Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC)
Sections 1&2 (Area Prescribing and Formulary)
Thursday 17th September 2025
Via MS Teams
Minutes

Committee Members:	✔ x	Area Prescribing	Formulary
Rao Kolusu (Chair) Doncaster Place	RK	✔	✔
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	x	x
Dean Eggitt LMC	DE	✔	✔
Rumit Shah LMC (when DE cannot attend)	RS	x	x
Prakash Navaneetharjah (PCD Doncaster North)	PN	x	x
Sonia Griffiths (PCD Doncaster 4D) On Mat Leave until June 25	SG	✔	✔
Lisa Sharp Doncaster NMP	LS	x	x
Pankaj Chatuvedi 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:			
Dr Baynes 12:noon Item 09/25/1.4.1		✔	
Faiza Ali /Cristina Scardovi 12:30 Item09/25/1.4.4		✔	
Eve Bucktrout – for CPD whole meeting		✔	✔

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

<table>
<tr><th>Agenda Ref</th><th>Subject / Action Required</th><th>Action Required By</th></tr>
<tr><td></td><td>Welcome, Introductions and Housekeeping: -
Fire Alarm Procedure: N/A</td><td></td></tr>
<tr><td></td><td>Apologies for Absence:
Apologies were received from Steve Davies, Andrew Houston and Mallicka Chakrabarty

In attendance:
Dr Baynes 12:noon Item 09/25/1.4.1
Faiza Ali /Cristina Scardovi 12:30 Item 09/25/1.4.4
Eve Bucktrout – for CPD whole meeting
The meeting was noted at Quorate.</td><td></td></tr>
<tr><td></td><td>Declarations of Interest
ICB Register of Interests

No new declarations were given at this meeting</td><td></td></tr>
<tr><td></td><td>Notification of Any Other Business
Rachel Hubbard : Patients who have been diagnosed with pancreatitis and are using a GLP-1.</td><td></td></tr>
<tr><td></td><td>Minutes and actions of the last Meeting
The minutes of the meeting held in July 2025 were approved as a true record, there was no meeting in August 2025.

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 August 2025 MO Bulletin was noted.</td><td>KJ</td></tr>
<tr><td>09/25/1.1</td><td>Matters arising not on the agenda</td><td></td></tr>
<tr><td></td><td>N/A</td><td></td></tr>
<tr><td>09/25/1.2</td><td>Section 1 Prescribing functions</td><td></td></tr>
<tr><td>09/25/1.2.1</td><td>TLS IMOC August and September 2025
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 August and September 2025 IMOC meetings.

The following have been agreed as Grey:
<table>
<tr><th>Drug/Product</th><th>rationale</th></tr>
<tr><td>Adagrasib</td><td>6</td></tr>
<tr><td>Letermovir</td><td>6</td></tr>
<tr><td>Lisocabtagene maraleucel</td><td>6</td></tr>
</table></td><td></td></tr>
</table>

Idecabtagene vicleucel	6
Sotatercept (new medicine)	6
Fosdenopterin	7
Chikungunya vaccine (new medicine) Adults 18yrs +	6
Chikungunya vaccine (new medicine) Children 12 -18yrs	6
Tarlatamab	6
Pegzilarginase	6
Sacituzumab govitecan	7
Ruxolitinib cream	2

The following have been agreed as Red:

Fosaprepitant	1
Fostamatinib	1
Fostemsavir	1,6
Fruquintinib	1,6
Galcanezumab	1
Galsulfase	1,6
Gemtuzumab	1,6
Gilteritinib	1,6
Glatiramer	1,6
Glecaprevir/Pibrentasvir	1,6
Golimumab	1
Guselkumab	1
Sparsentan	1,6
Cenobamate	
Mirikizumab	1,6
Nemo	1,6
Zanubrutinib	1,6
Deutivacaftor + tezacaftor + vanzacaftor (new medicine)	1,6
Sparsentan (new medicine)	1
Human coagulation factor VIII, human Von Willebrand factor	1,6
Human coagulation factor X	1,6
Human hepatitis B immunoglobulin	1
Human Menopausal Gonadotrophins (Menotrophin)	1
Human normal immunoglobulin	1,6
Hydroxocobalamin	1
Hydroxycarbamide	1
Icatibant	1,6
Idarubicin	1
Idarucizumab	1
Idebenone	1,6
Idursulfase	1,6
Iloprost	1
Imatinib	1,6
Imiglucerase	1,6
Imlifidase	1,6
Infliximab (Branded/ biosimilar)	1,6

Inosine pranobex	1
Inotersen	1,6
Interferon Alfa, Beta 1a & 1b,	1,6
Ipilimumab	1,6
Isatuximab	1,6
Isavuconazole	1,6
Isocarboxazid	1
Isoprenaline Sulfate	1
Isotretinoin	1
Betula verrucosa	1
Ruxolitinib	1
Ribociclib	1,6
Sacituzumab govitecan	
Durvalumab with tremelimumab	1,6

The following have been agreed as Amber:

Liothyronine ***(new oral solution formulation)***	1,2,3

The following have been agreed as Green:

Dapagliflozin	chronic kidney disease

Action:

- Karen Jennison to update the MPD

KJ

09/25/1.2.2

NICE Guidance

The NICE guidance report was received that was discussed at the July and August 2025 IMOC meeting.

Ewa Gabzdyl informed the group of July and August NICE guidance. There were no actions for this group.
NG249 was highlighted as polypharmacy is mentioned in this and Ewa Gabzdyl informed the group that the MO team hold a polypharmacy meeting to discuss ways to manage polypharmacy, so this NG249 will be discussed at that meeting.

09/25/1.2.3

MHRA - Drug Safety Update & NHS England Patient Safety alerts

The Safety report that was discussed at the August and September 2025 IMOC meeting was received.

Ewa Gabzdyl informed the group of the items included in the safety report, there were no further action required at this meeting.

There was a special mention around Azathioprine high strength tablets and confirmation of their status as GREY with warning to use only 25mg and 50mg tablets to avoid prescribing and dispensing errors when patients are on high doses. It was confirmed that this warning appears on all 4 entries where Azathioprine appears on the MPD.
Action:

	• A reminder will be included in the MO bulletin to remind prescribers to only prescribe the lower doses in primary care.	KJ
09/25/1.2.4	IMOC Update Karen Jennison updated the group with an update From August IMOC meeting:- ➢ Electronic proformas via Accu mail –The Pilot is closing at the end of August and Raz Saleem will return to October IMOC with results and next steps. ➢ Children's and young people's asthma guidance –document approved and on website , a soft launch is planned in September. ➢ Updated gliptins position statement –amended version is on the website ➢ Gluten free prescribing – Comms have circulated regarding the current consultation, results w return to IMOC in due course. ➢ Risankizumab off licenced use- Paper is going to executive board for final decision. And From Sept meeting approved by IMOC and on SY webpage of the new MO website:- ➢ SY Valproate factsheet ➢ General Valproate SCP Action: • Karen Jennison to ensure links are added to MPD for all new documents	KJ
09/25/1.3	**Matters Arising**	
07/25/1.5.1	Pre-emptive prescribing review The Document was approved at DBTHFT D&TC meeting and came to the PMOC section 1&2 for final approval. The group discussed the document, and the group agreed to approve it for Doncaster patients at this time as Rob Wise informed the group that he would like to discuss further with his clinical colleagues and establish whether any extra appendix would need to be added for Bassetlaw patients. If so, it would be amended with the appropriate additional material. Rob Wise will contact Heidi Atkinson to discuss the cards that Heidi has made for Doncaster nurses to carry containing the pre-emptive prescribing guidance for reference to share with the nurses at Bassetlaw. The document was approved for use in Doncaster. Action: • Karen Jennison will finalise the document and add it to the SY website with a link to the MPD. It will be included in the next MO Bulletin for information. • Rob Wise will contact Heidi Atkinson to discuss the cards that Heidi has made for nurses to carry containing the pre-emptive prescribing guidance for reference to share with the nurses at Bassetlaw.	KJ RW
09/25/1.4	**New Business**	
09/25/1.4.1	DRI PADL protocol - presentation	

	Doctor Dan Baynes, consultant and acute medicine with infectious diseases at DBTHFT presented a project which he and his colleagues have been working on over past six months around penicillin allergy de-labelling with support from the microbiology team. The guideline was approved at the Patient Safety Review Group recently. Nearly 3 million people have a label of penicillin allergy, but the data shows only between 1 and 10% of them really have a penicillin allergy. Infection Outcomes are worse for patients with a label of penicillin allergy, so if a patient comes into hospital with a pneumonia, their outcomes are worse. This is because patients with a penicillin allergy status a getting a less effective antibiotic because different ones are used where penicillin would be the most effective. There are cost implications and time issues, as some antibiotics may be harder to obtain, also inappropriately broad-spectrum antibiotics may promote resistance. A study from Devon Hospital with similar size to Doncaster and if they de-labelled half of their patients who were labelled as penicillin allergy, they could save about £500,000 a year in bed days. The background to penicillin allergy de-labelling is that it's something that has been done already over the years, so it is not a new project. DBTHFT are just trying to catch up with everybody else. This has been done for a long time in Scotland. The data is excellent to support using a straightforward risk assessment algorithm and non-specialist can performing an oral penicillin challenge or de-labelling on the basis of history alone. The plan is to de-label suitable patients when they go into hospital and can be given a controlled dose of amoxicillin and monitored for allergy symptoms. There are some issues around communication and this process relies on good communication during the discharge process. Ensuring the documentation of the de-labelling is essential to continuation of the status. And ensuring the patient / carer understands that they no longer need to report a penicillin allergy. It was suggested that patients could be given a card with the new non-allergy status on it. It was suggested the message would need to be prominent and somewhere on the discharge letter that stands out like in the diagnosis section. It was agreed that this is a large piece of work, and it will be ongoing for some time. It was suggested that Dr Baynes could speak at Target / PCN&MOT meetings to spread the information, the more people that know this is being done the better. It was suggested that Optimise Rx could show a prompt, it may be useful to ask if any other areas have done this. The question around how primary care could help with this project was raised and a referral service would be needed which would require commissioning, this may be looked at in the future but there is no capacity at present. It was suggested that a primary care document could be developed to help GPs to document the information in a standardised way. Action: • Karen Jennison to include an article in the next MO bulletin, Dr Baynes to send details.	KJ

	• Ewa Gabzdyl to co-ordinate further sharing of this project across primary care. • Future development of a guide to documenting de-labelled patients	EG MO Team
09/25/1.4.2	Levetiracetam injection Sub-cut for syringe driver Agreed outside the meeting but to be acknowledged at the September meeting for governance purposes. There is now an entry on the MPD of Amber-G with guidance from Harrogate and York area.	
09/25/1.4.3	Hydroxychloroquine retinal review recording in clinical systems in Doncaster The group discussed the process of retinal screening, and it was highlighted that there is still a backlog of patients to be seen. It was noted that there is no evidence of how many patients have been seen up to now, and whether the GPs are receiving appropriate communication stating the snomed code (systm1) or phrase (emis web) to include on the clinical systems. It was agreed that Ewa Gabzdyl will contact colleagues in Commissioning / Contracting to establish numbers being seen by SpaMedica and feed back to the group next month. Action: • Ewa Gabzdyl will contact colleagues in Commissioning / Contracting to establish numbers being seen by SpaMedica and feed back to the group next month. • Karen Jennison to include an reminder in the next MO bulletin.	EG KJ
09/25/1.4.4	Vitamin D guidance for Children and YP Faiza Ali and Cristina Scardovi presented the reviewed Vitamin D guidance for children and young people to the group. There have been some changes to the content with amendments of doses. None of the products have changed. It was noted that the wording should be Children and young people, as this guidance covers up to the age of 18 years. The document was agreed in principle with the changes proposed and Faiza Ali will check stock availability before finalising. Action: • Faiza Ali will finalise the document and send to Karen Jennison to replace the existing document on the SY MO website, and link to the MPD. It will be included in the next MO bulletin for information.	FA/KJ
09/25/1.4.5	Launch of new SY ICB MO website Karen Jennison demonstrated the new SY MO website which was launched on 1st September 2025. It has a South Yorkshire page where any SY-wide documents are placed, and each place has a page for locally developed documents. The website is a search engine where a key word is added and all items on the website become available relating to the search words. There have been training sessions, and an article added to last month's MO bulletin and will continue to have a reminder in the future bulletins for the next few months. The group agreed that the website was fit for purpose and would share with colleagues.	

09/25/1.4.6	SY Self-care Guidance This document was brought to the group for information, and it has been updated and put on the SY website. Action: Karen Jennison to include in the MO bulletin and add the link onto the MPD	KJ
09/25/1.4.7	Emollient Safety and risk of severe and fatal burns The group discussed the safety information developed at SY level and also a video that demonstrates the speed at which garments containing emollients can ignite. Action: • Karen Jennison to include the safety information and the video in the next MO Bulletin. ***Post meeting note:*** *The video uses the YouTube platform and due to unregulated advertising, that precedes the video Rachel Hubbard and Karen Jennison agreed not to include in the bulletin to avoid unwanted advertising.*	KJ
09/25/1.5	**Any Other Business**	
09/25/1.5.1	Patients who have been diagnosed with pancreatitis and are using a GLP-1. Rachel Hubbard informed the group that at her GP Practice they have been discussing the September MRHA update and noted the request to yellow card any patients who have been diagnosed with pancreatitis and are using a GLP-1. It was noted that these patients would usually be under the care of Secondary Care specialist rather than primary care. Rachel Hubbard requested that Lee Wilson liaise with his secondary care colleagues but acknowledged that they may have already seen the MHRA alert and actioned this request. Lee Wilson confirmed that this had been discussed at the Doncaster and Bassetlaw Drug and Therapeutic meeting, and the information was circulated to all secondary care clinicians but agreed to obtain confirmation from surgical CD that this information has been circulated.	
9/25/1.6	**Minutes from other groups**	
	SY ICB IMOC The minutes from the meetings held in July and August 2025 were received for information.	
	DBTHFT Drug & Therapeutics Committee (Monthly) No Minutes available for this meeting	
	RDASH FT Medicines Management Committee (Monthly) The minutes from the meeting held in June 2025 were received for information.	
	Barnsley Place APC No Minutes available for this meeting	
	Rotherham Place MMC No Minutes available for this meeting	
	Sheffield Place APG No Minutes available for this meeting	

<table>
<tr><td></td><td>Nottinghamshire
No minutes available for this meeting</td><td></td></tr>
<tr><td></td><td>Close Section 1 and Open Section 2</td><td></td></tr>
<tr><td>09/25/2.2</td><td>Section 2 Formulary functions</td><td></td></tr>
<tr><td>09/25/2.2.1</td><td>New Product request - N/A</td><td></td></tr>
<tr><td>09/25/2.2.2</td><td>Formulary and MPD (Medicines and Products Directory) review September 2025. The formulary products were agreed as below:
<table>
<tr><th>Formulary Section</th><th>Item</th><th>Indication</th><th>PMOC Action</th></tr>
<tr><td>4.8.1</td><td>Levetiracetam Injection for sub-cut syringe driver</td><td>End of life for adults</td><td>Amber-G with guidance from Harrogate and York area</td></tr>
<tr><td>10.1.1</td><td>Meloxicam</td><td>NSAID</td><td>Green Non-formulary</td></tr>
<tr><td>4.3.3</td><td>Escitalopram (new orodispersible tablet formulation)</td><td>depressive episodes, panic disorder generalised anxiety disorder and obsessive-compulsive disorder in adults</td><td>Green Non-formulary</td></tr>
<tr><td>4.1.1</td><td>Zolpidem (new orodispersible tablets</td><td>Short-term treatment of insomnia in adults in situations where the insomnia is debilitating or is causing severe distress for the patient</td><td>Green Non-formulary</td></tr>
<tr><td>7.4.5</td><td>Sildenafil citrate (new oromucosal spray formulation)</td><td>Use in adult men with erectile dysfunction, which is the inability to achieve or maintain a penile erection sufficient for satisfactory sexual performance</td><td>Green Non-formulary</td></tr>
</table>

It was noted that Azathioprine appears on the SY TLS as AMBER and GREY but in Doncaster there is a RED indication for non-rheumatology indications such as Crohn’s disease. This is because the gastroenterology department at DBTHFT prefer to carry on providing support to their patients and there is no shared care protocol in place. It was noted that IMOC sub-group will make the appropriate amendment to the SY TLS to ensure information matches on both SY and Doncaster TLS lists.

Action:
• Karen Jennison will make the agreed amendments to the MPD.
• Karen Jennison will liaise with Ashley Hill and request the RED status of Azathioprine be included in the SY TLS to ensure it reflects the Doncaster TLS status of this medication.</td><td>KJ

KJ</td></tr>
<tr><td>09/25/2.3</td><td>Matters Arising</td><td></td></tr>
<tr><td>09/25/2.4</td><td>New Business</td><td></td></tr>
<tr><td>09/25/2.5</td><td>Any Other Business</td><td></td></tr>
<tr><td></td><td>Date and Time of Next Meeting
The next PMOC meeting will be held on Thursday 16th October 2025 at 12:00 Via MS Teams</td><td></td></tr>
</table>