



**Doncaster Place & Bassetlaw Place Medicines Optimisation
Committee (PMOC)
Sections 1&2 (Area Prescribing and Formulary)
Thursday 16th May 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
John Dalton Finance Doncaster Place	JD	✓	✓
Rachel Hubbard Doncaster Place	RH	✓	✓
Faiza Ail Doncaster Place	FA	x	x
Malika Chakrabarty Bassetlaw (Area Prescribing only)	MC	✓	x
Rumit Shah LMC	RS	x	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	✓
Ashley Hill Doncaster MOT	AH	✓	✓
Jen Cox Doncaster MOT	JC	x	x
Karen Jennison Doncaster MOT	KJ	x	x
In attendance:			
Jo Sanderson	JS	✓	✓

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

✗ – 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	Time scale
	Welcome, Introductions and Housekeeping: - Fire Alarm Procedure: N/A		
	Apologies for Absence:		



	<p>The chair acknowledged apologies from Karen Jennison & Faiza Ali</p> <p>In attendance : Jo Sanderson</p>		
	<p>Declarations of Interest ICB Register of Interests</p> <p>Rachel Hubbard attended a Primary Care Cardiovascular Conference which was Pharmacy pharmaceutical sponsored</p> <p>Dean Eggitt was an organiser of the Primary Care Cardiovascular Conference which was Pharmacy pharmaceutical sponsored</p>		
	<p>Notification of Any Other Business</p> <p>There were no notifications of any other business declared at this meeting.</p>		
	<p>Minutes and actions of the last Meeting</p> <p>Rob Wise requested additional wording to be added to page 2 regarding offering a disposal sharps waste service for patients at the hospital. Ashley Hill to add additional wording to minutes of the meeting held on 19th April 2024, the committee agreed the minutes were a true reflection and agreed with the amendment.</p> <p>The ratified minutes will be circulated to the appropriate distribution list.</p> <p>Action log</p> <p>The action log was discussed and updated accordingly.</p>		
	Matters arising not on the agenda		
	<p><u>Subcutaneous Methotrexate Update</u></p> <p>Rob Wise has had further contact from Bassetlaw council regarding disposal of methotrexate injections. The council are now considering a trial to understand the potential waste that will be required to be collected, as it was noted they also collect waste from the whole of Nottinghamshire. Rob Wise is going to have discussions with Lee Wilson to establish what bin size patients would be using and how many to give the council a rough number of the bins and size which will be required to be collected.</p> <p>Action:</p> <ul style="list-style-type: none"> Rob Wise to liaise with Lee Wilson to establish sharp bin size and volume. Rob Wise to liaise with Bassetlaw Council. 	RW/LW	
05/24/1	Section 1 Prescribing functions		
05/24/1.1	<p>TLS IMOC May 2024</p> <p>Please Note : TLS status finalised at IMOC all items are classified as non-Formulary unless stated otherwise.</p>		



The committee received the TLS list that was agreed at the May 2024 IMOC meeting.

The following have been agreed as Grey:

- Diphtheria + tetanus + pertussis vaccine - 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. Grey 6
- Zilucoplan - Use as an add-on to standard therapy for the treatment of generalised myasthenia gravis in adults who are anti-acetylcholine receptor antibody positive. Grey 6
- Satralizumab - Preventing relapses in neuromyelitis optica spectrum disorders. Grey 7
- Human alpha1-proteinase inhibitor - Treating emphysema. Grey 7

The following have been agreed as Red:

- Rezafungin - Treatment of adults with invasive candidiasis. Red 1,6
- Natalizumab biosimilar - Use as single disease modifying therapy in adults with highly active relapsing remitting multiple sclerosis (RRMS) for the following patient groups: patients with highly active disease despite a full and adequate course of treatment with at least one disease modifying therapy, or patients with rapidly evolving severe RRMS defined by ≥2 disabling relapses in one year, and with ≥1 Gadolinium enhancing lesions on brain Magnetic Resonance Imaging (MRI) or a significant increase in T2 lesion load as compared to a previous recent MRI. Red 1,6
- Foslevodopa + foscarbidopa - Treatment of advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyperkinesia or dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results. Red 1,6
- Antithrombin - VTE - Prophylaxis of venous thromboembolism in surgery of patients with congenital antithrombin deficiency. Red 1,6
- Apalutamide - Prostate Cancer (non-metastatic castration-resistant)Metastatic Hormone Sensitive Prostate Cancer. Red 1,6
- Aprepitant - Prevention of nausea and vomiting associated with highly and moderately emetogenic cancer chemotherapy in adults and adolescents from the age of 12.Red 1,6
- Arachis hypogaea- Peanut Allergy. Red 1,6
- Argatroban - Anticoagulation of patients with heparin-induced thrombocytopenia type II requiring parenteral antithrombotic therapy. Red 1,6
- Arsenic trioxide - Acute promyelocytic leukaemia (relapsed/refractory). Red 1,6
- Asciminib - Chronic myeloid leukaemia. Red 1,6
- Ascorbic Acid Injection/Infusion - Treatment of clinical vitamin C deficiency not amenable to dietary supply or oral replacement therapy in adults. Red 1,6
- Asenapine - Manic episodes (moderate to severe) associated with bipolar I disorder. Red 1,6
- Asfotase alfa - Hypophosphatasia - long term enzyme replacement therapy (ERT). Red 1,6
- Asparaginase - Acute lymphoblastic leukaemia. Red 1,6
- Ataluren - Duchenne muscular dystrophy. Red 1,6
- Atazanavir - HIV Infection in combination with other antiretroviral drugs. Red 1,6
- Avacopan - NHSE commissioned. Red 1,6
- Avatrombopag - In line with positive NICE TA recommendations. Red 1,6
- Atovaquone - Red 1,6
- Atezolizumab - In line with positive NICE TA recommendations. Red 1,6
- Atidarsagene autotemcel - Metachromatic leukodystrophy. Red 1,6
- Azacitidine - Myeloid leukaemia (Acute), Myelodysplastic syndromes. Chronic or Acute myelomonocytic leukaemia. Red 1,6
- Argipressin - Glaucoma (short-term adjunctive therapy of chronic glaucoma). Red 1,6
- Apraclonidine - Glaucoma (short-term adjunctive therapy of chronic glaucoma). Red 1,6
- L-Tryptophan - Adults with treatment-resistant depression following unsuccessful trial of standard antidepressants and as an adjunct to other anti-depressant medications. Red 1,5
- Momelotinib - Myelofibrosis-related splenomegaly or symptoms. Red 1,6
- Ritlecitinib - Severe alopecia areata in people 12 years and over. Red 1,6
- Daratumumab - In combination for treating newly diagnosed systemic amyloid light-chain amyloidosis. Red 1,6



	<ul style="list-style-type: none"> ➤ Olaparib - For maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy. Red 1,6 ➤ Dostarlimab with platinum-based chemotherapy - Treating advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency. Red 1,6 ➤ Cabozantinib with nivolumab - Untreated advanced renal cell carcinoma. Red 1,6 ➤ Anakinra - For Gout. Red 1,6 ➤ Cenobamate (in children only) - Epilepsy. Red 7 ➤ Eslicarbazepine (in children only) - Epilepsy. Red 7 <p>The following have been agreed as Amber:</p> <ul style="list-style-type: none"> • Midazolam (licence change to include use in adults - for information only) - already in SCP not including brand on MPD - new product just for information <p>The following have been agreed as Amber-G None</p> <p>The following have been agreed as Green:</p> <ul style="list-style-type: none"> • Olopatadine hydrochloride, Mometasone furoate monohydrate- Ryaltris - Indicated in adults and adolescents 12 years of age and older for the treatment of moderate to severe nasal symptoms associated with allergic rhinitis <p>None were returned to IMOC for further discussion</p> <p>Action:</p> <ul style="list-style-type: none"> • Jen Cox to add/ amend the MPD accordingly 	JC	
05/24/1.2	<p>NICE Guidance</p> <p>Charlotte McMurray presented the April 2024 NICE Guidance, highlighting only items that refer to Medicines and Primary care.</p> <ul style="list-style-type: none"> • NG240 (Updates and replaces CG102)-Meningitis (bacterial) and meningococcal disease: recognition, diagnosis and management- Charlotte McMurray to discuss with Rob Wise. 	CMcM/ RW	
05/24/1.2	<p>MHRA - Drug Safety Update & NHS England Patient Safety alerts</p> <p>The group received the latest safety update from Emily Parsons There were NO actions required by PMOC this month.</p>		
05/24/1.3	Matters Arising		



04/24/1.4.2	<p>SY ICB guideline for young adults with T2D (18-39yrs)</p> <p>Charlotte McMurray discussed that there's a national programme around young type 2 diabetes between 18 and 39 and how we manage them. The guideline presented today is led by Sheffield Dr Song, where the document was originally agreed back in 2022 but he is now leading this work to provide a SY approach. Charlotte McMurray has asked the committee if they could review the current documents and email any comments so that she can feedback to Dr Song, it was noted that it is a Sheffield document and will need links amending and Logos etc to ensure that it is suitable to be used at a SY level . The idea is that once each Place feedback has been given Dr Song will update the document and will be presented at IMOC for final approval. The committee discussed that the document should be shared with the Endocrine department at DRI, that this topic is really useful for primary care because there is a lot more young patients presenting but come with a really high HBA 1C at diagnosis and unsure sure how to proceed with them that could incorporated into the guideline, also primary care is unable to request some of the tests that is stated within the guidance. The committee agreed that the guidance could be useful, but Rachel Hubbard and Prakash Navaneetharjah had some comments to share regarding the document and will email them to Charlotte McMurray.</p> <p>Action :</p> <ul style="list-style-type: none"> • Charotte McMurray to receive feedback from committee members and share documents with the DRI Endocrine department and report back comments to Dr Song. 	CMcM	
05/23/1.4	New Business		



05/24/1.4.1	<p>Smoking cessation in Doncaster – bupropion and varenicline are green / green-G but should be red in Doncaster as smoking cessation, are commissioned to provide the medication. Also New product -CYTISINE - grey non-formulary</p> <p>The committee discussed that bupropion and varenicline should not be red drugs as patients maybe be waiting to be seen by smoking cessations or are reluctant to see a specialist service and GPs are wanting to support their patients stop smoking and could prescribe if required. But also it should not fall to GPs to provide prescriptions , nor refer back into secondary care. From a safety perspective these drugs have been around for years and there are no safety concerns for prescribing this smoking sensation medication. The committee discussed that there are some commissioning issues as Doncaster are outliers compared to the other three Places who do not have this traffic lighted as Green, Charlotte McMurray suggested that further understanding of how other Places provide support to their patients is required . Charlotte McMurray informed the committee that any decisions that are agreed at IMOC that there will be a separate group who will look at the commissioning arrangements as these cannot be resolved at IMOC, the PMOC group will be looking at how these decisions are implemented. Charlotte McMurray, Rachel Hubbard and Gary Barnfield who is leading some work around Smoking Sensation at Sheffield will discuss further and will return to PMOC with any future updates.</p> <p>Action:</p> <ul style="list-style-type: none"> Charlotte McMurray and Rachel Hubbard to liaise with Gary Barnfield and return to PMOC with any future updates. 	CMcM/ RH	
05/24/1.4.2	<p>Aripiprazole Conversation</p> <p>Lee Wilson has had discussions with Steve Davies regarding Aripiprazole which can be used for several conditions including tics could be added to the next antipsychotic shared care protocol, but further discussions were still required. The committee discussed whether this should be traffic lighted at IMOC, it was discussed that it is for off licence use, which is not traffic lighted by IMOC. The committee discussed that as Faiza Ali was not present to discuss the item further and should be deferred to the next PMOC agenda. This will allow Faiza Ali to obtain a better understanding regarding its traffic light status, whether traffic light it for a mental health disorder or tics weather it requires to have separate traffic light status, as the monitoring will be the same.</p> <p>Action :</p> <ul style="list-style-type: none"> Faiza Ali to review Aripiprazole potential Traffic Light Status/ further information. Karen to add to the next PMOC agenda. 	FA KJ	



05/24/1.4.3	ADHD SCP & Proforma Faiza Ali was unable to attend the meeting. This item has been deferred to the next PMOC meeting.	KJ	
05/24/1.4.4	Local ED guidance Document update Ashley Hill presented a recently updated ED guidance documents that was requested by PMOC. Ashley has been working in collaboration with Faiza Ali and had highlighted in Blue any amendments to the original document. The original ask of the committee was to include Tadalafil prescribing for Benign Prostatic Hyperplasia (BPH) which has already been traffic lighted as green previously but thought it would be useful for prescribers to be included in the ED guidance. Ashley Hill advised that there were some additional amendments including under specialist use to include Alprostadil injections and Urethral cream as per 'SLS' as this was feedback from the ED nurse to include other formulations as well as the cream as there can be product availability issues. Currently the Alprostadil cream is traffic lighted as Grey and Alprostadil injection and Urethral sticks are traffic lighted as green non formulary on the MPD . Rob Wise commented on a few errors and formatting which were noted by Ashley Hill. The committee discussed that the document should be circulated to DRI Urology department and Dr Greenwood who is currently reviewing patients that were under Dr Savage at the Leger clinic has not reviewed the document. The committee agreed that Dr Greenwood and the Urology department would be best suited to discuss where the specialist drugs sit whether they should be Green – initiate on recommendation of a specialist. Ashley will also take the document to be discussed at the next IMOC subgroup, to see whether the document should be a SY ICB document. Action: <ul style="list-style-type: none"> Ashley Hill to make the required amendments noted by Rob Wise Ashley Hill to circulate the documents to DRI Urology and Dr Greenwood Ashley Hill to take document to IMOC subgroup 	AH AH AH	
05/24/1.4.5	IMOC update Ashley Hill gave the committee a verbal IMOC update from May 2024 meeting.		
05/24/1.5	Any Other Business		
	None		
05/24/1.6	Minutes from other groups		
	SY ICB IMOC The minutes from the meeting held in April 2024 were received for information.		
	DBTHFT Drug & Therapeutics Committee (Monthly)		



	The minutes from the meeting held in April 2024 were received for information.		
	RDASH FT Medicines Management Committee (Monthly) The minutes from the meeting held in March 2024 were received for information.		
	Barnsley Place APC The minutes from the meeting held in January 2024 were received for information.		
	Rotherham Place MMC The minutes from the meeting held in February 2024 were received for information.		
	Sheffield Place APG The minutes from the meeting held in February 2024 were received for information.		
	Nottinghamshire The minutes from the meeting held in March 2024 were received for information.		
	Close Section 1 Comfort break Open Section 2		
05/24/2	Section 2 Formulary functions		
05/24/2.2.1	New Product request		
05/24/2.2.1.1	<p>Trurapi : Place in formulary</p> <p>Dr Pankaj noted that Trurapi (insulin aspart)is a biosimilar to Novorapid, which is more cost effective. Trurapi is also similar to other injectable devices so there should not be any training issues. The committee discussed that Aspart is currently Green non-formulary on the MPD, which is Trurapi. It was established that currently in community that Trurapi is out of stock or listed as a restricted product in the main wholesalers, so it could be difficult for pharmacies to obtain the product, it is also a black triangle drug. The committee discussed the current insulin listings on the MPD and how it could be confusing for users to add another green insulin. The committee agreed that Trurapi should be Green Formulary, new patients could be initiated and could also be switched to Novorapid if required for stock issues occurs as these are interchangeable. It was agreed that some additional wording on the MPD was required to state that Novorapid and Trurapi are interchangeable. This would make Trurapi as Green Formulary 1st Line, due to cost advantages and it is a biosimilar and Novorapid Green Formulary 2nd line. It was noted that current Novorapid patients would not be automatically switching to Trurapi. FIASP is not interchangeable and should be noted on the MPD and made 2nd line . Lee Wilson will also take Trurapi to the medicines value group to be considered as a cost saving.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Jen Cox to action the above amendments on the MPD: ➤ Change Aspart Green non formulary to Trurapi Green Formulary – 1st Line- add biosimilar to Novorapid can interchange 	JC	



	<ul style="list-style-type: none">➤ Novorapid Green Formulary – 2nd Line- add note can interchange with Trurapi➤ FIASP Green Formulary – 2nd Line – add note to say not interchangeable• Lee Wilson to discuss Trurapi at Medicines Value Group• Ashley Hill to discuss Trurapi at the IMOC subgroup meeting	LW AH																																																																															
05/24/2.2.2	Formulary and MPD (Medicines and Products Directory) review																																																																																
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	10.1.3	Azathioprine	Add wording :25 mg or 50 mg strengths (75 mg and 100mg Grey listed) a total daily dose be included on all scripts, prescribers are discouraged from writing half tablets eg give 25mg and 50mg for total dose of 75mg , not one and a half 50mg - already completed		
	12.2.1	Olopatadine hydrochloride, Mometasone furoate monohydrate (Ryaltris)	Lee to check with ENT if they are going to be prescribing Ryaltris . Green formulary 1 st Line at the moment. Dymista – 2nd line		
	<p>Action:</p> <ul style="list-style-type: none"> • Jen Cox to make the amendments to the MPD • Lee Wilson to confirm with ENT the prescribing Ryaltris and where it should be placed in the formulary • Lee Wilson to consider Cetirizine as 2nd line to Loratadine and discuss at the next PMOC meeting. • Jen Cox will add Cetirizine / Loratadine to the formulary spreadsheet for the next PMOC agenda. 			JC LW LW JC	
05/23/2.3	Matters Arising				
01/24/2.4.1	Emollient Guidance This item was deferred to the next PMOC meeting				
05/24/2.4	New Business				
05/24/2.4.1	<p>Website Down: Provision of documents when unavailable online</p> <p>Jen Cox has updated the MPD with links to the SCP/ guidance documents and DRI are able to access. The website seems to be up and running. Jo Sanderson updated the committee that there will be a SY website, and each Place will have their own section, no date at the moment of when this will be happening explained that not every document has been added to the MPD as there is going to be a new website, where all the documents will be hosted. It has been confirmed which platform will be used. Lee Wilson enquired if it will be Primary Care who will moving everything over from the MPD to the new website, as DRI have recently moved over to the MPD, and this would be an addition workload to move to another platform. It was confirmed that Primary Care who will undertake with the transition.</p>				
05/24/2.5	Any Other Business None				
	Date and Time of Next Meeting Post meeting note : The June PMOC meeting has been cancelled and the next PMOC meeting will be held on Thursday 18th July 2024 at 12:00 Noon via MS Teams				

