

**ALL WALES MEDICINES STRATEGY GROUP  
MINUTES OF THE AWMSG MEETING HELD ON  
WEDNESDAY, 29<sup>th</sup> APRIL 2009 COMMENCING 10.30 AM  
AT THE ANGEL HOTEL, ABERGAVENNY**

<b>MEMBERS PRESENT:</b>			<b>Did not participate in</b>
1.	Dr Paul Buss	NHS Consultant (Vice Chairman)	
2.	Dr Fraser Campbell	LHB Medical Director	
3.	Dr Karen Fitzgerald	National Public Health Service Wales	11
4.	Dr Brian Hawkins	LHB Pharmacist	
5.	Mr Robert Holcombe	LHB Finance Director	
6.	Cllr Meurig Hughes	Lay member	10
7.	Dr Thomas Lau	General Practitioner and prescribing lead	
8.	Prof Ceri Phillips	Health Economist	
9.	Mr Dave Roberts (Mr Roger Williams)	Chief Pharmacist	8, 9, 11
10.	Prof Philip Routledge	Clinical Pharmacologist (Chairman)	
11.	Mr Guy Thompson	Industry Representative	8, 9, 11
12.	Dr Hugo Van Woerden	National Public Health Service	
13.	Mrs Wendy Warren	Senior Nurse	

**IN ATTENDANCE:**

14.	Dr Martin Duerden	NMG Chairman
15.	Mr Alistair Meredith	Welsh Assembly Government
16.	Ms Kath Haines	Welsh Medicines Partnership
17.	Mrs Ruth Lang	Welsh Medicines Partnership

*List of Abbreviations:*

ABPI	Association of the British Pharmaceutical Industry
ASAR	AWMSG Secretariat Assessment Report
AWCDG	All Wales Cancer Drugs Group
AWMSG	All Wales Medicines Strategy Group
AWPAG	All Wales Prescribing Advisory Group
BHIVA	British HIV Association
BMA	British Medical Association
BNF	British National Formulary
CR/ASAR	Company response to the AWMSG Secretariat assessment report
CR/FAR	Company response to the final appraisal report
CR/PAR	Company response to the preliminary appraisal report
CSCG	Cancer Services Co-ordinating Group
CHM	Commission on Human Medicines
DoH	Department of Health
DTB	Drug & Therapeutics Bulletin
FAR	Final appraisal report
HCW	Health Commission Wales
HoPMMs	Heads of Pharmacy and Medicines Management
HSW	Health Solutions Wales
LHB	Local Health Board
M&TCs	Medicines & Therapeutics Committees
MHRA	Medicines & Herbs Regulatory Authority
NHSIF	NHS Industry Forum
NICE	National Institute for Health and Clinical Excellence
NLIAH	National Leadership and Innovation Agency for Healthcare
NMG	New Medicines Group
NPHS	National Public Health Service
PAR	Preliminary appraisal report
PPRS	Prescription Price Regulation Scheme
SAFF	Service and Financial Framework
SMC	Scottish Medicines Consortium
SPC	Summary of Product Characteristics
TDA User Group	Therapeutic Development Appraisal User Group
T&FG	Task and Finish Group
WAG	Welsh Assembly Government
WAPSU	Welsh Analytical Prescribing Support Unit
WeMeReC	Welsh Medicines Resource Centre
WMIC	Welsh Medicines Information Centre
WMP	Welsh Medicines Partnership

**1. Welcome and introduction**

The Chairman opened the meeting and welcomed members.

**2. Apologies**

Mr Jeffrey Evans  
Miss Carwen Wynne Howells  
Dr Bruce Ferguson  
Mr Russell Pope  
Dr Geoffrey Carroll

### 3. **Declarations of interest**

The Chairman asked members to declare any specific, non-specific, personal or non-personal interests:

Councillor Meurig Hughes declared a personal non-specific interest in relation to the appraisal of neralabine in that he has shares in GlaxoSmithKline.

Mr Guy Thompson declared a personal non-specific interest in relation to the appraisal of maraviroc, anidulafungin and ambrisentan.

Mr Dave Roberts declared a personal non-specific interest in that he attended the European Association of Hospital Pharmacists meeting in March 2009 with an educational grant from Pfizer.

The Chairman confirmed that the above interests precluded the members from participating in the corresponding appraisal.

### 4. **Chairman's report**

The Chairman reported that the first independent review (IR) was held on 19<sup>th</sup> March 2009. Members were informed that procedural issues had been addressed by the AWMSG Secretariat. The Chairman confirmed that AWMSG members who attended the IR as panel members would not be eligible to participate in the discussions relating to ambrisentan - Mr Roger Williams would deputise for Mr Dave Roberts and Dr Karen Fitzgerald would be unable to participate in the discussions. Professor Routledge expressed thanks to Dr Robert Bracchi, General Practitioner in Gwent and AWMSG's deputy GP Prescribing Lead Member, for Chairing the IR panel and for the input of the other panel members.

It was announced that the appraisal of aliskiren (Rasilez<sup>®</sup>▼) had been postponed in light of the availability of additional evidence. The Chairman confirmed that this evidence would be considered by the New Medicines Group at their next meeting in May and by AWMSG in June.

The Chairman announced that Ministerial ratification had been received for the following appraisals held in February 2009:

Thalidomide (Thalidomide pharmon<sup>®</sup>) - **recommended** for use within NHS Wales in combination with melphalan and prednisolone as first line treatment of patients with untreated multiple myeloma, aged ≥65 years or ineligible for high-dose chemotherapy.

Efavirenz / emtricitabine / tenofovir disoproxil (as fumarate) (Atripla<sup>®</sup>) - **recommended** as an option for use within NHS Wales for the treatment of HIV-1 infection in adults.

Members were informed that AWMSG's advice to the Minister for Health and Social Services in relation to micafungin (Mycamine<sup>®</sup>▼) for treatment-experienced adults infected only with CCR5-tropic HIV-1 had not been forwarded to Welsh Assembly Government. The applicant company had questioned AWMSG's interpretation of the licence and had been granted 3 months to seek clarification from the licensing authority.

The Chairman reported that following the submission of the Expert Group Review in relation to improving the availability of medicines for patients in Wales an Implementation Group had been established by the Welsh Assembly Government to take forward the recommendations.

Members were informed that following the Ministerial announcement concerning the availability of medicines for patients in Wales with advanced renal cancer, the AWMSG

Network had been working with the Cancer Network in developing interim advice to health professionals in NHS Wales on sunitinib (Sutent®), bevacizumab (Avastin®), sorafenib (Nexavar®) and temsirolimus (Torisel®) for first-line therapy only for the treatment of renal cell carcinoma. The Chairman anticipated this advice would be submitted to Welsh Assembly Government by the end of the week. Professor Routledge expressed thanks to Professor Malcolm Mason, Chair of the All Wales Cancer New Drugs Group for his input and that of his colleagues into the development of the document.

It was announced that the NHS Industry Forum meeting scheduled for April had been postponed. Members were informed that the AWMSG Steering Committee had considered options for an effective and innovative way of gathering the views and consensus of this Group to ensure that the work programme of AWMSG and its sub-groups is developed.

The Chairman reported that WMP representatives had met with industry colleagues at the TDA Users Group in March, attended the New Cardiovascular Dugs Group (in March) and the All Wales Cancer Drugs Group (in April) to discuss issues relating to AWMSG appraisals.

The appraisals to be held at the next meeting on 24<sup>th</sup> June 2009 were announced:

- Appraisal 1:** bivalirudin (Angiox®▼)  
Treatment of adult patients with acute coronary syndrome planned for urgent or early intervention
- Appraisal 2:** tacrolimus (Advagraf®)  
Prophylaxis of transplant rejection in adult kidney or liver allograft recipients. Treatment of allograft rejection resistant to treatment with other immunosuppressive medicinal products in adult patients
- Appraisal 3:** aliskiren (Rasilez®▼) for the treatment of essential hypertension
- Appraisal 4:** aripiprazole (Abilify®)  
Treatment of moderate to severe manic episodes in bipolar I disorder and for the prevention of a new manic episode in certain patients

**5. Minutes of previous meeting**

The minutes of the previous meeting were checked for accuracy. No changes were made. Mrs Wendy Warren informed members that a presentation of the Map of Medicine would be made at a future meeting. In light of the postponement of the NHSIF meeting in July, Mr Guy Thompson sought assurance from the Chair that links with industry would continue.

**11. Appraisal 1 – ambrisentan (Volibris®)**  
For the treatment of essential hypertension.

Start time 10.40 am

The Chairman welcomed Dr Manjit Hunjan and Dr Ravi Jandhyela from GlaxoSmithKline.

Councillor Meurig Hughes, Mr Guy Thompson and Mr Dave Roberts left the meeting and Dr Karen Fitzgerald did not participate in the discussion or vote.

The Chairman provided the background to the appraisal and confirmed the decision of the independent review panel was to support the use of ambrisentan within NHS Wales. Members were referred to a letter from the IR panel Chairman outlining the rationale behind this decision, and invited to comment on any outstanding clinical issues. Following this discussion, the Chairman invited comments in relation to cost effectiveness. The Chairman referred members to the patient organisation submission and medical expert summary and invited comment. Representatives of the applicant company, GlaxoSmithKline, were asked if they wished to comment on the discussion, their response to the final appraisal report, or any aspect of the independent review process. Dr Hunjan welcomed the decision of the IR panel and confirmed that all issues had been addressed.

The Chairman closed the discussion at 10.55 am and members retired to vote.

### **Appraisal decision**

#### **The recommendation of AWMSG was announced:**

Ambrisentan (Volibris<sup>®</sup>▼) is recommended for use within NHS Wales for the treatment of patients with pulmonary arterial hypertension (PAH) classified as World Health Organisation (WHO) functional class (FC) II and III, to improve exercise capacity.

Ambrisentan (Volibris<sup>®</sup>▼) is restricted for use directed by a physician experienced in the treatment of PAH at one of the National Commissioning Group (NCG) centres across the UK.

Ambrisentan (Volibris<sup>®</sup>▼) is not considered suitable for shared care within NHS Wales.

Mr Roger Williams left the meeting.

#### **6. Appraisal 2 – Aliskiren (Rasilez<sup>®</sup>▼)**

The Chairman confirmed that the appraisal of aliskiren for the treatment of essential hypertension had been postponed until the next meeting in light of the availability of additional information.

#### **7. Appraisal 3 – Eculizumab (Soliris<sup>®</sup>)**

For the treatment of paroxysmal nocturnal haemoglobinuria.

Start time 11.10 am

The Chairman welcomed Dr Jon Beauchamp and Dr Atiya Kenworthy from Alexion Pharmaceuticals.

The Chairman reminded members to declare any interests.

The Chairman confirmed that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this, and that a negative recommendation would not impact on the clinical freedom of the prescriber. He explained that a positive recommendation by AWMSG, subsequently endorsed by the Minister for Health and Social Services, places an obligation on Trusts and LHBs in Wales to fund accordingly. He reiterated that AWMSG advice is interim to NICE should it be subsequently published.

Dr Duerden set the context of the appraisal and provided an overview of the discussions held at the NMG meeting on Wednesday, 25<sup>th</sup> March 2009. The relevant issues contained within the PAR, enclosure 2/AWMSG/0409, were highlighted. Dr Duerden confirmed that eculizumab had been appraised within the context of the AWMSG ultra orphan policy. He conveyed the salient issues raised in the patient submission and medical expert questionnaires. Dr Duerden concluded by confirming NMG's advice to AWMSG was to support the use of eculizumab within agreed guidelines. NMG considered that a registry should be put in place and future review of the evidence on the use of this medicine agreed.

The Chairman invited members to address issues in relation to clinical effectiveness. Clinical issues requiring clarification included haemoglobin stabilisation and fatigue score. The Chairman confirmed that opportunity would be provided to the applicant company to respond to all the issues raised in the discussion.

The Chairman asked members to consider the evidence in relation to cost effectiveness. Professor Phillips informed members that the cost effectiveness submission was unconventional and the information provided was based on assumptions and scenarios. The Chairman invited questions and comments from members.

The Chairman referred members to the patient organisation submission. The process for identifying patients and patient organisations was clarified. An individual patient submission outlining personal experience of the use of the medicine was considered very helpful. The Chairman referred members to the medical expert summary provided by a consultant haematologist experienced in treating patients with paroxysmal nocturnal haemoglobinuria, but who had not previously prescribed eculizumab.

The Chairman invited members to comment on any societal or budget impact issues and then opened the discussion to representatives of the applicant company. Dr Beauchamp responded to all the issues raised in the discussion. Limitations to the cost effectiveness information provided by the applicant company were acknowledged. Dr Kenworthy confirmed that an increase in the number of eligible patients in Wales was not anticipated. National Commissioning relationships were clarified by Dr Van Woerden.

Prior to closing proceedings, the Chairman sought confirmation that representatives of the applicant company were satisfied that all issues had been adequately discussed and taken into account and that the process had been fair and transparent. Confirmation was received.

The Chairman closed the discussion at 11.57am.

### **Appraisal decision**

#### **The recommendation of AWMSG was announced:**

Eculizumab (Soliris<sup>®</sup>▼) is recommended for restricted use within NHS Wales, according to agreed guidelines, for the treatment of paroxysmal nocturnal haemoglobinuria.

AWMSG is of the opinion that eculizumab (Soliris<sup>®</sup>▼) is not suitable for shared care within NHS Wales.

#### **Additional notes:**

- AWMSG recommends that eculizumab (Soliris®▼) should only be used on an individual patient basis according to agreed guidelines.
- AWMSG considers that eculizumab (Soliris®▼) satisfies the AWMSG criteria for ultra orphan drug status.
- AWMSG will review the evidence on the use of this medicine within a period of three years.

#### **8. Appraisal 4 – Maraviroc (Celsentri®▼)**

For treatment-experienced adults infected only with CCR5-tropic HIV-1.

Start time 11.59 am

Mr Guy Thompson and Mr Dave Roberts left the meeting.

The Chairman welcomed Ms Louise Hendry and Dr Manjit Affley representing the applicant company, Pfizer Limited.

Chairman reiterated the statement that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this, and that a negative recommendation would not impact on the clinical freedom of the prescriber. He explained that a positive recommendation by AWMSG, subsequently endorsed by the Minister for Health and Social Services, places an obligation on Trusts and LHBs in Wales to fund accordingly. He reiterated that AWMSG advice is interim to NICE should it be subsequently published.

The Chairman invited Dr Duerden to provide an overview of the discussions held at the NMG meeting on Wednesday, 25<sup>th</sup> March 2009. Dr Duerden set the context of the appraisal and highlighted relevant issues contained within the PAR, enclosure 4/AWMSG/0409. He confirmed that NMG had considered the views of four medical experts, a summary of which had been provided to AWMSG members. Dr Duerden confirmed a comprehensive submission had been received from the Terence Higgins Trust. He concluded his presentation by confirming that NMG's advice that maraviroc (Celsentri®▼) should be recommended as an option for use within NHS Wales for the treatment of treatment-experienced adults infected only with CCR5-tropic HIV-1, in accordance with the British HIV Association (BHIVA) guidance. He confirmed that NMG did not consider it suitable for shared care within NHS Wales and conveyed NMG's concern over the future accessibility and cost of the Trofile™ assay.

The Chairman opened the discussion and invited members to comment or seek clarification in relation to the clinical effectiveness. The issue of long term effects of the agent on immune function was raised. Issues relating to cost effectiveness were identified. Clarification of the assumptions within the health economic model and efficacy of treatments used as a comparator was sought. Members were invited to comment on broader societal and budget impact issues. The Chairman referred members to the company response to the PAR, the medical expert summary and the patient organisation submission. Representatives of the applicant company were invited to respond to the discussion and comment on any general issues. There was confirmation that the company discounted cost of the Trofile™ assay had been incorporated into the health economic model. The company reassured the committee that arrangements were in place to ensure the assay costs to NHS Wales would not exceed those presented in the health economic model.

Prior to concluding the appraisal, confirmation was received that the applicant company considered the process to be fair and transparent and opportunity had been extended for comment and clarification of any issues. Members retired to vote.

The Chairman closed the discussion at 12.45 pm

### **Appraisal decision**

#### **The recommendation of AWMSG was announced:**

Maraviroc (Celsentri<sup>®</sup>▼) is recommended as an option for use within NHS Wales for the treatment of treatment-experienced adults infected only with CCR5-tropic HIV-1, in accordance with British HIV Association (BHIVA) guidance.

AWMSG is of the opinion that maraviroc (Celsentri<sup>®</sup>▼) is not suitable for shared care within NHS Wales.

## **9. Appraisal 5 – Anidulafungin (Ecalta<sup>®</sup>▼)**

For the treatment of invasive candidiasis in adult non-neutropenic patients.

Mr Guy Thompson and Mr Dave Roberts left the meeting.

The Chairman welcomed Ms Louise Hendry and Dr Manjit Affley representing the applicant company, Pfizer Limited.

Chairman reiterated the statement that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this, and that a negative recommendation would not impact on the clinical freedom of the prescriber. He explained that a positive recommendation by AWMSG, subsequently endorsed by the Minister for Health and Social Services, places an obligation on Trusts and LHBs in Wales to fund accordingly. He reiterated that AWMSG advice is interim to NICE should it be subsequently published.

Dr Duerden presented a summary of the assessment undertaken by the New Medicines Group on Wednesday, 25<sup>th</sup> March 2009 in relation to andulafungin for the treatment of invasive candidiasis in adult non-neutropenic patients. He highlighted salient issues of the PAR. He confirmed that NMG's advice to AWMSG is to support the use of anidulafungin as an option for use within NHS Wales within its licensed indication. It was noted that a patient interest group had not been identified. A medical expert summary had been provided to AWMSG members.

The Chairman invited issues in relation to clinical effectiveness and cost effectiveness. Treatment and costing of adverse effects was highlighted. Clarification of the place in therapy of anidulafungin was sought and the Chairman invited the applicant company to respond to the issues raised in the discussion.

Prior to concluding the appraisal, confirmation was received that the applicant company considered the process to be fair and transparent and opportunity had been extended for comment and clarification of any issues. Members retired to vote.



## **Appraisal decision**

### **The recommendation of AWMSG was announced:**

Anidulafungin (Ecalta<sup>®</sup>▼) is recommended as an option for use within NHS Wales within its licensed indication for the treatment of invasive candidiasis in adult non-neutropenic patients.

AWMSG is of the opinion that anidulafungin (Ecalta<sup>®</sup>▼) is not suitable for shared care within NHS Wales.

#### **10. Appraisal 6 – Neralabine (Atriance<sup>®</sup>▼)**

For the treatment of T-cell acute lymphoblastic leukaemia and T-cell lymphoblastic lymphoma

Start time 2.20 pm

Mr Guy Thompson and Mr Dave Roberts returned to the meeting and Councillor Meurig Hughes, who had declared a personal interest, left the meeting.

The Chairman welcomed Dr Eric Lefevre and Dr Jason Gordon from the applicant company, GlaxoSmithKline.

Chairman reiterated the statement that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this, and that a negative recommendation would not impact on the clinical freedom of the prescriber. He explained that a positive recommendation by AWMSG, subsequently endorsed by the Minister for Health and Social Services, places an obligation on Trusts and LHBs in Wales to fund accordingly. He reiterated that AWMSG advice is interim to NICE should it be subsequently published.

The Chairman invited Dr Duerden to provide an overview of discussions held at the New Medicines Group on Wednesday, 25<sup>th</sup> March 2009. Dr Duerden's provided an overview of Enc 6/AWMSG/0409. He confirmed that two patient interest group submissions had been received and informed members of salient issues. It was confirmed that medical expert views had been sought and a summary provided to AWMSG members. He concluded his verbal report by confirming NMG's advice to AWMSG was that neralabine (Atriance<sup>®</sup>▼) should be supported for use within NHS Wales for the treatment of patients with T-cell acute lymphoblastic leukaemia (T-ALL) and T-cell lymphoblastic lymphoma (T-LBL) whose disease has not responded to, or has relapsed, following treatment with at least two chemotherapy regimens. Dr Duerden said that NMG had advised that treatment should be restricted to patients in whom there is an intention to proceed to allogeneic stem cell transplantation, as it is not cost effective when used for palliation and a registry of patients should be established.

The Chairman opened the discussion and invited members to comment on any clinical effectiveness issues. The Chairman referred members to the patient organisation submissions and medical expert summary and invited comment. Professor Phillips congratulated the applicant company on its health economic submission. The Chairman asked members to raise any outstanding societal or budget impact issues. Following the discussion, representatives of the applicant company were invited to respond to the issues raised by members. The unmet clinical need was highlighted and it was confirmed that a post commitment study including collection of registry data is currently being undertaken.

Prior to concluding the appraisal, confirmation was received that the applicant company considered the process to be fair and transparent and opportunity had been extended for comment and clarification of any issues. Members retired to vote.

### **Appraisal decision**

#### **The recommendation of AWMSG was announced:**

Nelarabine (Atriance<sup>®▼</sup>) is recommended for restricted use within NHS Wales for the treatment of patients with T-cell acute lymphoblastic leukaemia (T-ALL) and T-cell lymphoblastic lymphoma (T-LBL) whose disease has not responded to, or has relapsed, following treatment with at least two chemotherapy regimens. Treatment should be restricted to patients in whom there is an intention to proceed to allogeneic stem cell transplantation, as it is not cost effective when used for palliation.

Nelarabine (Atriance<sup>®▼</sup>) is not suitable for shared care within NHS Wales.

#### **Additional notes:**

- Nelarabine (Atriance<sup>®▼</sup>) meets the AWMSG criterion for ultra-orphan drug status.
- AWMSG will review the evidence on the use of this medicine within a period of three years.

#### **11. Update on AWPAG**

The Chairman invited Dr Tessa Lewis to present Enc 8/AWMSG/0409 shared care protocol template for subcutaneous methotrexate and an update to the terminology for shared care. There was discussion over the inclusion of carers within the document as an option for administering the medicine. A suggestion was made that an audit be undertaken in the future to assess the effectiveness of self-administration so that the carer option could be considered for patient benefit at a later date. There was also a suggestion that treatment duration be included in the letter. Dr Lewis confirmed that the update to the shared care terminology had been undertaken to provide further clarification. The Chairman concluded the discussion by endorsing AWMSG's support for the all-Wales approach in developing national templates for shared care and thanked Dr Lewis and the interface pharmacists group for their hard work in developing the templates to improve patient safety.

**Date of next AWMSG meeting:  
Wednesday, 24<sup>th</sup> June 2009 at 10.30am**