NHS
Cheshire and Merseyside

# Area Prescribing Group report

**Date**: Friday 05 December 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 |
|---|---|---|---|
| Betula verrucosa for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen<br>**RAG designation**: Amber retained<br>**APG subgroup**: 12 September 2025<br>**APG:** 03 October 2025 | **Date of NICE TA publication**: 08 Aug 2025<br>**Approval for implementation**: 90 days<br>**Deadline for implementation**: 04 Nov 2025<br>Amber retained statement for use in moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen in adults, in line with NICE TA1087. | The estimated cost of implementing this guidance in Cheshire and Merseyside is £34,500 in 2025-26 (part-year cost) rising to £176,000 in 2027-28 when it is assumed that steady state is reached. This is based on drug costs alone. | **ICB Medicines Optimisation and Pharmacy (MOP) Group:** 16 October 2025, clinically supported by MOP group.<br>**ICB Executive Committee:** 22 December 2025, approved by ICB Executive Committee |

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| | Betula verrucosa (Itulazax) is a new sublingual immunotherapy treatment for adults with moderate to severe allergic rhinitis or conjunctivitis caused by pollen from the birch group of trees that is diagnosed by clinical history with a positive test of sensitisation (skin prick test or specific IgE) and where symptoms persist despite use of symptom-relieving medicine.<br><br>A grey RAG has been assigned in the formulary for use in people aged 5 to 17 years, which will be reviewed when the NICE TA is published for this indication. | | |

## New medicines other

| Proposal | Notes | Financial implications | Approval |
|---|---|---|---|
| Ospemifene for treating vulvar and vaginal atrophy in postmenopausal women<br><br>Plus<br><br>Prasterone for treating vulvar and vaginal atrophy in postmenopausal women<br><br>**RAG designation**: Green<br><br>**APG subgroup**: 10 Oct 2025<br><br>**APG**: 07 Nov 2025 | New Green prescribing statements for ospemifene and prasterone for vulvar and vaginal atrophy (VVA) in postmenopausal women in line with NICE NG 23.<br><br>Prasterone is biochemically and biologically identical to endogenous dehydroepiandrosterone (DHEA) and is converted to oestrogens and androgens in vaginal tissue. It provides a further option for patients unable to have, or who have failed, treatment with vaginal oestrogen. | There is already usage of both drugs within the system. Based on additional drug costs alone, the estimated part-year cost of implementing ospemifene and prasterone in 2025-26 is £37,822. | **ICB Medicines Optimisation and Pharmacy (MOP) Group:** 20 November 2025, clinically supported by MOP group.<br><br>**ICB Executive Committee:** 22 December 2025, approved by ICB Executive Committee |

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| | Prasterone is used instead of vaginal oestrogen.<br><br>Ospemifene is a selective oestrogen receptor modulator (SERM) and is the first oral treatment approved for VVA, offering an alternative for patients who cannot use vaginal therapies. It can be used in patients with a prior history of breast cancer after all breast cancer treatments, including adjuvant therapy, have been completed. Ospemifene is used instead of vaginal oestrogen.<br><br>Both ospemifene and prasterone are more costly than standard treatments, but it is noted that adequate treatment of VVA may reduce costs associated with treatment of genitourinary infections. | | |

## Formulary and guidelines

| Proposal | Notes | Financial implications | Approval |
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| Ferric Maltol for Iron Deficiency Anaemia – Third Line<br><br>**RAG designation**: Green<br><br>**APG subgroup**: 19 Aug 2025 | Addition to formulary of indication of iron deficiency anaemia (IDA) for ferric maltol only where an adequate trial of two different oral iron preparations, including liquid form, has been unsuccessful in correcting | If primary care prescribing levels of ferric maltol in Cheshire and Merseyside reach the same level as other ICBs who have already approved ferric maltol for IDA, the in-year cost pressure in primary care | **ICB Medicines Optimisation and Pharmacy (MOP) Group**:<br>18 September 2025, clinically supported by MOP group. |

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| **APG**: 04 Sep 2025 | the patient's anaemia and the patient is being considered for referral to secondary care for consideration of intravenous iron therapy. This was previously designated as grey RAG in the legacy Merseyside formulary and black in the legacy Cheshire formulary for this indication.<br><br>Ferric maltol is significantly more expensive per course than alternative oral iron preparations. The statement and formulary entry emphasise the restricted use. There is evidence it does reduce use of iron infusions, and a course of ferric maltol is less expensive than intravenous iron, particularly if day-case administration costs are taken into consideration.<br><br>The amber initiated RAG designation for IDA in patients with inflammatory bowel disease has been retained. | prescribing for 2025-26 will be between £17,500 - £134,500.<br><br>This will deliver a respective saving in trust IV iron drug costs of between £7,400 - £56,500.<br><br>This represents a maximum drug cost pressure of £78,000 but will avoid day case administration costs. | **ICB Executive Committee:** 22 December 2025, approved by ICB Executive Committee |

## Interface prescribing

| Proposal | Notes | Financial implications | Approval |
|---|---|---|---|
| Shared care framework template<br><br>**RAG designation**: Purple<br><br>**APG subgroup**: 11 Nov 2026<br><br>**APG**: 05 Dec 2025 | A new harmonised shared care framework template document has been produced, which has been adapted from the Regional Drug and Therapeutics Centre (RDTC) template. | N/A | **ICB Medicines Optimisation and Pharmacy (MOP) Group:** 18 December 2025, approved by MOP group. |

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| | The template has been developed to ensure that an appropriate shared care framework template is available at the point when harmonisation of shared care frameworks can commence in Cheshire and Merseyside.<br><br>A solution is being explored to allow easier input of information into the appendices and to allow for electronic signatures at the point when the template can be used.<br><br>At this stage, the template is an internal document and has not been included on the final APG report. | | |

## APG reports

| Proposal | Notes | Financial implications | Approval |
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| NICE TA adherence checklist<br><br>October 2025 | For noting | N/A | **ICB Medicines Optimisation and Pharmacy (MOP) Group:**<br>18 December 2025, noted by MOP group. |

## Actioned items for noting

| Proposal | Notes | Financial implications | Approval |
|---|---|---|---|
| Dupilumab for chronic spontaneous urticaria<br>**RAG designation**: Grey<br>**APG subgroup**: 14 Nov 2025<br>**APG**: 05 Dec 2025 | A grey RAG designation has been assigned pending publication of the NICE TA | N/A | Actioned item noted at APG |
| Zuranolone for postnatal depression<br>**RAG designation**: Grey<br>**APG subgroup**: 14 Nov 2025<br>**APG**: 05 Dec 2025 | A grey RAG designation has been assigned pending publication of the NICE TA | N/A | Actioned item noted at APG |
| Levodopa inhalation for intermittent treatment of episodic motor fluctuations (OFF episodes) in adults with Parkinson's disease<br>**RAG designation**: Grey<br>**APG subgroup**: 14 Nov 2025<br>**APG**: 05 Dec 2025 | A grey RAG designation has been assigned pending review | N/A | Actioned item noted at APG |
| Adrenaline nasal spray for anaphylaxis<br>**RAG designation**: Grey<br>**APG subgroup**: 14 Nov 2025<br>**APG**: 05 Dec 2025 | A grey RAG designation has been assigned pending review | | Actioned item noted at APG |

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| Omeprazole formulary entry<br>**RAG designation**: no change<br>**Safety subgroup**: 19 Nov 2025<br>**APG**: 05 Dec 2025 | Minor formulary amendment from the safety subgroup to support ongoing prescribing review in Cheshire.<br>Entry was re-written to clarify 20mg/5ml as the preferred strength if a liquid is required. | N/A | Actioned item noted at APG |
| Atropine eye drops<br>**RAG designation**: Green<br>**APG subgroup**: 21 Oct 2025<br>**APG**: 05 Dec 2025 | Sublingual eye drops for hypersalivation (off-label)<br>Removal of recommendation that atropine unit dose eye drops are used in preference to multidose bottle on cost grounds, as prices are now similar. | N/A | Actioned item noted at APG |
| Asmanex Twisthaler (mometasone) – discontinuation.<br>**RAG designation**: DNP<br>**APG subgroup**: 18 Nov 2025<br>**APG**: 05 Dec 2025 | Removal of mometasone (Asmanex Twisthaler) – discontinuation. Previously designated as DNP. | N/A | Actioned item noted at APG |