NHS
Cheshire and Merseyside

Area Prescribing Group report

Date: Friday 04 October 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
Relugolix for hormone-sensitive prostate cancer (NICE TA995) **RAG designation**: Amber retained **APG subgroup**: 13 September 2024 **APG**: 04 October 2024	**Date of NICE TA publication**: 14 August 2024 **Approval for implementation**: 90 days **Deadline for implementation**: 12 November 2024 Amber retained statement in line with NICE TA995. Relugolix is the first oral treatment that provides an alternative to injectable androgen deprivation therapy (ADT) such as triptorelin, goserelin, leuprorelin (GnRH agonists) and degarelix (GnRH antagonist). Clinical trial evidence suggests that relugolix is better at reducing testosterone to levels that stop cancer growth in the long term and reduces the risk of serious	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 17 October 2024, clinically supported by ICB Medicines Optimisation and Pharmacy Group. **ICS Chief Pharmacist:** 17 October 2024, approved by ICS Chief Pharmacist

Proposal	Notes	Approval
	cardiovascular events, compared with leuprolide. An indirect treatment comparison suggests that relugolix works as well as other ADTs, but NICE states that this is uncertain. Relugolix would replace existing ADTs in the pathway but is associated with an increased cost compared to other treatments and a saving compared to degarelix. Overall, the estimated cost of implementing this guidance in Cheshire and Merseyside is £33,000 in 2025-26, rising to £76,000 in 2028-29 when it is assumed that steady state is reached. This is based on drug costs alone. There may also be capacity savings resulting from use of an oral treatment, compared to an injectable treatment. The APG acknowledged the difference in the legacy formulary positions for GnRH agonists and degarelix, which are shared care in Cheshire and amber retained in Merseyside. The formulary section will undergo rapid harmonisation to ensure equitable access across Cheshire and Merseyside and support the introduction of relugolix. This will be brought back to APG for approval.	
Linzagolix for treating moderate to severe symptoms of uterine fibroids (NICE TA996) **RAG designation**: Amber retained **APG subgroup**: 13 September 2024 **APG**: 04 October 2024	**Date of NICE TA publication**: 14 August 2024 **Approval for implementation**: 90 days **Deadline for implementation**: 12 November 2024 Amber retained statement in line with NICE TA996. Linzagolix is a selective, non-peptide gonadotropin-releasing hormone (GnRH) receptor antagonist. It is an alternative treatment option for uterine fibroids, which	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 17 October 2024, clinically supported by ICB Medicines Optimisation and Pharmacy Group. **ICB Medical Director:** 18 October 2024, approved by ICB Executive Medical Director.

Proposal	Notes	Approval
	can be given with or without hormonal add-back therapy (ABT). Relugolix combination therapy (relugolix-estradiol-norethisterone) is already approved for use in Cheshire and Merseyside but contains ABT. Linzagolix will provide a new treatment option for patients who are unsuitable for or who do not want hormone treatment. NMSG assigned an amber initiated RAG designation in accordance with the RAG for relugolix-estradiol-norethisterone. Both treatments require a DXA scan at 12 months, which should be requested and actioned by the specialist. However, linzagolix requires additional monitoring beyond 12 months and APG felt that the specialist is best placed to arrange further DXA scans and to action the results. It was agreed to assign an amber retained RAG rating, which will reviewed after 2 years when there is more experience of using this drug. Based on assumptions within the NICE resource impact template for TA996, the estimated cost of implementing this guidance in Cheshire and Merseyside is £166,000 in 2025-26, £169,000 in 2026-27, £171,000 in 2027-28, £174,000 in 2028-29, and £104,000 in 2029-30 when it is assumed that steady state is reached. This is based on drug costs alone.	
Vibegron for treating symptoms of overactive bladder syndrome (NICE TA999) **RAG designation**: Green **APG subgroup**: 13 September 2024 **APG**: 04 October 2024	**Date of NICE TA publication**: 04 September 2024 **Approval for implementation**: 30 days **Deadline for implementation**: 04 October 2024 Green statement in line with NICE TA999. Vibegron is a further beta 3 adrenergic agonist for the treatment of overactive bladder syndrome, with a similar	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 17 October 2024, approved by ICB Medicines Optimisation and Pharmacy Group.

Proposal	Notes	Approval
	pharmacodynamic profile to mirabegron, and will be used at the same point in the treatment pathway as mirabegron. Vibegron is likely to be preferable to mibegron as it does not have the same risk of severe hypertension as mibegron and it is associated with a small cost saving compared to mirabegron. The annual treatment cost per patient is £325 for vibegron and £353 for mirabegron. The legacy Merseyside guidelines for overactive bladder syndrome will be reviewed and harmonised by FGSG.	
Faricimab for treating visual impairment caused by macular oedema after retinal vein occlusion (NICE TA1004) **RAG designation**: Red **APG subgroup**: 13 September 2024 **APG**: 04 October 2024	**Date of NICE TA publication**: 11 September 2024 **Approval for implementation**: 30 days. **Deadline for implementation**: 11 October 2024 Red RAG rating to be assigned in formulary, in line with NICE TA1004. Tariff-excluded high cost drug for specialist use only. Faricimab is another treatment option for macular oedema after retinal vein occlusion and is an alternative to aflibercept and ranibizumab. A cost comparison by NICE suggests faricimab has similar costs and overall health benefits to aflibercept. Therefore, this is expected to be cost neutral. The CMAPG Policy Statement for NICE-approved anti-VEGF drugs and intravitreal corticosteroids used in Ophthalmic Medical Retinal conditions will require an update to include faricimab. Currently aflibercept is specified as first line in the policy and work is underway into review and update the policy.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 17 October 2024, approved by ICB Medicines Optimisation and Pharmacy Group.

New medicines other

Proposal	Notes	Approval
DAPAGLIFLOZIN and EMPAGLIFLOZIN for chronic heart failure: a multiple prescribing statement GP communication letter: SGLT2 inhibitors in heart failure Pathway for the use of SGLT2 inhibitors in Heart Failure **RAG designation**: Amber recommended **APG subgroup**: 13 September 2024 **APG**: 04 October 2024	Amber recommended statement, GP letter and pathway. These are new Cheshire and Merseyside APG documents, developed from legacy documents, which now include heart failure with preserved or mildly reduced ejection fraction. A multi-prescribing statement has been developed to include all NICE TAs. The GP letter is in line with the format of the GP letter for dapagliflozin and empagliflozin in CKD, which makes specialist responsibilities clearer. The Pathway has been updated to specify 4 to 6 week initial monitoring instead of 2 to 4 weeks, which is in accordance with guidance progressing through the Cardiac Board Minor amendments to wording to clarify specialist responsibilities were made at the request of APG.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 17 October 2024, approved by ICB Medicines Optimisation and Pharmacy Group.
Minor formulary amendment – addition of ustekinumab biosimilar products **RAG designation**: RAG **APG subgroup**: 13 September 2024 **APG**: 04 October 2024	Addition of cost-effective ustekinumab biosimilar products, Pyzchiva, Uzpruvo and Steqeyma to the formulary. This proposal supports the system-wide work on ustekinumab biosimilar switching which is already underway in Trusts. The originator brand will also be specified in formulary for completeness.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 17 October 2024, approved by ICB Medicines Optimisation and Pharmacy Group.

Formulary and guidelines

Proposal	Notes	Approval
Add levomepromazine 5mg/ml oral solution to the formulary. Add levomepromazine 6.25mg tablets to the formulary only for patients unable to measure required dose (1.25ml) if using solution. Remove levomepromazine 6mg tablets from the legacy Pan-Mersey formulary. **RAG designation**: Green **APG subgroup**: 17 Sep 2024 **APG**: 04 Oct 2024	Levomepromazine 25mg tablets are scored in half and patients are asked to halve 25mg tablets to obtain a 12.5mg dose and, within Cheshire, are asked to quarter the 25mg tablet to obtain the 6.25mg dose. The quartering of the 25mg tablet is unlicensed. Levomepromazine 5mg/ml is more costly than the equivalent dose given using levomepromazine 25mg tablets. Therefore, the proposal is to continue to ask patients to halve the 25mg tablets to obtain a 12.5mg dose. For patients on lower doses, the 5mg/ml oral solution is more cost-effective than using levomepromazine 6.25 mg or 6mg tablets. The proposal is to remove 6mg tablets from the formulary as they are more expensive and therefore not recommended. Current annual cost of levomepromazine is £110,000 of which £90,000 is for 6mg and 6.25mg tablets. The subgroup anticipates that additional cost would not be significant but recommends that use of 6.25mg tablets is monitored for increased usage. There may be cost-saving opportunities from replacing current use of 6mg/6.25mg tablets with oral liquid.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 17 October 2024, approved by ICB Medicines Optimisation and Pharmacy Group.
Addition of inhibition/suppression of physiological lactation for cabergoline tablets to formulary, **RAG designation**: Green.	Cabergoline is currently included in the formulary for treatment of hyperprolactinaemia and not for suppression of lactation. Work is ongoing within the ICB about support to mothers after baby loss which highlighted the formulary did not mention the indication. However future work is planned around supporting women to make choices about suppressing lactation in	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 17 October 2024, approved by ICB Medicines Optimisation and Pharmacy Group.

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Formulary entry to include links to the following supporting information: Lactation-after-loss-leaflet.pdf (liverpoolwomens.nhs.uk) Framework for Practice: Lactation and loss | British Association of Perinatal Medicine (bapm.org) **RAG designation**: Green **APG subgroup**: 17 Sep 2024 **APG**: 04 Oct 2024	such circumstances and a formulary entry with links to supportive information would be welcomed. It is administered in prevention of lactation as 1mg, to be taken as a single dose on the first day post-partum and for suppression of established lactation 250micrograms every 12 hours for 2 days. NICE NG194 recommends discussing options for lactation suppression, including medication, with women if breastfeeding is not started or is stopped, breastfeeding is contraindicated for the baby or the woman, or in the event of the death of their baby. Cost: £16 per 8 x 250microg tablets. There is no significant financial impact expected.	
Addition of riluzole 50mg orodispersible film to formulary. **RAG designation**: Purple **APG subgroup**: 17 Sep 2024 **APG**: 04 Oct 2024	Riluzole 50mg tablets and 5mg/1ml oral solution are RAG-rated 'Purple-shared care' within the legacy Pan Mersey formulary but aren't listed in legacy Cheshire formulary. Proposal is to retain the shared care designation in the legacy Merseyside formulary, and the legacy Cheshire formulary will be updated to reflect the current position to allow the addition of the orodispersible tablets to formulary.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 17 October 2024, approved by ICB Medicines Optimisation and Pharmacy Group.
Continuous glucose monitoring secondary care supply **RAG designation**: Red **APG subgroup**: 17 Sep 2024 **APG**: 04 Oct 2024	To avoid the need to continually update the formulary when new secondary care supplied CGM devices are added to the NHS Supply Chain framework, 'eg' has been inserted at the start of the list of commonly used devices and the link to the framework has been added with explanatory wording. This will enable the full list to be viewed.	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 17 October 2024, approved by ICB Medicines Optimisation and Pharmacy Group.

APG reports

Title	Notes	Approval
NICE TA adherence checklist August 2024	For noting	**ICB Medicines Optimisation and Pharmacy (MOP) Group:** 17 October 2024, noted by ICB Medicines Optimisation and Pharmacy Group.