis, soft tissue lesions -Rationale 1,6 • Bevacizumab - Cytotoxic drug -Rationale 1,6 • Bexarotene - Cutaneous T-cell lymphoma (CTCL) - skin manifestations of advanced stage -Rationale1,6 • Bezlotoxumab - Prevention of recurrence of Clostridium difficile infection (CDI) – Rationale 1,6 • Bictegravir/emtricitabine/tenofovir alafenamide - Adults infected with human immunodeficiency virus-1 (HIV-1) -Rationale1,6 • Binimetinib - In line with positive NICE TA recommendations – Rationale 1,6	

- Bivalirudin – Rationale 1,6
- Bleomycin – Rationale 1,6
- Blinatumomab - Acute lymphoblastic leukaemia - Rationale 1,6
- Bosutinib - Chronic myeloid leukaemia – Rationale 1,6
- Brentuximab Vedotin - Lymphoma (Hodgkin relapsed or refractory CD30+ and systemic anaplastic large cell lymphoma (sALCL) untreated, relapsed or refractory – Rationale 1,6
- Brigatinib - Anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) previously treated with crizotinib. – Rationale 1,6
- Brodalumab- Psoriasis (moderate to severe plaque) in adult patients who are candidates for systemic therapy.- Rationale 1,6
- Brolucizumab - Neovascular (wet) age-related macular degeneration (AMD) – Rationale 1,6
- Bromfenac - Ocular inflammation following cataract extraction in adults.- Rationale 1,6
- Budesonide orodispersible tablet- In line with positive NICE TA recommendations - Rationale 1,6
- Bupivacaine - Local and surgical anaesthesia - Rationale 1,6
- Metyrapone - Cushing's syndrome – Rationale 1,6
- Sapropterin - In line with positive NICE TA recommendations – Rationale 1,6
- Dornase alfa - Rationale 1,6
- Burosumab - Hypophosphatemia (X-linked) with radiographic evidence of bone disease in children 1 year of age and older and adolescents with growing skeletons - Rationale 1,6
- Buserelin - Infertility – Rationale 1,6
- Busulfan – Rationale 1,6
- C1 Esterase inhibitor - Acute hereditary angioedema Rationale 1,6
- Cabazitaxel - In line with positive NICE TA's – Rationale 1,6
- Cabotegravir - In line with positive NICE TA's - Rationale 1,6
- Cabozantinib - in line with positive NICE TA's - Rationale 1,6
- Calcitonin (salmon) - Hypercalcaemia, Paget's disease, - Rationale 1,6
- Bone pain in neoplastic disease, postmenopausal osteoporosis
- Calcium Chloride injection Emergency Treatment of Poisoning (calcium channel blockers or systemic effects of hydrofluoric acid) - Rationale 1,6
- Calcium Folinate - Rationale 1,6
- Calcium Gluconate - Rationale 1,6
- Green Tea Leaves extract ointment (Camellia sinensis)- Warts - genital and perianal - Rationale 1,6
- Canakinumab - NHSE Commissioned - Rationale 1,6
- Capecitabine- in line with positive NICE TA's - Rationale 1,6
- Caplacizumab - in line with positive NICE TA's - Rationale 1,6
- Carbetocin - Uterine atony and postpartum haemorrhage after Caesarean section(prevention of) - Rationale 1,6
- Carboplatin- in line with positive NICE TAs - Rationale 1,6
- Carboprost - Post-partum haemorrhage - Rationale 1,6
- Carfilzomib- in line with positive NICE Tas- Rationale 1,6
- Carglumic acid - Drugs used in metabolic disorders - Rationale 1,6
- Cariprazine - Schizophrenia - adults - Rationale 1,6
- Carmustine - in line with positive NICE TA's - Rationale 1,6
- Carnitine- Carnitine deficiency - Rationale 1,6
- Caspofungin - Antifungal – Rationale 1,6
- Catridecacog - Long term prophylaxis of bleeding in patients with congenital factor XIII A-subunit deficiency and treatment of breakthrough bleeding episodes during regular prophylaxis- Rationale 1,6
- Cefazolin - Treatment of skin/soft tissue infections and bone/joint infections- Rationale 1,6
- Cefepime - Treatment of infections caused by bacteria that are cefepime-sensitive- Rationale 1,6
- Cefiderocol - Infections due to aerobic Gram-negative organisms - Rationale 1,6
- Cefoxitin "Cefoxitin may be used in the following infections when known or suspected to be caused by pathogens susceptible to cefoxitin and for which other, more commonly prescribed antibacterial agents are not appropriate.- Indicated for:• complicated urinary tract infections,• pyelonephritis,Cefoxitin may have utility notably in intra- abdominal infections and some gynaecological infections.- Rationale 1,6
- Ceftaroline fosamil - Infection - complicated skin and soft tissue infections (cSSTI) and community-acquired pneumonia (CAP) in adults- Rationale 1,6
- Setmelanotide - for treating obesity and hyperphagia in Bardet-Biedl syndrome- Rationale 1,6
- Natalizumab - for the treatment of adults with highly active relapsing–remitting multiple sclerosis - Rationale 1,6
- Ranibizumab (Branded/ biosimilar or in combination)- In line with positive NICE TA recommendations - Rationale 1,6
- Alemtuzumab - for treating highly active relapsing–remitting multiple sclerosis - Rationale 1,6
- Cladribine - for treating relapsing–remitting multiple sclerosis - Rationale 1,6
- Trastuzumab deruxtecan- for treating HER2-mutated advanced non-small-cell lung cancer after platinum-based chemotherapy- Rationale 1,6
- Dabrafenib with trametinib - for treating BRAF V600E mutation-positive glioma in children and young people aged 1 year and over- Rationale 1,6
- Zanubrutinib with obinutuzumab - In line with positive NICE TA recommendations - Rationale 1,6
- Ivosidenib with azacitidine- for untreated acute myeloid leukaemia with an IDH1 R132 mutation - Rationale 1,6
- Nivolumab - In line with positive NICE TA recommendations - Rationale 1,6
- Voxelotor - for treating haemolytic anaemia caused by sickle cell disease- Rationale 1,6

- Baricitinib - In line with positive NICE TA recommendations - Rationale 1,6
- Pembrolizumab (including in combination)- in line with positive NICE TA recommendations - Rationale 1,6
- Tafamidis - In line with positive NICE TA recommendations- Rationale 1,6
- Rimegepant - prevention - Agreed Amber G TLS but will change TLS once guidance has been agreed

The following have been agreed as Amber:

- Lamotrigine 10mg/ml oral suspension (new formulation) - Indicated for: Epilepsy / Bipolar disorder (See SPC for full details) Already classified by IMOC as Amber for epilepsy. Classification of lamotrigine for bipolar disorder will be considered on review of the Amber list.

- Primidone 125 mg (new brand) Indicated for the management of grand mal and psychomotor (temporal lobe) epilepsy. It is also of value in the management of focal or Jacksonian seizures, myoclonic jerks and akinetic attacks and Management of essential tremor. Already classified by IMOC as Amber for epilepsy. Classification of primidone for management of essential tremor to be considered in due course.

The following have been agreed as Amber-G

- Hydrocortisone oral solution- Replacement therapy in adrenal insufficiency in infants, children and adolescents (from 1 month to <18 years old) – Rationale 1,2a

The following have been agreed as Green:

- Fludroxycortide 0.0125% cream- list as just Fludroxycortide - Eczema and dermatitis
- Cimetidine
- Ciprofloxacin - Only as per NICE CKS antibiotics
- Clindamycin/Tretinoin gel - Topical preparations for acne
- Co-codamol 8/500mg for acute pain in adults - Cross reference to Traffic Light Status Grey in line with self-care guidance
- Desogestrel
- Dexamethasone sodium phosphate eye drops
- Dorzolamide eye drops
- Dorzolamide/timolol eye drops
- Dutasteride
- Fesoterodine fumarate
- Fexofenadine - Cross reference to Traffic Light Status Grey in line with self-care guidance
- Estetrol + drospirenone
- Estradiol plus Nomegestrol
- Estradiol and Progesterone
- Estradiol transdermal spray
- Estriol pessary
- Estriol gel
- Ethinylestradiol /drospirenone tablets
- Esomeprazole
- Brimonidine gel -Facial erythema of rosacea
- Morphine sulphate - Cross reference Traffic Light Status Red
- Fluvastatin 20mg & 40mg
- Folic Acid
- Alginate antacid
- Gestodene/ethinylestradiol
- Desloratadine - Cross reference to Traffic Light Status Grey in line with self-care guidance
- Hydrocortisone (topical)
- Hydrocortisone eye drops
- Ibandronic acid 150mg - Osteoporosis
- Ibuprofen - Cross reference to Traffic Light Status Grey in line with self-care guidance
- Latanoprost/timolol - Refer to Place Glaucoma guidelines
- Levocetirizine
- Levonorgestrel
- Levonorgestrel intrauterine delivery system
- Isosorbide mononitrate
- Lodoxamide eye drops
- Mebeverine
- Macrogol 3350 sachet
- Glyceryl Trinitrate ointment - anal fissure
- Diltiazem 2% cream/ ointment - anal fissure
- Morphine sulphate
- Nabumetone
- Nifedipine
- Ofloxacin - Only as per NICE CKS antibiotics
- Indacaterol including combination products - Refer to Place based Asthma/ COPD guideline
- Mometasone incl combination products-Refer to Place based Asthma/ COPD guideline
- Ipratropium Bromide - Refer to Place based Asthma/ COPD guidelines
- Glycopyrronium inhalation powder including combination products - Refer to Place based Asthma/ COPD guidelines

	• Formoterol Fumarate including combination products - Refer to Place based Asthma/ COPD guidelines • Fluticasone incl combination products - Refer to Place based Asthma/ COPD guidelines • Salmeterol incl combination products - Refer to Place based Asthma/ COPD guidelines • Fluticasone Propionate including combination products - Refer to Place based Asthma/ COPD guidelines • Enalapril 0.25mg orodispersible tablet - Treatment of heart failure in children aged from birth to <18 years • Rimegepant - Acute Migraines • Tadalafil 5mg (daily) Returned to IMOC for further discussion Tadalafil 2.5mg - Rationale 4 was referred back to IMOC for further consideration. It was noted that the BNF advises a reduction to 2.5mg where appropriate. The Grey categorization may be contrary to national guidance and further discussion is needed. Action: • Jen Cox will add/ amend the MPD accordingly • Ashley Hill will return Tadalafil 2.5mg back to IMOC with PMOC concerns.	JC AH
07/24/1.2	**NICE Guidance** Charlotte McMurray presented the May and June 2024 NICE Guidance, highlighting only items that refer to Medicines and Primary care. The group discussed how these NICE recommendations are actioned in Secondary Care and what assurance process is in place to demonstrate actions have been taken. Andrew Houston informed the group that at RDaSH FT there is a NICE Committee that specifically reviews NICE guidance and direct the recommendations to the appropriate group / individual for actioning. The RDaSH FT Medicines Management committee reviews all medicines related items and decides an action plan where needed. It was agreed that as Lee Wilson and Rob Wise were not in attendance this question would be put to them via email. Charlotte McMurray pointed out that at DBTHFT they hold a Drugs and Therapeutics Committee which also discusses any NICE recommendations relating to medication, but it would be useful to gain the opinions of Lee Wilson and Rob Wise. It was suggested that in Primary Care it is the individual clinician's responsibility to read and action any recommendations pertinent to Primary Care. The IMOC/PMOC process assists clinicians by discussing and highlighting appropriate recommendations via communications such as the MO Bulletin. Actions: • Karen Jennison to email Rob Wise and Lee Wilson and Rob Wise for their thoughts on the process of assurance when actioning NICE Recommendations. Any responses will be fed back at the next meeting.	KJ
07/24/1.2	**MHRA - Drug Safety Update & NHS England Patient Safety alerts**	

	Jen Cox presented the latest MHRA safety update from Emily Parsons (June and July 2024) Finasteride: reminder of the risk psychiatric side effects and of sexual side effects (which may persist after discontinuation of treatment)- Jen Cox informed the group that she has added the link to guidance on MPD for both entries in sections 7.4.1 & 6.4.2. She will also enable a message on optimise once requested (these are now done centrally) Action: • Karen Jennison to add this article to the next Bulletin. Montelukast: reminder of the risk of neuropsychiatric reactions – Jen informed the group that she has added this link to guidance on MPD section 3.3.2. Action: • Karen Jennison to add this article to the next Bulletin. Topical steroids: introduction of new labelling and a reminder of the possibility of severe side effects, including Topical Steroid Withdrawal Reactions Over the coming year, topical steroids will be labelled with their potencies to aid correct selection and to simplify the advice to patients requiring multiple steroid products of differing potencies. They will be labelled 'mild steroid', 'moderate steroid', 'strong steroid', and 'very strong steroid'. Jen Cox advised the group that she has added the alert to MPD in the appropriate section and has enabled a message on optimise for Potent and very potent corticosteroids. Action: • Karen Jennison to add this article to the next Bulletin. Shortage of Pancreatic enzyme replacement therapy (PERT) This issue was discussed, and it was agreed that there are some good articles that help prescribers to switch products safely and it was agreed to include two links from other areas in an article in the next bulletin. It was suggested that Secondary Care were able to obtain supplies for patients who are at greatest risk but was noted that capacity would be an issue if all patients were advised to obtain supplies from hospitals. Action: • Karen Jennison to include an article in the next Bulletin including the two links provided by Charlotte McMurray.	KJ KJ KJ KJ
07/24/1.3	**Matters Arising**	
05/24/1.4.2	Aripiprazole Conversation After a brief discussion it was agreed to refer this back to IMOC for a full discussion. This medication would only be prescribed for this indication for a small cohort of patient. TLS Classification requires a full conversation at IMOC. Action: • Karen Jennison to refer this item back to Ashley Hill to be discussed at the September IMOC meeting.	KJ

05/24/1.4.3	ADHD SCP & Proforma Faiza Ali presented the draft ADHD SPC and Proforma. There have been some amendments to the documents which Faiza Ali highlighted, pointing out that there is a section on the Interchangeability of methylphenidate MR preparations explaining where brands are bioequivalent, and which medication can be substituted where necessary. It was noted that this could be sent to Dean Eggitt as he was not at the meeting for any comments. Rao Kolusu made a suggestion to change the wording to include reporting the use of OTC medications to Primary and Secondary care prescribers. The group did raise some concerns around SCP in general:- ➢ When developing for children and young adults they should include some level of a transitioning statement or guidance pertaining to what the provision will be once the child / young person reaches adult age. ➢ When patients see a specialist privately and the GP is then asked to prescribe a medication that would normally be included in a SCP, where does the GP stand? The group agreed that they would not advise patients against having a private consultation as this helps the NHS waiting lists, but there could be some guidance to help with this sort of issue as more people are going private. ➢ On a SCP there was a suggestion that it could be amended to include a signature from the patient / carer / parent. This would demonstrate concordance. The group agreed that the SPC still needs further opinions and brought back to the next meeting. Action: • Karen Jennison to feed back the general SCP concerns/ comments to Ashley Hill to take to IMOC. • Karen Jennison to email the SCP and Proforma to Dean Eggitt, Rumit Shah and Rob Wise for comment and feed back to Faiza Ali before the next meeting. • Faiza Ali to make the suggested amendments regarding OTC medication on the SCP.	KJ KJ FA
07/24/1.4	**New Business**	
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 August meeting and invite Ewa Gabzdyl to present the item.	KJ
07/24/1.4.2	Liothyronine SCP draft Concerns were raised about the amount of SCP that are being developed and questions were raised whether they were actually needed. It was suggested that all the SCP coming through may not have been used at all 4 places in the ICB but maybe used at one place and now the policy is to make them ICB-wide SCP for all 4 places. It was noted that SCP should be	

	developed with the GP in mind and the medication being used should have robust evidence for use and if the medication does not have this it undermines the rationale behind the SCP process. Charlotte McMurray suggested that the person who is developing the SCP should attend PMOC to table the document and answer any questions. This was agreed by the group, and already does happen on some occasions but may need to be adhered to for all SCP to ensure the best outcome. Action • Charlotte McMurray to email Ashley Hill to describe the conversation and concerns around SCP development process.	CMcM
07/24/1.4.3	Alimemazine SCP draft Charlotte McMurray presented the SCP for this medication. Everyone asked for more time to read it and so it will be sent out to everyone and comments gathered before the end of the month so Charlotte McMurray can take back to August IMOC. A question was raised about this medication being non-formulary, which is a valid question. It was acknowledged that there may only be a small cohort of patients who may need this medication and it would be under the assumption they have tired every formulary medication available before resorting to this medication. There was a comment around the length of the treatment, there is a trial period of 6 months and so it was suggested that hand over to GP should only be after this 6 month trial when the patient if getting benefit from it and will remain on it long term, and the 6 month review would have been done by the specialist to establish effectiveness. Action • Karen Jennison to send to everyone for their comments.	KJ
07/24/1.4.4	Shared Care Process Charlotte McMurray informed the group of a question Dean Eggitt has raised regarding the SC process, which is regarding the use of a proforma and since moving to a one-system approach, GPs are increasingly receiving letters indicating the initiation of shared care prescribing from specialised services, rather than requests as they have done previously. GPs used to receive a request proforma which they would need to review, agree, sign, and return before shared care prescribing was accepted. Now, it is assumed that shared care is accepted by the GP unless they write back. In past meetings this agreement process was discussed across SY and Doncaster wanted to ensure that agreements are shared and signed before recognition of official acceptance as this has been a successful approach in Doncaster. Two places use proformas and two places don't. This is a difficult matter to solve and Charlotte McMurray is looking into a digital solution to make this process easier for all concerned to have an easily accessible template that anyone can use. The group agree that the emphasis should be on agreement and not be forced to do something that they are not comfortable	

	with. The main issue is knowing what is expected of them and ensuring that this is within the capabilities of that clinician, and the best outcome for the patient, and being able to demonstrate governance of a process, that is why the proforma is appreciated in Doncaster as an audit trail for treatment of a patient. This issue will be ongoing and Charlotte McMurray will bring back any updates to future meetings.	
07/24/1.4.5	Erectile Dysfunction Formulary Guidance draft Faiza Ali presented the ED formulary guidance draft document for approval. There was a discussion around the 2.5mg Tadalafil that has been categorised as GREY, and this will require feedback from IMOC. The group agreed to approve the document in principle and the final document can be brought back for information once the decision has been confirmed or changed by IMOC. Action: • Faiza Ali will liaise with Ashley Hill and make the necessary amendment depending on the decision from IMOC and bring the final versioned document back to a future meeting for information. This can then be uploaded onto the website / MPD and included in an MO Bulletin.	FA
07/24/1.4.6	PMOC Annual Report 2023-24 Karen Jennison presented the PMOC Annual Report for 2023-24 which documents the work that has been done by the group supporting the SY ICB IMOC and at Doncaster Place. The group approved the document and it will now go to Executive Board and Quality and Patient Safety for information. Action: • Karen Jennison will finalise the document and send to the appropriate administrative staff for inclusion on the above meetings.	KJ
07/24/1.4.7	Amber-G Template Charlotte McMurray made the group aware of the Amber-G template document that should be filled in when a medication is being proposed as Amber-G. The blank template is kept on the IMOC website.	
07/24/1.4.8	B12 Guidance Rao Kolusu informed the group that there is a new NICE guidance document for B12 deficiency. It is a large document and may not be as useful when assessing B12 status. Rao Kolusu had developed a smaller document previously but this is now out of date and a new document will be developed at DBTHFT to be a handy guide. Rao Kolusu will bring any new updates to the group in future meetings.	
07/24/1.4.9	Valproate Documents A suite of documents have been amended to incorporate up to date MHRA recommendations and guidance regarding Valproate products and their side effects. The documents have been approved at IMOC and are currently waiting to be added to the IMOC website. Once these are on the IMOC website Ashley	

	Hill will forward the link to Karen Jennison and Jen Cox who will update the website and MPD with the new links. They will also be included in a future MO bulletin to inform Doncaster and Bassetlaw clinicians of the new recommendations. They will also be presented at the next Target sessions. The group were happy with the documents and there were no comments to feedback to Ashley Hill. Action: • Ashley Hill to share links with Karen Jennison and Jen Cox once they are on the IMOC website. Karen Jennison and Jen Cox who will update the website and MPD with the new links. They will also be included in a future MO bulletin to inform Doncaster and Bassetlaw clinicians of the new recommendations.	AH/KJ /JC
07/24/1.5	**Any Other Business**	
	Rachel Hubbard wanted to discuss Tirzepatide, because she felt that the message at the recent Target session was a little unclear to GPs, and although this is an Amber-G drug there may be a need to remind clinicians that it is Amber-G and that the patient should fulfil the criteria for prescribing. Charlotte McMurray confirmed that it should only be initiated in primary care by clinicians with a specialist interest in diabetes and for example, a diabetes diploma. This cannot be initiated in primary care by anyone who has not got the relevant knowledge and qualifications. There are concerns that Tirzepatide may be prescribed in place of other diabetic medication in short supply but this is not advisable. There are some safety issues around eye disease that prescribers should take into consideration.	
07/24/1.6	**Minutes from other groups**	
	SY ICB IMOC The minutes from the meeting held in May 2024 were received for information.	
	DBTHFT Drug & Therapeutics Committee (Monthly) The minutes from the meeting held in June 2024 were received for information.	
	RDASH FT Medicines Management Committee (Monthly) The minutes from the meeting held in April 2024 were received for information.	
	Barnsley Place APC The minutes from the meeting held in May and June 2024 were received for information.	
	Rotherham Place MMC There were no minutes available for this meeting.	
	Sheffield Place APG The minutes from the meeting held in April 2024 were received for information.	
	Nottinghamshire The minutes from the meeting held in May 2024 were received for information.	
	Close Section 1 Comfort break **Open Section 2**	

07/24/2	**Section 2 Formulary functions**	
07/24/2.2.1	New Product request - N/A	
07/24/2.2.2	Formulary and MPD (Medicines and Products Directory) review	

Formulary Section	Item	Approved Status to be updated on MPD
3.4.1	Cetirizine / Zirtek	Green Formulary 2nd line
12.2.1	Olopatadine hydrochloride, Mometasone furoate monohydrate (Ryaltris)	Add to formulary 1st Line
13.4	Fludroxycortide 0.0125% cream	GREEN Non-formulary
1.3.1	Cimetidine	GREEN Non-formulary
7.4.1	Dutasteride	GREEN Non-formulary
2.12	Fluvastatin 20mg & 40mg	GREEN Non-formulary
11.4.1	Hydrocortisone eye drops	Green Formulary
11.4.2	Lodoxamide eye drops	GREEN Non-formulary
10.1.1	Nabumetone	GREEN Non-formulary
2.6.2	Nifedipine	GREEN Non-formulary
6.3.2	Hydrocortisone Oral Solution	Agreed to add new wording
4.7.4.1	Rimegepant - Acute migraine	GREEN Non-formulary
2.5.5	Enalapril 0.25mg orodispersible tablet	GREEN Non-formulary all strengths
4.10.2	Varenicline	ON HOLD - to be referred to IMOC as due back in stock end of July
7.3.2	Drospirenone (Slynd)	ON HOLD - awaiting advice from specialist services - return to next meeting
13>7 / 8.2.4	Imiquimod (Aldara)	Awaiting advice from dermatology - return to next meeting

	7.3.1	Ethinylestradiol /drospirenone tablets	ON HOLD awaiting advice from specialist services - return to next meeting	
	7.3.1	Gestodene/ethinylestradiol	ON HOLD awaiting advice from specialist services - return to next meeting	
	4.6 / 6.3.2	Dexamethasone (base) 3.3mg/1ml injection = dexamethasone phosphate 4mg (oral equivalent) Dexamethasone (base) 6.6mg/2ml = dexamethasone phosphate 8mg (oral equivalent)	ON HOLD - to have further discussion with regard to palliative pathway	
	4.7.4.1	Rimegepant - Prevention of migraine	ON HOLD	
	6.5.2	Desmopressin	to return to next meeting ran out of time	
	Action: • Jen Cox to make the agreed amendments to the MPD and bring the items to return at the next meeting with updates.			JC
07/23/2.3	**Matters Arising**			
01/24/2.4.1	Emollient Guidance This item was deferred to the next PMOC meeting			
07/24/2.4	**New Business**			
07/24/2.5	**Any Other Business** None			
	Date and Time of Next Meeting The next PMOC meeting will be held on **Thursday 15th August 2024** at 12:00 Noon via MS Teams			