Table 8. Severity modifier considerations for One Wales medicines assessment group (OWMAG)

AWMSG criteria for applying a severity modifier weight	New Medicine considerations
AWMSG can: • apply a QALY weight of 1 if the medicine is indicated for patients with a condition associated with an absolute QALY shortfall < 12 and/or a proportional QALY shortfall < 0.85.	The general population expected life-year and expected total QALY estimates are taken from the pooled 2017–2019 with the population health state profiles offered by the health survey 2014 combination with the valuation model of Hernandez et al., 2022[37-39]. The median age of 72 and the gender distribution (44% female) are taken from Liu et al., 2024. The general population is estimated to achieve 8.38 QALYs. An annual discount rate of 3.5% has been used to calculate QALY shortfall estimates.
• apply a QALY weight of 1.2 if the medicine is indicated for patients with a condition associated with an absolute QALY shortfall ranging between 12 and 18 and/or a proportional QALY shortfall ranging between 0.85 and 0.95. • apply a QALY weight of 1.7 if the medicine is indicated for patients with a condition associated with an absolute QALY shortfall >18 and/or a proportional QALY shortfall ≥ 0.95. If the absolute and proportional QALY shortfalls imply different levels of severity, QALY weighting selection is guided by the shortfall that shows greatest severity.	Expected life-year and expected total QALY estimates for patients being treated with the current standard of care is estimated according to the line of therapy. The quality-of-life estimate of 0.628 sourced from Pratz et al., 2022[36]. Patients treated with FLAG-Ida achieved 0.362 QALYs. AWTTC considers the QALY shortfall estimates to be informed by recent and robust data sources. AWTTC considers the most plausible absolute QALY loss to be around 8.02, with a proportional reduction of 95.7%, given this estimate the relative shortfall meets the AWMSG criteria for the 1.7 QALY modifier weight. This estimate is deemed plausible due to the very low median overall survival expected for this patient cohort.
QALY: quality-adjusted life-year	