



**Doncaster Place & Bassetlaw Place Medicines Optimisation
Committee (PMOC)
Sections 1&2 (Area Prescribing and Formulary)
Thursday 16th October 2025 12:00 noon
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	✓	✓
Andrew Houston RDaSH FT	AHo	x	x
Rachel Hubbard Doncaster Place	RH	x	x
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	✓	✓
Sonia Griffiths (PCD Doncaster 4D)	SG	x	x
Lisa Sharp Doncaster NMP	LS	x	x
Pankaj Chatuvedi DBTHFT (Formulary only)	PC	x	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:			
Faiza Ali 12:30 Item 10/25/1.4.2		✓	
Melissa Goodlad 13:00 Item 10/25/2.2.2		✓	

✓ 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 Rachel Hubbard, Pankaj Chaturvedi, Sonia Griffiths, Mallicka Chakrabarty Rao Kolusu was unable to chair this meeting but still attended. Ewa Gabzdyl chaired this meeting. In attendance: Faiza Ali Clozapine Item 10/25/1.4.2 12:30 Melissa Goodlad Item 10/25/2.2.2 13:00 The meeting was noted at Quorate.	
	Declarations of Interest ICB Register of Interests Ewa Gabzdyl informed the group that she had attended a PCRS Conference which was sponsored by Astra Zeneka	
	Notification of Any Other Business Prakash Navaneetharjah : Levemir discontinuation	
	Minutes and actions of the last Meeting The minutes of the meeting held in September 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 The September 2025 MO Bulletin was noted.	KJ
10/25/1.1	Matters arising not on the agenda	
09/25/1.4.4	Vitamin D guidance for Children and YP The final document was brought to the group for information and is now ready to be uploaded onto the website and MPD. Action <ul style="list-style-type: none"> Karen Jennison to upload onto the SY MO website with a link to the MPD and be included in the net MO bulletin for information. 	KJ



10/25/1.2	Section 1 Prescribing functions																																																																												
10/25/1.2.1	<p>TLS IMOC October 2025</p> <p>Please Note: TLS status finalised at IMOC all items are classified as non-Formulary unless stated otherwise.</p> <p>The committee received the TLS list that was agreed at the October 2025 IMOC meetings.</p> <p>The following have been agreed as Grey:</p> <table><tr><th>Drug/Product</th><th>rationale</th></tr><tr><td>Recombinant Parathyroid hormone</td><td>1,6</td></tr><tr><td>Phenylephrine</td><td>1</td></tr></table> <p>The following have been agreed as Red:</p> <table><tr><td>IxazA7:A9omib</td><td>1,6</td></tr><tr><td>Ixekizumab</td><td>1</td></tr><tr><td>Lamivudine</td><td>1</td></tr><tr><td>Lanadelumab</td><td>1,6</td></tr><tr><td>Lanthanum</td><td>1</td></tr><tr><td>Lapatinib</td><td>1,6</td></tr><tr><td>Laronidase</td><td>1,6</td></tr><tr><td>Ledipasvi/Sofosbuvir</td><td>1,6</td></tr><tr><td>Lenalidomide</td><td>1,6</td></tr><tr><td>Lenograstim</td><td>1</td></tr><tr><td>Letermovir</td><td>1,6</td></tr><tr><td>Levocarnitine</td><td>1</td></tr><tr><td>Lipegfilgrastim</td><td>1</td></tr><tr><td>Lomustine</td><td>1</td></tr><tr><td>Lopinavir/Ritonavir</td><td>1</td></tr><tr><td>Lurasidone</td><td>1</td></tr><tr><td>Lusutrombopag</td><td>1</td></tr><tr><td>Macitentan</td><td>1,6</td></tr><tr><td>Mannitol</td><td>1,6</td></tr><tr><td>Maraviroc</td><td>1,6</td></tr><tr><td>Maribavir</td><td>1,6</td></tr><tr><td>Mecasermin</td><td>1</td></tr><tr><td>Mepacrine</td><td>1</td></tr><tr><td>Mepolizumab</td><td>1,6</td></tr><tr><td>Mercaptamine</td><td>1,6</td></tr><tr><td>Meropenem</td><td>1</td></tr><tr><td>Mesna</td><td>1</td></tr><tr><td>Methoxyflurane</td><td>1</td></tr><tr><td>Metreleptin</td><td>1,6</td></tr><tr><td>Mexiletine</td><td>1,6</td></tr><tr><td>Midostaurin</td><td>1,6</td></tr><tr><td>Mifamurtide</td><td>1,6</td></tr><tr><td>mifepristone (includes in combination)</td><td>1</td></tr><tr><td>Migalastat</td><td>1,6</td></tr></table>		Drug/Product	rationale	Recombinant Parathyroid hormone	1,6	Phenylephrine	1	IxazA7:A9omib	1,6	Ixekizumab	1	Lamivudine	1	Lanadelumab	1,6	Lanthanum	1	Lapatinib	1,6	Laronidase	1,6	Ledipasvi/Sofosbuvir	1,6	Lenalidomide	1,6	Lenograstim	1	Letermovir	1,6	Levocarnitine	1	Lipegfilgrastim	1	Lomustine	1	Lopinavir/Ritonavir	1	Lurasidone	1	Lusutrombopag	1	Macitentan	1,6	Mannitol	1,6	Maraviroc	1,6	Maribavir	1,6	Mecasermin	1	Mepacrine	1	Mepolizumab	1,6	Mercaptamine	1,6	Meropenem	1	Mesna	1	Methoxyflurane	1	Metreleptin	1,6	Mexiletine	1,6	Midostaurin	1,6	Mifamurtide	1,6	mifepristone (includes in combination)	1	Migalastat	1,6	
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Misoprostol (includes in combination)	1
Mitomycin	1
Mitotane	1
Mitoxantrone	1
Mogamulizumab	1,6
Nelfinavir	1,5,6
Nepafenac	1
Neratinib	1,6
Nevirapine	1,6
Nilotinib	1,6
Nimodipine	1
Nintedanib	1,6
Nitisinone	1,6
All human coagulation factor IX	1
Noradrenaline	1
Nusinersen	1,6
Obeticholic acid	1,6
Obinutuzumab	1,6
Ocrelizumab	1,6
Omalizumab	1,6
Ombitasvir, paritaprevir and ritonavir	1,6
Oxaliplatin	1
Oxytocin (includes in combination)	1
Paclitaxel	1,6
Palbociclib	1,6
Palonosetron	1,6
Panobinostat	1,6
Paricalcitol	1,6
Pasireotide	1,6
Patiromer	1
Pazopanib	1,6
Pegaspargase	1,6
Pegfilgrastim (including biosimilars)	1
Peginterferon (including in combination)	1,6
Pegvisomant	1,6
Pemigatinib	1,6
Pemetrexed	1,6
Pentamidine	1
Pentosan	1
Pentostatin	1
Pertuzumab (including in combination)	1,6
Phenylephrine injection	1
Pirfenidone	1,6
Plerixafor	1,6
Polatuzumab (including in combination)	1,6
Pomalidomide	1,6



	Ponatinib	1,6			
	Ponesimod	1,6			
	Posaconazole	1,6			
	Procarbazine	1			
	Protamine	1			
	anti-thymocyte immunoglobulin (Rabbit)	1,6			
	Raltegravir	1,6			
	Rasburicase	1,6			
	Reslizumab	1,6			
	Guselkumab	1,6			
	Guselkumab	1,6			
	Pembrolizumab with carboplatin and paclitaxel	1,6			
	Idebenone	1,6			
	Tirzepatide - for managing overweight and obesity				
	Benralizumab	1,6			
	Enfortumab vedotin with pembrolizumab	1,6			
	The following have been agreed as Amber:				
	Tirzepatide	Type 2 DM			
	Action: <ul style="list-style-type: none">Karen Jennison to update the MPD				
	10/25/1.2.2	NICE Guidance <p>The NICE guidance report was received that was discussed at the October 2025 IMOC meeting.</p> <p>Ewa Gabzdyl informed the group of the NICE guidance highlighting :- TA924 Tirzepatide for treating type 2 diabetes & TA1026 Tirzepatide for managing overweight and obesity. The price listed in the drug traffic has gone up significantly, there is going to be a rebate scheme for the NHS to ensure that the NHS will only pay the original price. QS9 Chronic heart failure in adults- There is a significant change in the management, moving towards a four-pillar prescribing. NICE have prepared good visual summaries which could be adopted and will look at a SY guidance. Heidi Taylor has asked NICE if they could link in with NHS England and whether this could be considered as part of Quality and Outcomes Framework (QOF).</p> <p>There were no actions for this group.</p>			
10/25/1.2.3	MHRA - Drug Safety Update & NHS England Patient Safety alerts <p>The Safety report that was discussed at the October 2025 IMOC meeting was received.</p> <p>Ewa Gabzdyl informed the group of the items included in the safety report highlighting the release of Rybelsus (oral semaglutide) second generation formulation.</p>				



	<p>Melissa Goodlad joined the group to inform the group that Rybelsus has been reformulated and due to the bioavailability, the second-generation strengths are different than they were before. For example, the previous 3mg strength is now an equivalent 1.5mg. This may lead to confusion when the new products are available, and the group discussed how to manage the change from the old strengths to the new ones.</p> <p>Doncaster is a high prescriber of this oral medication, so there will be many patients who it will affect.</p> <p>The new products are not available on the clinical systems so cannot be prescribed but when they are Optimise Rx will attach alerts to the prescribing of the original strengths once the new strengths are available on the system. This has been raised at the medicine's safety group, and plans have been discussed around managing the change in community pharmacy.</p> <p>The plan is that once the second generation Rybelsus is available in community pharmacies and hospital pharmacies the old first generation Rybelsus will be removed from the shelves and replaced by the second generation, this should avoid any accidental use of the wrong strengths.</p> <p>The group agreed that once the second generation Rybelsus is available to prescribe on the clinical systems the MPD will be changed to the Rybelsus second generation formulation. Links to the Novartis HC advice and PIL will be added to the MPD to guide the clinicians in this transition time.</p> <p>Action:</p> <ul style="list-style-type: none"> • Melissa Goodlad will write an article advising prescribers of the coming changes for the MO bulletin and pass to Karen Jennison for inclusion • Karen Jennison will change MPD to the Rybelsus second generation formulation. Add links to the Novartis HC advice and PIL to the MPD to guide the clinicians in this transition time. (Wait until directed to do this by Ewa Gabzdył) 	<p>MG/KJ</p> <p>KJ</p>
10/25/1.2.4	<p>IMOC Update</p> <p>Karen Jennison updated the group with an update From October IMOC meeting:-</p> <p>Additional Migraine documents have been developed and Rimegepant and Atogepant for prevention of migraine is to be changed to Amber-G once training plan in place to remain RED until this happens. Further information will be shared from IMOC.</p> <p>Electronic proforma pilot has finished in Doncaster Rheumatology and the next steps that have been agreed are that Rotherham and Sheffield will join the project with Rheumatology SCP proforma.</p> <p>Any new SCP that goes to IMOC for approval will automatically include the electronic SCP proforma if the department have access to AccuMail.</p> <p>Gluten Ataxia has been included in the SY GF guidance (Document has been updated on the SY MO website)</p> <p>There were no actions for this group.</p>	
10/25/1.3	Matters Arising	
03/25/2.5.1	<p>Testosterone SCP for new patients</p> <p>The group discussed the final draft of the testosterone SCP for new male patients which Rachel Hubbard has been working on. The main request for</p>	



	<p>change was to shorten the time the patient was under secondary care before transferring the prescribing to primary care from 12 months to 3 months. This has been actioned.</p> <p>Lee Wilson conveyed the conversations that have been had in secondary care suggesting that this SCP could be changed to an Amber-G document in the future to fall in line with the other places in the SY ICB. It was noted by the group but was agreed to stay as a SCP for now as there will be a SY-wide document being developed in the near future and this may then change the TLS status to Amber-G.</p> <p>There was one query from the group on page 7 of the SCP there was a line that was highlighted – ‘Baseline investigations by specialist: Consideration of baseline DEXA scanning (if history of osteoporosis)’. The group requested the rationale behind this sentence being highlighted from Rachel Hubbard who was not at the meeting. Karen Jennison will forward this query on to Rachel Hubbard.</p> <p>The SCP was approved by the group with all the proposed changes made by Rachel Hubbard, but requested the final version was brought back to the next meeting for final ratification.</p> <p>Action:</p> <ul style="list-style-type: none"> • Karen Jennison will forward the following query on to Rachel Hubbard : on page 7 : Baseline investigations by specialist: Consideration of baseline DEXA scanning (if history of osteoporosis) to find out the rationale behind this sentence being highlighted from Rachel Hubbard. The final version will be brought back to the next meeting. 	KJ/RH
10/25/1.4	New Business	
10/25/1.4.1	<p>Third Party ordering Statement</p> <p>The SYICS position statement was received by the group and acknowledged that this document is already on SY MO website.</p> <p>The group agreed that the position statement is applicable for most mainstream patients who are not considered vulnerable and who can order their own medication, and this has been supported by GPs across Doncaster for some time.</p> <p>Doncaster have an arrangement with some wholesale suppliers to order appliances for patients such as stoma products and specialized dressings, this ensures that the patient gets the correct items and sizes.</p> <p>It was suggested that a statement be worded to remind prescribers that appliance contractors can offer third-party ordering in Doncaster where appropriate to do so and this can continue until a different process is adopted across SY. It was suggested that as Sheffield and Barnsley already operate a telephone ordering system for specialist items Doncaster could join this service in the future.</p> <p>It was suggested that a letter could be drafted from Doncaster Place MO team to the wholesale suppliers to request their co-operation in the QIPP agenda and only supply what is needed, and to check with the patient before ordering to prevent over-ordering of expensive products.</p> <p>Action:</p> <ul style="list-style-type: none"> • Karen Jennison will include the position statement in the next MO Bulletin with a note to explain to prescribers that the arrangement with 	



	<p>wholesale suppliers for certain products will still stand until further notice.</p> <ul style="list-style-type: none"> Ewa Gabzdył to discuss with LST to send out letters to wholesale suppliers regarding 3rd party ordering. 	<p>KJ</p> <p>EG</p>
10/25/1.4.2	<p>Clozapine Guideline</p> <p>Faiza Ali presented the Clozapine guideline. The purpose of this guideline is to provide support to primary care on the use of clozapine, which is a RED drug in SY and only prescribed by Secondary Care services, which is RDaSH FT in Doncaster.</p> <p>The majority of the content was produced in a guidance document developed by Cumbria Northumberland NHS Trust, and adopted by RDaSH FT making sure it is relevant locally and all local information is included. The main message in the document is that all health care providers should be aware when a patient is prescribed clozapine, and it is included in the patient's medical record on the GP clinical system. This will then ensure any potential interactions or risks will be alerted when prescribing new medication for the patient. The document provides important information for example clozapine can cause constipation so a patient may make an appointment with their GP to report this and having the knowledge of the patient being on clozapine this can be taken into consideration when deciding on further treatment. Smoking and smoking cessation can also affect the clozapine levels, so this also is an important fact to know as this may increase clozapine levels to a dangerous level.</p> <p>The group agreed that this document is a useful reference tool and will be shared with Doncaster prescribers in the usual ways.</p> <p>Action:</p> <ul style="list-style-type: none"> Steve Davies agreed to finalise the document and share with Karen Jennison. Karen Jennison will include in the MO Bulletin and upload onto the SY MO website and MPD. 	<p>SD</p> <p>KJ</p>
10/25/1.4.3	<p>Recording Medication prescribed elsewhere onto GP Clinical Support Systems</p> <p>NHS Digital have a guide to recording medication prescribed by secondary or tertiary care on to GP clinical systems, and as the local document is now out of date it was suggested that we link to the NHS Digital guidance. The group agreed that using the NHS Digital guidance was a good plan.</p> <p>Action</p> <ul style="list-style-type: none"> Karen Jennison to remove the out-of-date local guidance document and add the NHS Digital link to the MPD / website. 	<p>KJ</p>
10/25/1.5	Any Other Business	
10/25/1.5.1	<p>Levemir discontinuation</p> <p>Prakash Navaneetharajah asked the group if there was a plan in place for patients currently prescribed Levemir insulin. This is being discontinued, and patients will require a replacement. Ewa Gabzdył replied to this question explaining that the MO</p>	



	team is developing a plan to work with prescribers to change to an alternative insulin. There is a 3-point plan, and this will be rolled out in due course.																																									
10/25/1.6	Minutes from other groups																																									
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	Barnsley Place APC No Minutes available for this meeting																																									
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10/25/2.2	Section 2 Formulary functions																																									
10/25/2.2.1	New Product request - N/A																																									
10/25/2.2.2	Formulary and MPD (Medicines and Products Directory) review October 2025. The formulary products were agreed as below: <table border="1"><thead><tr><th>Formulary Section</th><th></th><th>Indication</th><th>PMOC Action</th></tr></thead><tbody><tr><td>13.6.3</td><td>Ivermectin cream</td><td>Rosacea</td><td>Green 2nd line</td></tr><tr><td>13.6.3</td><td>metronidazole cream/gel 0.75%</td><td>Rosacea</td><td>Green 2nd line</td></tr><tr><td>13.6.3</td><td>Brimonidine Gel</td><td>Rosacea</td><td>Green Non-formulary</td></tr><tr><td>6.1.6</td><td>*CGM CareSens air</td><td>CGM glucose monitoring Device</td><td>Amber-G</td></tr><tr><td>6.4.1.2</td><td>Dydrogesterone (new formulation with new indication)</td><td>For women with progesterone insufficiencies</td><td>Green Non-formulary</td></tr><tr><td>1.3.4</td><td>Misoprostol</td><td>Current indication on MPD : Benign gastric ulcer, Benign duodenal ulcer, NSAID-induced peptic ulcer</td><td>Green Non-formulary</td></tr><tr><td>10.1.1</td><td>Meloxicam</td><td>NSAID</td><td>Green Non-formulary</td></tr><tr><td>4.3.4</td><td>Venlafaxine XL</td><td>Depression-Major, Generalised anxiety disorder</td><td>Prescribe BRAND VENCARM</td></tr><tr><td>11.8.1</td><td>Hypromellose 0.3% 0.4ml unit dose preservative-free eye drops.</td><td>Dry Eyes</td><td>Evolve discontinued – prescribe generically change MPD and guidance to reflect this</td></tr></tbody></table>	Formulary Section		Indication	PMOC Action	13.6.3	Ivermectin cream	Rosacea	Green 2 nd line	13.6.3	metronidazole cream/gel 0.75%	Rosacea	Green 2 nd line	13.6.3	Brimonidine Gel	Rosacea	Green Non-formulary	6.1.6	*CGM CareSens air	CGM glucose monitoring Device	Amber-G	6.4.1.2	Dydrogesterone (new formulation with new indication)	For women with progesterone insufficiencies	Green Non-formulary	1.3.4	Misoprostol	Current indication on MPD : Benign gastric ulcer, Benign duodenal ulcer, NSAID-induced peptic ulcer	Green Non-formulary	10.1.1	Meloxicam	NSAID	Green Non-formulary	4.3.4	Venlafaxine XL	Depression-Major, Generalised anxiety disorder	Prescribe BRAND VENCARM	11.8.1	Hypromellose 0.3% 0.4ml unit dose preservative-free eye drops.	Dry Eyes	Evolve discontinued – prescribe generically change MPD and guidance to reflect this	
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	*Melissa Goodlad requested that CGM CareSens air be included in the MPD in the CGM device section along with Dexcom 1 and Freestyle Libre 2+. This																																									



	<p>is a new device which is cost effective and has the facility to support care home patients who do not own a mobile phone. This device can be used by care home staff to collate the information and transmit to the diabetic nurses to ensure the patient's blood glucose levels are correct. It can also be used with a mobile phone as the others are.</p> <p>The group approved the inclusion of this device on the MPD.</p> <p>Action:</p> <ul style="list-style-type: none"> • Karen Jennison will make the agreed amendments to the MPD. 	KJ
	<p>Date and Time of Next Meeting</p> <p>The next PMOC meeting will be held on Thursday 20th November 2025 at 12:00</p> <p>Via MS Teams</p>	

