Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC)
Sections 1&2 (Area Prescribing and Formulary)
Thursday 17th October 2024
Via MS Teams
Minutes

Committee Members:	✔ x	Area Prescribing	Formulary
Rao Kolusu (Chair) Doncaster Place	RK	✔	✔
Charlotte McMurray (Deputy Chair) Doncaster Place	CMcM	✔	✔
Rob Wise Bassetlaw Place	RW	✔	✔
Lee Wilson DBTHFT (1 representative from DBTHFT)	LW	✔	✔
Rachel Wilson DBTHFT (Area Prescribing only when LW cannot attend)	RaW	x	x
Steve Davies RDaSH FT (1 representative from RDaSH FT)	SD	x	x
Andrew Houston RDaSH FT	AHo	x	x
Rachel Hubbard Doncaster Place	RH	✔	✔
Malika Chakrabarty Bassetlaw (Area Prescribing only)	MC	✔	✔
Rumit Shah LMC	RS	x	x
Dean Eggitt LMC (Area Prescribing only)	DE	x	x
Prakash Navaneetharjah (PCD Doncaster North)	PN	✔	✔
Sonia Griffiths (PCD Doncaster 4D)	SG	x	x
Lisa Sharp Doncaster NMP	LS	x	x
Pankaj Chatuvedi DBTHFT (Formulary only)	PC	x	x
Ashley Hill Doncaster MOT	AH	x	x
Jen Cox Doncaster MOT	JC	x	x
Karen Jennison Doncaster MOT	KJ	✔	✔
In attendance:			
Beverly Garside and Sam Butcher (Epilepsy Nurses RDaSH FT)		✔	✔
Kelly Phillips DBTHFT Wound care Lead		✔	✔
Patrick Mok DBTHFT Pharmacist		✔	✔
Tracey White and Victoria Boulter MO Technicians		✔	✔

✔ 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: There were apologies received from Sonia Griffiths, Rumit Shah, Dean Eggitt and Pankaj Chaturvedi In attendance : Beverly Garside and Sam Butcher (Epilepsy Nurses RDaSH FT) to discuss item 11/23/1.4.4 Kelly Phillips DBTHFT Wound care Lead to discuss item 10/24/1.4.1 Patrick Mok DBTHFT Pharmacist to discuss item 10/24/1.4.2 Tracey White and Victoria Boulter MO Technicians for professional development	
	Declarations of Interest ICB Register of Interests Mallicka Chakrabarty attended a talk sponsored by Exeltis	
	Notification of Any Other Business To be discussed under Section 2 – Formulary • Mallicka Chakrabarty: Xonvea item 10/24/2.5.1	
	Minutes and actions of the last Meeting The minutes of the meeting held in September 2024 were approved as a true record with the following request being noted : Item 09/24/2.5.2 (Update for the prescribing of Inclisiran in primary care) was amended to include the following sentence:- Practices were re-imbursed for the cost of the drug when prescribed as per lipid management scheme in secondary prevention. Action: • Karen Jennison will amend section 09/24/2.5.2 to include the agreed wording and distribute the ratified minutes to the appropriate list. **Action log** The action log was discussed and updated accordingly. **MO Bulletin** The latest MO Bulletin was attached for information, and is embedded on the MO website.	KJ
	Matters arising not on the agenda	
	N/A	
10/24/1	**Section 1 Prescribing functions**	
10/24/1.1	**TLS IMOC October 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 October 2024 IMOC meeting.
The following have been agreed as Grey:

- Palopegteriparatide - Rationale 6 - Indicated for the treatment of adults with chronic hypoparathyroidism- awaiting publication of NICE TA
- Capivasertib - Rationale 6 Indicated in combination with Fulvestrant for the treatment of adult patients with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative (defined as IHC 0 or 1+, or IHC 2+/ISH-) locally advanced or metastatic breast cancer with one or more PIK3CA/AKT1/PTEN-alterations following recurrence or progression on or after an endocrine based regimen.- awaiting publication of NICE TA
- Gefapixant citrate - Rationale 7- Indicated in adults for the treatment of refractory or unexplained chronic cough- already traffic lighted in June 2024

The following have been agreed as Red:

- Autologous - Rationale 1,6
- Axitinib - Rationale 1,6
- Dacomitinib - Rationale 1,6
- Dactinomycin - Rationale 1,6 - Paediatric cancers
- Dalbavancin - Rationale 1,6 - Glycopeptide antibacterial
- Daptomycin - Rationale 1 - Lipopeptide antibacterial
- Darcarbazine - Rationale 1- Melanoma, soft-tissue sarcomas, Hodgkin's disease
- Darolutamide (including in combination) - Rationale 1,6
- Darunavir (including in combination) - Rationale 1- HIV infection
- Dasabuvir - Rationale 1,6 - Chronic Hepatitis C
- Dasatinib - Rationale 1,6
- Daunorubicin - Rationale 1,6
- Decitabine – Rationale 1,6
- Deferasirox - Rationale 1- Iron overload
- Deferiprone -Rationale 1- Iron overload in patients with thalassaemia major
- Ivacaftor–tezacaftor – elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor - Rationale 1,6 - Treating cystic fibrosis
- Etranacogene dezaparvovec – Rationale 1,6 - Etranacogene dezaparvovec for treating moderately severe or severe haemophilia B
- Tenecteplase - Treating acute ischaemic stroke
- Pembrolizumab - Rationale 1,6 - Chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer
- Abaloparatide - Rationale 1,6 - Treating osteoporosis after menopause
- Burosumab - Rationale 1,6Treating X-linked hypophosphataemia in adults
- Enzalutamide - Rationale 1,6 - Treating non-metastatic prostate cancer after radical prostatectomy or radiotherapy
- Relugolix - Rationale 1,6 - Treating hormone-sensitive prostate cancer
- Linzagolix - Rationale 1- Treating moderate to severe symptoms of uterine fibroids
- Pembrolizumab with platinum- and fluoropyrimidine - Rationale 1,6 - Chemotherapy for untreated advanced HER2-negative gastric or gastro-oesophageal junction adenocarcinoma
- Risankizumab - Rationale 1,6 - Treating moderately to severely active ulcerative colitis
- Iptacopan - Rationale 1,6 - Treating paroxysmal nocturnal haemoglobinuria
- Zanubrutinib - Rationale 1,6 - Treating marginal zone lymphoma after anti-CD20-based treatment
- Evinacumab - Rationale 1,6 - Treating homozygous familial hypercholesterolaemia in people 12 years and over
- Exagamglogene autotemcel - Rationale 1,6 - Treating transfusion-dependent beta-thalassaemia in people 12 years and over
- Faricimab - Rationale 1,6 - Treating visual impairment caused by macular oedema after retinal vein occlusion
- Futibatinib - Rationale 1,6 - For previously treated advanced cholangiocarcinoma with FGFR2 fusion or rearrangement

	• Rucaparib - Rationale 1,6 -Maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer The following have been agreed as Green: • Empagliflozin -Treating type 2 diabetes in people 10 to 17 years • Vibegron -Treating symptoms of overactive bladder syndrome (formulary status to be discussed) • Latanoprost + timolol eye drops -Use in adults (including the elderly) for the reduction of intraocular pressure in patients with open angle glaucoma and ocular hypertension who are insufficiently responsive to topical beta-blockers or prostaglandin analogues • Estriol 1 mg/g vaginal cream - Indicated for the treatment of vaginal atrophy due to oestrogen deficiency in postmenopausal women aged 50 years and above who have not had a period for at least 1 year (plus addition sentence around peri-menopausal and post-menopausal) The following have been placed on Hold at IMOC for further discussion: • Varenicline • Bupropion • Nicotine replacement Products e.g. Patches, gum, lozenges, inhalators, sprays and sublingual tablets Rob Wise highlighted Relugolix (for treating hormone sensitive prostate cancer) has been discussed in communications with a Bassetlaw Specialist Pharmacist who stated that the clinical lead wants to start using it in place of current treatment. Rob Wise advised his Bassetlaw colleagues that the process of setting up new shared care protocols is currently a lengthy process and secondary care may be required to continue supplying Relugolix to patients who they initiate. Any future decisions would require discussions with all the region's oncologists to ensure a standardised approach. Action: • Karen Jennison will amend the sentence on the MPD to read 'Indicated for the treatment of vaginal atrophy due to oestrogen deficiency' • Karen Jennison to feed back this additional information to Ashley Hill to take back to IMOC if necessary. • Jen Cox to make the agreed amendments to the MPD	KJ KJ JC
10/24/1.2	**NICE Guidance** The NICE guidance report was received that was discussed at the October 2024 IMOC meeting. Charlotte McMurray brought to the group's attention the following information:- • NG242 diabetic retinopathy management and monitoring. The guideline covers managing and monitoring diabetic retinopathy in people under the care of hospital eye services. This includes non-proliferative and proliferative diabetic retinopathy, and diabetic macular oedema. Sharron Kebble	

	and Eloise Summerfield will consider any pathway changes needed across SY ICB. • TA999 Vibegron for treating symptoms of overactive bladder syndrome, this has been included on the formulary and MPD spread sheet to establish it's formulary status and will be discussed in section 2. No action required from this meeting.	
10/24/1.2	**MHRA - Drug Safety Update & NHS England Patient Safety alerts** The MHRS Safety update report was received that was discussed at the October 2024 IMOC meeting. Karen Jennison brought to the group's attention the following information:- • Yellow Card Biobank: call to contribute to study of genetic links to side effects. This collaboration between the MHRA & Genomics England aims to improve understanding of how patient's genetic makeup may increase risk of experiencing harmful ADRs. Consider promoting details of the study to primary care clinicians in the MO bulletin. • Valproate use in men: as a precaution, men and their partners should use effective contraception. A retrospective observational study has indicated a possible association between valproate use by men around the time of conception and an increased risk of neurodevelopmental disorders in their children. Inform male patients who may father children of this possible increased risk and the recommendation to use effective contraception during valproate treatment and for at least 3 months after stopping valproate. Consider adding to bulletin / message enabled on optimise. Action: • Karen Jennison to include the information in the next bulletin for information	KJ
10/24/1.3	**Matters Arising**	
05/24/1.4.3	ADHD SCP & Proforma This item was deferred to the November meeting for further discussion and approval	
08/24/1.5.1	Direction to Administer during pre-emptive medication supply. To Clarify pathway – discharge how long does this cover and when do they need a new instruction from the GP.Is there a different process for out of hours and could the process be standardised / clarified. Agreed pathway to put in bulletin. Unfortunately Steve Davies could not make this meeting so this item will be deferred to the November meeting for a full discussion.	

09/24/1.3.1	Methotrexate Injection waste update from Bassetlaw Rob Wise informed the group that he has written up a paragraph around the process of obtaining sharps bins for cytotoxic sharps in Bassetlaw, and has shared it with Mallicka Chakrabarty to obtain a GP's opinion. The initiating clinician would supply the first bin and fill in the form on the Council website so that the patient can then get further collections from the Council. The GP would then maintain the prescription, continue prescribing the sharps bins and also to double check that that healthcare waste collection has been set up on behalf of the patient. Mallicka Chakrabarty made some suggestions to change the format to make it clearer on responsibilities and who needs to do each action in the process. Rob Wise provided an update to Bassetlaw GPs last week, and provided them with the Council details and advised how to fill in the form on the website. During this conversation the GPs informed Rob Wise of their decision to follow collective action and this means the development of and shared care documents will not be supported across Bassetlaw. Karen Jennison gave an update from Doncaster; Adele Brooke is now in post and once Rob Wise has shared the Bassetlaw position this could be shared with Adele Brook and copied with the Doncaster process. Further updates can be brought back to future meetings. It was hoped that the two paragraphs could be added to the reviewed SCP for methotrexate, but as GPs are taking collective action some are refusing to engage with shared care and pathways. The chair acknowledged the impact that the collective action may have on the review of existing shared care documents and the development of new ones. It was noted that LMC input at early development of documents would be beneficial to the process and allow issues to be addressed early in the process and concerns can be raised by GPs. It was also noted that Bassetlaw straddles South Yorkshire and Nottinghamshire ICBs. It was acknowledged that Rob Wise has worked hard on the methotrexate documentation but the increasing difficulty facing the progress will mean that this may not be concluded as quickly as the group had hoped. This item remains on the actions log and the group will be updated when progress is made. There is a national methotrexate SCP that was agreed could be used at IMOC, it was suggested to look at this to see if Doncaster and Bassetlaw could adopt this. Rob Wise pointed out that the local SCP is condition specific not medication specific so may not fit but worth looking in to.	

	Action: • Karen Jennison to ask Ashley Hill what the outcome was at IMOC regarding the methotrexate SCP	KJ
09/24/2.5.5	Sodium Valproate Update from Emily Parsons The group received a written update from Emily Parsons regarding the work stream that the ICB is currently working on relating to epilepsy patients, with the following bullet points:- • The updated guidance wording was approved at IMOC. The adult and children's SCP have been updated and are available online. The bipolar wording was shared so that this could be inserted into local guidelines. The primary care factsheet was also approved and is available on the IMOC webpage. • STH are working through female epilepsy patients and reviewing at annual reviews. • For men, I haven't clarified with secondary care yet what their approach is for providing advice to their existing male patients on valproate. However, the SmPCs state that specialists and GPs are responsible for providing advice and regularly reviewing patients. So I expect this will be opportunistic or at annual reviews. The group discussed the update and points were raised around the responsibilities of secondary care and primary care. If GPs are prescribing the medication there is a responsibility to the patients to ensure a review is carried out and the patients is informed of any risks associated with this medication. Rachel Hubbard explained that her practice has sent out letters to all their patients on valproate to explain the current situation, this was seen as good practice across the group and Rachel Hubbard offered to share the letter across Doncaster practices if this is something that would be beneficial. This is not considered to be a review; it is an opportunity to inform the patients of the safety alert and remind patients that this will be discussed at their next medication review either with their specialist in secondary care or at their annual medication review at the practice. It was agreed that the formal review should be carried out by secondary care specialists, but it was acknowledged that primary care may not know if this has been done. The main concern is that as the GP prescribes the medication it is important that the review is recorded in the patients notes, and if it isn't recorded then the GP could review the patient and ensure a record is kept on the practice clinical system. It was requested by secondary care paediatricians that a list could be produced of patients who are under 18 on valproate, so that they are already on the radar for advice when they get to adulthood. It	

	was suggested that the MO team could produce a central search of these patients and share with appropriate people, these patients would already be under secondary care but it acts as confirmation of numbers to assist in forward planning of reviews. Mallicka Chakrabarty suggested developing a search of all patients with an epilepsy read code who attend sexual health clinic could be identified including other medication like Topiramate. It was agreed to concentrate on valproate for this under 18 years search as this was the initial request from the paediatricians. Sam Humphries was invited into the conversation at this point to inform the group of the ICB work around this subject. 'A pathway is being written and is being taken to IMOC in November for approval. In this pathway patients that have an epilepsy indication or an unlicensed indication should still be under the care of a specialist. If not, they will be referred back into secondary care for a review. The reviews will be completed in secondary care for patients with unlicensed and an epileptic indication for any patients with a migraine review, then they'll be asked to be invited in for a review in primary care and primary care will complete the RF and there will be some guidance around how to complete the form with the patients. For any patients that are refusing to use the highly effective contraception, then the recommendation will be to refer into the Sheffield's neurology services to see if they can start an alternative therapy. There are a couple of detailed flow charts that will accompany the pathway with snomed codes to add to the patients records. In terms of the valproate, the advice that has been released by the MHRA is for existing patients to have the risks highlighted to them. Newly initiated patients will have to be started in Secondary care with two specialists reviewing and signing the form. This can then be kept on the patients consultation record at the practice for audit purposes'. The group thanked Sam Humphries for his explanation, this was very useful. Beverly Garside introduced herself and her colleague Sam Butcher, and explained the process that is being followed in secondary care. There are regular complex epilepsy meetings in Sheffield, where the neurologists are actively working through a caseload of patients on valproate, females initially and the forms are now coming through to Doncaster. Sheffield are proactively looking at how they are going to manage the males on that caseload. Once patients have had the two signatures, they will come back to the epilepsy nurses and will go back to the neurologist if there are problems. So there is a robust system in place for both existing patients and new patients. It was agreed that PMOC can be assured that both secondary care and primary care have plans in place and are working through the	

	review process. The group will continue to support this work and look forward to receiving the pathway from IMOC in the future.	
11/23/1.4.4	Anti-seizure medication (ASM) prescriptions Beverly Garside and Sam Butcher have been asked to develop a pathway. There is currently a case load of 600 patients that are being actively managed by the two nurses. Beverly Garside explained to the group that they are eager to understand what this pathway might look like and what the expectations will be for this service. This pathway is in the early stages of development and there will be conversations to establish what the pathway will look like. Charlotte McMurray and Rao Kolusu clarified the concerns from a primary care position, explaining that it is usually patients who are initiated on an epilepsy medication by an acute clinician during a hospital stay who is not an epilepsy specialist who then discharges the patients and asks the GP to continue / titrate patient. The patient has usually been put on the list to see a consultant but this may take time and responsibility for titration rests on the GP who has no specialist knowledge, and would benefit from specialist support. It was noted that under current work pressures on the specialist epilepsy nurses this is not something that can be taken up by the current team, and would need to have other input from commissioning, finance and contracting to ensure the pathway is fit for purpose and manageable. Under current guidance medication is amber but goes to amber-G after the patient is stable, and Beverly Garside told the group that when they are communicating to the GPs, they give the information of what they have done, e.g. titrated as per plan now as per share care protocol. The patient is on a therapeutic dose of medication and there are no plans to make any more change and highlight the amber to amber-G status in the protocol, but are still get the push back from GPs. it was noted that the phrase in the letter ‘ as per shared care protocol’ be taken out of the document as this is causing confusion in primary care as they expect a proforma, but under amber-G there is no proforma. Actions: • Ewa Gabzdyl will liaise with Beverly Garside and Sam Butcher in the development of the pathway and link in with ICB colleagues in commissioning / finance / contracting to ensure the correct procedure is followed for the development of a new pathway. • Beverly Garside will amend the letter sent out to GPs removing ‘as per shared care protocol’ and share with Charlotte McMurray who will circulate to the group.	EG/BG/SB BG/SB/C McM

10/24/1.4	**New Business**	
10/24/1.4.1	Wound care Formulary Documentation Kelly Phillips presented the new Doncaster Joint Wound Care Formulary documentation. This was first developed in 2021 and this is an updated version with some slight changes to the pathways and some product changes where a new product has replaced a previous one or where some have been discontinued by the manufacturer. The new format will be more interactive and housed on the DBTHFT website with live links to MO website and MPD. Rao Kolusu made a suggestion that the QR codes could be a little more separated so that it would be easier to choose one, as they are quite close together. Kelly Phillips accepted this suggestion and agreed to amend the formatting to give each QR code a little more space. It was noted that the previous version had Green-G items and now the MPD does not have Green-G in line with the IMOC TLS status rationale so it was suggested to change all Green-G to Green but the guidance would still be there for reference on each entry. Rao Kolusu requested a sentence on the document to advise against printing off any of the live document pages, to ensure the most up to date version is used at all times The wound care formulary was approved by the PMOC with the agreed amendments Action: • Karen Jennison to amend all Green-G items on MPD to Green • Kelly Phillips to amend formatting to give each QR code a little more space around them. • Kelly Phillips will include a sentence on the document to advise against printing off any of the live document pages, to ensure the most up to date version is used at all times. • Kelly Phillips and Karen Jennison to liaise and upload onto the DBTHFT website with links to MO website and MPD as agreed.	KJ KP KP KP/KJ
10/24/1.4.2	Trurapi Patrick Mok who is the diabetes lead pharmacist at DBTHFT As a result of discussions at the DBTHFT self-clinical governance meetings in the last couple of months DRI have decided to roll out the use of Trurapi in new diabetes patients, but there is no plan to actively switch existing patients from other products.	

	New patients who have hypoglycaemia requiring short acting insulin will be prescribed Trurapi. This will be for Type 2 diabetes patient only and not Type 1. So GPs may see discharge letters with Trurapi on for prescribing on repeat prescription. Trurapi is already formulary first line choice on the MPD. Action: • Jen Cox to add an Optimise Rx message on when anyone selects Novarapid insulin they should be advised to prescribe Trurapi as first line choice • Patrick Mok to put together a sentence and send to Karen Jennison to be added to MO Bulletin.	JC PM/KJ
10/24/1.4.3	Vitamin B12 deficiency management summary Rao Kolusu has developed a condensed version of the NG239 guidelines on B12 deficiency management in primary care. The group discussed the dose / product advice and suggested this may need making clearer for prescribers regarding doses, products and whether the patient needs to buy OTC or can get on FP10. Rao Kolusu intends to discuss the document with the haematologists at DBTHFT to ensure the advice is current and accurate. Rob Wise requested Bassetlaw to be added to the document as Bassetlaw GPs would also be following this guidance, and also suggested sharing with a couple of Bassetlaw GPs for comment. Action: • Rao Kolusu to clarify the information in the flow chart about follow up, and add specific doses/ products to be more prescriptive in line with BNF directions with assistance from Mallicka Chakrabarty • Rao Kolusu will add Bassetlaw to the document where appropriate • Rao Kolusu will make the changes and share with haematologists at DBTHFT for comment, and send to Rob Wise to share with Bassetlaw GP colleagues for comment	RK RK RK/RW
10/24/1.4.4	Melatonin SCP & Proforma The group discussed the updated Melatonin shared care documents. It was noted that LMC and RDaSH FT were not in attendance. The group were happy with the proposed changes as they were mostly extra guidance but no extra work for the GPs. There are more branded drugs listed, more relevant to the current supply issues. It was agreed to accept the document but advise that LMC and RDaSH FT representatives should have sight of the	

	document before approval. This will be brought back to the next meeting pending any further comments. Action: • Karen Jennison to send the documents to Dean Eggitt/ Rumit Shah from LMC and Steve Davies/ Andrew Houston from RDaSH FT for comments.	KJ
10/24/1.4.5	Updated HCL interim position statement approved at IMOC October 2024 This updated document was tabled for information only and has been uploaded onto the MO website replacing the previous version.	
10/24/1.5	**Any Other Business**	
	N/A	
10/24/1.6	**Minutes from other groups**	
	SY ICB IMOC The minutes from the meeting held in August 2024 were received for information.	
	DBTHFT Drug & Therapeutics Committee (Monthly) The minutes from the meeting held in September 2024 were received for information. Lee Wilson highlighted products that were discussed at D&TC Hydromol relief / Hydromol Edge, it was noted these are more expensive items than the choice on the emollient formulary and may be discussed in the future.	
	RDASH FT Medicines Management Committee (Monthly) The minutes from the meeting held in June 2024 were received for information.	
	Barnsley Place APC The minutes from the meeting held in 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 July 2024 were received for information.	
	Nottinghamshire The minutes from the meeting held in July 2024 were received for information.	
	Close Section 1 **Open Section 2**	
10/24/2.2	**Section 2 Formulary functions**	
10/24/2.2.1	New Product request - N/A	
10/24/2.2.2	Formulary and MPD (Medicines and Products Directory) review	

	<table><tr><th>Formulary Section</th><th>Item</th><th>Indication</th><th>PMOC action</th></tr><tr><td>4.10.2</td><td>Varenicline / Bupropion / Nicotine replacement Products</td><td>Smoking cessation</td><td>Await IMOC decision</td></tr><tr><td>4.7.4.1</td><td>Rimegepant - Prevention of migraine</td><td></td><td>Await IMOC decision</td></tr><tr><td>1.5.2</td><td>Budesonide Caps MR</td><td>Crohn's disease Microscopic colitis Ulcerative colitis</td><td>eosinophilic esophagitis licensed for short Course given in Secondary Care</td></tr><tr><td>7.4.2</td><td>Vibegron</td><td>Treating symptoms of overactive bladder syndrome</td><td>Green Non-formulary</td></tr></table> Action: • Jen Cox to make the agreed amendments to the MPD	JC
10/23/2.3	**Matters Arising**	
10/24/2.4	**New Business**	
10/24/2.4.1	NHSE DOAC update Generic Apixaban is in short supply and so community pharmacies are asking for it to be prescribed by brand which is more expensive. NHS England are currently advising new initiations should be prescribed generic rivaroxaban as first line for a daily dose and generic apixaban as first line for a twice daily dose as these are best value. The group agreed with this and also agreed that there would be no switching of existing patients at this point in time.	
10/24/2.4.2	Sulfasalazine position statement This position statement is informing prescribers in Doncaster that all the secondary care clinicians are happy for patients to be switched to the non-enteric coated tablets, licenced for gastro patients and unlicenced for rheumatology patients. The group agreed that the MO team should do the switch as they had done the original switch to branded Salazopyrin recently. Action: • Ewa Gabzdyl will co-ordinate the pharmacists to do the switch in the MO team.	EG
10/24/2.5	**Any Other Business**	
10/24/2.5.1	Xonvea	

	The group discussed this medication and it was agreed that Mallicka Chakrabarty would write a sentence to add into the MPD to advise prescribers and this medication would be green first line choice for nausea and vomiting in pregnancy Action: • Mallicka Chakrabarty would write a sentence to add into the MPD to advise prescribers and this medication would be green first line choice for nausea and vomiting in pregnancy and send to Jen Cox for adding on to the MPD • Jen Cox to put anti-emetics onto the formulary and MPD spreadsheet for discussion at the next meeting • *Post meeting additional action- A new section could be added on MPD for nausea and vomiting in pregnancy to avoid confusion of its use.*	MC /JC JC JC
	Date and Time of Next Meeting The next PMOC meeting will be held on **Thursday 21st November 2024** at 12:00 Noon via MS Teams	