# **Area Prescribing Group report**

Date: Friday 06 February 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 <u>legacy Pan Mersey formulary</u>. The <u>legacy Cheshire formulary</u> will also be updated to reflect these changes.

Please note that the legacy Pan Mersey APC website will close on 31/03/2025. All legacy Pan Mersey APC documents will be available from 01/04/2025 via the legacy Pan Mersey formulary until harmonisation concludes.

CMAPG governance documents are hosted on the <u>Prescribing</u> section of the NHS Cheshire and Merseyside website.

#### **New medicines NICE TAs**

Proposal	Notes	Approval
Tirzepatide for managing overweight and obesity (NICE TA1026)RAG designation: Red (temporary)APG subgroup: 10 January 2025APG: 07 February 2025	<ul> <li>Date of NICE TA publication: 23 December 2024</li> <li>Approval for implementation: 90 days (for initial implementation period)</li> <li>Deadline for implementation: 23 March 2025 (for initial patient cohort in specialist weight management services)</li> </ul>	<ul> <li>ICB Medicines Optimisation and Pharmacy (MOP)</li> <li>Group: 20 February 2025, clinically supported by MOP group.</li> <li>ICS Chief Pharmacist: 20 February 2025, approved by ICS Chief Pharmacist</li> </ul>
	Temporary Red statement in line with <u>NICE TA1026</u> . Tirzepatide is a new injectable treatment option for weight management with a novel mechanism of action as a GLP-1/GIP receptor agonist. This is the first	

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Proposal	Notes	Approval
	injectable treatment for weight management which will not be restricted to specialist weight management services and will expand treatment availability to a broader patient population.	
	A temporary Red RAG rating has been assigned for the initial 3 month implementation period where tirzepatide must be made available for patients accessing specialist weight management services at that time. A separate statement for use in the wider patient cohorts, in accordance with NHS England's interim commissioning policy, will be developed by NMSG when the policy becomes available.	
	The cost impact of implementing the temporary red statement in the interim 3 month period is expected to be small.	
	The ICB position statement has been updated and is available at: <u>Wegovy (Semaglutide) and Mounjaro</u> ( <u>Tirzepatide) access in Cheshire and Merseyside</u> .	

### New medicines other

Proposal	Notes	Approval
Liraglutide for managing overweight and obesity (NICE TA664) RAG designation: Red APG subgroup: 10 January 2025 APG: 07 February 2025	Liraglutide for managing overweight and obesity was already approved for use in both the legacy Cheshire and Merseyside formularies, in line with <u>NICE TA664</u> (December 2020). The NMSG agreed that a harmonised red statement would be useful as there is ongoing work around weight management services.	ICB Medicines Optimisation and Pharmacy (MOP) Group: 20 February 2025, approved by MOP group.
	The liraglutide formulary entry will be updated to include new biosimilar products for weight management and	

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Proposal	Notes	Approval
	diabetes, as they become available. Victoza will be removed as this product is discontinued.	

## Formulary and guidelines

Proposal	Notes	Approval
Mexiletine in ventricular arrythmia RAG designation: Amber retained APG subgroup: 19 November 2024 APG: 06 December 2024	Change of RAG designation for use in ventricular arrythmia from Red to Amber Retained. Mexiletine was included in the legacy Pan Mersey formulary designated Red as it was originally available as an unlicensed product. It was not included in the Cheshire formulary for this indication but will be designated Red in the harmonised C&M formulary as a "rule match". However now there is a licensed formulation for use in ventricular arrythmias the unlicensed formulation may no longer be imported. With use of the licensed formulation the FGSG has re- evaluated the RAG designation and recommends it fits the criteria for amber retained. Cost of the licensed formulation is £490,000 annually, an increase of £250,000 over cost of unlicensed formulation. There are approximately 52 patients at Liverpool Heart and Chest Hospital where the vast majority of patients on mexiletine have it prescribed and supplied. The Namuscla® brand of mexiletine licensed for non- dystrophic myotonia remains designated Red.	<ul> <li>ICB Medicines Optimisation and Pharmacy (MOP) Group: 19 December 2024, clinically supported by MOP group.</li> <li>ICS Director of Finance: 09 February 2025, approved by Executive Director of Finance (Interim)</li> <li>ICB Medicines Optimisation and Pharmacy (MOP) Group: 20 February 2025, GP letter and updated prescribing support information approved by MOP group.</li> </ul>

Proposal	Notes	Approval
	To support implementation a GP letter has been drafted, with GP input, which supports GP practices and patients during this transition of prescribing.	
Adoption of Biosimilar formulary policy. APG subgroup: 21 January 2025 APG: 07 February 2025	A policy proposing adding biosimilars to the formulary by default to expedite their uptake and reduce the APG's workload by eliminating the need for individual approvals. Will facilitate cost savings by adoption of biosimilars.	ICB Medicines Optimisation and Pharmacy (MOP) Group: 20 February 2025, approved by MOP group.
Efmody <sup>®</sup> (hydrocortisone) modified release hard capsules <b>RAG designation</b> : Amber Retained. <b>APG subgroup</b> : 21 January 2025 <b>APG</b> : 07 February 2025	Modified release hydrocortisone capsules, such as Efmody <sup>®</sup> , are recommended for consideration by <u>NICE</u> <u>NG243 August 2024 'Adrenal insufficiency: identification</u> <u>and management'</u> as an alternative glucocorticoid for adults and young people over 12 years with CAH (if they have stopped growing) if there are concerns with adherence or if immediate-release hydrocortisone or prednisolone are unsuitable. The NICE Resource impact summary report states that due to a lack of robust data on current practice and the	<ul> <li>ICB Medicines Optimisation and Pharmacy (MOP)</li> <li>Group: 20 February 2025, clinically supported by MOP group.</li> <li>ICS Chief Pharmacist: 20 February 2025, approved by ICS Chief Pharmacist</li> </ul>
	variation across organisations and services, the size of the resource impact of the overall guideline will need to be determined at a local level (of the overall guideline).	
	Overall financial impact for patients at Alder Hey Children's Hospital Trust is approximately £14,000- £20,000 per year.	
	There are currently 10 patients prescribed Efmody <sup>®</sup> capsules in primary care at annual cost of £20,000 (average annual cost per patient £2,000).	
	It is anticipated there will be reduced hospital admissions and better symptom control for patients with	

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	difficult to manage congenital adrenal hypoplasia and fewer days of school missed due to illness or poor disease control. No additional document for this item.	
Prescribing for patients living/ travelling abroad or otherwise absent from the UK.	Harmonised C&M document updating previous legacy documents. No cost implication.	ICB Medicines Optimisation and Pharmacy (MOP) Group: 20 February 2025, approved by MOP group.
<b>APG subgroup</b> : 21 January 2025 <b>APG</b> : 07 February 2025		

## **APG reports**

Title	Notes	Approval
NICE TA adherence checklist December 2024	For noting.	ICB Medicines Optimisation and Pharmacy (MOP) Group: 20 February 2025, noted by MOP group.
Expired and expiring statements	Formulary chapters 1-3. For noting. Statements which are no longer relevant, have been incorporated into standard practice, or have been superseded by alternative resources will be retired.	ICB Medicines Optimisation and Pharmacy (MOP) Group: 20 February 2025, noted by MOP group.