

Area Prescribing Group report

Date: Friday 05 May 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
Targeted-release budesonide for treating primary IgA nephropathy RAG designation: Red APG subgroup: 13 Feb 2026 APG: 06 Mar 2026	Date of NICE TA publication: 04 Feb 2026 Approval for implementation: 90 days Deadline for implementation: 05 May 2026 Red RAG rating, in line with NICE TA1128 , which updates and replaces TA937.	£210,000 in 2026-27. Not included in Horizon scanning budget planning.	MOP: 19 March 2026, clinically supported by MOP group. ICB Executive Committee: 21 May 2026, approved by ICB Executive Committee

	<p>Tariff-excluded drug with patient access scheme discount, for specialist use only.</p> <p>TA1128 expands eligibility to people with a urine protein-to-creatinine ratio (UPCR) of 90 mg/mmol or more or a protein excretion of 1.0 g/day or more, in line with the licensed indication. Previously, TA937 recommended the treatment only if a person has a UPCR of 170 mg/mmol or more.</p>		
<p>Ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over</p> <p>RAG designation: Red</p> <p>APG subgroup: 10 Apr 2026</p> <p>APG: 01 May 2026</p>	<p>Date of NICE TA publication: 17 Mar 2026</p> <p>Approval for implementation: 90 days</p> <p>Deadline for implementation: 15 Jun 2026</p> <p>Red RAG rating, in line with NICE TA1140.</p> <p>Tariff-excluded drug with patient access scheme discount, for specialist use only.</p> <p>This rapid review of NICE TA1088 considers a revised commercial arrangement for ruxolitinib cream. Previously, it was not recommended in TA1088.</p> <p>Ruxolitinib cream is the first licensed treatment for non-segmental vitiligo. Usual treatment includes off-label use of topical corticosteroids and</p>	<p>£600,000 in 2026-27.</p> <p>Not included in Horizon scanning budget planning.</p>	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, clinically supported by MOP group.</p> <p>ICB Executive Committee: 21 May 2026, approved by ICB Executive Committee</p>

	calcineurin inhibitors and phototherapy. Ruxolitinib cream should only be used if topical first-line treatments have not worked or are not suitable.		
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New medicines other

Proposal	Notes	Financial implications	Approval
<p>Trifarotene for acne vulgaris of the face and/or trunk</p> <p>RAG rating: Green</p> <p>APG subgroup: 13 Mar 2026</p> <p>APG: 01 May 2026</p>	<p>Trifarotene is an alternative topical retinoid for patients 12 years and older with mild to moderate acne where first line fixed-dose combination topical therapies are not tolerated, contraindicated, ineffective or unsuitable, such as in patients with prominent truncal acne. It is the only product specifically licensed for truncal acne.</p> <p>Trifarotene is effective when used as monotherapy and cost neutral when compared to adapalene 0.1% cream/gel.</p>	Cost neutral.	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, approved by MOP group.</p>
<p>Tirzepatide for type 2 diabetes and Tirzepatide for managing overweight and obesity</p> <p>RAG designation: Green</p> <p>APG subgroup: 10 Apr 2026</p> <p>APG: 01 May 2026</p>	<p>Minor updates to tirzepatide statements for weight management and type 2 diabetes.</p> <p>From 1 April 2026, prescribing of tirzepatide for weight management will be incorporated into the GP contract through new Quality and Outcomes Framework (QOF) indicators, instead of the previous Locally Enhanced service (LES)</p>	N/A	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, approved by MOP group.</p>

	<p>arrangements in Cheshire and Merseyside.</p> <p>The tirzepatide statement for weight management has been updated to reflect the changes in primary care provision. The formulary entry for weight management has also been updated accordingly.</p> <p>Both tirzepatide statements have been updated to include the MHRA Drug Safety Update, published in January 2026, which strengthens warnings on acute pancreatitis, including necrotising and fatal cases.</p>		
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Formulary and guidelines

Proposal	Notes	Financial implications	Approval
<p>The following hydrocortisone topical formulations designated as Do Not Prescribe (DNP) within the formulary:</p> <ul style="list-style-type: none"> Hydrocortisone 0.5% cream and ointment Hydrocortisone 2.5% cream and ointment. <p>RAG designation: DNP</p> <p>APG subgroup: 17 Mar 2026</p> <p>APG: 01 May 2026</p>	<p>These are high-cost preparations where alternative mild potency topical preparations are available on formulary. Hydrocortisone 1% cream and ointment remain available as cost effective 'mild potency' topical steroid formulary options including for paediatric use. Removal of other strengths would not result in clinical disadvantage.</p>	<p>Total potential annual cost avoidance would be £361,842 if all prescribing of 0.5% and 2.5% was changed to 1% instead.</p>	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, approved by MOP group.</p>

<p>The following topical NSAID formulations designated as Do Not Prescribe (DNP) within the formulary:</p> <ul style="list-style-type: none"> • Diclofenac diethylammonium 2.32% (Voltarol 12 Hour Emulgel) • Diclofenac sodium 1% gel • Diclofenac 140mg medicated plasters • Ibuprofen 200mg medicated Plasters • Ibuprofen 5% spray RAG designation: DNP <p>APG subgroup: 17 Mar 2026 APG: 01 May 2026</p>	<p>This will result in a reduction in prescribing costs by designation as DNP of less cost-effective products currently on formulary, and pro-active designation as DNP of other less cost-effective products available. Diclofenac 1.16% and ibuprofen gels remain formulary choice products.</p>	<p>Total potential annual cost avoidance would be £321,863 if all prescribing of these products was changed to remaining formulary alternatives.</p>	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, approved by MOP group.</p>
<p>Brivaracetam – addition of paediatric use to formulary.</p> <p>RAG designation: Amber Initiated APG subgroup: 17 Mar 2026 APG: 01 May 2026</p>	<p>Addition of brivaracetam to formulary as monotherapy (off-label) or adjunct in children 2 years and older with focal epilepsy, with or without secondary generalisation, as well as a second line option for the treatment of generalised tonic-clonic epilepsy (off-label but supported by NICE). It is a suitable alternative for patients who have had to stop levetiracetam due to unacceptable side effects or where behavioural issues are a concern.</p>	<p>Forecast first year financial cost is £49,782 for 32 patients currently treated by hospitals across Cheshire and Merseyside (cost transfer). Cost offset by unknown amount from not prescribing alternatives to brivaracetam on a case-by-case basis.</p>	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, approved by MOP group.</p>

<p>IQoro device designated as Do Not Prescribe (DNP) within the formulary.</p> <p>RAG designation: DNP</p> <p>APG subgroup: 21 Apr 2026</p> <p>APG: 01 May 2026</p>	<p>Neuromuscular training device for reflux, hiatal hernia, swallowing difficulties, and snoring. The device has insufficient evidence of benefit to justify prescribing on NHS. It was not selected by NICE for Health Technology Evaluation guidance (MT809) as the panel agreed the technology is not appropriate to be selected for guidance development as there is insufficient evidence.</p>	<p>Current annual expenditure is £2,486. Designation as DNP will avoid potential future costs.</p>	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, approved by MOP group.</p>
Actioned items for noting			
<p>Amendment to formulary entry for dosulepin</p> <p>RAG designation: DNP</p> <p>APG subgroup: 17 Mar 2026</p> <p>APG: 01 May 2026</p>	<p>New wording to support de-prescribing:</p> <p>Do Not Prescribe. NHS England has identified this medicine as one that should not be routinely prescribed in primary care. Do not initiate or switch patients to dosulepin, as the limited clinical benefit is outweighed by its increased risk of cardiovascular events and high toxicity in overdose. All patients currently taking dosulepin should be reviewed for deprescribing in line with NHS England » Items which should not routinely be prescribed in primary care: policy guidance</p>	<p>Not significant.</p>	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, noted by MOP group.</p>
<p>Amendment to formulary entry for chlorphenamine oral solution – removal of specific listing of sugar-free formulation.</p>	<p>Sugar-free (“SF”) oral solution 2mg/5ml no longer to be specified on formulary. SF is more expensive than non-SF (£31.58 per 150ml compared to £4.05) but either formulation</p>	<p>Reduction in cost but not possible to quantify.</p>	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, noted by MOP group.</p>

<p>RAG designation: Green APG subgroup: 17 Mar 2026 APG: 01 May 2026</p>	<p>should be available on the formulary in view of the ICB All Together Smiling Programme promoting dental health in children. Scriptswitch messaging will be developed to highlight cost difference to prescribers at point of prescribing to support appropriate product selection.</p>		
<p>Amendment to Pharmacological Management of Asthma in Persons Aged 12 Years and Over guideline RAG designation: Green APG subgroup: 21 Apr 2026 APG: 01 May 2026</p>	<p>Indicating off-label use in MART of some devices.</p>	<p>N/A</p>	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, noted by MOP group.</p>
<p>Amendments to COPD guideline RAG designation: Green APG subgroup: 21 Apr 2026 APG: 01 May 2026</p>	<p>Amendment to text clarifying If patient has a confirmed diagnosis of asthma/any asthmatic features- refer to C&M APG: pharmacological management of asthma guideline, and indicating off-label use of some devices in certain circumstances.</p>	<p>N/A</p>	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, noted by MOP group.</p>
<p>Amendment to formulary entry for hydrocortisone injection – emergency kits. RAG designation: Amber recommended APG subgroup: 21 Apr 2026 APG: 01 May 2026</p>	<p>Addition of advice on syringes and needles that may be supplied by GPs for people with adrenal insufficiency for use in their emergency kits, and contents of emergency kits (taken from NICE guidance).</p>	<p>N/A</p>	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, noted by MOP group.</p>

<p>Addition of 500mg ursodeoxycholic acid capsule to formulary</p> <p>RAG designation:</p> <p>APG subgroup: 21 Apr 2026</p> <p>APG: 01 May 2026</p>	<p>Currently less expensive than 500mg tablets. 250mg capsules already on formulary (DT prices).</p> <p>500mg capsules x 60 £24.00 500mg tablets x 100 £69.07</p>	<p>Annual expenditure, 500mg tablets: £211,705</p> <p>Equivalent annual expenditure, 500mg capsules: £73,562</p> <p>Potential annual cost saving: £138,143</p>	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, noted by MOP group.</p>
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Antimicrobials

Proposal	Notes	Financial implications	Approval
<p>Managing Common Infections in Adults – legacy Cheshire PDF edition.</p> <p>RAG designation: not applicable</p> <p>APG subgroup: 15 Apr 2026</p> <p>APG: 01 May 2026</p>	<p>The legacy Cheshire PDF edition of the antimicrobial guide will be retired as part of the harmonisation process. The risk of 'PDF lag' and persistence of outdated copies was identified. The PDF will be formally unpublished following communication of the intention to stakeholders with advice on how to find the same information in the formulary.</p>	<p>None</p>	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, approved by MOP group.</p>

High cost drugs

Proposal	Notes	Financial implications	Approval
<p>High-Cost Drugs Pathway for Atopic Dermatitis in Adults</p> <p>RAG designation: not applicable</p> <p>APG subgroup: 07 Apr 2026</p> <p>APG: 01 May 2026</p>	<p>New harmonised High-Cost Drugs Pathway for Atopic Dermatitis in Adults in line with NICE guidance.</p> <p>Dose tapering is included an option on the pathway for patients in persistent remission.</p>	<p>There is not expected to be a significant financial impact above current practice.</p>	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, approved by MOP group.</p>

Proposal	Notes	Financial implications	Approval
	<p>Blueteq is due to go live across Cheshire & Merseyside for Dermatology indications on 1 June 2026. The High-Cost Drugs pathway confirms commissioner arrangements and underpins the content of the Blueteq forms.</p>		
<p>High-Cost Drugs Pathway for Plaque Psoriasis in Adults</p> <p>RAG designation: not applicable</p> <p>APG subgroup: 07 Apr 2026</p> <p>APG: 01 May 2026</p>	<p>New harmonised High-Cost Drugs Pathway for Plaque Psoriasis in Adults in line with NICE guidance.</p> <p>Infliximab s/c formulation was not assessed by NICE but has been broadly adopted across other indications, and inclusion on the High-Cost Drugs Pathway for Plaque Psoriasis in Adults reflects existing practice.</p> <p>The escalated doses for certolizumab and secukinumab have not been included on the current pathway but there will be further work to review this in the High Cost Drugs Group.</p> <p>Dose tapering is included an option on the pathway for patients in persistent remission.</p> <p>Blueteq is due to go live across Cheshire & Merseyside for Dermatology indications on 1 June 2026. The High-Cost Drugs pathway confirms commissioner</p>	<p>There is not expected to be a significant financial impact above current practice.</p>	<p>ICB Medicines Optimisation and Pharmacy (MOP) Group: 21 May 2026, approved by MOP group.</p>

Proposal	Notes	Financial implications	Approval
	arrangements and underpins the content of the Blueteq forms.		

APG reports

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