



**Doncaster Place & Bassetlaw Place Medicines Optimisation
Committee (PMOC)
Sections 1&2 (Area Prescribing and Formulary)
Thursday 15th January 2026 12:00 noon
Via MS Teams
Minutes**

Committee Members:	✓ x	Area Prescribing	Formulary
Rao Kolusu (Chair) Doncaster Place	RK	x	x
Ewa Gabzdyl (Deputy Chair)(1 rep from Doncaster Place)	EG	✓	✓
Erica Carmody (only when EG cannot attend)	EC	x	x
Rob Wise Bassetlaw Place	RW	✓	✓
Lee Wilson DBTHFT (1 rep from DBTHFT)	LW	✓	✓
Rachel Wilson DBTHFT (when LW cannot attend)	RaW	x	x
Steve Davies RDaSH FT (1 rep from RDaSH FT)	SD	x	x
Andrew Houston RDaSH FT	AHo	x	x
Rachel Hubbard Doncaster Place	RH	✓	✓
Mallicka Chakrabarty Bassetlaw (Area Prescribing only)	MC	✓	✓
Dean Eggitt LMC	DE	✓	✓
Rumit Shah LMC (when DE cannot attend)	RS	x	x
Sonia Griffiths (Mount Group Practice)	SG	✓	✓
Pankaj Chaturvedi DBTHFT (Formulary only)	PC	x	✓
Charlotte McMurray (SY ICB MO Team) (Only when needed)	CMcM	x	x
Ashley Hill Doncaster MOT (only when needed)	AH	x	x
Karen Jennison Doncaster MOT	KJ	✓	✓
In attendance:			
Eve Bucktrout		✓	✓
Aaliyah Cawley		✓	✓
Amina Hussain (01/26/4.2 Fidaxomicin item)			

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

SY ICB – South Yorkshire Integrated Care Board

SY – South Yorkshire

IMOC – Integrated Medicines Optimisation Committee

PMOC – Place Medicines Optimisation Committee

MOT – Medicines Optimisation Team

MO – Medicines Optimisation

TLS – Traffic Light System

MPD- Medicines and Product Directory

SCP – Shared Care Protocol

GP- General Practitioner



Agenda Ref	Subject / Action Required	Action Required By
	Welcome, Introductions and Housekeeping: - Fire Alarm Procedure: N/A	
	Apologies for Absence: Apologies were received from Steve Davies, Rao Kolusu Ewa Gabzdyl chaired the meeting. In attendance: Eve Bucktrout (Professional development) Aaliyah Cawley(Professional development) Amina Hussain (01/26/4.2 Fidaxomicin item) The meeting was noted at Quorate.	
	Declarations of Interest ICB Register of Interests Rachel Hubbard informed the group that she attended a non-clinical meeting regarding shingles, this was sponsored by GSK.	
	Notification of Any Other Business <ul style="list-style-type: none"> Mallicka Chakrabarty : GLP1 and retinopathy 	
01/26/1	Minutes and actions of the last Meeting The minutes of the meeting held in December 2025 were approved as a true record. Action: <ul style="list-style-type: none"> Karen Jennison will distribute the ratified minutes to the appropriate distribution list. Action log The action log was discussed and updated accordingly. MO Bulletin There was no MO Bulletin produced in December 2025.	KJ
01/26/2	Matters arising not on the agenda	
12/25/4.1	Rheumatology SCP Karen Jennison informed the group that the SCP and proforma V7 will be amended to accommodate the methotrexate sub-cutaneous information regarding Bassetlaw patients. It was suggested that Karen Jennison, Lee Wilson and Rob Wise meet after the PMOC meeting to finalise the wording on the documents. The amended documents will be circulated to the group and once approved can replace current documents on the MO website. Action: <ul style="list-style-type: none"> Karen Jennison to liaise with Rob Wise and Lee Wilson to finalise the changes to the SCP and proforma. The document with the changes will be circulated to the group with a deadline of 1 week for any changes 	



	<p>comments then it can be finalised and uploaded to the MO website, MPD and included in the MO Bulletin highlighting the changes.</p> <p><i>Post meeting note: DBTHFT Consultant Chee-Seng Yee has asked for this to be delayed as he has made changes (incorporating the latest BSR guidelines - around monitoring) and has circulated amongst his colleagues. His consultation ends next week, so the amended document should not be uploaded onto the MO website until any further amendment made after the consultation ends.</i></p>	
11/25/1.4.1	<p>Milk prescribing in Doncaster and Bassetlaw Final version Karen Jennison informed the group that she has final document with the agreed amendments and the document will be added to website/MPD and bulletin.</p>	
01/26/3	Matters Arising	
09/25/1.4.3	<p>Hydroxychloroquine retinal screening update was deferred to January 2026 Ewa Gabzdyl and Rob Wise informed the group that there is still a delay on the screening process due to lack of communication between DBTHFT and SpaMedica. The SY ICB commissioning team are looking into the contract to see if further detail should be inserted into the DBTHFT contract. Further feedback will be brought to the next meeting.</p>	
11/25/1.4.2	<p>Shared Care process (Lithium) – requests from Primary care to secondary care where there is no shared care agreement in place. E.g. new patients who are already on an Amber drug was deferred to February 2026 meeting.</p>	
01/26/3.1	<p>GF Prescribing – position statement The ICB Board agreed to stop all GF prescribing on FP10 in South Yorkshire with some exception (which need to be agreed). The advice to prescribers is if any new patients request a prescription for GF products prescribers should not prescribe and should inform the patient to buy the products. There should not be any new referrals from secondary care dietitians as they should be informed of the decision. GF products for existing patients will be removed in due course when a work stream has been developed. Bread is still green on the MPD but will be changed to Grey once the exclusions are agreed and this can be recorded on the MPD for information. Then all items will be grey (with the agreed exceptions).</p>	
01/26/4	New Business	
01/26/4.1	<p>Freestyle Libre 3 to 3+ Karen Jennison has updated the MPD entry freestyle libre 3 has been replaced by FSL3+. There was a discussion around the TLS status of CGM product being Red whilst the flash glucose monitoring devices are Amber. Even though this product is Red there are still a few patients prescribed in primary care and should be switched to the FSL 3+.</p>	
01/26/4.2	Fidaxomicin supply issues	



Amina Hussain reported to the group that there are two issues regarding Fidaxomicin supplies in primary care.

One is that GPs are getting requests to prescribe for fidaxomicin for patients in primary care and the GPs are expressing concerns that they don't feel comfortable prescribing it and are referring patients back to secondary care. So secondary care is having to prescribe and issue. This then means that the cost of the medication is coming out of the hospital budget, even though it is being prescribed to a primary care patient.

The second issue is that for GPs who do prescribe it, some of the pharmacies have an issue obtaining it and don't hold stock as it is an expensive medication. It has been suggested that stock be held at one central pharmacy as this works well in Sheffield.

The manufacturer has offered to reimburse pharmacies when the stock goes out of date, which is a big help with cost. From a secondary care perspective returning the prescribing to secondary carer is not an option.

The issue of split packs was also raised as depending on the course length this may not be the same as a complete pack, and then the community pharmacy would be out of pocket.

It was suggested that Karen Jennison could contact Claire Thomas, who leads on the community pharmacy for the ICB MO team, to ask how the process works in Sheffield with Wicker Pharmacy, with a view to finding a pharmacy or two that may wish to stock fidaxomicin.

It was suggested that there could be an email to the microbiologists at DBTHFT to prescribe in line with pack size.

Action:

- Amina Hussain/ Lee Wilson to look at the current fidaxomicin guidance to establish necessary changes to the guidance for prescribing in primary care.
- Karen Jennison to contact Claire Thomas to ask to ask how the process works in Sheffield with Wicker Pharmacy, with a view to finding a pharmacy or two that may wish to stock fidaxomicin.

Ahu/LW

KJ

01/26/5

Formulary and MPD (Medicines and Products Directory) review January 2026. The formulary products were agreed as below:

Formulary Section	Item	Indication	PMOC Action
2.5 and 6.1.2.3	Dapagliflozin and Empagliflozin	Diabetes Mellitus T2 and heart failure	DMT2:Dapagliflozin Green 1st line Empagliflozin Green 2nd line HF: Dapagliflozin Amber 1st line Empagliflozin Amber 2nd line
6.1.2.3	Semaglutide (Rybelsus brand)	Diabetes Mellitus	Second generation now on MPD Green 1 st Line with the following information:- Rybelsus [®] round tablets are a new formulation, with increased bioavailability, that has replaced the initial oval tablet formulation: 1.5 mg round tablet is bioequivalent to 3 mg oval tablet, 4 mg round tablet is bioequivalent to 7 mg oval tablet, and 9 mg round tablet is bioequivalent to 14 mg oval tablet.
6.1.6	Replace Freestyle libre 3 with 3+	Diabetes Mellitus	Freestyle libre 3 has been replace by 3+ on the MPD, patients should be switched to the 3+.



	<p>Action:</p> <ul style="list-style-type: none"> Karen Jennison will make the agreed amendments to the MPD. 	KJ												
01/26/6	Any Other Business													
01/26/6.1	<p>GLP1 and retinopathy</p> <p>Mallicka Chakrabarty asked the group about GLP1's and the risk of retinopathy being related to the HBA 1C. Basically Mounjaro decreases the blood sugar rapidly and this can worsen retinopathy and maculopathy, so patients should be warned of the possibility of eye problems, and they should have had a screening in the last two years.</p> <p>The advice should be taken from the diabetic clinics regarding initiating Mounjaro and those patients where there is already established retinopathy and maculopathy.</p> <p>The group acknowledged that it is very well known that the rapid reduction in the Hba1C will worsen retinopathy. Mounjaro is not the only drug which can cause this, as semaglutide can also cause this. It is advisable to check if the patient is having active retinopathy treatment and ophthalmology or they are on 6 months recall because they are the two best indicator of the retinopathy. Rob Wise suggested a one-page information document to include this information, but it was noted that the Tirzepatide guidance document recently developed by the MO team includes this information. It was suggested that an enquiry to the authors and the IMOC secretary requesting this information be included should be sent from PMOC. The group pointed out a flow chart in the guidance document that was useful. It was suggested that this flow chart could be highlighted in the MO bulletin. The group decided to investigate how many patients this retinopathy risk affects.</p> <p>Action</p> <ul style="list-style-type: none"> Karen Jennison to feedback comments to the authors of the Tirzepatide guidance and IMOC 	KJ												
01/26/7	Standing Prescribing functions													
01/26/7.1	<p>The committee received the TLS list that was agreed at the January 2026 IMOC meetings.</p> <p>Please Note:</p> <p>TLS status finalised at IMOC all items are classified as non-Formulary unless stated otherwise.</p> <p>The following have been agreed as Grey:</p> <table border="1"> <thead> <tr> <th>Drug/Product</th> <th>rationale</th> </tr> </thead> <tbody> <tr> <td>Cangrelor tetrasodium</td> <td>7</td> </tr> <tr> <td>Gluten Free products (bread products to be included in the future as GREY)</td> <td></td> </tr> </tbody> </table> <p>The following have been agreed as Red:</p> <table border="1"> <tbody> <tr> <td>Futibatinib</td> <td>1,6</td> </tr> <tr> <td>Thiamine</td> <td>1</td> </tr> </tbody> </table> <p>The following has been agreed as Amber:</p> <table border="1"> <tbody> <tr> <td>Denosumab 60 mg New SCP as generic product but with brand Stoboclo</td> </tr> <tr> <td>Apomorphine (new sublingual film formulation)</td> </tr> </tbody> </table> <p>Ewa Gabzdyl highlighted that biosimilar drugs are generic drugs which can be substituted for biologics. Denosumab is an example where Prolia is the high-cost brand and Stoboclo is a generic product with the same active ingredient at a lower financial cost.</p>	Drug/Product	rationale	Cangrelor tetrasodium	7	Gluten Free products (bread products to be included in the future as GREY)		Futibatinib	1,6	Thiamine	1	Denosumab 60 mg New SCP as generic product but with brand Stoboclo	Apomorphine (new sublingual film formulation)	
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Apomorphine (new sublingual film formulation)														



	<p>Action:</p> <ul style="list-style-type: none"> • Karen Jennison to update the MPD 	KJ
01/26/7.2	<p>NICE Guidance The NICE guidance report was received that was discussed at the January 2026 IMOC meeting.</p> <p>Ewa Gabzdyl informed the group of the NICE guidance discussed at the November IMOC</p> <p>There were no actions for this group.</p>	
01/26/7.3	<p>MHRA - Drug Safety Update & NHS England Patient Safety alerts The Safety report that was discussed at the January 2026 IMOC meeting was received. Ewa Gabzdyl informed the group of the items included in the safety report highlighting :-</p> <ul style="list-style-type: none"> ➤ Harm from incorrect recording of a penicillin allergy as a penicillamine allergy. Risk of harm from healthcare staff incorrectly recording patients' penicillin allergies as penicillamine allergies in electronic prescribing systems. ➤ Tamoxifen: update to product information on QT prolongation and monitoring recommendations for high-risk patients Current clinical guidelines identify tamoxifen as a medicine with potential to prolong QT interval on an electrocardiogram (ECG), although the risk of Torsade de Pointes (TdP) is considered low. Tamoxifen is also known to cause QT prolongation in overdose. ➤ Mesalazine and idiopathic intracranial hypertension Idiopathic intracranial hypertension (IIH) has been very rarely reported in patients treated with mesalazine. Following a recent review, warnings for IIH are being added to the product information for all mesalazine products. <p>Action:</p> <ul style="list-style-type: none"> • Tamoxifen : Highlight the medication that affects the QT prolongation in the MO Bulletin • Mesalazine: Add warning to MPD and MO Bulletin 	KJ/RH
01/26/7.4	<p>IMOC Update – January 2026 IMOC meeting new documents that have been added to SY MO website/ link to MPD: -</p> <ul style="list-style-type: none"> • Updated Denosumab SCP was agreed but the new brand is not available on the clinical systems yet or DM&D. Secondary care have been informed. The current SY SCP will be replace by the new one when stock is available. • SY 7-day prescribing position statement was approved, and is now live on the MO website and will be linked to the MPD • Tirzepatide PIL was agreed and will be published in the near future. • Tirzepatide updates on guidance document was agreed and will be published in the near future. 	



	<ul style="list-style-type: none"> • SY ADHD pathway, the proposal of developing a SY ADHD pathway for all ages was approved in principle and will be developed in the future. • Gluten Free position statement was agreed, and this will be actioned in the future when a workstream is developed for removing GF products from repeat prescriptions. • Actinic keratosis guidance document is now on website /MPD and will be included in the next MO Bulletin <p>Action</p> <ul style="list-style-type: none"> • Karen Jennison to include in the next MO bulletin for information 	KJ
01/26/8	Minutes from other groups	
	SY ICB IMOC Minutes from December 2025 were received for information.	
	DBTHFT Drug & Therapeutics Committee (Monthly) No minutes available for this meeting	
	RDASH FT TMOG (Monthly) Minutes from November 2025 were received for information.	
	Barnsley Place APC Minutes from November 2025 were received for information.	
	Rotherham Place MMC No minutes available for this meeting	
	Sheffield Place APG Minutes from November 2025 were received for information.	
	Nottinghamshire No minutes available for this meeting	
	Date and Time of Next Meeting The next PMOC meeting will be held on Thursday 19th February 2026 at 12:00 Noon Via Teams	

