NHS
Cheshire and Merseyside

Area Prescribing Group report

Date: Friday 07 November 2025 **Quorate**: Yes

The items in this report are supported by the area prescribing group (APG) and approval by NHS Cheshire and Merseyside Integrated Care Board (ICB) is detailed below.

All document links provided for any CMAPG recommendations, can be found via the legacy Pan Mersey formulary. The legacy Cheshire formulary will also be updated to reflect these changes.

The legacy Pan Mersey APC website is now closed. All legacy Pan Mersey APC documents are available by using the search function of the legacy Pan Mersey formulary until harmonisation concludes.

CMAPG governance documents are hosted on the Prescribing section of the NHS Cheshire and Merseyside website.

Please note there may be items that have been considered by APG but not yet approved by NHS Cheshire and Merseyside ICB. Items will be reported in the month that they are approved.

New medicines NICE TAs

Proposal	Notes	Financial implications	Approval
Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 **RAG designation**: Red **APG subgroup**: 09 May 2025 **APG**: 06 June 2025	**Date of NICE TA publication**: 29 March 2023, updated 01 May 2025 **Approval for implementation**: N/A **Deadline for implementation**: N/A The existing red statement has been amended in accordance with the update to NICE TA878 for nirmatrelvir plus ritonavir (Paxlovid). Free of charge stock is no longer available and NICE states that	Although the eligible patient cohort for Paxlovid will be smaller, free of charge stock is no longer available. Based on current Trust usage data, the part-year cost impact is £167,934 (excluding VAT).	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 19 June 2025, clinically supported by MOP group. **ICB Executive Committee:** 16 October 2025, approved by ICB Executive Committee

Proposal	Notes	Financial implications	Approval
	nirmatrelvir plus ritonavir (Paxlovid) is no longer cost effective for the additional groups evaluated in the partial review of TA878 in March 2024; people with diabetes, obesity or heart failure, or aged 70 years or over. These groups have been removed from the NICE TA recommendation.		
Guselkumab for treating moderately to severely active ulcerative colitis Plus Guselkumab for treating moderately to severely active Crohn's disease Plus High Cost Drugs Pathway for inflammatory bowel disease in adults **RAG designation**: Red **APG subgroup**: 12 September 2025 **APG:** 03 October 2025	**Date of NICE TA publication:** 28 Aug 2025 **Approval for implementation:** 30 days **Deadline for implementation:** 27 Sep 2025 Red RAG rating assigned in formulary, in line with NICE TA1094 and TA1095. Tariff-excluded high cost drug with patient access scheme discount, for specialist use only. Blueteq forms will be required where Blueteq has been implemented (Cheshire only currently). Guselkumab is another treatment option for Crohn's disease and ulcerative colitis and has a similar mode of action to risankizumab and mirikizumab. It is administered as an IV infusion for the induction dose and S/C injection for maintenance dose.	A cost comparison by NICE suggests that guselkumab has similar or lower cost compared to risankizumab and vedolizumab for Crohn's disease, and mirikizumab and vedolizumab for ulcerative colitis.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 16 October 2025, clinically supported by MOP group. 19 November 2025, approved by MOP group Chair's action.

New medicines other

Proposal	Notes	Financial implications	Approval
Finerenone for reducing the risk of progression of chronic kidney disease in type 2 diabetes **RAG designation**: Green **APG subgroup**: 10 Oct 2025 **APG**: 07 Nov 2025	Review of RAG rating from Amber Initiated to Green. Finerenone is already approved for use in Cheshire and Merseyside in line with NICE TA877 with an amber initiated RAG designation. Finerenone significantly reduces the risk of CKD progression and cardiovascular events in patients with chronic kidney disease (CKD) and type 2 diabetes. The majority of eligible patients do not require secondary care input and are managed in primary care. The Amber Initiated RAG rating delays initiation of treatment for patients who do not meet referral criteria for specialist services, and by the time patients are referred into and seen within secondary care the window for prescribing finerenone may have passed. The monitoring requirements for finerenone (renal function and potassium) are comparable to those already in place for ACEIs and ARBs which are routinely managed in primary care.	No additional impact on cost, but there will be a shift in capacity with initiation primarily occurring in primary care.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 November 2025, approved by MOP group.

Relugolix-estradiol-norethisterone acetate for treating symptoms of uterine fibroids Plus Relugolix–estradiol–norethisterone acetate for treating symptoms of endometriosis **RAG designation**: Amber retained **APG subgroup**: 10 Oct 2025 **APG**: 07 Nov 2025	Review of RAG rating from Amber Initiated to Amber Retained. Relugolix–estradiol–norethisterone acetate is already approved for use in Cheshire and Merseyside in line with NICE TA832 and TA1057 as amber initiated RAG designation. The APG requested that NMSG review the RAG rating of relugolix–estradiol–norethisterone acetate with a view to align the RAG rating with linzagolix, and in light of the update to the relugolix–estradiol–norethisterone acetate SPC which requires a DXA scan for all patients after 1 year of treatment and as considered appropriate thereafter. Previously the requirement was for a single DXA scan after 1 year. The frequency of DXA scans may vary between patients, depending on BMD results and risk factors, and this is likely to cause confusion in primary care. NMSG agreed that relugolix–estradiol–norethisterone acetate meets the Amber retained RAG criteria. Patients should remain under the care of the specialist for the duration of treatment, with the specialist retaining responsibility for all monitoring. Primary care prescribing can be requested if	No additional impact on cost, but there will be an impact on capacity in specialist services as patients should remain under specialist care during treatment and not discharged.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 November 2025, approved by MOP group.

	treatment is to continue after the initial 3 month review.		
SGLT-2 inhibitors position statement **RAG designation**: N/A **APG subgroup**: 10 Oct 2025 **APG**: 07 Nov 2025	New position statement. Generic dapagliflozin is available and presents an opportunity for cost efficiencies across Cheshire and Merseyside ICS. Generic dapagliflozin is recommended as preferred first-line choice of SGLT-2 inhibitor for type 2 diabetes (T2DM), heart failure and chronic kidney disease in patients with T2DM. The recommendations for initiating all new patients on generic dapagliflozin and switching of existing patients on other SGLT-2 inhibitors to generic dapagliflozin apply to all licensed indications except for treatment of CKD in patients without T2DM, as this is a patent protected indication.	Opportunity for cost efficiencies across Cheshire and Merseyside ICS.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 November 2025, approved by MOP group.
Biosimilar proposal: golimumab, omalizumab and tocilizumab **RAG designation**: Red **APG subgroup**: 10 Oct 2025 **APG**: 07 Nov 2025	New biosimilar golimumab, omalizumab and tocilizumab products will be added to the formulary as they become available, provided that costs are lower than originator products. This will ensure that the formulary does not preclude use of these biosimilar products and will support future work on implementation of biosimilars.	Opportunity for cost efficiencies across Cheshire and Merseyside ICS.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 November 2025, approved by MOP group.

Actioned items for noting			
Tirzepatide for treating type 2 diabetes Plus Tirzepatide for managing overweight and obesity **RAG designation**: Green **APG subgroup**: 10 Oct 2025 **APG**: 07 Nov 2025	Both statements have been amended in line with the recent updates to TA924 and TA1026 to reflect that tirzepatide should be supplied according to the commercial arrangement.	N/A	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 November 2025, noted by MOP group.
NICE TA adherence checklist September 2025	For noting.	N/A	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 November 2025, noted by MOP group.

Formulary and guidelines

Proposal	Notes	Financial implications	Approval
Amendment to formulary entry for hydrocortisone injection salts. Amber recommended. **APG subgroup**: 21 Oct 2025 **APG**: 07 Nov 2025	Correction of the discrepancy in RAG designation between sodium succinate and sodium phosphate salts in formulary. Preparations are interchangeable. Agreed that specialist should provide initial supply of needles, syringes, diluent (for succinate), sharps box and medication. Further supplies of each should be prescribed in primary care (supplied from practice in case of syringes and needles as not able to be prescribed on FP10 prescription –	No significant implication	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 November 2025, approved by MOP group.

	this will be required infrequently and appears to be common practice already). Removal of Red designation for paediatrics (inappropriate) and Green designation (emergency use in primary care is not prescribing).		
Adopt Generalist guidance on consensus approaches to managing Palliative Care Symptoms. North West Coast Clinical Network, 3rd Edition published: 13 March 2025. Add link to formulary. RAG designation – various amended as described at right. **APG subgroup**: 21 Oct 2025 **APG**: 07 Nov 2025	To give approval, and aid access to the North West Coast Clinical Network guideline, and to make any amendments to the formulary to ensure consistency between the two where this is appropriate. Formulary changes: Metoclopramide/domperidone – prokinetic: RAG designation change from Red to Green (palliative care only) Olanzapine – antiemetic use: addition to formulary, RAG designation Amber Recommended Denosumab – hypercalcaemia use: addition to formulary, RAG designation Red but formulary entry to carry a footnote indicating that it may be prescribed in primary care in some areas where ambulatory or home treatment services that manage this are available.	No significant implication	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 November 2025, approved by MOP group.
Pregabalin modified release tablets (82.5mg, 165mg, 330mg) for	Once daily modified release formulation of pregabalin is more costly than immediate release	There is no significant use of modified release tablets currently,	**ICB Medicines Optimisation and Pharmacy (MOP) Group:**

peripheral and central neuropathic pain in adults. Do Not Prescribe RAG designation. **APG subgroup**: 21 Oct 2025 **APG**: 07 Nov 2025	preparations given 2 or 3 times daily There are risks that use of this product could increase rates of prescribing of higher dosages, and addition of this product to the formulary could carry risk relating to brand recognition and dosage frequency.	therefore designation as Do Not Prescribe is cost-avoidance.	20 November 2025, approved by MOP group.
Addition of Proxor and Bibecfo brands of beclomethasone (extra fine particles)/formoterol metered dose inhalers to the formulary. Green. **APG subgroup**: 21 Oct 2025 **APG**: 07 Nov 2025	Addition of cost-effective alternative choices will provide alternative prescribing options for patients who require a metered dose inhaler and are prescribed a less cost-effective brand. This will also support with providing more choice should there be future supply issues with the preferred cost-effective brand currently listed as a formulary option. Amendment to formulary to state Proxor is “First Choice” MDI brand and amendment to Asthma Guideline highlighting as “Preferred Choice”.	Cost saving brands (cost saving not estimated, depends on degree of use)	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 November 2025, approved by MOP group.
Actioned items for noting			
Various formulary amendments. **APG subgroup:** 21 Oct 2025 **APG**: 07 Nov 2025	**Exenatide** (Bydureon® BCise®) 2mg/0.85ml prolonged-release suspension for injection pre-filled pens have been discontinued with supplies now exhausted. **Semaglutide** (Rybelsus) tablets will be replaced with a new formulation with increased bioavailability. The two formulations will temporarily co-	No significant implication	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 November 2025, noted by MOP group.

	exist on the market, which may cause mix-ups. Addition of new strengths and the link for further information **Buprenorphine patches** - remove cost-effective brand information as this is more appropriately presented on Scriptswitch.		

Safety

Proposal	Notes	Financial implications	Approval
Legacy Merseyside (2019): Insulin Comparison and Identification Guide v2.1 **APG subgroup**: 17 Sep 2025 **APG**: 07 Nov 2025	Overdue review since 2021. Contains discontinued products and is missing newer products. Previous failed attempts to update due to unavailability of images. The subgroup agreed this should be unpublished pending consideration for full review. Noted at APG to be a popular document. Assurance was provided that a full update will be progressed in collaboration with the diabetes network along with the complementary, Legacy Merseyside (2022): INSULIN - reducing errors in prescribing and administration v2.0. No additional document for this item.	None	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 November 2025, noted by MOP group.

Other

Proposal	Notes	Financial implications	Approval
Cheshire and Merseyside Wound Care formulary **RAG designation**: not applicable **Task and finish group**: 13/08/2025 **APG**: 03/10/2025	**Please note that the Cheshire and Merseyside Wound Care Formulary is not yet 'live' for the content to be shared.** Following extensive collaborative work the Cheshire and Merseyside Wound Care Formulary (WCF) is set to launch in January 2026. Developed by a multidisciplinary group with input from NHS Supply Chain, the ICB, and the Provider Collaborative, the WCF aims to standardise wound care products and practices across the region and facilitate the purchasing of the most clinically appropriate and cost-effective wound care products. Existing formularies and purchasing data have been reviewed to support the development of the document. Lunch and Learn sessions will be provided in December 2025 and early January 2026 to support the WCF rollout. Further communications around how to access these sessions and the WCF will be circulated in due course.	Opportunity for significant cost savings across the health economy.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 16 October 2025, approved by MOP group.