NHS
Cheshire and Merseyside

Area Prescribing Group report

Date: Friday 06 September **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
Risankizumab for treating moderately to severely active ulcerative colitis **plus** High cost drug treatment pathway - inflammatory bowel disease in adults **RAG designation**: Red **APG subgroup**: 13 Sep 2024 (due) **APG**: 06 Sep 2024	**Date of NICE TA publication**: 22 Aug 2024 **Approval for implementation**: 30 days **Deadline for implementation**: 21 Sep 2024 Red RAG rating to be assigned in formulary, in line with NICE TA998. Tariff-excluded high cost drug for specialist use only. Risankizumab is another treatment option for ulcerative colitis and has a similar mode of action to ustekinumab and mirikizumab. It is administered as an IV infusion for the induction dose and S/C injection for maintenance dose.	**MOP**: 19 September 2024, approved by ICB Medicines Optimisation and Pharmacy Group.

Proposal	Notes	Approval
	A cost comparison by NICE suggests risankizumab has similar costs to ustekinumab. As risankizumab 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. The IBD pathway has been updated to include risankizumab for ulcerative colitis and the 180mg S/C formulation will be added to the formulary.	
Abaloparatide for treating osteoporosis after menopause **RAG designation**: Red **APG subgroup**: 09 Aug 2024 **APG**: 06 Sep 2024	**Date of NICE TA publication**: 07 Aug 2024 **Approval for implementation**: 90 days **Deadline for implementation**: 04 Nov 2024 Red RAG rating to be assigned in formulary, in line with NICE TA991. Tariff-excluded high cost drug for specialist use only. Abaloparatide is given daily by subcutaneous injection for a maximum of 18 months. It is positioned at the same place in the treatment pathway as romosozumab and teriparatide. As abaloparatide 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.	**MOP**: 19 September 2024, approved by ICB Medicines Optimisation and Pharmacy Group.

New medicines other

Proposal	Notes	Approval
Cytisine tablets to aid smoking cessation **RAG designation**: Green **APG subgroup**: 09 Aug 2024 **APG**: 06 Sep 2024	Cytisine is a new medication to support smoking cessation across Cheshire and Merseyside. Currently, only nicotine replacement therapy (NRT) and bupropion are available to offer patients for smoking cessation whilst varenicline is unavailable. Use of buproprion is limited by its mechanism of action and contraindications. A Cochrane review found cytisine to be as effective as varenicline and NRT, and more cost-effective compared to NRT. Based on a comparison of the maximum use of NRT course, there is a potential cost saving of £84.84 to £139.20 per patient for patients using cytisine compared to using a nicotine patch reducing course and an inhalator when needed. The formulary section for nicotine dependence was prioritised for harmonisation in order to ensure equitable access to smoking cessation products across Cheshire and Merseyside and support the review of cytisine. The APG supported the update of the legacy formularies in advance of full chapter harmonisation. The APG supported the green statement in principle but requested that the recommendations for contraception were clarified with the manufacturer as the SPC is contradictory. The statement was updated to remove the requirement for highly effective contraception after receiving clarification from the manufacturer.	**MOP**: 19 September 2024, approved by ICB Medicines Optimisation and Pharmacy Group.

Proposal	Notes	Approval
Budesonide orodispersible tablets (Jorveza®) for induction and maintenance of remission in eosinophilic oesophagitis in adults **RAG designation**: Amber retained **APG subgroup**: 09 Aug 2024 **APG**: 06 Sep 2024	Budesonide orodispersible tablets are licensed for the induction and maintenance of remission of eosinophilic oesophagitis (EoE), but are only commissioned for the induction of remission, in accordance with TA708. At the time of NICE appraisal, the license was only for induction of remission but the marketing authorisation has since been extended. Use of budesonide orodispersible tablets for maintenance of remission of EoE will provide a licensed treatment option in place of off-label topical steroids, such as budesonide nebuliser solution mixed with low calorie sweetener to form a slurry, which are currently being used. Prescribing for the induction of remission of EoE is the responsibility of the specialist. If ongoing maintenance treatment is indicated, at a maximum total daily dose of 1mg, then prescribing will be transferred to the patient's GP with annual review by the specialist. Patients will remain under the care of the specialist. Based on responses from providers across Cheshire and Merseyside, it is anticipated that up to 50 patients will require maintenance treatment with orodispersible budesonide tablets. When offset costs from current off-label treatments costs are taken into account, the approximate cost per annum is expected to be £98,532.70.	**MOP**: 19 September 2024, supported by ICB Medicines Optimisation and Pharmacy Group. 19 September 2024, approved by ICS Chief Pharmacist following further analysis of estimated costs being undertaken.
Mometasone furoate and olopatadine hydrochloride nasal spray (Ryaltris®) for the treatment of moderate to severe nasal symptoms associated with allergic rhinitis	Mometasone furoate and olopatadine hydrochloride nasal spray (Ryaltris®) is proposed as an alternative to fluticasone propionate and azelastine hydrochloride (Dymista®) nasal spray and is used at the same position in the treatment pathway.	**MOP**: 19 September 2024, approved by ICB Medicines Optimisation and Pharmacy Group.

Proposal	Notes	Approval
RAG designation: Green **APG subgroup**: 09 Aug 2024 **APG**: 06 Sep 2024	Ryaltris® is associated with a cost saving compared to Dymista® if used continuously, as Ryaltris® is less expensive than Dymista® (£173.24 per annum, compared to £192.93 per annum). However, it has a shorter shelf-life of 2 months. The formulary section for intranasal corticosteroids was prioritised for harmonisation to support this application as there were unharmonised drugs which would cause difficulties in assigning the RAG rating. The APG supported the update of the legacy formularies in advance of full chapter harmonisation.	

Formulary and guidelines

Proposal	Notes	Approval
Trurapi® - biosimilar insulin aspart **RAG designation:** Amber initiated (Mersey), green (Cheshire). **APG subgroup:** 20 Aug 2024 **APG:** 06 Sep 2024	Biosimilars are considered therapeutically equivalent and interchangeable with their reference product and have the potential to offer the NHS considerable cost savings. Trurapi® demonstrates similar pharmacokinetics, has been shown to be non-inferior in terms of glycaemic control, and has a similar safety and immunogenicity profile to the reference product (NovoRapid®), in both type 1 and type 2 diabetes. Patients have been safely switched from NovoRapid® to Trurapi® in many areas across England. Based on current expenditure across NHS Cheshire and Merseyside, switching 80% of patients from NovoRapid® to Trurapi® would save approximately £1 million per annum. The use of best value biological medicines is one of 16 national medicines optimisation	**MOP**: 19 September 2024, approved by ICB Medicines Optimisation and Pharmacy Group with a minor amendment to the flowchart.

Proposal	Notes	Approval
	priorities identified by NHS England. The position statement gives guidance on implementation.	
Addition of hydrocortisone tablets 2.5mg and 5mg – replacement therapy to formulary **RAG designation:** Green (amber initiated in paediatrics). **APG subgroup**: 20 Aug 2024 **APG:** 06 Sep 2024	Although significantly more expensive than 10mg tablets the availability of low strength hydrocortisone tablets allows more accurate dose rounding and a wider range of doses to be available as tablets for paediatrics. It reduces the use of hydrocortisone liquid or granule capsules (Alkindi®) in patients who would otherwise be eligible to take tablets but who require small doses and provides more accurate and suitable dosing compared to splitting 10mg tablets [off-label]. It also provides a significant cost saving in comparison to having to use liquid/granule preparations for patients whose doses are not able/appropriate to be rounded to the nearest 10mg. Alder Hey Children's Hospital patients have switched to or been started on the low strength tablets where possible resulting in an estimated cost saving of ~£90,000/year. Further savings may be realised in primary care where some prescribing of liquid or granules is taking place.	**MOP**: 19 September 2024, approved by ICB Medicines Optimisation and Pharmacy Group.
APO-go® POD cartridge replacing APO-go® pre-filled syringes in formulary **RAG designation:** Amber retained **APG subgroup**: 20 Aug 2024 **APG**: 06 Sep 2024	The manufacturer has now confirmed discontinuation of the APO-go pre-filled syringe and will stop production by September 2024 with estimated stock exhaustion in April 2025. This will therefore require the corresponding change in the formulary, and all patients currently established on APO-go PFS to switch to the APO-go POD within this time frame. Approximately 90 patients established on APO-go within Cheshire & Merseyside to be switched. APO-go PFS and POD are of the same mg/ml cost.	**MOP:** 19 September 2024, approved by ICB Medicines Optimisation and Pharmacy Group.

Proposal	Notes	Approval
Addition of aflibercept 8mg injection to the formulary **RAG designation:** Red **APG subgroup**: 20 Aug 2024 **APG**: 06 Sep 2024	The 8mg aflibercept injection will involve fewer injections over a 2-year period compared to the 2mg dose (9 injections compared to 11) with fewer hospital visits and better compliance. Many patients on 8mg strength can extend the interval between injections from 8 weeks to 16 – 20 weeks. Cost savings arise from fewer hospital visits being required (drug is priced to cost the same for both formulations). For wet age-related macular degeneration (nAMD) patients, this can save up to £710,264 annually, and for diabetic macular oedema (DMO) expected cost savings are £657,078.50 over 2 years (savings in drug costs and activity costs), assuming 50% of patients use the 8mg dose instead of the 2mg.	**MOP**: 19 September 2024, approved by ICB Medicines Optimisation and Pharmacy Group.
High-cost drugs pathway for psoriatic arthritis. **RAG designation:** Red **APG subgroup**: 21 May 2024 **APG**: 6 Sep 2024	This summarises all NICE technology appraisals (TA's) on high-cost drug therapies for psoriatic arthritis. There are no additional cost implications over those mandated by NICE and currently incurred. Peripheral spondyloarthropathy use would no longer be commissioned in Merseyside; however consultants have indicated patients may still receive biologic treatment by fitting NICE criteria for other conditions.	**MOP:** 19 September 2024, approved by ICB Medicines Optimisation and Pharmacy Group.
Legacy Pan Mersey statements – withdrawal **APG subgroup**: 21 May 2024 **APG**: 6 Sep 2024	*Roflumilast tablets (Daxas®) for COPD* *Prednisolone Enteric Coated tablets* Statements do not align with harmonised formulary chapters, and they have insufficient value to justify updating.	**MOP:** 19 September 2024, approved by ICB Medicines Optimisation and Pharmacy Group.

Antimicrobials

Proposal	Notes	Approval
Methenamine hippurate formulary addition **RAG designation**: Green **APG subgroup**: 12 Aug 2024 **APG**: 06 Sep 2024	Recent studies have shown that methenamine hippurate is a well-tolerated, non-antibiotic treatment option for the prevention of recurrent urinary tract infection. Methenamine hippurate is comparable to the efficacy of antibiotic drugs and is probably a better treatment option in terms of efficacy and cost when considering the impact of antimicrobial resistance. Updated guidance on recurrent urinary tract infection will follow resolution of a question from APG about clinic access for cystoscopy across the system. Based on the total actual cost between May 2019 and April 2024, the forecast spend in July 2025 was £18.7k (95% CI: £11.0k-£26.5k).	**MOP**: 19 September 2024, approved by ICB Medicines Optimisation and Pharmacy Group.

APG reports

Title	Notes	Approval
NICE TA adherence checklist July 2024	For noting	**MOP**: 19 September 2024, noted by ICB Medicines Optimisation and Pharmacy Group.