NHS
Cheshire and Merseyside

Area Prescribing Group report

Date: Friday 06 June 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.

Please note that the legacy Pan Mersey APC 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.

New medicines NICE TAs

Proposal	Notes	Approval
Tirzepatide for managing overweight and obesity **RAG designation**: Green **APG subgroup**: 11 April 2025 **APG**: 02 May 2025	**Date of NICE TA publication**: 23 December 2024 **Approval for implementation**: 180 days (for phased implementation as defined in the NHS England interim commissioning policy). **Deadline for implementation**: 21 June 2025 Green statement in line with NICE TA1026 and NHS England interim commissioning guidance. The NHSE interim commissioning guidance details eligible patient cohorts, prioritisation strategy and phased implementation of tirzepatide across specialist	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 15 May 2025, clinically supported by MOP group. **ICS Director of Finance:** 05 June 2025, approved by Executive Director of Finance (Interim)

Proposal	Notes	Approval
	weight management services and primary care settings. The total eligible population, as outlined in NICE TA1026, should have access based on cohort prioritisation led by clinical need. The initial patient cohort is patients with BMI ≥ 40 with 4 qualifying comorbidities. Access to tirzepatide within specialist weight management services will be aligned to the proposed cohorting approach that will apply in primary care. In Cheshire and Merseyside, prescribing in primary care will be delivered through a community-based weight loss prescribing service to deliver the requirements for primary care access of the NICE TA. Eligible patients will need to be referred into the service to access treatment. Further information on access to tirzepatide is available on the NHS Cheshire and Merseyside website: Mounjaro (Tirzepatide) - NHS Cheshire and Merseyside.	
Relugolix–estradiol–norethisterone acetate for treating symptoms of endometriosis **RAG designation**: Amber initiated **APG subgroup**: 09 May 2025 **APG**: 06 June 2025	**Date of NICE TA publication:** 16 April 2025 **Approval for implementation:** 90 days **Deadline for implementation:** 15 July 2025 Amber initiated statement in line with NICE TA1057. Relugolix-estradiol-norethisterone is a combined treatment which has hormonal “add back” therapy included in the formulation to protect bones and minimise possible side effects. This is a new oral treatment option for patients with endometriosis, which may be preferable to patients	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 19 June 2025, approved by MOP group.

Proposal	Notes	Approval
	compared to existing injectable treatment options and may improve compliance. The proposed amber initiated RAG is assigned on the basis that a specialist should initiate treatment, stabilise the patient's condition and review impact of treatment on bone density through a DXA scan after 1 year. Since the prescribing statement for relugolix–estradiol–norethisterone for uterine fibroids was developed, the recommendation in the SPC around the need for DXA scan after 1 year has been amended to state "and as considered appropriate thereafter." Depending on the degree of bone mineral density loss, there may be patients who require further DXA monitoring during treatment and APG agreed that these patients should be retained by the specialist. The legacy statement for treatment of uterine fibroids will be harmonised and the additional requirement for further DXA scans will be included. In the meantime, information will be added to the formulary entry to clarify that the patient needs to be retained by the specialist in these circumstances. Compared with GnRH analogues and hormonal add back therapy, there is likely to be a very small cost saving when relugolix–estradiol–norethisterone is given for a 6 month treatment course and it is cost neutral when given for 12 months.	

Proposal	Notes	Approval
Molnupiravir for treating COVID-19 **RAG designation**: Red **APG subgroup**: 09 May 2025 **APG**: 06 June 2025	**Date of NICE TA publication**: 16 April 2025 **Approval for implementation**: 90 days **Deadline for implementation**: 15 July 2025 Red statement in line with NICE TA1056. Molnupiravir is a further oral treatment option for treating mild to moderate COVID-19 in adults and should only be used when nirmatrelvir plus ritonavir and sotrovimab are contraindicated or unsuitable. NICE confirmed that the recommendation applies to people with mild to moderate COVID-19 at risk of progression to severe COVID-19, irrespective of the clinical setting. Molnupiravir can be supplied to patients in hospital if they meet TA1056 criteria and does not need to be restricted to community setting. Molnupiravir is already being used in Cheshire and Merseyside, and current practice is unlikely to change substantially as a result of this TA guidance.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 19 June 2025, approved by MOP group.
Cenobamate for treating focal onset seizures in epilepsy **RAG designation**: Amber initiated **APG subgroup**: 09 May 2025 **APG**: 06 June 2025	**Date of NICE TA publication:** 15 December 2021, updated 06 May 2025 **Approval for implementation**: N/A **Deadline for implementation**: N/A Harmonised amber initiated statement in line with the update to NICE TA753, which now specifies that treatment should be started by a healthcare professional with expertise in epilepsy instead of requiring that treatment is started in a tertiary epilepsy service.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 19 June 2025, approved by MOP group.

Proposal	Notes	Approval
	The NMSG agreed a harmonised policy statement would be useful to support ongoing prescribing in primary care. Prior to rapid harmonisation, cenobamate was not included on the legacy Cheshire formulary but there is prescribing of cenobamate in Cheshire. There is not expected to be an additional financial impact.	

New medicines other

Proposal	Notes	Approval
Anti-VEGF intravitreal injections for age related macular degeneration in patients with visual acuity >6/12 **RAG designation**: Red **APG subgroup**: 11 April 2025 **APG**: 06 June 2025	A recommendation to start anti-VEGF treatment for patients with wet AMD in whom the best-corrected visual acuity is > 6/12. Patients will be treated sooner than outlined in the NICE Technology Appraisals, but in line with NICE Guideline 82 which states that the use of any anti-VEGF for patients with visual acuity >6/12 (better than between 6/12 and 6/96) is clinically effective and may be cost effective. It is better to start anti-VEGF treatment when visual acuity is >6/12 rather than wait for further deterioration. After vision deteriorates it is unlikely to be fully regained after initiation of anti-VEGF therapy. Early intervention is cost neutral over three years, but some patients may require an additional injection in the first year only. Some providers in Cheshire and Merseyside have already started treating patients with visual acuity >6/12, which is resulting in unwarranted clinical variation.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 19 June 2025, approved by MOP group.

Interface prescribing

Proposal	Notes	Approval
Mepacrine for dermatological conditions **RAG designation**: Red **APG subgroup**: 13 May 2025 **APG**: 06 June 2025	A harmonised red RAG rating is proposed for mepacrine for dermatological conditions, following concerns raised by the subgroup due to the unlicensed nature, specialist indications and very small patient numbers. The RAG rating for mepacrine is currently amber initiated in the legacy Merseyside formulary and red in the legacy Cheshire formulary. Mepacrine prescribing has largely been kept within Trusts due to the small patient numbers involved, but there is some very low usage in primary care across Cheshire and Merseyside. These patients would need to be repatriated to secondary care. It is acknowledged that the proposed red RAG rating is outside of the current RAG definitions and criteria. The legacy Merseyside prescribing support information for mepacrine will be withdrawn. The IPSG agreed that there would not be a requirement for a red RAG statement. There is no additional system cost associated with implementing the red RAG rating, but prescribing costs would move from primary care into provider trusts.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 19 June 2025, approved by MOP group.

Safety

Proposal	Notes	Approval
Valproate: reducing the reproductive risks **RAG designation**: Amber retained – children, young people and adults under 55 years of age, for all indications. Amber initiated – adults aged 55 years and over, for all indications. **Valproate prescribing task and finish group**: 10 Jun 2025 **APG**: 06 Jun 2025	Guidance on roles and responsibilities to support strengthened regulations to reduce the harms from valproate. Includes a GP letter template to describe the discussion about contraception and how the risk of pregnancy has been managed and visual guides for quick reference. A webinar launch is scheduled for 17 July.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 26 June 2025, approved under Chair's action.
Administration of depot and long-acting antipsychotic injections in the acute setting **RAG designation**: not applicable **Safety subgroup**: 21 May 2025 **APG**: 06 Jun 2025	Recommendations to reduce patient harm from incorrect or inadvertent duplicate administration. System guidance developed from lessons learned.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 19 June 2025, approved by MOP group.

APG reports

Title	Notes	Approval
NICE TA adherence checklist April 2025	For noting.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 19 June 2025, noted by MOP group.