Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC)
Sections 1&2 (Area Prescribing and Formulary)
Thursday 19th September 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	✔ (arrived late)	✔
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
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	✔	✔
Ashley Hill Doncaster MOT	AH	✔	✔
Jen Cox Doncaster MOT	JC	✔	✔
Karen Jennison Doncaster MOT	KJ	✔	✔
In attendance:			
Faiza Ali Doncaster MOT	FA	✔	✔
Ewa Gabzdyl Doncaster MOT	EG	✔	✔
Cristina Scardovi Doncaster MOT	CSc	✔	✔

✔ 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 no apologies for the full meeting. Lee Wilson and Charlotte McMurray arrived late (with prior apologies) In attendance : Faiza Ali Attended to deliver an update on the ADHD SCP documents and Vitamin D reporting for DBTHFT alignment with the rest of the SY ICB places. Ewa Gabzdyl presented the draft Emollient Guidance, Spacers and children, Beclometasone 5mg PR tablets and Ivermectine tablets. Cristina Scardovi attended as part of her Induction to Doncaster Place MO team.	
	Declarations of Interest ICB Register of Interests No new declarations of interest were made at this meeting.	
	Notification of Any Other Business To be discussed under Section 2 – Formulary • Rachel Hubbard - Mounjaro • Rao Kolusu : Update for the prescribing of Inclisiran in primary care. What are other areas in ICB doing? What is the current situation in Doncaster? Is there a LES in place? • Lee Wilson - Sulfasalazine GR branded Salazopyrin discontinuation • Ewa Gabzdyl - Ivermectin Tablets Scabies (Licensed product) • Prakash Navaneetharajah - Sodium Valproate / Valproic Acid	
	Minutes and actions of the last Meeting The minutes of the meeting held in August 2024 were approved as a true record with the following request being noted : Action: • Karen Jennison will distribute the ratified minutes to the appropriate list. **Action log** The action log was discussed and updated accordingly. **MO Bulletin** The latest MO Bulletin was attached for information, and is embedded on the MO website.	KJ
	Matters arising not on the agenda	
	N/A	
09/24/1	**Section 1 Prescribing functions**	
09/24/1.1	**TLS IMOC August 2024** There was no TLS IMOC report for this meeting.	

09/24/1.2	**NICE Guidance** There was no NICE guidance report for this meeting.	
09/24/1.2	**MHRA - Drug Safety Update & NHS England Patient Safety alerts** There was no MHRA safety report for this meeting.	
09/24/1.3	**Matters Arising**	
05/24/1.4.3	ADHD SCP & Proforma Faiza Ali presented the updated draft ADHD SPC and Proforma. There were some changes requested at the last meeting and Faiza Ali presented the new changes. There was a long discussion around the monitoring again and the group requested that the monitoring could be made more clearer for prescribers to understand. Because the monitoring is shared across Secondary and Primary Care the group thought the monitoring needed to be clear who was responsible for the monitoring across the timeline. It was noted that the medication review needs to be annually. It was requested that the patient should be told the possible side effects by Secondary Care on initiation. Action: • Faiza Ali will make the requested changes and submit the amended draft for the next PMOC in October.	FA
07/24/1.4.1	Spacers and Children Ewa Gabzdyl presented this document that has been developed by Sheffield Place MO Team to help prescribers as national advice is moving away from volumatic spacers and using aero chambers with mouthpieces and not the masks. It is a useful resource and formulary reference. It advises the most cost effective products that have a safe profile. The group discussed the frequency of supplying a new spacer and it was thought that it was reasonable to prescribe a new spacer every year, or in the event of a chest infection it should be replaced to avoid further infection. It was suggested that this could be added to the document for information. Action: • Ewa Gabzdyl to send the final document with additions from the meeting to Karen Jennison for versioning saving • Karen Jennison to include in the next MO bulletin/ website • Jen Cox to include on respiratory section of MPD • Charlotte McMurray to share with all practice nurses for information.	EG KJ JC CMcM
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 October meeting for a full discussion.	
09/24/1.3.1	Methotrexate Injection waste update from Bassetlaw Rob Wise updated the group that Notts Council have agreed to start taking cytotoxic waste for methotrexate in the Bassetlaw area as a trial. Patients cannot request this service; a health care professional(HCP) has to request this for them. Rob Wise suggested that an appendix should be included in the SCP to inform HCPs of this process. Rob Wise has looked into which sharps bins could be prescribed on FP10 and roughly how long they last, and his estimation is a 1litre bin would last about 7 months. An acute prescription should be given and not put on repeat list. It was noted that prescribing injectables in Primary Care is becoming quite frequent now and we need to understand the process for the sharps bins as we will be asked to supply them at the same time as the medication. Doncaster position unchanged Sharp Smart provide the service. Action: • Rob Wise will put together a document for Bassetlaw process • Karen Jennison will work with John Dalton to put together a document for Doncaster process. • Lee Wilson will review the SCP to see if there is any information relating to sharps disposal, and if needed amend the information accordingly.	RW KJ/JD LW
09/24/1.4	**New Business**	
09/24/1.4.1	LMC Letter to care homes regarding homely remedies Practises are contacted very regularly for medication such as paracetamol that are available over the counter and so the LMC has written a letter advising Residential / Care Homes what they should be doing regarding medication that should be bought over the counter. GP Practices are busy and are trying to prioritise their work load. Some homes have replied stating they will do this for some of the items like paracetamol and are currently revising their homely remedy policies. This was noted as a positive step but the group acknowledged that this will be a long process to change behaviour.	
09/24/1.4.2	PERT Update	

	Charlotte McMurray updated the group on the supply issues around PERT medication. This update gives advice for prescribers, and advice for patients on obtaining urgent supplies. Creon is due to be back in stock soon. Action • Karen Jennison to add the update to the next MO bulletin	KJ
09/24/1.4.3	Vitamin D reporting for DBTHFT alignment with the rest of the SY ICB places Faiza Ali updated the group on the progress of alignment of the advice on Vitamin D provision. Earlier on the in the year we amended our local guidance document for Vitamin D deficiency in adults as the national threshold determined as 'deficient' had reduced from 30 to 25. Following on from this all the other places in SY ICB and Secondary Care trusts have also been reviewing their documentation. DR PAULA MARCHETTI FRCPath, Consultant Clinical Biochemist & Clinical Lead for POCT Specialty Lead for Clinical Biochemistry Doncaster and Bassetlaw Hospital has now confirmed that all the laboratory equipment is aligned to the national guidance. It was noted that the wording was slightly different on the local guidance document than the wording to be used at the hospital on the letters. Action • Karen Jennison will amend the word 'inadequate' and change it to 'insufficient' on the local guidance so that we are all using the same terms. • Karen Jennison will include this in the next bulletin for information	KJ KJ
09/24/1.5	**Any Other Business**	
	N/A	
09/24/1.6	**Minutes from other groups**	
	SY ICB IMOC There were no minutes available for this meeting.	
	DBTHFT Drug & Therapeutics Committee (Monthly) There were no minutes available for this meeting.	
	RDASH FT Medicines Management Committee (Monthly) The minutes from the meeting held in June 2024 were received for information.	
	Barnsley Place APC There were no minutes available for this meeting.	
	Rotherham Place MMC There were no minutes available for this meeting.	
	Sheffield Place APG	

	There were no minutes available for this meeting.	
	Nottinghamshire There were no minutes available for this meeting.	
	Close Section 1 **Open Section 2**	
09/24/2.2	**Section 2 Formulary functions**	
09/24/2.2.1	New Product request - N/A	
09/24/2.2.2	Formulary and MPD (Medicines and Products Directory) review	

Formulary Section	Item	Indication	PMOC Formulary Decisions
4.10.2	Varenicline	Smoking cessation	On hold for now MPD : remove the Champix message. Prescribe by community service
7.3.2	Drospirenone (Slynd)	Contraception	green 2nd line not for patients with renal impairment
13.7 / 8.2.4	Imiquimod (Aldara)	Keratosis-nonhypertrophic, visible or palpable actinic of the full face or balding scalp in immunocompetent adults when other topical treatment options are contraindicated or less appropriate. External genital and perianal warts (condylomata acuminata) in adults. Melanoma (off-label use)	New Indication added to MPD -Amber G for the licensed indication of "Small superficial basal cell carcinomas (sBCCs) in adults." The "G" part of Amber G to include that primary care healthcare professionals with a special interest or extra experience in dermatology may initiate, as well as secondary care dermatology specialists
7.3.1	Ethinylestradiol /drospirenone tablets		green non-formulary
7.3.1	Gestodene/ethinylestradiol		green non-formulary
4.7.4.1	Rimegepant - Prevention of migraine		awaiting IMOC migraine guidance

3.1.3	Aminophylline hydrate	Indicated in adults and children aged 6 years and above for the treatment and prophylaxis of bronchospasm associated with asthma, chronic obstructive pulmonary disease and chronic bronchitis. Indicated in adults for the treatment of left ventricular and congestive cardiac failure.	Tabs Green formulary	
2.6.2	Diltiazem - Viazem Brand for caps	For angina and hypertension	MPD : add note: Viazem used at DBTHFT other brands available Formulary choice for MR Capsules Viazem for new patients	
6.1.4	Glucogel	Treatment of Hypoglycaemia for people who are drowsy / confused	Glucose keep as generic and include Glucogel as a brand plus guidance : Green Formulary with wording - •Glucogel is a thick glucose gel, which is easily absorbed through the buccal mucosa. It is indicated in confused or drowsy patients. Glucogel should only be given to patients who are able to swallow. Do not administer to patient if unconscious. Give 1.5 to 2 tubes of Glucogel, squeezed into mouth between teeth and gums.	
2.2.3	Finerenone	Chronic Kidney Disease in Type 2 Diabetes	Amber formulary 3rd line - for CKD management	
4.8.1	Ethosuximide to Emeside brand	Epilepsy	Add Emeside Brand	
10.1.3 / 1.5.1	Salazopyrin EN Tabs discontinued	Arthritis / Chronic Bowel disorder	Rheumatology :ok to switch to non-coated sulfasalazine Gastro ok : as	

	licensed. MO team to develop a plan and Communication	
	Action: • Jen Cox to make the agreed amendments to the MPD	JC
09/23/2.3	**Matters Arising**	
01/24/2.4.1	Emollient Guidance Ewa Gabzdyl presented the updated Emollient Formulary Guidance, which has a few new first line choices but some remain the same as before. The general information and advice remains the same. Lee Wilson asked if the use of Zerobase as standard emollient at DBTHFT was a problem. This was not seen as a problem because there is a statement in the document that says, 'you may be switched from a product that you were given in hospital to a formulary choice', so patients would be advised that this was being done as per formulary guidance. There was an appetite for a list of products that may have been prescribed in the past that the current formulary choice has replaced. It was suggested that a list of products could be developed to accompany the guidance to help prescribers to avoid the expensive products as an appendix. It was noted that these items should not appear too prominent as some prescribers may assume they are on the formulary. Charlotte McMurray suggested that optimise Rx prompts may be more useful at the point of prescribing. The document was approved with the agreed additional information. Action: • Ewa Gabzdyl to put together a list of products that people should not prescribe and put them against the equivalent item on the formulary • Ewa Gabzdyl to send final draft to Karen Jennison to version and add to the website and in the next MO bulletin. • Jen Cox to use this list to highlight formulary choice. • Jen Cox to check the new emollient formulary guidance and make any formulary changes in line with the document	EG EG/KJ JC JC
09/24/2.4	**New Business**	
09/24/2.4.1	Beclometasone 5mg PR tablets During the discussion around this medication it was agreed that there is not a lot of prescribing and is usually for short term treatment. It was agreed to pass this to IMOC to discuss at the sub-group.	

	Action: • Ashley Hill to add to the IMOC sub-group for a TLS decision. • Lee Wilson / Jen Cox to put the budesonide low dose product for eosinophilic esophagitis on the spread sheet for the next meeting for discussion.	AH LW/JC
09/24/2.5	**Any Other Business**	
09/24/2.5.1	Mounjaro Rachel Hubbard brought this to the group to highlight her thoughts on the current use of Mounjaro. Rachel Hubbard felt that prescribing of this medication has changed since it was discussed at a recent target session and she feels that this will develop into potentially more primary care initiation, and raised the question whether the TLS should be reviewed to Green or whether it is appropriately categorised as Amber-G. The Amber-G status historically was for medication that should be initiated and titrated in Secondary Care then handed over to Primary Care once a patient is stable. Recent amendments in some of the TLS rationales and development of Primary Care roles have opened up prescribing opportunities in some cases, and the term 'Specialist' may not be solely a Secondary Care professional. There are now Specialists in Primary care who are trained in specific clinical areas. This medication falls under the Amber-G rationale 1,2 where 'Specialist is defined as a clinician who has undertaken an appropriate formal qualification or recognised training programme, or who has the appropriate knowledge and competencies within the described area of practice' therefore if a clinician possesses such qualification or skills and knowledge, they can prescribe this medication. The group discussed this in depth and the main points raised were that the Amber-G TLS status is appropriate but would suggest a more robust explanation of the rationale around 'special interest' and what this means to ensure that there can be no misunderstanding of who would be able to initiate / prescribe Mounjaro in Primary Care. By clarifying this rationale it would create support for clinicians to understand whether they have the enhanced qualification/knowledge and skills to provide support to the patient during initiation and titration, or whether they should refer to colleagues who do have a 'special interest'. It was also noted that Mounjaro is not interchangeable with other injectables such as Ozempic, and this should also be highlighted in the guidance document.	

	Ashley Hill informed the group that this has been discussed at length at the IMOC subgroup meetings and it was agreed to develop some guidance to support prescribers. The document is currently in draught and is proposed to support the Amber G status of Mounjaro. Ashley Hill suggested that after the next IMOC sub-group she could share with the PMOC for comments before submitting to the next IMOC meeting for approval. Rao Kolusu suggested that the guidance developed by Pankaj Chaturvedi at DBTHFT could be incorporated into the document for reference. The final document will be tabled at the November PMOC for information. Action: • Ashley Hill to review the guidance developed by Pankaj Chaturvedi at DBTHFT with a view to adding into the Primary Care guidance document if appropriate. • Ashley Hill to circulate the final draft guidance document once approved at the IMOC sub-group for comments / feedback. • Ashley Hill to take to next IMOC meeting for approval • Ashley Hill to bring to future PMOC meeting to be noted and included on Doncaster MO website & MPD / in Bulletin.	AH AH AH AH/KJ
09/24/2.5.2	Update for the prescribing of Inclisiran in primary care Inclisiran was Green-G when first used with the 'G' being the lipid pathway, and on the formulary as a 3rd line option. Practices were re-imbursed for the cost of the drug when prescribed as per lipid management scheme in secondary prevention. Some practices are reluctant to use this medication and others are happy to use it if they have followed the flow chart and tried all the other advice. Some GPs are happy to discuss the risks and benefits with patients and let the patient make the decision. Nothing will be changing for the moment and GP Practices can decide on a patient basis what is best to prescribe following the national guidance.	
09/24/2.5.3	Sulfasalazine GR branded Salazopyrin discontinuation Branded Salazopyrin EN is being discontinued and the drug tariff price for the generic product is very expensive. There have been discussions around using the generic non-coated sulfasalazine 500mg tablets for patients under rheumatology and gastroenterology at DBTHFT. This medication is licensed for gastroenterology but not rheumatology but the DBTHFT consultants have agreed that this could be used unlicensed for their patients.	

	Charlotte McMurray suggested getting a clear MO plan together and informing everyone in the next MO bulletin. Action • Ewa Gabzdyl to discuss with LST and Lee Wilson to make a MO plan • Karen Jennison to include plan in next MO bulletin.	 EG KJ
09/24/2.5.4	Ivermectin 3mg Tablets Scabies (Licensed product) This medication is going to IMOC in October and is proposed TLS RED at £49.20 for 4 tablets. It is for the Treatment of human sarcoptic scabies. Treatment is justified when the diagnosis of scabies has been established clinically and/or by parasitological examination. Without formal diagnosis treatment is not justified in case of pruritus. The group discussed this medication and indication in great depth and there were differences on opinion on what the TLS should be for this medication. It was noted that this treatment does not work very fast and patients may need other products in the short term alongside this one for symptom control. There were concerns over toxicity. It will be at least 3rd line in the local formulary and only use when other preparations are not available. It was agreed to wait for the IMOC decision next month. People who attend the IMOC meeting from this meeting can voice the views of the group. Action • Charlotte McMurray / Rob Wise / Lee Wilson / Dean Eggitt attend IMOC and can share the PMOC thoughts with IMOC. • Ashley Hill will also feed back to IMOC	 CMcM/ RW/LW/ DE AH
09/24/2.5.5	Sodium Valproate / Valproic Acid patients identified under RDaSH FT Prakash Navaneetharajah asked the group about the position for valproate patients with mental health conditions, and whether there has been any progress with RDaSH FT. Faiza Ali explained that RDaSH FT were planning to review patients and produce a register for further reviews in the future. The group discussed the this and agreed that it requires more conversation when RDaSH FT are present so this will be carried over to the next meeting in October. There was also a discussion around the neurology patients and it was also agreed that this needed further discussion. Bev Garside is attending the October meeting so the group could get her thoughts on this. Action	

	• Karen Jennison to carry the RDaSH FT item over to the next Meeting. • Karen Jennison to invite Bev Garside • Karen Jennison to ask Emily Parsons for an update on the SY ICB plan and bring to next meeting.	KJ KJ KJ
	Date and Time of Next Meeting The next PMOC meeting will be held on **Thursday 17th October 2024** at 12:00 Noon via MS Teams