NHS Cheshire and Merseyside

Area Prescribing Group report

Date: 07 August 2026 **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 in the Cheshire and Merseyside formulary which will also be updated to reflect these changes.

The legacy Cheshire formulary, and the legacy Pan Mersey APC website and formulary are now closed. Legacy documents are available by using the search function of the Cheshire and Merseyside formulary.

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
Semaglutide for reducing the risk of major adverse cardiovascular events in people with cardiovascular disease and overweight or obesity **RAG designation**: Green **APG subgroup**: 12 Jun 2026 **APG**: 03 Jul 2026	**Date of NICE TA publication**: 07 May 2026 **Approval for implementation**: 90 days **Deadline for implementation**: 05 Aug 2026 Green statement in line with NICE TA1152.	Costs will depend on uptake and clinician capacity to initiate. Included within ICB funding allocation for GLP-1 treatments.	**MOP**: 18 Jul 2026, clinically supported by MOP group. **ICB Executive Committee**: 06 Aug 2026, approved by ICB Executive Committee. A Task and Finish Group will be convened to develop additional implementation guidance. Further information and implementation

	Semaglutide injection (Wegovy) is a new treatment option alongside standard care. There is expected to be a very large patient cohort who would meet the criteria in TA1152. This cohort is not included in the funding provided for obesity management via QOF and concerns have been raised regarding the necessary capacity to implement this TA.		arrangements will be communicated by the ICB once available.
Sodium zirconium cyclosilicate for persistent hyperkalaemia Plus Patiromer for persistent hyperkalaemia **RAG designation**: Amber Initiated **APG subgroup**: 12 Jun 2026 **APG**: 03 Jul 2026	**Date of NICE TA publication**: 29 Apr 2026 **Approval for implementation**: 90 days **Deadline for implementation**: 28 Jul 2026 New harmonised Amber Initiated statements in line with NICE TA623 for patiromer and the updated recommendations NICE TA1148 for sodium zirconium cyclosilicate, which is a partial review that updates and replaces TA599. Sodium zirconium cyclosilicate and patiromer for persistent hyperkalaemia were harmonised to Amber Initiated RAG as part of the rapid harmonisation process. These were previously Amber Initiated in legacy Merseyside, with accompanying prescribing statements, and Red in legacy	No significant cost implication or shift in prescribing costs is anticipated from harmonisation as primary care prescribing is already taking place in Cheshire. Additional annual financial impact associated with implementing in the extended population covered by NICE TA1148 is estimated to be £397,000.	**MOP**: 18 Jul 2026, clinically supported by MOP group. **ICS Chief Pharmacist:** 06 Aug 2026, clinically approved on behalf of MOP group. **ICB Executive Committee**: 06 Aug 2026, approved by ICB Executive Committee.

	Cheshire. The harmonised statements will support implementation of the RAG change for Cheshire and maintain the recommendations already in place for the rest of the ICS, with the updated NICE TA1148 recommendations increasing eligibility for use of sodium zirconium cyclosilicate additionally in patients with a potassium level of 5.5-6.0 mmol/L (previously at least 6.0 mmol/L in TA599). The specialist is responsible for initiation, dose titration, monitoring and patient review until the patient is stabilised on the optimal RAAS inhibitor therapy and potassium binder combination. Once the optimum dose is established, prescribing and monitoring of potassium binders must be retained by the specialist for at least one month with a further review by the specialist to ensure monitoring parameters remain stable. At this point, the patient will be considered to be stabilised and the specialist may request that the patient's GP takes on the ongoing prescribing. Once stabilised, monitoring is unlikely to be any more frequent than current standard practice in this group of patients.		

Deuruxolitinib for treating severe alopecia areata **RAG designation**: Red **APG subgroup**: 10 Jul 2026 **APG**: 07 Aug 2026	**Date of NICE TA publication**: 15 Jul 2026 **Approval for implementation**: 30 days **Deadline for implementation**: 14 Aug 2026 Red RAG rating, in line with NICE TA1178. Tariff-excluded drug with patient access scheme discount, for specialist use only. Deuruxolitinib is a JAK inhibitor and will be used at the same point in the treatment pathway as an alternative to ritlecitinib. A CYP2C9 genotyping test is needed before starting deuruxolitinib as it should not be initiated in poor metabolisers. The cost of the genotyping test will be funded by the company. Trusts are required to undertake testing through the laboratory genotyping service provided by the company.	Cost neutral compared to ritlecitinib, provided the CYP2C9 genotype testing is funded by the manufacturer.	**MOP**: 20 Aug 2026, approved by MOP group.
Atogepant fact sheet **RAG designation**: Green Plus Rimegepant fact sheet **RAG designation**: Green Plus	**Date of NICE TA publication**: 30 Jun 2026 **Approval for implementation**: 30 days **Deadline for implementation**: 30 Jul 2026 Updated atogepant fact sheet and Headache Pathway in line with NICE	Cost neutral.	**MOP**: 20 Aug 2026, approved by MOP group.

Cheshire and Merseyside Headache Pathway (Adults) **RAG designation**: N/A **APG subgroup**: 10 Jul 2026 **APG**: 07 Aug 2026	TA1172: Atogepant for treating migraine. Atogepant is now aligned with rimegepant for the acute treatment of migraine in adults, sharing the exact same prescribing criteria and placement in the treatment pathway. Atogepant can be used as an acute treatment for migraine after at least 2 triptans have not worked well enough, or if people cannot have triptans, and NSAIDs and paracetamol do not work well enough. Atogepant fact sheet and Headache Pathway have been updated to include use of atogepant as a treatment for acute migraine. It is already approved for use as a preventative treatment. Headache Pathway and rimegepant fact sheet have also been updated to clarify use of gepant drugs for both prevention and acute treatment of migraine.		

Formulary and guidelines

Proposal	Notes	Financial implications	Approval
Update of Cheshire and Merseyside Type 2 diabetes prescribing guidance including adoption of recommendations in NICE NG28	In line with NICE NG28 guidance update, guideline and formulary amendments comprise:	Use of generic dapagliflozin will realise savings. Increased GLP-1 usage will increase costs.	**MOP**: 20 Aug 2026, clinically supported by MOP group.

Type 2 diabetes in adults: management. RAG designation. Green **APG subgroup**: 21 Jul 2026 **APG**: 07 Aug 2026	• Cheshire and Merseyside Type 2 diabetes prescribing guidance updated by Diabetes Clinical Network in line with NICE NG28 guidance. • Semaglutide 1mg s/c is recommended choice of GLP1 analogue. • Metformin M/R first choice metformin formulation. Requires ScriptSwitch message.		**ICS Deputy Chief Pharmacist:** 24 Aug 2026, clinically approved on behalf of MOP group.
Ascorbic acid – amendment to formulary entry **RAG designation:** Do Not Prescribe (DNP) Green - for treatment and prevention of scurvy Red - for the treatment of acute corneal injury **APG subgroup**: 21 July 2026 **APG**: 07 Aug 2026	Formulary provides further information on appropriate evidence-based use of ascorbic acid. Red designation for the treatment of acute corneal injury has been added. Main RAG designation displayed is now DNP instead of Green for scurvy previously displayed. The 500mg and 1g strengths, previously non-formulary, are to be added to formulary entry designated DNP. Requires ScriptSwitch message.	Cost reduction. It is likely most prescribing is not for treatment of scurvy, meaning the bulk of £128,859 current annual cost could be avoided by de-prescribing.	**MOP**: 20 Aug 2026, approved by MOP group.
Pharmacological Management of Neuropathic Pain in Adults in Primary Care (Non-specialist) Settings. **RAG**: Green. **APG subgroup**: 21 Jul 2026 **APG**: 07 Aug 2026	Harmonised updated guidance. Supports DNP status of lidocaine plasters for this indication in primary care.	Supports cost savings from de-prescribing lidocaine plaster	**MOP**: 20 Aug 2026, approved by MOP group.

Safety

Actioned items for noting			
Topiramate – formulary accuracy correction in 4.7.4.2 Prophylaxis of migraine. Now matches recommendation from the previously approved headache pathway: Green RAG designation only for women over 55 and all men. Appropriate RAG designation in other patient groups will follow agreement and consultation lead by the ICB topiramate group.	For noting	N/A	N/A

APG reports

Proposal	Notes	Financial implications	Approval
NICE TA adherence checklist June 2026	For noting	N/A	N/A