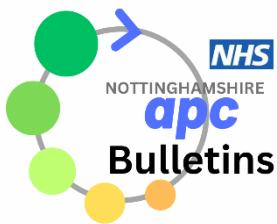


# Nottinghamshire Area Prescribing Committee

## Annual Report 2025-26



\*The Nottinghamshire APC is a partnership committee with clinical representation from;

- Nottingham University Hospitals NHS Trust
- Sherwood Forest Hospitals Foundation Trust
- Nottinghamshire Healthcare Trust (including Health Partnerships)
- Nottingham CityCare
- NHS Nottingham and Nottinghamshire ICB

APC annual report 202526

## 1. Introduction

The Nottinghamshire Area Prescribing Committee (APC) works collaboratively with a number of different stakeholders across Nottinghamshire as well as regionally and nationally to make recommendations on the safe, clinical and cost-effective use of medicines. We have been doing this successfully since 2007 and continue to maintain strong engagement with our member organisations, producing well defined and robust prescribing resources to support our prescribers. These resources include two fully interactive, live websites: [www.nottinghamshireformulary.nhs.uk](http://www.nottinghamshireformulary.nhs.uk) and [www.nottsapc.nhs.uk](http://www.nottsapc.nhs.uk) which provide a large array of guidelines, formularies and prescribing information sheets to assist our Primary and Secondary Care clinicians and their patients in making prescribing decisions.

## 2. Key Achievements in 2025-26

- a) 62 medicines were reviewed as part of horizon scanning and 83 formulary entries reviewed and discussed as part of formulary maintenance. In addition to this, the team make minor amendments to numerous entries outside of meetings on a daily basis.
- b) 13 new medicine requests for inclusion in the formulary were considered. Three of these submissions were following a positive NICE TA.
- c) 78 guidelines/shared care protocols/other prescribing documents were approved, four of which were new documents (see Appendix 2 for full details).
  - i. Development or updating guidelines includes reviewing national guidance, liaising with local specialists, consulting with relevant stakeholders as well as the production of the document.
- d) We have contributed to the patient safety agenda by keeping abreast of and acting on patient safety alerts. Of particular significance this year have been the safety alerts around medicines shortages such as ADHD and PERT.
- e) We have supported antimicrobial stewardship by ensuring that our antimicrobial guidelines are frequently reviewed and updated in line with national guidance and local resistance patterns. This has included the review and updating of 33 antimicrobial guidelines this year.
- f) We have continued to support the Medicines Optimisation efficiencies agenda by;
  - i. Maintaining the Nottinghamshire Joint Formulary to ensure a live, accessible resource for prescribers (See Appendix 3 for further information on the outputs of the APC Formulary meetings)
  - ii. Undertaking horizon scanning activities to guide prescribers on new medicines/licenced indications
  - iii. Continued adherence to the Integrated Care Board (ICB) financial mandate thresholds.
- g) Continued work with patient representatives has ensured patient views are considered in making APC decisions.
- h) The team delivered four podcast episodes last year, including wound infection, influenza and gabapentinoids deprescribing.

### 3. Financial implications for the Nottinghamshire healthcare economy of APC decisions

The APC has approved for use medicines that fall within the Nottinghamshire ICB's agreed delegated authority with regard to financial budget unless prior consultation and approval have been sought. Decisions made by the APC have continued to support the ICB's challenging efficiency targets for making savings on the prescribing budget. Cost implications quoted are for a full 12 months, (See Appendix 4 for full details.)

Type of implication	Number of decisions	Cost implication to primary care
Cost avoidance*		Difficult to predict
Cost neutral or unknown	4	NA
Savings	8	£ 332,500
Cost pressure	7	£ 358,000

**\*Mainly via rejection of formal submissions; cost avoidance through horizon scanning and adding new agents as GREY is not always possible to predict.**

Cost savings, despite being highlighted as potential savings, require capacity within Primary Care to deliver on such savings through active switches. This capacity has been extremely challenging with increased workload pressures and changing priorities for Primary Care.

#### 3.1 Savings

Potential savings of over £332,500 to the ICB prescribing budget have been identified from APC recommendations. Most of this saving potential has come from the inclusion of cost-effective Estriol cream, phosphate enema and nizatidine onto the formulary and encouraged as first line use. However, such savings are difficult to predict as they are dependent on implementation such as switches and implementation at source by the initiating specialists. Escalation to the medicines optimisation teams for exploring ways to implement, encourage and support such savings is routinely made.

#### 3.2 Cost avoidance

Cost avoidance occurs when:

- a) a medicine (either a new medicine or clinical indication) is not accepted onto the formulary or is given a 'grey' or 'grey awaiting submission' classification, or
- b) a medicine is given a stricter place in therapy or more restrictions than the submitting clinician requests.
- c) a medicine is included in the formulary with a clear place in therapy which limits its use and therefore potential financial impact.

Most cost avoidance comes from thorough and regular horizon scanning to manage entry of new products onto the formulary, often assigning them a grey classification.

### 3.3 Cost neutral

An assessment of these decisions suggests that they were in general cost neutral for the Nottinghamshire Health Community, for example, where a new product is priced the same as an existing one which it will replace.

### 3.4 Cost pressure

Decisions made by the APC during 2025-26 resulted in a potential cost pressure of £332,500. However, of this £175,000 was the result of published NICE TAs which the ICB are mandated to implement.

NICE TAs are mandated; however, the APC still has a responsibility to highlight the cost implications for the Health Community and to assess the most appropriate place in therapy and setting for use.

The introduction of tirzepatide for weight management has not been included in this report or cost summary as the impact has been captured elsewhere and not assigned to the prescribing budget. Furthermore some centralised funding was allocated.

## 4. Challenges faced by the APC

- a) The APC has again struggled this year to recruit members from community pharmacy, public health, and to obtain medical representation from NUH
- b) Development and subsequent implementation of Shared Care Protocols for Amber 1 medicines has proved challenging for several years due to the increasing financial challenges and workload within Primary Care.
- c) A particular challenge has been the volume of significant medicine shortages which continues to be problematic. The APC have kept abreast of the situation and supported work to produce collaborative guidance for clinicians and patients whilst maintaining up to date information on the formulary.
- d) The ICB Medicines Optimisation Interface team facilitate most of the guideline development and maintenance work. A significant challenge to this has been the limited engagement from some specialities to support the clinical oversight of such guidelines. Furthermore, wider Primary Care engagement and input is also challenging to obtain leading to delays in completion of work. Reduced capacity within that team as well as increased workload has also proved to be a significant challenge.

## 5. Information Technology and website challenges and developments

- a) The ICB Medicines Optimisation Interface Team consists of pharmacists and a pharmacy technician. With limited training and background knowledge of web design, the team manages and maintains the APC website.
- b) Over the past year, traffic to the APC website has increased significantly, with overall usage rising by more than 200%.  
In the previous year, the website was accessed by approximately 45,000 users within the United Kingdom and a further 2,000 users internationally, including users from the United States, Ireland, Canada, India and Australia.

During 2025/26, the website received approximately 140,000 visitors from the United Kingdom, alongside a substantial increase in international usage, as illustrated below.



- c) Approximately 39,000 users within the United Kingdom are returning users. **There has also been a marked increase in average weekday usage (Monday to Friday), rising from around 600 to 1,500 users per day.** Around 30% of users access the home page, a further 30% access the antimicrobial guidelines, with the remaining usage split between the search function, the clinical guidelines page and the shared care protocols page. As the website is entirely in the public domain, it is essential that content remains up to date, accessible, and compliant with ICB corporate standards.
- d) The team has continued to maintain the APC website to a high standard during 2025–26 by:
  - i. Adding new features to the website, including links to video recordings of PLT sessions.
  - ii. Continuing to link to the latest bulletins and podcast episodes.
  - iii. Making greater use of website analytics to understand how frequently documents are accessed and to inform decisions on whether content should be retained or retired.
  - iv. Continuing work to check and improve website accessibility.
  - v. Implementing two-factor authentication to improve website security for back-office users.

## 6. Future Priorities for 2026-27

The ICB faces significant changes through the management cost reductions during 2026-27. The Nottinghamshire APC will come together with Derbyshire and Lincolnshire to form an overarching clustered APC in common. This will be extremely challenging to develop as the governance arrangements, reporting, delegated authority, staff capacity and membership are all worked through.

We will strive to continue to build on our relationships with all stakeholders and engage with patients to the same level as currently.

## **7. Acknowledgements**

The APC would like to thank all who have either worked with us to produce documents or who have taken part in any consultation the APC has carried out. They are too numerous to mention individually but they make a significant contribution to the working of the APC.

The committee would specifically like to thank the ICB Medicines Optimisation Interface team whose hard work and dedication has driven the work of the APC and laid such robust foundations.

**Appendix 1 – APC GUIDELINE and FORMULARY COMMITTEE MEMBERS AND ATTENDANCE RECORD BY ORGANISATION 2025/26**

Name of Representative	Role within Organisation	Organisation												
			April	May	June	July	Aug	Sept	*Oct	Nov	Dec	Jan	Feb	Mar
Laura Catt	Prescribing Interface Advisor	NHS Nottingham & Nottinghamshire ICB												
Tanya Behrendt.	Senior Medicines Optimisation Pharmacist													
Nicola Jay	Deputy Medical Director		Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y
Nicola Graham	Senior Transformation Manager													
Deborah Storer	Medicines Information Manager and D&T Pharmacist	Nottingham University Hospitals NHS Trust	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y
Tim Hills	Assistant Head of Pharmacy													
Dr David Kellock	Consultant in Sexual Health and SFHT DTC Chair	Sherwood Forest Hospitals NHS Foundation Trust	Y	N	Y	Y	Y	Y		Y	Y	Y	Y	Y
Mark Clymer	Assistant Chief Pharmacist													
Steve Haigh	Medicines Information & Formulary Pharmacist													
Dr David Wicks	GP (Mid Notts)	NHS Nottingham & Nottinghamshire ICB	Y	Y	Y	Y	N	N		Y	Y	Y	Y	Y
Dr Asifa Akhtar	GP (South PBP)		Y	Y	Y	N	N	Y		Y	Y	Y	Y	Y
Dr Jennifer Moss Langfield	GP (City)		N	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y
Dr Khalid Butt	GP	Local Medical Committee and NHS Nottingham & Nottinghamshire ICB	Y	Y	Y	N	Y	Y		Y	N	N	N	N
Georgina Dyson	Advanced Nurse Practitioner	CityCare ICB	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y
Jacqui Burke		NHS Nottingham & Nottinghamshire ICB												
Shelly Herbert														

Beth Rushton	PCN pharmacist representative	Nottinghamshire locality	Y	Y	N	Y	N	Y		Y	N	Y	N	Y	
Jo Flemming	Specialist Clinical Pharmacist (pain)														
Fatima Malik															
Kuljit Nandhara	Deputy Chief Pharmacist, Head of Pharmacy Mental	Nottinghamshire Healthcare NHS Trust	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y		
Gladys Maponese	Deputy Chief Pharmacist and Head of Community Health Services & Forensic Health		Health Community Teams												
John Lawton															
Susan Hume	Clinical Pharmacy Services Manager Advanced Podiatrist														
Ann Whitfield	Patient Representative's	Representatives for the local population	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y		
Katie Sanderson															

Things to note:

- \*There was no APC meeting for October 2025

**Appendix 2 – 2025-26 APC RATIFIED DOCUMENTS**

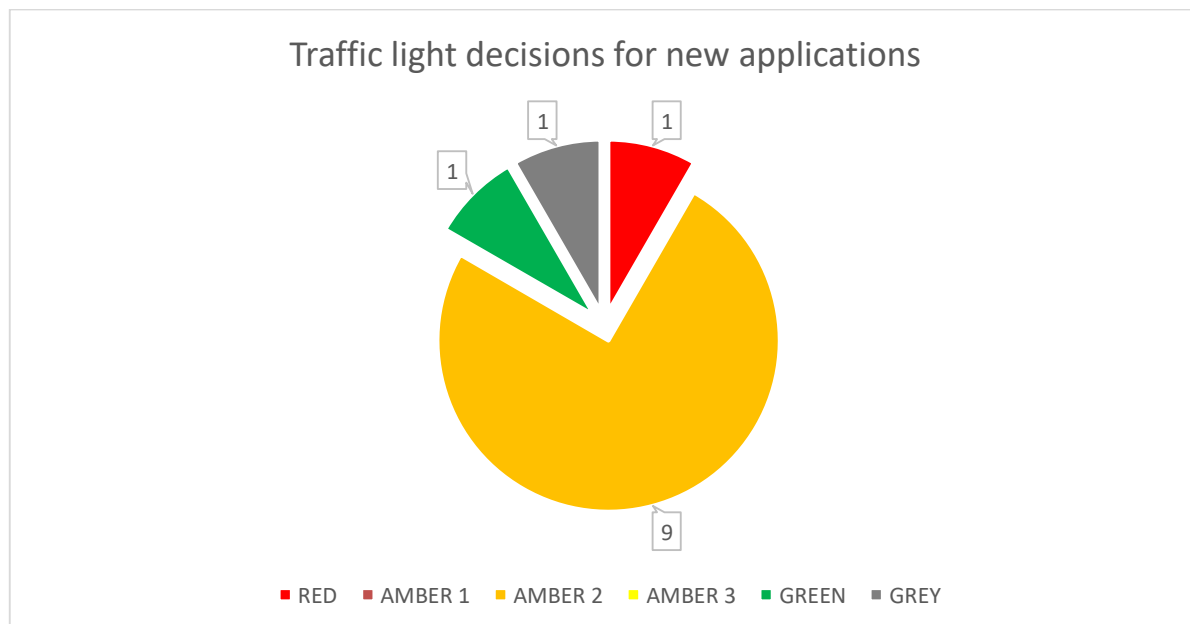
Meeting Date	Title	SCP / Guideline /	Update or new
		/Other eg pathway, formulary	
May-25	Recurrent Urinary Tract Infection (UTI)	guideline	update
	UTI in pregnancy	guideline	update
	Dental Abscess	guideline	update
	The use of Direct Oral Anticoagulants (DOACs) for treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE), or prevention against recurrent DVT or PE (in adults)	guideline	update
	Atrial Fibrillation (AF) Non-valvular: prescriber decision support on anticoagulation	guideline	update
	Cow's Milk Protein Allergy	guideline	update
	Asthma in Adults	guideline	update
	Behavioural & psychological symptoms of Dementia (BPSD)	guideline	update
	Male Lower Urinary Tract Symptoms (LUTs)	guideline	update
	Neuropathic pain guideline	guideline	update
	Osteoporosis guideline renal referral removed	guideline	update
	Vitamin B	guideline	update
	Opioids for non-chronic cancer pain in adults (excluding end of life pain)	guideline	update
	Out of Area prescribing requests	other	update
Jul-25	Acute sinusitis	guideline	update
	Chronic bacterial sinusitis	guideline	update
	Urinary tract infection	guideline	update
	Scabies	guideline	update
	Tuberculosis	guideline	update
	c.diff guidance	guideline	update
	Aminosalicylates for Inflammatory Bowel Disease	information sheet	update
	Management of CKD in adults	guideline	update
	SGLT2 inhibitors in CKD and Type 2 diabetes	pathway	update
	Midodrine	information sheet	update
	Continence	formulary	update
Salbutamol Inhaler Prescribing in Adults and Children ≥ 12 years	information sheet	update	
Sep-25	Community Acquired Pneumonia	guideline	update
	Otitis Externa	guideline	update
	Whooping Cough	guideline	update
	Urine sampling and result interpretation	guideline	new
	Chronic Obstructive Pulmonary Disease self-management plan	other	update
	Bronchiectasis self-management plans	other	update
Nov-25	Osteoporosis	guideline	update
	Management of Growth Failure in Children and Young People with growth hormone (somatropin)	SCP	update
	Acute Diverticulitis	guideline	update
	Amoebiasis	guideline	update
	Blepharitis	guideline	update
	Cryptosporidiosis	guideline	update
	Giardiasis	guideline	update
	Infectious Diarrhoea	guideline	update
	Oral Candidiasis	guideline	update
	Treatment Considerations in Children	guideline	new
	Heart Failure	guideline	update
	Sick Day Rule Guideline	guideline	update
	Oxygen Cluster Headache	pathway	update
	De-prescribing	guideline	update
Primary Care Alcohol Use	guideline	update	
Asthma in Children guideline for ages 5 to 11	guideline	update	
Continuous Glucose Monitor (CGM) - inclusion criteria for type 2 diabetes	guideline	update	
CGM monitoring information	guideline	update	
Jan-26	HRT Guideline	guideline	new
	Threadworms	guideline	update
	Travellers diarrhoea	guideline	update
	Pubic Lice	guideline	update
	Bacterial vaginosis guideline	guideline	update
	Trichomoniasis	guideline	update
	Cutaneous Candidiasis	guideline	update
	MESALAZINE SAFETY UPDATE: IDIOPATHIC INTRACRANIAL HYPERTENSION (IIH) – AMINOSALICYLATES IN INFLAMMATORY BOWEL DISEASE (IBD)	information sheet	update
	PARECOXIB FOR PALLIATIVE CARE PAIN MANAGEMENT IN ADULTS	information sheet	update
	Valproate	SCP	update
	Overactive Bladder (OAB)	guideline	update
	Vortioxetine	information sheet	update
	Vitamin D adults	guideline	update
Feb-26	Impetigo	guideline	update
	Chlamydia	guideline	update
	Gonorrhoea	guideline	update
	Vaginal discharge in children	guideline	update
Mar-26	Osteoporosis prevention in early breast cancer	guideline	update
	Type 2 Diabetes NICE guidance update - holding statement	other	new
	Lymes Disease	guideline	update
	Panton-Valentine Leukocidin (PVL)	guideline	update
	Boils	guideline	update
	Pityriasis Versicolor	guideline	update
	Testosterone (Sustanon 250 injection and Tostran 2% gel) Therapy for Hypogonadism and Constitutional Delay in Growth and Puberty in male children and adolescent	SCP	update
	Testosterone (Sustanon 250 injection and Tostran 2% gel) Therapy for Hypogonadism and Constitutional Delay in Growth and Puberty in male children and adolescent	information sheet	update
	Opioid Deprescribing for Persistent Non-cancer Pain	guideline	update
	Continence and Stoma	formulary	update
	Blood Glucose Testing Strips, Lancets and Pen Needles	formulary	update
Emollients	formulary	update	

## Nottinghamshire Area Prescribing Committee (APC) Annual Formulary Management Summary 2025/26

### 1. Medication submissions & recommendations.

#### 1.1. Traffic light decisions made by the APC for new applications and/or indications 2025/26

The Area Prescribing Committee received 13\* new requests for medicines to be added to the Joint Formulary. These submissions were evaluated by committee members, and the resulting traffic light status decisions are summarised in the accompanying pie chart below.

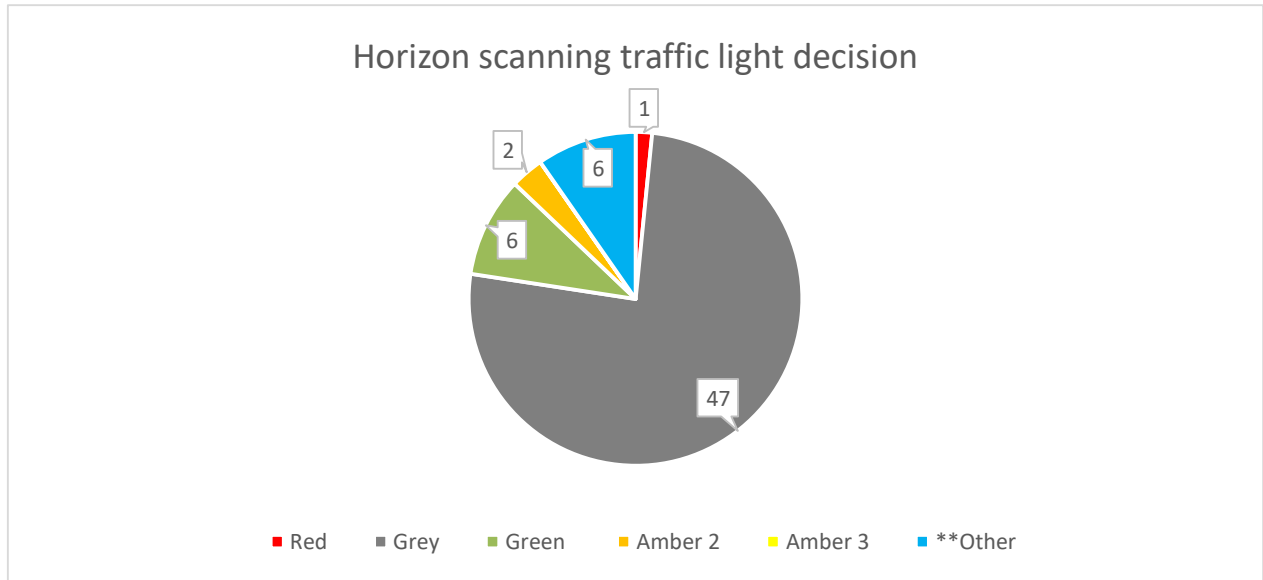


\* One medicine application decision was deferred for later consideration:

#### 1.2. Horizon scanning

- a) The APC evaluates all newly introduced medicines, as well as new indications for existing formulary medications, that may influence prescribing practices across the interface. This ensures that the adoption of any new pharmaceutical is handled in a deliberate and efficient manner, prioritising the health requirements of the local patient population.
- b) Over the past year, 62 new medicines underwent evaluation through the horizon scanning process at the APC formulary meetings. During this procedure, newly approved medications and indications are assigned a traffic light classification, while clinical

guidelines are thoroughly examined to ensure any changes are compatible with the local guidelines. If a decision affects an existing guideline, it is then reviewed by a member of the APC Interface team. Most are assigned a grey classification until a formal submission is requested.



\*\* Represent items that required a Joint Formulary amendment without a classification decision.

### 1.3. Formulary Amendments

a) Scope of formulary amendments: The APC formulary team collates and discusses suggested updates to the Joint Formulary. Amendments may include:

- clarifying wording
- responding to discontinuations or price changes
- adding or updating relevant safety guidance and pathway messages

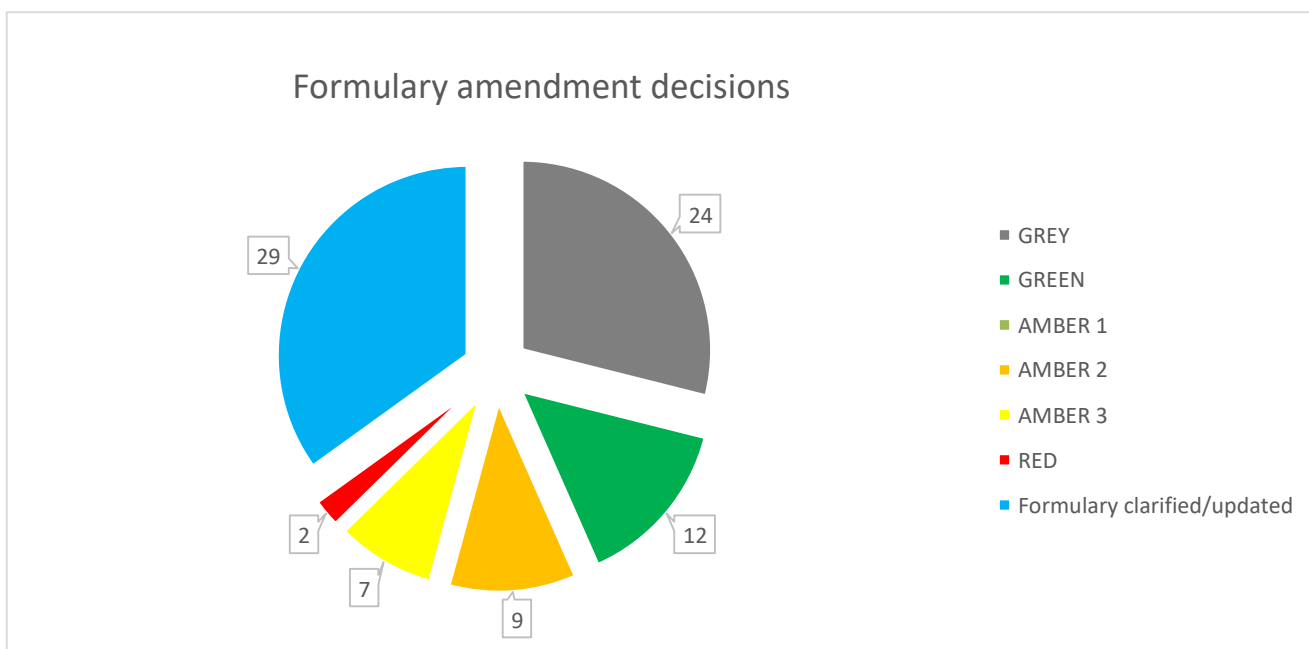
b) Maintenance data collection sheet: Several amendments were identified through the Interface team’s formulary maintenance data collection sheet. The sheet can be completed by any member of the Medicines Optimisation Team and facilitates:

- timely updates to the Joint Formulary, which are reflected in GP practice clinical systems
- helps ensure the formulary content is practical and user-friendly for GP practices.

c) Formulary clarified/updated: Used when no traffic light change is made, but the formulary entry is amended to improve clarity. This may include:

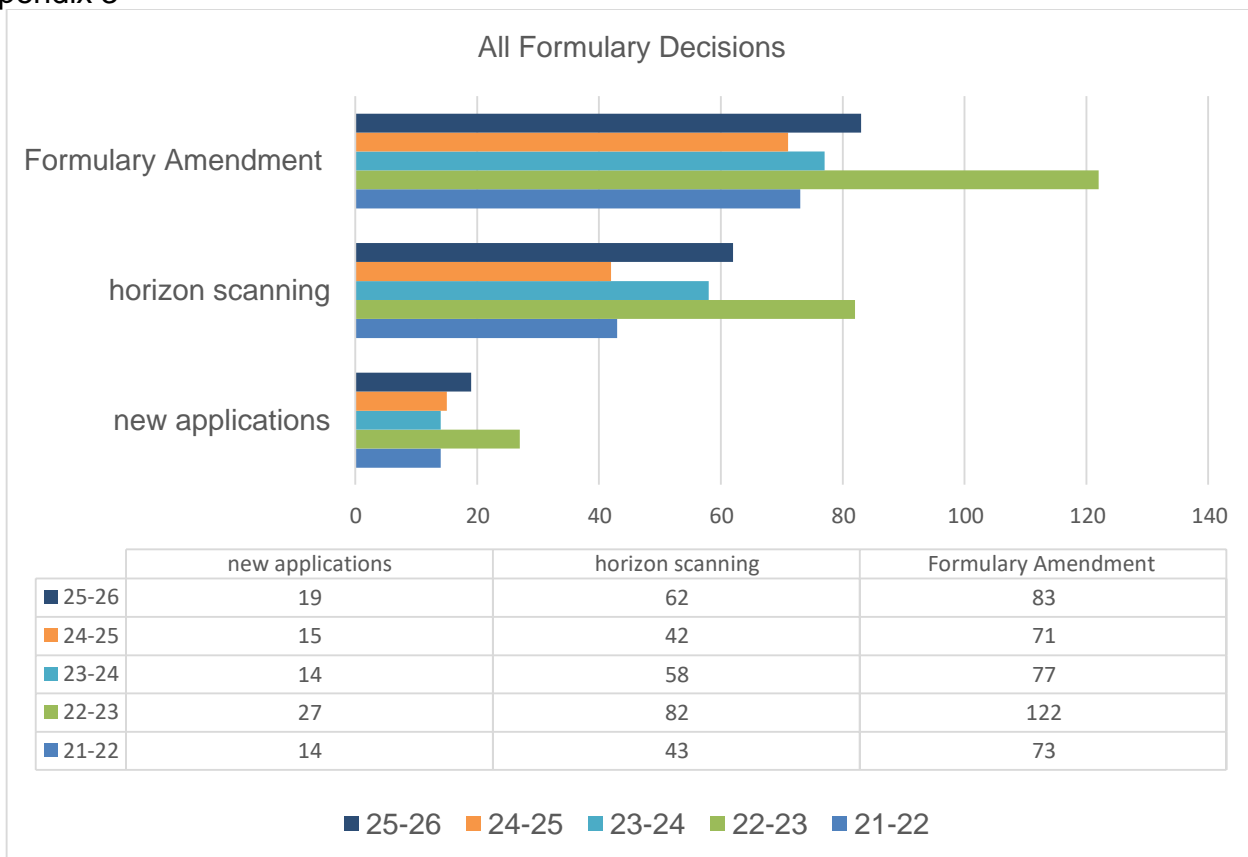
- reflecting the discussion and decision taken by the APC
- updating the wording or information in a significant way to support correct use

- d) Routine maintenance updates (no formal discussion required): Alongside the items discussed at APC meetings, the interface team also amends or verifies formulary entries as part of ongoing Joint Formulary maintenance. These updates are considered minor and are therefore not brought to the APC meeting for formal discussion; however, they are recorded but reported on only for noting at APC meetings.
- e) Fibe individual formularies have been reviewed, which cover emollients, continence, stoma care, blood glucose testing strips, needles, and lancets. All reviews were conducted collaboratively with specialists from both Primary and Secondary Care to maintain consistency in prescribing practices.
- f) 83 suggested amendments required discussions by the APC members, and the resulting decisions concerning traffic light changes are shown in the chart below.



**2. Comparison of all formulary decisions made from 21/22 through to 25/26**

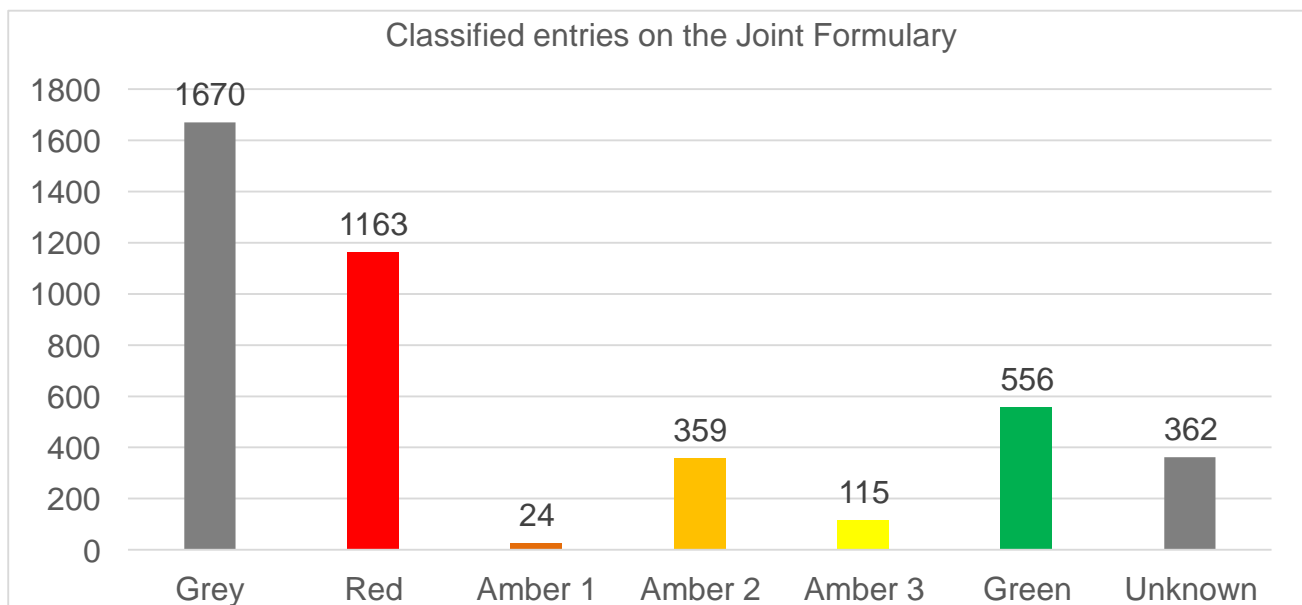
The APC saw a marked increase in formulary decision recommendations in 2022/23, with decisions rising by 86.9% across the three areas compared with the previous 12 months. This spike was thought to reflect post-COVID-19 catch-up activity. Since then, classification decisions have levelled off and are now more consistent with 2023/24 activity.



Excluding the post-COVID-19 outlier year, the data indicates a continued upward trend in formulary activity over the same period.

### 3. Classifications on the formulary

There are 4285 entries on the formulary. The graph below is a representation of the current classifications of medications on the Nottinghamshire formulary:



## The traffic light status reflects the following descriptor

**GREY** **Grey / Non-Formulary:** Medicines, which the Nottinghamshire APC has actively reviewed and does not recommend for use at present due to limited clinical and/or cost effective data.  
**Grey / Non-Formulary (undergoing assessment):** Work is ongoing and will be reviewed at a future APC meeting.  
**Grey / Non-Formulary (no formal assessment):** APC has not formally reviewed this medicine or indication because it had never been requested for formulary inclusion. Often used for drugs new to market.

**RED** **Medicines which should normally be prescribed by specialists only.** eg hospital only.  
 No new patients to receive prescriptions in primary care. Patients already receiving Red Medicines in primary care should be handled on a case by case basis with the support of the Medicines Optimisation team.

**AMB 1** **Medicines that should be initiated by a specialist and prescribed by primary care prescribers only under a shared care protocol, once the patient has been stabilised.**  
 Prior agreement must be obtained by the specialist from the primary care provider before prescribing responsibility is transferred. The shared care protocol must have been agreed by the relevant secondary care trust Drugs and Therapeutics Committee(s) (DTC) and approved by the Nottinghamshire APC.

**AMB 2** **Medicines suitable to be prescribed in primary care / general practice after specialist\* recommendation or initiation.**  
 A supporting prescribing guideline may be requested which must have been agreed by the relevant secondary care trust DTCs and approved by the Nottinghamshire APC.  
 \*Specialist is defined by the APC as a clinician who has undertaken an appropriate formal qualification or recognised training programme within the described area of practice and has a working experience and knowledge within a speciality area

**AMB 3** **Primary care/ non specialist may initiate as per APC guideline.**  
 The supporting prescribing guideline must have been agreed by the relevant secondary care trust D&TC(s) and approved by the Nottinghamshire APC.

**GREEN** **Medicines suitable for routine use within primary care.**  
 Can be initiated within primary care within their licensed indication, in accordance with nationally recognised formularies, for example the BNF, BNF for Children, Medicines for Children or Palliative Care Formulary. Primary care prescribers take full responsibility for prescribing.

### 4. Challenges Faced by the Formulary Management Team

- a) As pharmaceutical costs increase, the APC joint formulary team are under increased pressure to ensure that decisions made do not fall outside the threshold agreed within the ICB's delegated authority of £100,000.
- b) The APC formulary meeting does not have a medical consultant representative from Nottingham University Hospitals (NUH); this continues to present challenges for work when consultant input is required.
- c) During 25/26 the APC website moved to a different server due to future-proofing the website, which unfortunately and unexpectedly broke several hyperlinks within the Joint Formulary. To future-proof the Joint Formulary, a rolling review of all entries has been implemented, allowing broken hyperlinks to be corrected in a timely fashion.
- d) Out-of-stock medicines have continued to place pressure on the team, as alternatives need to be sought that might incur a higher cost.

### 5. Future Priorities of the APC Formulary Work

- a) To continue to facilitate communication between service providers to ensure the key formulary updates are communicated across the interface.
- b) To ensure patient representation when reviewing new medicines and revising treatment pathways and formularies.
- c) To adapt and develop work in response to any national changes that present implications for medicines and appliances. For example adoption of the Single National Formulary as this develops.

- d) To collaborate with Derby and Derbyshire APC and the Lincolnshire APC teams to ensure a smooth transition to form a Derby, Lincolnshire and Nottingham (DLN) Cluster as recognised in the NHS 10-year Plan.
- e) To support the APC members in making evidence-based formulary decisions, ten-minute learning slots will be facilitated regularly at the Joint Formulary meeting.
- f) To contribute to [Delivering a 'Net Zero' National Health Service](#) by recognising the carbon footprint as part of the formulary decision-making process when considering new medicines and appliances.
- g) To offer engagement and support to the Primary Care Networks (PCNs) and GP practices and support them to deliver high-quality care by ensuring that all clinicians and non-medical prescribers (NMPs) have knowledge of and can access the Joint formulary.
- h) To incorporate formal Equality, Quality and Inequality Assessments (EQIAs) or Equality Impact Assessments (EIAs) within the decision-making process as identified.
- i) To develop networks with the Secondary Care Trusts across the DLN footprint to enable patients to have equality of service for the medical decisions made.

**Appendix 4 - financial implications of APC decisions 2025-26**

Meeting Date	Drug	Indication	TL Class'n	Type of class'n	NICE TA	Overall cost implications for the Nottinghamshire Health Community (Cost pressure, cost neutral, saving, cost avoidance)	Quantify financial impact primary care (annual)	prediction based on?
Apr-25	Aspirin	Lynch syndrome	Green	New submission	No	cost pressure	£6,000	approx 300 eligible patients, however self care will be encouraged
	Tirzepatide	Weight management	Red via primary care service only	New submission	Yes			cost impact from a separate budget and NHSE funding allocated
	Trokide Vertical-Haler (18 microgram tiotropium)	COPD		HS	No	cost saving		difficult to predict, depending on uptake
	Liraglutide generics	Diabetes	Amber 2	FA	No	cost saving	£5,000	25% use of generics compared to current usage
Jun-25	Doxylamine/ pyridoxine (Xonvea)	N and V in pregnancy	Amber 2	New submission	no	cost pressure		
	Theolo Duo		grey	New submission	no	cost avoidance		
	Nebivolol 5mg	Cardiology	amber 2	New submission	no	cost neutral		similar price to alternatives
	Linzagolix and ryequo	gyneacology	Amber 1	New submission	yes	cost pressure	£175,000	NICE costing template
	Atogepant	Neurology	Amber 3	traffic light reclassification	no	cost neutral		already in use
	Estriol 0.01% cream	gyneacology	grey	FA	no	cost saving	£47,000	20% switch from more costly product
Aug-25	Sativex	Neurology	Amber 1	New submission	no	cost pressure	£80,000	
Dec-25	enalapril orodispersible tabs	Cardiology	Amber 2	New submission	no	cost pressure	£9,000	use in place of liquid supplied by secondary care
	inhaled levodopa	Neurology	Amber 2	New submission	no	cost pressure	£70,000	35 patients using instead of SC apomorphine
	paracoxib injection	EOL	Amber 2	New submission	no	cost pressure	£18,000	mid point dose for expected patient cohort
	Sevodyn	pain		brand switch	no	cost saving		captured by CRASH
	Latanoprost eye drops preservative free	ophthalmology	Amber 2	FA	no	cost saving	£4,000	50% switch from less cost effective product
	Phosphate enema	Gastroenterology	Amber 2	FA	no	cost saving	£160,000	50% switch from less cost effective size
Feb-26	ciclosporin eye drops	ophthalmology	Amber 2	New submission	no	cost saving	£4,000	use of cost effective brand
	icosapent ethyl	Cardiology	Amber 2	FA	no	cost avoidance		
	ipatropium inhaler	respiratory	Amber 2	FA	no	cost neutral		
	single ingredient LABA inhalers	respiratory	Grey	FA	no	cost neutral		
	Nizatidine	Gastroenterology	Grey	FA	no	cost saving	£90,000	50% switch to famotidine
	SL apomorphine	Neurology	Amber 2	New submission	no	cost saving	£22,500	15 patients average using in place of SC apomorphine

saving	£332,500
pressure	£358,000