NHS
Cheshire and Merseyside

Area Prescribing Group report

Date: Friday 07 June 2024 **Quorate**: Yes

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

Document links provided for any APG recommendations are temporarily hosted on the legacy Pan Mersey APC website as a pragmatic solution until such time as a Cheshire and Merseyside APG website is available. The legacy Cheshire formulary will also be updated to reflect these changes.

CMAPG governance documents are now hosted on the new Prescribing section of the NHS Cheshire and Merseyside website, which is currently being developed

New medicines NICE TAs

Proposal	Notes	Approval
Tixagevimab plus cilgavimab for treating COVID-19 **RAG designation**: Black **APG subgroup**: 10 May 2024 **APG**: 07 June 2024	**Date of NICE TA publication**: 08 May 2024 **Approval for implementation**: N/A **Deadline for implementation**: N/A RAG report in line with TA971. NICE does not recommend tixagevimab plus cilgavimab for treating COVID-19. A Black RAG rating will be assigned in the formulary with a link to the NICE TA.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 June 2024, approved by ICB Medicines Optimisation and Pharmacy Group.

Remdesivir for treating COVID-19 **RAG designation**: Red **APG subgroup**: 10 May 2024 **APG**: 07 June 2024	**Date of NICE TA publication**: 08 May 2024 **Approval for implementation**: 30 days **Deadline for implementation**: 07 June 2024 Red RAG rating to be assigned in formulary, in line with NICE TA971. NICE have recommended use of remdesivir for treating COVID-19 in hospitals in adults, young people, children and babies if the TA criteria are met. Previous recommendations for remdesivir in the NHS England Interim clinical commissioning policies have been superseded by TA971: Remdesivir and molnupiravir for non-hospitalised patients with COVID-19, Remdesivir for patients hospitalised due to COVID-19, and Treatments for hospital-onset COVID-19. Eligibility criteria are wider than the NHSE interim policy for hospitalised patients. However, the NHSE interim policy for hospital-onset COVID included patients in the 'highest' risk group (as defined in the Department of Health and Social Care commissioned Independent Advisory Group Report). Concerns were raised at APG about equity of access and consistency in implementing the TA. It was suggested that a collaborative approach would be helpful for trusts. NICE have confirmed that the SPC should be followed for dosage recommendations, when to start treatment and duration of treatment. Remdesivir is only recommended if the company provides it according to the commercial arrangement.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 June 2024, clinically supported by ICB Medicines Optimisation and Pharmacy Group. 25 June 2024 Approved by ICB Associate Medical Director.

Proposal	Notes	Approval
	Cost estimates were based on modelling from usage in previous years.	

New medicines other

Proposal	Notes	Approval

NICE-approved anti-VEGF drugs and intravitreal corticosteroids used in Ophthalmic Medical Retinal conditions
 	
RAG designation: Red
 	
APG subgroup: 10 May 2024
 	
APG: 07 June 2024
	Policy statement to standardise usage across Cheshire and Merseyside. This has been developed in collaboration with local ophthalmologists.
	
	The objectives of this policy are to:
	
	• Allow clinicians to determine, in partnership with their individual patients, which treatment is clinically appropriate based on the specific needs of the patient and relevant NICE TA guidance.
	• Create capacity so patients can be seen in a timely manner and avoid permanent loss of vision.
	• Increase patient satisfaction and quality of life by:
	  ○ Reducing the injection burden for patients.
	  ○ Reducing the impact of hospital visits for patients.
	  ○ Reducing the risk of endophthalmitis and infections associated with increased frequency of injections.
	
	Implementation of these recommendations has the potential to reduce costs and increase service capacity. Use of biosimilar ranibizumab is promoted.
		ICB Medicines Optimisation and Pharmacy (MOP) Group: 20 June 2024, approved by ICB Medicines Optimisation and Pharmacy Group.

Formulary and guidelines

Proposal	Notes	Approval
Addition of morphine sulphate orodispersible tablets 1mg, 2.5mg, 5mg, 10mg, 20mg, 30mg (Actimorph®) to Cheshire and Merseyside Formulary. **RAG designation**: Green **APG subgroup**: 21 May 2024 **APG**: 07 Jun 2024	Harmonises the position across Cheshire and Merseyside (previously approved in Merseyside). Oral morphine solution will remain the first-choice product, but Actimorph® is an alternative option where oral solution is not suitable as it has a number of practical benefits regarding storage, handling and administration relevant to some patients. It is difficult to determine how many patients will be prescribed Actimorph® since the decision to prescribe it will be based on whether it is appropriate for the individual patient. Actimorph® is more expensive at lower doses and less expensive at higher doses. However any additional cost is thought likely to be minor as annual spend in Merseyside is £1,200.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 June 2024, approved by ICB Medicines Optimisation and Pharmacy Group.
Initiating a DOAC in Patients with Atrial Fibrillation / Flutter (AF). C&M Position Statement for Use of DOACs in Atrial Fibrillation / Flutter. **RAG designation**: Green **APG subgroup**: 21 May 2024 **APG**: 07 Jun 2024	Adoption of Cheshire and Merseyside Cardiac Network guidance, advising on initiating a DOAC and considering a change of agent at Medicines Optimisation review. Adoption of Cheshire and Merseyside statement advising on DOAC choice. Documents will be published on the Cardiac Network website with relevant hyperlinks added to the legacy formularies once available.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 June 2024, approved by ICB Medicines Optimisation and Pharmacy Group.

APG reports

Title	Notes	Approval
NICE TA adherence checklist April 2024	For noting.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 June 2024, noted by ICB Medicines Optimisation and Pharmacy Group.

APG governance

Proposal	Notes	Approval
APG policy	Full review as part of annual governance review for CMAPG. Updated APG secretariat details and to reflect current ways of working, with clarification of the roles and responsibilities of APG.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 June 2024, approved by ICB Medicines Optimisation and Pharmacy Group.
APG terms of reference	Full review as part of annual governance review for CMAPG. Updated to reflect current approach and membership, and to ensure it is consistent with and complements the APG policy.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 June 2024, approved by ICB Medicines Optimisation and Pharmacy Group.
Policy statement template	Updated draft policy statement template. Order of document based on subgroup and user feedback. Accessibility requirements have been checked.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 June 2024, approved by ICB Medicines Optimisation and Pharmacy Group.
APG appeals form	Minor updates to APG secretariat details. Timescale amended from 60 days to 60 calendar days as previously agreed by APG.	**Area Prescribing Group (APG):** 07 June 2024, noted by Cheshire and Merseyside APG.

Proposal	Notes	Approval
APG subgroup terms of reference New medicines Formulary and guidelines Interface prescribing Safety Antimicrobial guide	Full review as part of annual governance review for CMAPG. Minor updates to reflect current approach and membership, and to ensure documents are consistent with and complement the APG policy and terms of reference.	**Area Prescribing Group (APG):** 07 June 2024, noted by Cheshire and Merseyside APG.
APG subgroup common process	Minor updates to APG secretariat details.	**Area Prescribing Group (APG):** 07 June 2024, noted by Cheshire and Merseyside APG.
Application forms New medicine RAG change Formulary amendment	Minor updates to APG secretariat details.	**Area Prescribing Group (APG):** 07 June 2024, noted by Cheshire and Merseyside APG.
Decision support summary	Minor updates to APG secretariat details and improved flow of the document.	**Area Prescribing Group (APG):** 07 June 2024, noted by Cheshire and Merseyside APG.
Subgroup processes New Medicines Subgroup: NICE TA Process New Medicines Subgroup: Process for terminated, suspended and withdrawn NICE TAs Formulary and Guidelines Subgroup: Process for Formulary Chapter Reviews	Minor updates to APG secretariat details and to reflect current ways of working.	**Area Prescribing Group (APG):** 07 June 2024, noted by Cheshire and Merseyside APG.

Proposal	Notes	Approval
Fast-track process	No updates required.	**Area Prescribing Group (APG):** 07 June 2024, noted by Cheshire and Merseyside APG.
Free of charge scheme policy	No updates required. Included in the NHS Cheshire and Merseyside Working with the Pharmaceutical Industry (PI), Dispensing Appliance Contractors (DACs) and Prescribing Associated Product Suppliers Policy.	**Area Prescribing Group (APG):** 07 June 2024, noted by Cheshire and Merseyside APG.

Carried forward

Proposal	Notes	Approval
Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 **RAG designation**: Red **APG subgroup**: 12 April 2024 **APG**: 03 May 2024	**Date of NICE TA publication**: 13 March 2024 **Approval for implementation**: 15 months **Deadline for implementation**: 01 June 2025 Existing Red statement amended in line with updates to NICE TA878. NICE have partially reviewed TA878 and recommended nirmatrelvir plus ritonavir (Paxlovid) in extended patient groups; people with diabetes, obesity or heart failure, or aged 70 years or over. NICE also updated the recommendation for casirivimab plus imdevimab and removed it from TA878 as the marketing authorisation	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 16 May 2024, clinically supported by ICB Medicines Optimisation and Pharmacy Group. Additional information relating to the access of national supplies of Nirmatrelvir plus ritonavir accessed. 19 June 2024 approved by ICS Chief Pharmacist.

Proposal	Notes	Approval

	has been withdrawn. Therefore, the black TA statement will be stood down.
	
	The period of TA compliance has been extended to 15 months for ICBs to ensure capacity, expertise and treatment pathways are is in place to support access. However, the TA states that access to treatment will be rolled out to an initial subset of patent groups within 3 months if they test positive for COVID-19:
	
	• People aged 85 years and over
	• People with end-stage heart failure who have a long-term ventricular assistance device
	• People on the organ transplant waiting list
	• People aged 70 years and over, or who have a BMI of 35 kg/m^2 or more, diabetes or heart failure, and
	  ○ are resident in a care home, or
	  ○ are already hospitalised.
	
	Concerns were expressed by NMSG members regarding implementation:
	
	• Access to treatment - whether clinicians are able to treat patients in the extended patient groups immediately if they have capacity, or whether it would only be the cohort specified in the initial rollout.
	• Care homes - how an outbreak of COVID-19 in a care home would be managed. Concerns raised about trust capacity to support response.
	• Blueteq form for nirmatrelvir plus ritonavir –whether the patient groups for initial rollout should be recorded separately on the Blueteq form, or whether to just include the overarching extended patient groups. If recorded separately, should the Blueteq	

Proposal	Notes	Approval
	form only include the initial patient groups until the ICB can implement for the wider patient groups. • Testing for COVID-19 – how will COVID-19 tests be supplied to patients, including care home patients. • How patients are informed if they are in these risk categories The APG acknowledged that implementation will be complex and agreed to highlight these issues to the ICB. A further query was raised at APG whether the requirement for Blueteq forms would apply in a pandemic. Cost estimates were based on modelling from usage in previous years. Stock is currently free of charge.	
Ritlecitinib for treating severe alopecia areata in people 12 years and over **RAG designation**: Red **APG subgroup**: 12 April 2024 **APG**: 03 May 2024	**Date of NICE TA publication**: 27 March 2024 **Approval for implementation**: 90 days **Deadline for implementation**: 25 June 2024 Red RAG rating to be assigned in formulary, in line with NICE TA958. Ritlecitinib is a new, licensed treatment option for alopecia areata. There are no other licensed treatment options available. Based on modelling within NICE resource impact template and applying the commercial in confidence patient access scheme discount, it is estimated that the drug cost of implementing TA958 in Cheshire and Merseyside will be £423,000 in 2024-25, £393,000 in 2025-26, £468,000 in 2026-27, £489,000 in 2027-28, and £384,000 in 2028-29 when it is assumed that steady state is reached. This is based on the	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 16 May 2024, clinically supported by ICB Medicines Optimisation and Pharmacy Group. 25 June 2024 Approved by ICB Associate Medical Director.

Proposal	Notes	Approval
	assumption that ritlecitinib is provided through a company-funded homecare service.	