

# **Area Prescribing Group report**

APG meeting date: Friday 01 September 2023 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 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 <u>legacy Cheshire formulary</u> will also be updated to reflect these changes.

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

Drug and indication	RAG	Notes	ICB approval
RIMEGEPANT oral lyophilisate (Vydura®▼) for preventing migraine in adults	Amber retained	Date of NICE TA publication: 05 July 2023  Approval for implementation: 90 days  Deadline for implementation: 03 October 2023  For approval. Amber retained statement in line with TA906.  Rimegepant is recommended as an option for preventing episodic	Recommended for ICB approval by CMAPG 01/09/23. Supported by ICB Medicines Optimisation and Pharmacy (MOP)
		migraine in adults, only if certain criteria are met.  It is currently included on the high cost drugs list but can be procured and dispensed in both primary and secondary care. If adequate response is achieved at the 12 week review, the specialist may request the patient's GP to take over ongoing prescribing. Patients will not be discharged and will have an annual review by the specialist. Informal feedback from organisations and LMC was	Group 21/09/23.  Approved by ICB Director of Finance 19/09/23 (dependant on MOP Group support).

<sup>1 |</sup> Area Prescribing Group (APG) report | September 2023

APG administration provided by Midlands and Lancashire Commissioning Support Unit.

supportive of the amber retained RAG. However, the APG noted the risk of cross-border issues if a different RAG is assigned in neighbouring ICSs.	
Rimegepant is an oral treatment which may be preferrable to other calcitonin gene-related peptide (CGRP) receptor antagonists which are administered by injection. No training is required to administer rimegepant and injection site reactions would be avoided. There may be resource benefits for the NHS due to reduced clinic time, but the APG highlighted there would be an increase in primary care prescribing spend if rimegepant is used in preference to injectable CGRP receptor antagonists, that may require the ICB to consider financial movement to reflect this.	
Annual cost of treatment with rimegepant 75mg every other day is £2,360 per patient. NICE expects that the resource impact of implementing the recommendations in England will be less than £8,800 per 100,000 population, which equates to £237,600 for the Cheshire and Merseyside population. Rimegepant is a further treatment option and the overall cost of treatment for this patient group will be similar.	
A separate grey statement has been produced to clarify the position regarding use in acute migraine.	

#### **New medicines other**

Drug and indication	RAG	Notes	ICB approval
RIMEGEPANT oral lyophilisate (Vydura®▼) for treating acute migraine	Grey	For noting. Grey statement clarifying the position regarding use of rimegepant in acute migraine. The NICE TA for this indication is not due to be published until October 2023.	Approved by ICB Medicines Optimisation and Pharmacy (MOP) Group 21/09/23.

Formulary update - DUPILUMAB for treating prurigo nodularis	Grey	For noting. A grey RAG has been assigned in the formulary pending publication of the NICE TA.	Approved by ICB Medicines Optimisation and Pharmacy (MOP) Group 21/09/23.
Formulary update - MIRIKIZUMAB for treating ulcerative colitis	Grey	For noting. A grey RAG has been assigned in the formulary pending publication of the NICE TA.	Approved by ICB Medicines Optimisation and Pharmacy (MOP) Group 21/09/23.

## Formulary and guidelines

Drug and indication	RAG	Notes	ICB approval
	Amber recommended	For approval.  Review and harmonisation of existing documents. Additional information has been added to the type 2 diabetes decision aid following the updates to NICE NG18 in May 2023. CGM is now recommended to be offered to children with type 2 diabetes who meet the specified criteria.	Approved by ICB Medicines Optimisation and Pharmacy (MOP) Group 21/09/23.
		In addition the Amber recommended RAG rating has been extended for a further 6 months as it is recognised that training and implementation issues remain ongoing due to capacity issues. The APG noted that this cannot be addressed by APG and asked for the implementation issues to be escalated within the ICB.	
		The FGSG proposes that the wording on the harmonised formulary entry for CGM is updated to provide additional support and clarification.	

### **APG** reports

Drug and indication	Date	Notes	ICB approval
NICE TA formulary adherence	July 2023	For noting.	Noted by ICB Medicines Optimisation and Pharmacy (MOP) Group 21/09/23.

### **Outstanding ICB approvals**

Drug and indication	RAG	Notes	ICB approval
RISANKIZUMAB solution for injection on-body device (Skyrizi® ▼ ) for Crohn's disease	Red	Date OF NICE TA publication: 17 May 2023  Date CE mark granted: 21 August 2023  Approval for implementation: 30 days after the CE mark has been granted for the on-body device.  Deadline for implementation: 20 September 2023.  The APG supported the proposal to progress this TA to avoid delay to implementation once the CE mark for the on-body is granted. The manufacturer has confirmed that the CE mark has been granted, but the product is not commercially available yet.  Red statement in line with TA888. Risankizumab is recommended as an option for treating moderately to severely active Crohn's	Recommended for ICB approval by CMAPG 07/07/23.  Supported by ICB Medicines Optimisation and Pharmacy (MOP) Group 18/07/23.  Approved by ICB Director of Finance 19/09/23.

		disease in people 16 years and over, only if certain criteria are met. Risankizumab is commissioned by NHS England for people aged 16 to 17 years.  NICE expects the resource impact of implementing TA888 to be less than £8,800 per 100,000 population. Risankizumab is a further treatment option and the overall cost of treatment will be similar to current treatment options.	
DAPAGLIFLOZIN tablets (Forxiga®▼) for chronic heart failure with preserved or mildly reduced ejection fraction	Amber recommended	Date of NICE TA publication: 21 June 2023  Approval for implementation: 90 days  Deadline for implementation: 19 September 2023  Amber recommended statement in line with TA902. Dapagliflozin is recommended as an option for treating symptomatic chronic heart failure with preserved or mildly reduced ejection fraction in adults.  The amber recommended RAG rating is line with Cheshire and Merseyside positioning for use in heart failure with reduced ejection fraction.  Modelling within the NICE resource impact template estimates that the drug cost of implementing TA902 will be £15,000 per 100,000 in 2023/24, £31,000 per 100,000 in 2024/25, £46,000 per 100,000 in 2025/26, rising to £47,000 per 100,000 in 27/28 when it is assumed that steady state has been reached.	Recommended for ICB approval by CMAPG 04/08/23.  Supported by ICB Medicines Optimisation and Pharmacy (MOP) Group 24/08/23.  Approved by ICB Director of Finance 19/09/23.

DEUCRAVACITINIB tablets (Sotyktu® ▼) for treating moderate to severe plaque psoriasis	Red	Date of NICE TA publication: 28 June 2023  Approval for implementation: 90 days  Deadline for implementation: 26 September 2023  Red statement in line with TA907. Deucravacitinib is recommended as an option for treating moderate to severe plaque psoriasis in	Recommended for ICB approval by CMAPG 04/08/23. Supported by ICB Medicines Optimisation and Pharmacy (MOP)
		adults, only if certain criteria are met.	Group 24/08/23.
		Deucravacitinib is a new, oral, non-biological treatment option for psoriasis with a different mode of action from existing treatment options.	Approved by ICB Director of Finance 19/09/23.
		NICE estimates the cost of implementing TA907 to be less than £8,800 per 100,000 population per year because deucravacitinib is a further treatment option and the overall cost of treatment for this patient group will be similar to existing options.	