

Area Prescribing Group report

Date: Friday 06 February 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 via the [legacy Pan Mersey formulary](#). The [legacy Cheshire formulary](#) will also be updated to reflect these changes.

The legacy Pan Mersey APC website 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.

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.

Formulary and guidelines

Proposal	Notes	Financial implications	Approval
Lactase enzyme drops for infant colic RAG designation: Do Not Prescribe (DNP) APG subgroup: 20 Jan 2026 APG: 06 Feb 2026	<p>Update and harmonisation of the statement from a legacy Merseyside statement to a Cheshire and Merseyside statement.</p> <p>DNP designation reflects lack of evidence supporting use in infant colic.</p>	<p>No additional cost - cost avoidance.</p> <p>Currently across Cheshire and Merseyside, the cost of prescribing Colief and Care Co-lactase infant drops is approximately £6,000 per year. In 2019 the cost of prescribing in Merseyside only was £37,000 - showing the usefulness of the statement to reduce inappropriate prescribing of lactase enzyme drops.</p>	<p>MOP: 19 February 2026, approved by MOP group.</p>

Proposal	Notes	Financial implications	Approval
<p>Management of Chronic Heart Failure in Primary Care & Outpatient Setting</p> <p>RAG designation: As per formulary drug entries</p> <p>APG subgroup: 16 Dec 2025</p> <p>APG: 06 Feb 2026</p>	<p>The guidance has been adapted from, both the legacy Cheshire and Mersey Heart Failure (HF) Pathway 2021, and the heart failure treatment decision aids, for use across Cheshire and Mersey ICS to support the effective management and optimisation of HF therapies in line with national guidance across primary care.</p> <p>The document is in line with national (NICE, 2022, updated September 2025), and European guidelines (European society of Cardiology, 2021) (ESC, 2023), and best evidence base. This will help implementation of the guidance, ensure guidance and Cheshire and Merseyside formulary are in alignment and will replace a number of Cheshire and Merseyside documents.</p> <p>For primary care, the intention is to provide practical information in safely optimising medical therapies within clinician’s competencies and formulary guidance, whilst raising awareness of when specialist treatments may be an option.</p>	<p>No significant cost difference, all drugs currently in use.</p> <p>NICE HF Guidelines now include using ARNI for patients with an EF \leq 40% rather than the previous NICE TA of EF \leq 35% and also recommends switching to an ARNI if ACEi not tolerated rather than an ARB. More patients therefore will be eligible for an ARNI. However, this will be offset to some extent by the guidance to ensure patients are optimised on 4 pillar therapy with an ACEi first and only to change to an ARNI if on optimal 4 -pillar therapy and remain symptomatic. Entresto is expected to lose its patent in 2026.</p>	<p>MOP: 19 February 2026, approved by MOP group.</p>

Other

Proposal	Notes	Financial implications	Approval
<p>Cheshire and Merseyside Urinary Continence Product Formulary</p> <p>RAG designation: N/A</p> <p>Task and finish group: C&M Urinary Continence Formulary Task and Finish Group 09 Dec 2025</p> <p>APG: 06 Feb 2026</p>	<p>The urinary continence product formulary has been developed to provide consistent, evidence-based product choice across NHS Cheshire and Merseyside. The purpose of the formulary is to improve patient care by ensuring that product choice aligns with best practice, reducing unwarranted variation in prescribing and supporting the safe, effective, and equitable use of urinary continence products.</p> <p>The products in this formulary have been selected with input from specialist clinicians and the Medicines Optimisation Team, and with reference to the PrescQIPP continence appliance recommendations, existing Cheshire and Merseyside Trust formularies, local prescribing data, and the NHS Business Services Authority Drug Tariff. Decisions were informed by expert clinical opinion, practical experience, and evidence of both clinical and cost-effectiveness.</p> <p>By standardising product choice, the formulary promotes consistency across prescribers and care settings, enabling resources to be used</p>	<p>Indicative financial analysis has been undertaken and will be reviewed. Prescribing will be monitored regularly via prescribing data.</p>	<p>MOP: 19 February 2026, approved by MOP group.</p>

	efficiently while maintaining high standards of patient care.		
<p>Cheshire and Merseyside Stoma Product Formulary</p> <p>RAG designation: N/A</p> <p>Task and finish group: C&M Stoma Formulary Task and Finish Group 09 Dec 2025</p> <p>APG: 06 Feb 2026</p>	<p>The stoma product formulary has been developed to provide a consistent, evidence-based approach to stoma care across NHS Cheshire and Merseyside. The purpose of the formulary is to improve patient care by ensuring that product choice aligns with best practice, reducing unwarranted variation in prescribing and supporting the safe, effective, and equitable use of stoma appliances.</p> <p>The products in this formulary have been selected with input from specialist clinicians and the Medicines Optimisation Team, and with reference to the PrescQIPP stoma appliance and supporting products recommendations, existing Cheshire and Merseyside Trust formularies, local prescribing data, and the NHS Business Services Authority Drug Tariff. Decisions were informed by expert clinical opinion, practical experience, and evidence of both clinical and cost-effectiveness.</p> <p>By standardising product choice, the formulary promotes consistency across prescribers and care settings, enabling resources to be used</p>	<p>Indicative financial analysis has been undertaken and will be reviewed. Prescribing will be monitored regularly via prescribing data.</p>	<p>MOP: 19 February 2026, approved by MOP group.</p>

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Actioned items for noting

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<p>Re-inclusion of capsaicin cream in formulary</p> <p>RAG designation: Green</p> <p>APG subgroup: 20 Jan 2026</p> <p>APG: 06 Feb 2026</p>	<p>Capsaicin cream 0.025% and 0.075% was previously changed from green RAG designation to DNP designation in the formulary as the licensed products were discontinued and unlicensed alternatives were prohibitively expensive.</p> <p>Licensed formulations are now available at the same cost as they were prior to discontinuation and have therefore been included in the formulary, designated green as before.</p>	<p>No additional cost. Same cost as before.</p>	<p>MOP: 19 February 2026, noted by MOP group.</p>

APG reports

Proposal	Notes	Financial implications	Approval
<p>NICE TA adherence checklist</p> <p>December 2025</p>	<p>For noting</p>	<p>N/A</p>	<p>19 February 2026, noted by MOP group.</p>