



**Doncaster Place & Bassetlaw Place Medicines Optimisation  
Committee (PMOC)  
Sections 1&2 (Area Prescribing and Formulary)  
Thursday 19<sup>th</sup> March 2026 12:00 noon  
Via MS Teams  
Minutes**

<b>Committee Members:</b>	✓ x	<b>Area Prescribing</b>	<b>Formulary</b>
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) (12:00-13:23)	MC	✓	x
Dean Eggitt LMC	DE	x	x
Rumit Shah LMC (when DE cannot attend)	RS	x	x
Sonia Griffiths (Mount Group Practice)	SG	x	x
Pankaj Chatuvedi DBTHFT (Formulary only) (12:00-12:40)	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	x	x
Eve Bucktrout Doncaster MOT	EB	✓	✓
<b>In attendance:</b>			
Sarah Hutchinson			
Amina Hussain (12:00-12:40)			

✓ 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
	<b>Welcome, Introductions and Housekeeping: -</b> Fire Alarm Procedure: N/A	
	<b>Apologies for Absence:</b> Apologies were received from Karen Jennison and Sonia Griffiths.  <b>In attendance:</b> Sarah Hutchinson Amina Hussain  The meeting was noted at Quorate.	
	<b>Declarations of Interest</b> <a href="#">ICB Register of Interests</a>	
	<b>Notification of Any Other Business</b> •	
03/26/1	<b>Minutes and actions of the last Meeting</b> The minutes of the meeting held in February 2026 were approved as a true record.  Action: <ul style="list-style-type: none"> <li>Eve Bucktrout will distribute the ratified minutes to the appropriate distribution list.</li> </ul> <b>Action log</b> The action log was discussed and updated accordingly.  <b>MO Bulletin</b> The February 2026 MO bulletin was noted.	EB
03/26/2	<b>Matters arising not on the agenda</b>	
01/26/4.2	Fidaxomicin update Amina Hussain brought to the group the updated version of the Fidaxomicin prescribing and supply pathway. Amina Hussain highlighted the amendments that had been made which included that prescribing out of hours should only be considered if there is an urgent clinical need and additional information regarding the availability for community pharmacies to order Fidaxomicin. It was highlighted that Fidaxomicin is not routinely stocked but is available to order from Alliance which can be delivered either next day or as an emergency delivery option for a fee of approximately £170. The manufacturer of Fidaxomicin 'Tillotts Pharma' also offers to cover the cost of the emergency delivery. It was acknowledged that if Fidaxomicin is unavailable that same day, the next day would be acceptable and only in severe cases, should the patient be referred back to hospital. Amina Hussain informed the group that she has shared the document with Kenneth Agwuh DBTHFT Antimicrobial Consultant and Miriam Boyack DBTHFT Lead IPC nurse for feedback on the flowchart. It was also highlighted by the group that feedback from community pharmacy on the document would be useful.	



	<p>The group also discussed the importance of communication from the microbiologist to the GP surgery and then to the community pharmacy, to ensure that urgent prescriptions are dealt with promptly. It was suggested that an OptimiseRx pop up message prompting the prescriber to contact the community pharmacy to make them aware of the prescription, would streamline communication and ensure continuity of patient care.</p> <p>Ewa Gabzdyl informed the group that she attended a Target meeting where GP practices raised concerns regarding the cost of the drug and the impact this could have on the prescribing budget however Ewa Gabzdyl has contacted John Dalton who advised that this should not be a concern as there is a clinical indication and urgent need for the medication. Rao Kolu has also contacted John Dalton to clarify if this would have any impact on quality improvement or cost saving schemes.</p> <p>Mallicka Chakrabarty emphasised the importance of clinicians accessing ICE to review the patients results and then follow the appropriate pathway for prescribing. It was agreed that Amina Hussain would include this in the flowchart. The group approved the document, subject to the amendments discussed and any further feedback from DBTHFT.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>Amina Hussain to make the appropriate amendments to the document as discussed in the meeting and await any further feedback from DBTHFT.</li> </ul>	AHu
03/26/3	<b>Matters Arising</b>	
03/26/4	<b>New Business</b>	
03/26/4.1	<p>Bronchiectasis SCP</p> <p>This item was deferred to next month's meeting due to a delay with updating the document.</p>	
03/26/4.2	<p>The future of Doncaster and Bassetlaw MO Bulletin</p> <p>Rachel Hubbard brought to the meeting that due to organisational changes and current uncertainties, the future of the MO bulletin should be considered. The group discussed three possible options which included, completing the bulletin in its current format at the end of the month and informing clinicians that this is the final issue. Another suggested option was for IMOC to consider creating a South Yorkshire wide communication bulletin if capacity allows. Or alternatively, the MO bulletin is continued locally in Doncaster in which case it would need to be decided who would continue developing this document. The group acknowledged the importance of having a Doncaster local MO bulletin and if this is transferred into a South Yorkshire wide format then it will take a more generic approach rather than filtering information relevant to Doncaster. Ewa Gabzdyl suggested that at the next Target meeting, clinicians are asked for feedback on the current bulletin to establish if the audience in Doncaster find the document useful. The future of the Doncaster Bulletin can then be reviewed next month, taking into consideration the clinicians feedback.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>Ewa Gabzdyl to gain feedback from clinicians at the next Target meeting on the value of the Doncaster and Bassetlaw MO Bulletin, and</li> </ul>	EG



	<p>if necessary, Rachel Hubbard and Karen Jennison will produce the final edition of the bulletin.</p>	RH/KJ
03/26/4.3	<p><b>Vitamin B12 Guidance</b>  Rao Kolusu informed the group that there has been a South Yorkshire wide publication of Vitamin B12 guidance however it has been identified that the unit measurements in the guidelines are different to what is advised by NICE guidance. It was acknowledged that a B12 guideline had been developed at place level in Doncaster in previous years, however this document was not published as it was recognised that there would be a South Yorkshire wide guideline in the future. Rob Wise highlighted to the group that within the new South Yorkshire B12 guidance, the unit measurements that are reported from the laboratories are different to the unit measurements that are reported in Doncaster laboratories. It was suggested by the group that the table from the Doncaster place B12 guideline is incorporated into the South Yorkshire wide B12 guideline and the contact details for Doncaster, Rotherham and Barnsley are included. Furthermore, the group highlighted that within the South Yorkshire wide document, there is reference to a referral pathway known as 'SDEC' however it is not known if there is an agreed pathway to refer to SDEC in Doncaster. Overall, the group agreed that a Vitamin B12 guidance document is required, and this is very useful, however further work is needed to allow this to be adopted at Doncaster place level. Rao Kolusu will share the Doncaster place Vitamin B12 guideline and Ewa Gabzdyl will share the feedback at the IMOC Subgroup.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Rao Kolusu to share Doncaster Place Vitamin B12 guideline with Eve Bucktrout.</li> <li>• Ewa Gabzdyl to feedback to the IMOC Subgroup that further work would be required to adopt the document at Doncaster Place level.</li> </ul>	RK EG
03/26/4.4	<p><b>Sharps Bin disposal information on the Management of Inflammatory Arthritis &amp; Connective Tissue Disease for Adult services, over 16 years</b>  Ewa Gabzdyl informed the group that there has been a query from a GP practice regarding cytotoxic (purple) bins and if it is necessary for the bins to be prescribed in primary care or if they are supplied by secondary care as this is not currently specified in the new shared care document. It was agreed that Ewa Gabzdyl will contact Chee-Seng at DBTHFT to clarify the process from a secondary care perspective and confirm who provides the initial sharps bin. Rao Kolusu highlighted to the group that the LMC provides guidance on prescribing and supplying sharps bins in Doncaster and it was advised by the council that sharps bins will be collected once full and replaced with a like-for-like bin. Rob Wise drew attention to the fact that the council may only stock regular sharps bins and not cytotoxic sharps bins. Ewa Gabzdyl agreed to contact the council to clarify if they stock cytotoxic sharp bins.</p> <p>The group discussed whether a 1.8L or 5L sharp bin would be most appropriate. It was acknowledged that it may be difficult for a patient to store a 5L sharps bin out of reach of children however on the other hand it was acknowledged that there is a 20p price difference and a larger bin provides a safety buffer while the patient waits for the bin to be collected. Overall, it was</p>	



	<p>agreed by the group that the most important factor is that the patient receives a cytotoxic bin as opposed to a normal coloured bin. The group agreed to approve the document, subject to the amendments.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>• Ewa Gabzdyl to contact Chee-Seng at DBTHFT regarding the process of prescribing sharps bins in secondary care.</li> <li>• Ewa Gabzdyl to contact the council to clarify whether they stock cytotoxic sharps bins.</li> </ul>	<p>EG</p> <p>EG</p>
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<p>03/26/5</p>	<p><b>Formulary and MPD (Medicines and Products Directory) review March 2026.</b> The formulary products were agreed as below:</p> <table border="1" data-bbox="261 725 1366 1653"> <thead> <tr> <th>Formulary Section</th> <th>Item</th> <th>Indication</th> <th>PMOC Action</th> </tr> </thead> <tbody> <tr> <td>7.4</td> <td>Potassium Citrate MR tablets</td> <td>Use in adults for the treatment of patients with kidney stones and hypocitraturia, or chronic calcium oxalate stones; the treatment and prevention of recurrent uric acid lithiasis with or without calcium lithiasis and cystine lithiasis; the treatment of renal tubular acidosis with calcium nephrolithiasis</td> <td>Add to the MPD as RED non-formulary until approved by D+T</td> </tr> <tr> <td>4.7.2</td> <td>Tramadol MR to branded Maxitram MR</td> <td>Cost effective switch</td> <td>Approved as brand in primary care (short term use only)</td> </tr> <tr> <td>4.7.2</td> <td>Tapentadol MR tablets to brand Tadamen 50mg, 100mg, 150mg, 200mg</td> <td>Cost effective switch</td> <td>Approved as brand in primary care (short term use only)</td> </tr> <tr> <td>2.5</td> <td>Dapagliflozin</td> <td>NEW: Prescribing Guidelines For The Use Of SGLT2 Inhibitors (Dapagliflozin And Empagliflozin) In The Management Of Chronic Heart Failure.</td> <td>Switched from Amber G to Green for CHF 1<sup>st</sup> line</td> </tr> <tr> <td>2.5</td> <td>Empagliflozin</td> <td>NEW: Prescribing Guidelines For The Use Of SGLT2 Inhibitors (Dapagliflozin And Empagliflozin) In The Management Of Chronic Heart Failure.</td> <td>Switched from Amber G to Green for CHF 2<sup>nd</sup> line</td> </tr> <tr> <td>4.4</td> <td>Methylphenidate (new MR chewable tablet formulation)</td> <td>Use as part of a comprehensive treatment programme for attention deficit/ hyperactivity disorder in children and adolescents aged 6 to 17 years when remedial measures alone prove insufficient</td> <td>New formulation added to the MPD entry for use when other preparations are not suitable</td> </tr> </tbody> </table> <p>The group reviewed Methylphenidate (new formulation) and raised concerns over the possibility of the chewable tablet being selected by mistake and the price being significantly more expensive. Lee Wilson is going to review the new formulation and provide feedback at the next meeting.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>• Karen Jennison will make the agreed amendments to the MPD.</li> </ul>	Formulary Section	Item	Indication	PMOC Action	7.4	Potassium Citrate MR tablets	Use in adults for the treatment of patients with kidney stones and hypocitraturia, or chronic calcium oxalate stones; the treatment and prevention of recurrent uric acid lithiasis with or without calcium lithiasis and cystine lithiasis; the treatment of renal tubular acidosis with calcium nephrolithiasis	Add to the MPD as RED non-formulary until approved by D+T	4.7.2	Tramadol MR to branded Maxitram MR	Cost effective switch	Approved as brand in primary care (short term use only)	4.7.2	Tapentadol MR tablets to brand Tadamen 50mg, 100mg, 150mg, 200mg	Cost effective switch	Approved as brand in primary care (short term use only)	2.5	Dapagliflozin	NEW: Prescribing Guidelines For The Use Of SGLT2 Inhibitors (Dapagliflozin And Empagliflozin) In The Management Of Chronic Heart Failure.	Switched from Amber G to Green for CHF 1 <sup>st</sup> line	2.5	Empagliflozin	NEW: Prescribing Guidelines For The Use Of SGLT2 Inhibitors (Dapagliflozin And Empagliflozin) In The Management Of Chronic Heart Failure.	Switched from Amber G to Green for CHF 2 <sup>nd</sup> line	4.4	Methylphenidate (new MR chewable tablet formulation)	Use as part of a comprehensive treatment programme for attention deficit/ hyperactivity disorder in children and adolescents aged 6 to 17 years when remedial measures alone prove insufficient	New formulation added to the MPD entry for use when other preparations are not suitable	<p>KJ</p>
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	<ul style="list-style-type: none"> <li>Eve Bucktrout to share the MPD spreadsheet with Lee Wilson for review of the Methylphenidate new formulation.</li> </ul>	EB																														
03/26/5.1	<p><b>New Product Request Trifarotene</b>  Lee Wilson brought to the group a new product request for Trifarotene 50mcg/g cream for the treatment of acne. It was highlighted that there are some Sheffield place guidelines regarding acne treatment that could potentially be adopted in Doncaster place however it was acknowledged that Trifarotene is not currently included in the guidance. Ewa Gabzdyl informed the group that the Sheffield place guidance currently needs updating therefore suggested that she could speak to the IMOC subgroup to potentially develop a South Yorkshire Acne Pathway. It was noted that there has been some prescribing of Trifarotene in South Yorkshire, with 5 prescriptions issued in Sheffield and 2 prescriptions issued in Doncaster and Rotherham.</p> <p>The group agreed that Trifarotene should be taken to IMOC to agree the traffic light status and determine whether a South Yorkshire Pathway can be developed over the next few months. Lee Wilson advised he will bring the item to D+T for approval from a secondary care perspective for specialist use locally.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>Ewa Gabzdyl to take Trifarotene to the IMOC subgroup in April for traffic light classification and discuss the development of a South Yorkshire Acne Pathway.</li> <li>Lee Wilson to take Trifarotene to the D+T meeting for secondary care approval.</li> </ul>	EG  LW																														
03/26/6	<b>Any Other Business</b>																															
03/26/7	<b>Standing Prescribing functions</b>																															
03/26/7.1	<p>The committee received the TLS list that was agreed at the March 2026 IMOC meetings.</p> <p><b>Please Note:</b>  TLS status finalised at IMOC all items are classified as non-Formulary unless stated otherwise.</p> <p>The following have been agreed as <b>Grey</b>:</p> <table border="1"> <thead> <tr> <th>Drug/Product</th> <th>rationale</th> </tr> </thead> <tbody> <tr> <td>Cerliponase alfa</td> <td>7</td> </tr> <tr> <td>Ruxolitinib</td> <td>7</td> </tr> <tr> <td>Baloxavir marboxil</td> <td>7</td> </tr> <tr> <td>Fluoxetine 10mg tablets</td> <td>4</td> </tr> </tbody> </table> <p>The following have been agreed as <b>Red</b>:</p> <table border="1"> <tbody> <tr> <td>Acoramidis (<i>new medicine</i>)</td> <td>1,6</td> </tr> <tr> <td>Ganciclovir eye drops</td> <td>1,6</td> </tr> <tr> <td>Ketamine</td> <td>1,6</td> </tr> <tr> <td>Lanreotide</td> <td>1,6</td> </tr> <tr> <td>Nivolumab</td> <td>1,6</td> </tr> <tr> <td>Niraparib</td> <td>1,6</td> </tr> <tr> <td>Talazoparib</td> <td>1,6</td> </tr> <tr> <td>Obinutuzumab</td> <td>1,6</td> </tr> <tr> <td>Belantamab mafodotin</td> <td>1,6</td> </tr> <tr> <td>Dupilumab</td> <td>1,6</td> </tr> </tbody> </table>	Drug/Product	rationale	Cerliponase alfa	7	Ruxolitinib	7	Baloxavir marboxil	7	Fluoxetine 10mg tablets	4	Acoramidis ( <i>new medicine</i> )	1,6	Ganciclovir eye drops	1,6	Ketamine	1,6	Lanreotide	1,6	Nivolumab	1,6	Niraparib	1,6	Talazoparib	1,6	Obinutuzumab	1,6	Belantamab mafodotin	1,6	Dupilumab	1,6	
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The following has been agreed as **Amber**:

Methylphenidate (new MR chewable tablet formulation) only to be used when other preparations are inappropriate	1,23
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The following has been agreed as **Amber-G**:

Alpha Tocopheryl (Vitamin E)	
Alprostadil cream	

The following has been agreed as **Green**:

Empagliflozin 10mg	
Dapagliflozin 10mg	
Adapalene plus benzoyl peroxide 0.1%/2.5%.	
Acetic acid 2%	
Fluoxetine 10mg capsules	
Promethazine	
Hydroxyzine	
Chlorphenamine	
Cetirizine	
Loratadine	
Bilastine	

The group queried the rationale behind Levofloxacin being RED traffic lighted at IMOC. It was noted that Levofloxacin is included in the NICE antibiotic guidelines for suspected PID and there is a NICE indication for primary care use. The group acknowledged that Ofloxacin is first line option, however community pharmacies have struggled to obtain this in the past. Rachel Hubbard offered to draft an email that can be shared with the IMOC subgroup to raise the concerns.

Action:

- Karen Jennison to update the MPD as per list
- Rachel Hubbard to draft the email to be shared with the IMOC subgroup regarding Levofloxacin

KJ  
RH

03/26/7.2

**NICE Guidance**

The NICE guidance report was received that was discussed at the March 2026 IMOC meeting.

Ewa Gabzdył informed the group of the NICE guidance discussed at the March IMOC highlighting :-

- The new Type 2 diabetes quality standard guidance
- Dupilumab for treating severe chronic rhinosinusitis with nasal polyps traffic lighted as RED

Action:

- Rachel Hubbard/Karen Jennison to add information to the next MO bulletin to make primary care aware of the new NICE guidance relating to Type 2 diabetes

RH/KJ



03/26/7.3	<p><b>MHRA - Drug Safety Update &amp; NHS England Patient Safety alerts</b></p> <p>The Safety report that was discussed at the March 2026 IMOC meeting was received.</p> <p>Ewa Gabzdyl informed the group of the items included in the safety report highlighting: -</p> <ul style="list-style-type: none"> <li>➤ Further incidents of deaths due to patients using emollients and being exposed to open flames</li> <li>➤ Isotretinoin – changes to prescribing guidance and additional risk minimisation measures</li> <li>➤ GLP-1 receptor agonists and dual GLP-1/GIP receptor agonists: strengthened warnings on acute pancreatitis, including necrotising and fatal cases</li> <li>➤ Semaglutide (Wegovy, Ozempic and Rybelsus): risk of Non-arteritic Anterior Ischemic Optic Neuropathy (NAION)</li> <li>➤ Burkholderia stabilis infections associated with non-sterile alcohol-free wipes: ongoing risk to patients including those with longstanding intravascular devices managed in the community. It was noted that this may not be relevant in primary care</li> <li>➤ IXCHIQ Chikungunya vaccine: updates to restrictions of use following safety review</li> <li>➤ Falsified Mounjaro Kwikpen 15mg pre-filled pens</li> </ul> <p>There were no actions for this group</p>	
03/26/7.4	<p>March 2026 IMOC meeting new documents that have been added to SY MO website/ link to MPD: -</p> <ul style="list-style-type: none"> <li>• GF Position statement on MO website (now all products GREY on MPD with exceptions listed)</li> <li>• Prescribing Guidelines for the Use of SGLT2 Inhibitors (Dapagliflozin and Empagliflozin) In the Management of Chronic Heart Failure- Now live on the MO website and linked to MPD – Switched from Amber-G to Green</li> <li>• Daridorexant prescribing information &amp; patient information leaflet is now live on the MO website and linked to MPD</li> <li>• Denosumab <a href="#">SCP</a> &amp; <a href="#">Email from Kirsty Burdett</a>. It was highlighted that the Denosumab SCP does not contain a proforma, Ewa Gabzdyl informed the group that this will be shared at the next Target meeting. Rheumatology have confirmed they are using Stoboclo as the cost-effective brand.</li> </ul> <p>Stock shortage</p> <ul style="list-style-type: none"> <li>• Co-codamol 30/500 shortages- Opportunity for deprescribing and opioid reduction/ suggest prescribing separately. It may not be suitable to prescribe separately in patients who have to pay for prescriptions.</li> <li>• Fluorouracil shortages- Feedback from Joy Power: I have contacted the new generic manufacturer Viatrix this morning. They are definite that stocks will arrive in wholesalers by mid-April but do not have a definite date for supply as yet. I have added a note to my diary to contact them after my annual leave week commencing 10th April if the</li> </ul>	



	<p>situation has not resolved by then. I do not feel this will affect the AK guidance as Tolak is listed green for use in out of stick situations or where the patient has single or small lesions.</p> <p>There were no actions for this group</p>	
<b>03/26/8</b>	<b>Minutes from other groups</b>	
	<p><b>SY ICB IMOC</b> Minutes from February 2026 were received for information.</p>	
	<p><b>DBTHFT Drug &amp; Therapeutics Committee (Monthly)</b> Minutes from February 2026 were received for information.</p>	
	<p><b>RDASH FT TMOG (Monthly)</b> Minutes from December 2025 were received for information.</p>	
	<p><b>Barnsley Place APC</b> No minutes available for this meeting.</p>	
	<p><b>Rotherham Place MMC</b> No minutes available for this meeting.</p>	
	<p><b>Sheffield Place APG</b> No minutes available for this meeting.</p>	
	<p><b>Nottinghamshire</b> No minutes available for this meeting</p>	
	<p><b>Date and Time of Next Meeting</b> The next PMOC meeting to be confirmed and if going ahead will be held on <b>Thursday 16<sup>th</sup> April 2026 at 12:00 Noon</b> Via Teams, in line with direction from Alex Molyneux. Lee Wilson sends apologies for this meeting.</p>	

