NHS
Cheshire and Merseyside

Area Prescribing Group report

Date: Friday 01 August 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	Approval
Dapagliflozin and empagliflozin for treating chronic kidney disease: a multiple prescribing statement and GP communication letter: SGLT2 inhibitors in chronic kidney disease **RAG designation**: Green RAG	**Date of NICE TA publication**: 02 Jul 2025 **Approval for implementation**: 30 days **Deadline for implementation**: 01 Aug 2025 Green statement in line with NICE TA942 and TA1075. NICE TA1075 updates and replaces NICE TA775. This follows a review of new data submitted by the	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 21 August 2025, approved by MOP group.

Proposal	Notes	Approval
APG subgroup: 11 Jul 2025 **APG**: 01 Aug 2025	manufacturer of dapagliflozin and consequent updated recommendations about the eligible population. The multiple prescribing statement and the GP letter have been amended to reflect updated NICE recommendations about the use of dapagliflozin in the management of CKD, aligning patient eligibility criteria to those for empagliflozin. Minor amendments have also been made for clarity and to align with the SGLT2 inhibitor statement and GP letter for use in heart failure. There is not expected to be a cost impact from this update as the cost is the same for both drugs and eligibility criteria has been aligned. Generic dapagliflozin is now available and further information will be circulated in due course.	
Mirikizumab for treating moderately to severely active Crohn's disease and Inflammatory bowel disease - high cost drug therapy in adults **RAG designation**: Red RAG **APG subgroup**: 11 Jul 2025 **APG**: 01 Aug 2025	**Date of NICE TA publication**: 10 Jul 2025 **Approval for implementation**: 30 days **Deadline for implementation**: 09 Aug 2025 Red RAG rating assigned in formulary, in line with NICE TA1080. Tariff-excluded high cost drug with patient access scheme discount, for specialist use only. Mirikizumab is another treatment option for Crohn's disease and has a similar mode of action to risankizumab. It is administered as an IV infusion for the induction dose and S/C injection for maintenance dose. A cost comparison by NICE suggests mirikizumab has similar or lower cost compared to risankizumab, which is used at the same point in the treatment pathway. As mirikizumab is a further treatment option and the overall	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 21 August 2025, approved by MOP group.

Proposal	Notes	Approval
	cost of treatment will be similar for this patient group, this is expected to be cost neutral. A Blueteq form will be required where Blueteq has been implemented (Cheshire only currently). The IBD pathway has been updated to include mirikizumab for Crohn's disease and the 200mg injections have been added to the formulary.	
Nemolizumab for treating moderate to severe atopic dermatitis in people 12 years and over **RAG designation**: Red RAG **APG subgroup**: 11 Jul 2025 **APG**: 01 Aug 2025	**Date of NICE TA publication**: 02 Jul 2025 **Approval for implementation**: 90 days **Deadline for implementation**: 30 Sep 2025 Red RAG rating assigned in formulary, in line with NICE TA1077. Tariff-excluded high cost drug with patient access scheme discount, for specialist use only. Nemolizumab is another treatment option for atopic dermatitis but has a new mode of action (IL-31 inhibitor). It is administered as S/C injections for induction and maintenance treatment. Nemolizumab is ICB-commissioned for used in adults and NHSE-commissioned for use in adolescents. A Blueteq form for use in adults will be required where Blueteq has been implemented (Cheshire only currently). NHSE will produce a Blueteq form for use in adolescents. As nemolizumab is a further treatment option and the overall cost of treatment will be similar for this patient group, this is expected to be cost neutral.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 21 August 2025, clinically supported by MOP group. **ICS Chief Pharmacist:** 27 August 2025, approved by ICS Chief Pharmacist

Proposal	Notes	Approval
Sparsentan for treating primary IgA nephropathy **RAG designation**: Red RAG **APG subgroup**: 11 Jul 2025 **APG**: 01 Aug 2025	**Date of NICE TA publication**: 25 Jun 2025 **Approval for implementation**: 90 days **Deadline for implementation**: 23 Sep 2025 Red RAG rating assigned in formulary, in line with NICE TA1074. Tariff-excluded high cost drug with patient access scheme discount, for specialist use only. Sparsentan is an alternative first line treatment option. Standard care for primary immunoglobulin A nephropathy (IgAN) includes angiotensin-2 receptor blockers such as irbesartan. Targeted-release budesonide is an add-on treatment when there is a risk of rapid disease progression. A Blueteq form will be required where Blueteq has been implemented (Cheshire only currently). Based on assumptions within the NICE resource impact template for TA1074, the estimated cost of implementing this guidance is £18,083 in 2025-26 (part-year cost), rising to £412,000 in 2029-30 when it is assumed that steady state is reached.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 21 August 2025, clinically supported by MOP group. **ICS Chief Pharmacist:** 27 August 2025, approved by ICS Chief Pharmacist
Spesolimab for treating generalised pustular psoriasis flares **RAG designation**: Red RAG **APG subgroup**: 11 Jul 2025 **APG**: 01 Aug 2025	**Date of NICE TA publication**: 18 Jun 2025 **Approval for implementation**: 90 days **Deadline for implementation**: 16 Sep 2025 Red RAG rating assigned in formulary, in line with NICE TA1070. Tariff-excluded high cost drug with patient access scheme discount, for specialist use only. Spesolimab is a new treatment option for generalised pustular psoriasis flares. There are no other licensed treatments, but usual treatment includes ciclosporin,	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 21 August 2025, clinically supported by MOP group. **ICS Chief Pharmacist:** 27 August 2025, approved by ICS Chief Pharmacist

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	acitretin and biological treatments used to treat other forms of psoriasis. It is administered as a single dose of 900mg given as an IV infusion. If flare symptoms persist, an additional 900mg dose may be administered 1 week after the initial dose. In February 2025, the licence for spesolimab was extended to include the treatment of flares in GPP in adolescents from the age of 12 years as monotherapy, however, the NICE final draft guidance does not include a recommendation for adolescents. Confirmation is awaited from NHSE regarding the responsible commissioner in adolescents. A Blueteq form will be required where Blueteq has been implemented (Cheshire only currently). Based on assumptions within the NICE resource impact template for TA1066, the estimated cost of implementing this guidance is £86,333 in 2025-26 (part year cost), rising to £513,000 in 2029-30 when it is assumed that steady state is reached.	
Linzagolix for treating symptoms of endometriosis **RAG designation**: Amber retained RAG **APG subgroup**: 11 Jul 2025 **APG**: 01 Aug 2025	**Date of NICE TA publication**: 04 Jun 2025 **Approval for implementation**: 90 days **Deadline for implementation**: 02 Sep 2025 Amber retained statement in line with NICE TA1067. Linzagolix is a selective, non-peptide gonadotropin-releasing hormone (GnRH) receptor antagonist. It is an alternative second-line oral treatment option for symptoms of endometriosis and should be given with hormonal add-back therapy (ABT).	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 21 August 2025, clinically supported by MOP group. **ICB Medical Director:** 28 August 2025, approved by ICB Executive Medical Director.

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	Relugolix combination therapy (relugolix-estradiol-norethisterone) is an oral treatment option which is already approved for endometriosis in Cheshire and Merseyside. Other treatment options for endometriosis include GnRH agonists (such as leuprorelin injections) or surgery. Linzagolix will provide an alternative treatment option for patients. An amber retained RAG designation has been assigned in accordance with the RAG for linzagolix for uterine fibroids. Based on assumptions within the NICE resource impact template for TA1067, the estimated cost of implementing this guidance is £144,083 in 2025-26 (part-year cost) rising to £1,255,000 in 2029-30 when it is assumed that steady state is reached. This is based on drug costs alone.	

Formulary and guidelines

Proposal	Notes	Approval
Pharmacological Management of Asthma in Persons Aged 12 Years and Over. **RAG designation**: Green **APG subgroup**: 18 Mar 2025 **APG**: 04 Apr 2025	Guide to preferred inhaler choice based on NICE guideline NG245 Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN) Use of anti-inflammatory reliever (AIR) therapy for mild asthma is included. This is a significant change in practice. The guideline advocates first-line use of maintenance and reliever therapy (MART) for asthma that is more than mild severity The more widespread use of MART will result in increased drug costs (the	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 17 April 2025, clinically supported by MOP group. **ICB Executive Committee:** 21 August 2025, approved by ICB Executive Committee

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	current extent of MART use cannot be distinguished from epact data).	
Headache pathway (adults) Fact Sheets on atogepant and rimegepant **RAG designation**: n/a / Green **APG subgroup**: 15 Jul 2025 **APG**: 01 Aug 2025	Updated version of pathway, together with supporting Fact Sheets on atogepant and rimegepant in light of the change to their RAG designation from amber retained/recommended to green. No significant financial implication. When atogepant and rimegepant were previously added to the formulary NICE expected the overall costs of treatment for this patient group to remain similar. It is possible that a change to green RAG designation may increase the numbers of patients treated at greater cost than therapies they would otherwise be on due to quicker access to them compared to when referral to a specialist was required to initiate prescribing. However, there will be a commensurate reduction in referrals to specialist services to obtain access to these drugs with the proposed initiation in primary care, consistent with NICE's expectation that the overall costs of treatment for this patient group will remain similar.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 21 August 2025, approved by MOP group.
Capsaicin cream 0.075% and 0.025% RAG designation change **RAG designation**: Do Not Prescribe **APG subgroup**: 15 Jul 2025 **APG**: 01 Aug 2025	Change of RAG designation from Green to Do Not Prescribe. Addition of message to formulary entry: *Licensed products are currently unavailable. Unlicensed products are considerably more expensive. Refer to local and national treatment guidelines for choice of an alternative agent, taking into account treatments already tried, and reasons for being on a topical agent.* Licensed versions of capsaicin cream (0.075% and 0.025%) are currently unavailable and have been removed from the Drug Tariff. This is expected to be the case until at least June 2026. Specialist importers have	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 21 August 2025, approved by MOP group.

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	confirmed they can source unlicensed capsaicin 0.025% and 0.075% cream and a specials manufacturer has confirmed they can manufacture capsaicin 0.025% and 0.075% cream. Cost per item has increased from mean of £16.08/ £19.29 respectively to £45.86 / £38.25 and depends on price charged by importer (variable). Annual costs have increased from £57,000 in 2023/24 to £86,000 currently despite the number of items decreasing by a third. This RAG designation will be reviewed in light of future supply changes.	
Simple eye ointment RAG designation harmonisation **RAG designation**: Do Not Prescribe **APG subgroup**: 15 Jul 2025 **APG**: 01 Aug 2025	Harmonisation of RAG designation from Green (legacy Merseyside formulary) and Black (legacy Cheshire formulary) to Do Not Prescribe for Simple Eye ointment due to excessive cost (£99.84 per 4g tube). Other 4th-line alternatives are listed in formularies with cost between £2.05 and £2.74 per tube. The primary care spend on simple eye ointment in 2024-25 was over £30,000. Significant savings are available if lower cost products are prescribed.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 21 August 2025, approved by MOP group.
Dibotermin alfa for acute tibia fractures in adults and off-label use **RAG designation**: Red **APG subgroup**: 15 Jul 2025 **APG**: 01 Aug 2025	Dibotermin was approved as a Red drug for use in the legacy Pan Mersey formulary for use at LUHFT in the specified circumstances in the statement. This use was also approved in Cheshire in a commissioning policy. The legacy Pan Mersey statement has been updated to a harmonised Cheshire & Merseyside statement retaining the recommended uses, but the location of use has been amended to “within commissioned services” to allow for any future changes. There are no anticipated cost implications.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 21 August 2025, approved by MOP group.

Proposal	Notes	Approval
Fenofibrate to reduce the progression of diabetic retinopathy for people with non-proliferative retinopathy and type 2 diabetes **RAG designation**: Amber Recommended **APG subgroup**: 15 Jul 2025 **APG**: 01 Aug 2025	Recommendation in accordance with NICE NG 242 - Diabetic retinopathy: management and monitoring (2024). This is an off-label use of fenofibrate. The estimated cost for 5000 patients across Cheshire & Merseyside per annum is approx. £200,000. NICE Resource Impact Template allows for costs to be calculated from years 1 to 5. Assuming 20% uptake rate per year, costs in the current financial year would not exceed £27,000.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 21 August 2025, clinically supported by MOP group. **ICS Chief Pharmacist:** 27 August 2025, approved by ICS Chief Pharmacist
Lidocaine 700mg plasters - Change of RAG status in formulary. **RAG designation**: Do Not Prescribe (Green – Post-Herpetic Neuralgia, Red – neuropathy under pain or palliative care specialist review; acute use) **APG subgroup**: 15 Jul 2025 **APG**: 01 Aug 2025	Cheshire and Merseyside ICB has the highest level of prescribing of lidocaine plasters in England. It spends approximately £2 million more annually than it would do if prescribing was in line with national prescribing levels. Lidocaine plasters are included in the NHSE Items which should not routinely be prescribed in primary care: policy guidance except for patients who have been treated in line with NICE guidance on chronic pain but are still experiencing post-herpetic neuralgia. This high level of prescribing is despite use in other neuropathic pain being designated amber-initiated and restricted to use in exceptional circumstances and only following pain specialist or palliative care specialist initiation in legacy recommendations. To restrict initiation of further patients to where this is appropriate and in line with NHSE guidance, the RAG status has been changed to Red for neuropathy under pain or palliative care specialist review to reduce ICB overall prescribing from both primary and secondary care. This will also provide a prescribing position on which protocols for de-prescribing in existing patients	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 21 August 2025, approved by MOP group.

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	can be based to reduce current spend toward the national norm. The following documents have been agreed to be withdrawn to avoid confusion, as the recommendations regarding lidocaine plaster contradict the new position, and will be prioritised for harmonisation review: • Legacy Merseyside (2018): LIDOCAINE plaster 5% (Ralvo®, Versatis®) in adults and children in primary care v1.6 • Legacy Merseyside (2019): PAIN in children - pharmacological management of chronic pain v2.5 • Legacy Merseyside (2018): NEUROPATHIC PAIN GUIDELINES Pharmacological management in non-specialist settings in ADULTS v5.3 • Legacy Cheshire Diagnosis and Treatment of Neuropathic Pain There will be a transition phase for patients who are currently prescribed lidocaine plasters. It was acknowledged that GPs will have initiated treatment for some patients, and it would not be appropriate to refer patients to secondary care services in this circumstance. This transition phase for current patients to be reviewed and deprescribed where necessary needs to be implemented, requiring discussions including primary care, secondary care, and palliative care.	

Interface prescribing

Proposal	Notes	Approval
Midodrine RAG harmonisation **RAG designation**: Amber initiated / red RAG **APG subgroup**: 08 Jul 2025 **APG**: 01 Aug 2025	A harmonised amber initiated RAG rating has been assigned for midodrine for the licensed indication; orthostatic hypotension. Although this will be a change in RAG rating for Cheshire, shared care for midodrine is not funded in Cheshire. The legacy Cheshire shared care frameworks for midodrine will be retired. A red RAG rating for off-label indications has been retained in the formulary as APG felt that there was value in retaining this information for primary care.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 21 August 2025, approved by MOP group.

APG reports

Title	Notes	Approval
NICE TA adherence checklist June 2025	For noting.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 21 August 2025, noted by MOP group.