Grŵp Strategaeth Meddyginiaethau Cymru Gyfan
All Wales Medicines Strategy Group

AWTTC
All Wales Therapeutics & Toxicology Centre
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan

# Guidance notes for the Limited Assessment Form

This document provides guidance to applicant companies on how to complete the Limited Assessment Form.

If you have any queries when filling in the Limited Assessment Form, please contact AWTTC on 029 218 26900 or email AWTTC@wales.nhs.uk.

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## i. The function and timing of the Limited Assessment Form

The Limited Assessment Form contains the information required for an appraisal to proceed. The AWMSG Scrutiny Panel will recommend whether a submission form for AWMSG Health Technology Assessment (HTA) or a submission form for a limited assessment is required; a decision will be made following endorsement by the AWMSG Steering Committee. AWTTC will inform the applicant company of the final decision.

A limited assessment is likely if there is a clear need for AWMSG advice, if the medicine and its indication is not on the NICE work programme and there is no anticipated service impact to NHS Wales and at least one of the following apply:

- the medicine has a small net budgetary impact, or is cost saving to NHS Wales;
- the medicine is included in national guidelines;
- the medicine represents standard-of-care for a particular indication;
- there is national commissioning advice in another area of the UK;
- the medicine offers significant benefit to the NHS in Wales in terms of service delivery.

Applicant companies who are planning to submit a Limited Assessment Form should be aware that appraisal dates cannot be confirmed until the complete submission is received by AWTTC and the appraisal scope has been agreed. A delay in submitting the Limited Assessment Form will result in a delay in the appraisal process.

## ii. Completing the Limited Assessment Form

The Limited Assessment Form should be completed in full, with justification where this is not possible. The clinical evidence submitted by the applicant company should be comprehensive and to the same standard as that expected for a submission form for AWMSG HTA. Information should be included in the relevant section of the form where possible and any appendices should be clearly labelled with the corresponding question. The evidence quoted should be referenced throughout the form and a list of all references should be provided, together with electronic copies. If you have used a database to manage your references (e.g. EndNote) please supply us with a copy of your reference library or use the ‘travelling library’ option. In addition, the applicant company should provide a list of all of the documents that they have submitted.

It is vital that any data submitted (including prevalence, incidence and cost) are Wales-specific in order for AWMSG to appropriately appraise medicines for use within NHS Wales. Data from any other UK country, or elsewhere, will not be accepted where Wales-specific data are available.

The Licensed One Wales Medicines Assessment Group (LOWMAG) provides recommendations to AWMSG on new and existing licensed medicines. For limited assessments, LOWMAG considers evidence of clinical effectiveness and the budget impact presented in AWTTC’s assessment report. LOWMAG also takes into account any wider societal issues, equity of access and considers the views given

by clinicians and patients. LOWMAG provides a clear and robust recommendation, with rationale, to AWMSG.

LOWMAG and AWMSG consider the price of medicines, including prices based on any commercial arrangements. Details of any proposed or negotiated discounts should be submitted.

Patient Access Schemes will only be considered after positive advice from the Patient Access Scheme Liaison Unit (PASLU) and approval from NHSE and incorporation into positive NICE Final Draft Guidance (FDG); or, after positive advice from the Commercial Arrangement Scheme Wales Group (CASWG) for commercial arrangements (Wales Patient Access Scheme or Commercial Access Agreements) and approval by Welsh Government.

It is important to clearly highlight any data/information that the applicant company consider to be commercial/academic in confidence and, where possible, to provide a date beyond which this data/information will no longer be considered as such.

The following guidance notes are divided into seven sections and should be referred to when completing the corresponding sections of the Limited Assessment Form.

## 1.0 Product information

### 1.1 General information

a) Details of the applicant company should be entered. If the applicant company is not the Medicines and Healthcare products Regulatory Agency (MHRA) marketing authorisation (MA) holder then the MA holder should also be entered. Please also highlight any additional company name(s) to be included on documentation relating to the appraisal and recommendation if this differs from the MA holder.

b) The generic name should be entered under 'Approved name of medicine'.

c) The brand or marketing name should be inserted under 'Trade name'.

d) The formulation(s), strength(s) and route(s) of administration should be entered accordingly.

e) The new licensed indication should be stated in full, in line with the Summary of Product Characteristics (SmPC).

f) Please state the indication covered in the submission if it differs from the full indication in Section 1.1e. The applicant company may highlight a specific population of the licensed indication within the submission for which the medicine may be particularly advantageous, ensuring that evidence to support the subpopulation is included.

g) **Please note any proposed WPAS/commercial arrangements should be agreed before an assessment proceeds. Please contact AWTTC via email at AWTTC@wales.nhs.uk if a WPAS is being proposed.**

h) As for g)

i) **Commercial arrangements should be agreed by CASWG before an assessment proceeds**. Any decisions will involve the Medicines Value Unit (MVU) and will be considered by the AWMSG Scrutiny Panel.

### 1.2 Regulatory status

This section should be completed as fully as possible, ensuring that the information given is specific to the full indication under consideration. Details will remain confidential until after licence. Launch date and stock availability will only be used in order to prioritise workload by AWMSG and therefore even an estimated time period would be acceptable.

### 1.3 Comparator and place in therapy

a) List the major comparator treatment(s), including medicines with similar indication(s) to the medicine under consideration. If appropriate, this can be restricted to those in the same or similar therapeutic class. The applicant

company should provide information on comparator treatment(s) based on current standard care in NHS Wales, i.e. what is considered to be “routine practice” and may potentially be displaced. Comparators licensed for the indication under consideration should usually be included. However, AWMSG will also consider unlicensed comparators where it is deemed appropriate to do so. For some medicines, it may be appropriate to consider more than one comparator (e.g. if practice is varied or if current therapy is unlicensed).

The applicant company must justify their chosen comparator(s) based on evidence of current practice in NHS Wales. This usually requires advice from physicians in Wales, which should be sought by the applicant company.

b) The anticipated place this medicine will have in therapy should be outlined accordingly.

### 1.4 Limited assessment details

The applicant company should indicate whether they consider their submission meets the criteria for a limited assessment and, if so, on what grounds. It is vital that the applicant company provides as much detail as possible with regards to how and why they believe that their product meets a limited assessment.

The AWMSG Scrutiny Panel will recommend whether an HTA or a limited assessment is required. If the submission is for a medicine that is a new chemical entity or for a new licensed therapeutic indication (new target disease) then a Submission Form for AWMSG HTA would usually be required.

The Scrutiny Panel may deem a limited assessment appropriate in any of the following circumstances (where a medicine is not a new chemical entity or for a new licensed therapeutic indication [new target disease]):

- No significant service impact anticipated
- Anticipated minimal budgetary impact in NHS Wales or cost saving
- Included in national clinical guidelines and/or accepted as standard of care
- Commissioned elsewhere in the UK
- Offers significant benefit in terms of service impact.

AWMSG reserves the right to request a submission for HTA in relation to any medicine at any time during the process. The decision of the AWMSG Steering Committee in this respect is final and binding.

## 2.0 Clinical effectiveness/equivalence

A balanced account of the evidence on clinical effectiveness should be provided, relating to the advantages and disadvantages of the medicine under consideration as compared to the existing/comparator product(s).

The applicant company should provide information on comparator treatment(s) based on current standard of care in NHS Wales, i.e. what is considered to be “routine

practice" and may potentially be displaced. Comparators licensed for the indication under consideration should usually be included. However, AWMSG will also consider unlicensed comparators where it is deemed appropriate to do so. For some medicines, it may be appropriate to consider more than one comparator (e.g. if practice is varied or if current therapy is unlicensed).

The applicant company must justify their chosen comparator(s) based on evidence of current practice in NHS Wales. This usually requires advice from physicians in Wales, which should be sought by the applicant company.

The applicant company should consider the direct health benefits that patients will gain through the use of the medicine under consideration and identify any disadvantages that they may incur. Any factors which may influence the applicability of study results to patients in routine clinical practice in Wales should be highlighted. If the link between trial result and health outcome is unclear, or data are not specific to Wales, the current approach and rationale should be explained.

## 3.0 Cost and patient eligibility

### 3.1 Treatment costs

Please provide details of any Patient Access Scheme or Commercial Access Arrangement associated with the medicine. Patient Access Schemes will only be considered after positive advice from the Patient Access Scheme Liaison Unit (PASLU) and approval from NHSE and incorporation into positive NICE Final Draft Guidance (FDG); or, after positive advice from CASWG for commercial arrangements (Wales Patient Access Scheme or Commercial Access Agreements) and approval by Welsh Government.

Please indicate whether the medicine is associated with a commercial arrangement within NHS England or NHS Wales, and, where this is the case, whether a similar arrangement will be offered to NHS Wales for this indication**.**

**Any proposed commercial arrangement should be agreed before an assessment proceeds. Please contact AWTTC prior to submitting the Limited Assessment form.**

### 3.2 Patient numbers

The applicant company should provide estimates in relation to the condition for which this medicine is likely to be prescribed. The figures provided must be as accurate as possible and reference sources must be stated, highlighting paragraphs and page numbers accordingly.

It is vital that applicant companies submit data specific to Wales in order for AWMSG to appropriately appraise medicines for use within NHS Wales. Data from any other UK country, or elsewhere, will not be accepted where Wales-specific data are available.

## 4.0 Budget impact and resource implications

The purpose of this section is to provide an estimate of the potential budget impact in a way that a health board could identify, e.g. how much money they might have to find if the new treatment replaces (or is used in addition to) existing therapy. The analysis should include all direct costs and be made specific to Wales. The following websites may be useful:

- Population estimates by local authority and ethnicity (gov.wales)
- Patients on Quality and Outcomes Framework (QOF) disease registers by local health board (gov.wales)

The applicant company should use the AWTTC budget impact (BI) template to estimate the BI for Wales. All worksheets included in the template must be completed, including data sources and assumption rationale (where applicable). Where Welsh data are not readily available, UK data may be adapted based on Welsh population statistics. All assumptions must be justified, and supported with referenced evidence. Data from any other UK country, or elsewhere, will not be accepted where Wales-specific data are available.

The following points, a) to i), provide guidance to aid completion of the BI template. Further guidance is provided in the 'General guidance' worksheet within the template itself.

a) Please give an estimate of the total number of patients in Wales who have the condition relating to the indication under consideration (current prevalence), and indicate the source of estimated numbers.

b) Please give an estimate of the number of newly diagnosed patients each year over the first five years after introduction (yearly incidence), and the source of estimated numbers.

c) The net number should, where appropriate, take account of changing patterns associated with the condition under consideration. In some cases, the prevalence may remain constant from one year to the next. In others, it may be likely to change, e.g. because of changes in incidence and/or prognosis and survival. There may be assumptions that some of these changes will be influenced by the new treatment.

d) Give an estimate of the number of people in Wales currently treated for this condition and who would be eligible for treatment according to the product licence. There may be direct evidence, but this may have to be based on epidemiology and assumptions about the proportion of patients who are currently treated. If the appraisal indication under review reflects a subpopulation of the licensed eligible patient population, the eligible subpopulation should be identified.

e) This estimate may be based on assumptions about the proportion of patients with the condition who will receive the new treatment as newly treated patients or as a result of being switched from existing treatment. It may involve making

assumptions about market share and uptake changing with time e.g. an analysis of each of the five years after introduction. The estimate should allow for any patients who discontinue treatment.

f) For the medicine under consideration and each of the principal alternative treatments identified in Section 1.3a:
    - Estimate the cost per patient per year, or other appropriate time period (e.g. the acquisition cost of 28 days' chronic treatment or cost per treatment episode) stating any assumptions made. Cost of the medicine should be based on the lowest price offered to NHS Wales which may be discounted from the list price based on a WPAS/PAS or other commercial agreement in place.

    This should consider the following (which should be stated):
    - the average length of treatment (or range)
    - average dose anticipated (or range)
    - whether treatment is continuous, one-off or given cyclically, but for a finite time.

g) Combine the data for Sections 4d), 4e) and 4f), and present according to the same categories, and as annual totals. This table content should be the same as the ‘summary acquisition costs’ in the BI template.

h) Resource use should be disaggregated under the following headings:
    - costs of administration (e.g. administration sets and diluents for a parenteral preparation)
    - diagnostic and monitoring
    - adverse events costs
    - primary care resources and costs (including associated staff and infrastructure changes)
    - secondary and tertiary care resources and costs (e.g. changes to average inpatient length of stay, and the number of bed days per year required to support any new service, associated staff and infrastructure changes)
    - costs of personal social services.

    Resource implications, should be captured and summed in a separate table. This table content should be the same as the ‘Summary resource’ table in the BI template.

i) The BI calculations should include one-way and multi-way sensitivity analyses together with scenario analyses, as deemed appropriate. Plausible ranges of values for the sensitivity analyses should be selected and justified. Tables with appropriate calculations should be provided on the ‘Sensitivity analysis’ worksheet of the BI template. If there is an approved WPAS or PAS or a commercial arrangement for the comparator(s), conduct sensitivity analysis to explore the impact of discounts ranging between 5% and 95% in increments of 5%.

## 5.0 Additional information

a) Describe any potential equity and equality issues that might need to be considered for this medicine. For example: might there be any potential positive and/or negative impacts on people on the basis of their protected characteristics (age; disability; gender; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sexual orientation), or according to their income group or where they live, or on people who face health inequalities? Please provide any evidence that would help to identify and consider any equity and equality issues.

b) Please indicate whether you anticipate that this medicine would be supplied by a home healthcare provider.

c) Please describe the impact the disease has on patients and their carers.

d) Describe whether the medicine addresses an unmet need.

e) Outline any added value to the patient which may not be adequately captured elsewhere.

f) State any wider societal costs and benefits of this medicine. Supplementary analyses which consider benefits and costs (or savings) to patients and their families may also be considered. Patient resource use in accessing treatment should be included where felt to be significant, particularly where this differs between the medicine and its comparator(s). Other resource use may also be presented separately where differences arise between the medicine and its comparator(s); for example, direct non-healthcare resource use, such as that by social and educational services, and productivity losses attributable to changes in health outcomes.

g) Describe any potential environmental impacts, positive and/or negative, associated with the medicine and/or comparators.

## 6.0 References

You are required to provide AWTTC with a list of all references included in your submission. Please supply electronic copies of any references you are allowed to in accordance with copyright or licensing agreements. If you have used a database to manage your references (e.g. EndNote) please supply us with a copy of your reference library or use the “travelling library” option.

## 7.0 Contact details

Please provide details accordingly.

**THE FOLLOWING DOCUMENTS SHOULD BE SUBMITTED TO OUR SECURE FILE SHARING PORTAL**

- **LIST OF DOCUMENTS SUBMITTED**
- **LIMITED ASSESSMENT FORM**
- **BUDGET IMPACT MODEL**
- **REFERENCES**
- **SmPC**

Please contact AWTTC@wales.nhs.uk to arrange secure access to our portal (AWTTC Vault).