

<b>Enclosure No:</b>	<b>1/AWMSG/1013</b>
<b>Agenda Item No:</b>	<b>5 – Minutes of previous meeting</b>
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## **ALL WALES MEDICINES STRATEGY GROUP (AWMSG)**

### **MINUTES OF THE AWMSG MEETING HELD ON WEDNESDAY, 17<sup>th</sup> JULY 2013 COMMENCING 9.30 AM AT CARDIFF METROPOLITAN UNIVERSITY, WESTERN AVENUE, CARDIFF CF5 2YB**

#### **VOTING MEMBERS PRESENT:**

**Did not  
participate in**

- |     |   |      |
|-----|---|------|
| 1.  | Professor Philip Routledge Chairman   |      |
| 2.  | Dr Balwinder Bajaj                      Clinical Pharmacologist                             | 1-5  |
| 3.  | Dr Fraser Campbell                      GP with Prescribing Lead role                       |      |
| 4.  | Professor David Cohen                      Health Economist                                 |      |
| 5.  | Mr Stuart Davies                              Finance Director                              |      |
| 6.  | Dr Karen Fitzgerald                              Consultant in Pharmaceutical Public Health |      |
| 7.  | Mrs Alison Hughes                              Managed Sector Primary Care Pharmacist       |      |
| 8.  | Mr Stefan Fec                                      Community Pharmacist                     |      |
| 9.  | Dr Stuart Linton                                      Hospital Consultant                   |      |
| 10. | Mr Christopher Palmer                              Lay Member                               |      |
| 11. | Mr Christian Smith                                      Senior Nurse representative         | 1-5  |
| 12. | Mr Rob Thomas                                      ABPI Cymru Wales                         | 9-10 |
| 13. | Professor John Watkins                                      Public Health Wales             | 1-6  |

#### **IN ATTENDANCE:**

17. Professor Roger Walker, Chief Pharmaceutical Officer, Welsh Government
18. Dr Robert Bracchi, NMG Chairman
19. Mrs Karen Samuels, Programme Director, AWTTTC
20. Mrs Ruth Lang, Head of Liaison & Administration, AWTTTC

## **ALL WALES THERAPEUTICS & TOXICOLOGY CENTRE (AWTTC) APPRAISAL LEADS:**

21. Mrs Sabrina Rind, Senior Appraisal Pharmacist
22. Mrs Helen Adams, Senior Appraisal Pharmacist
23. Dr Claire Davis, Senior Appraisal Scientist
24. Mr Anthony Williams, Senior Appraisal Pharmacist

### **List of Abbreviations:**

ABPI	Association of the British Pharmaceutical Industry
ASAR	AWMSG Secretariat Assessment Report
AWMSG	All Wales Medicines Strategy Group
AWPAG	All Wales Prescribing Advisory Group
AWTTC	All Wales Therapeutics & Toxicology Centre
BMA	British Medical Association
CHMP	Committee for Medicinal Products for Human Use
DH	Department of Health
EMA	European Medicines Agency
FAR	Final Appraisal Recommendation
FDA	US Food and Drug Administration
GP	General Practitioner
HAC	High Acquisition Cost
HB	Health Boards
HTA	Health Technology Appraisal
IR	Independent Review
MHRA	Medicines and Healthcare products Regulatory Agency
MMPB	Medicines Management Programme Board
M&TCs	Medicines & Therapeutics Committees
NICE	National Institute for Health and Clinical Excellence
NMG	New Medicines Group
PAR	Preliminary Appraisal Recommendation
SMC	Scottish Medicines Consortium
TDAPG	Therapeutic Development Appraisal Partnership Group
T&FG	Task and Finish Group
WG	Welsh Government
WAPSU	Welsh Analytical Prescribing Support Unit
WPAS	Welsh Patient Access Scheme

### **1. Welcome and introduction**

The Chairman welcomed AWMSG members. The Chairman confirmed that appraisal 1, lapatinib (Tyverb<sup>®</sup>) for the treatment of adult patients with breast cancer, whose tumours over-express HER2 (ErbB2), in combination with capecitabine for patients with advanced or metastatic disease with progression following prior therapy, which must have included anthracyclines and taxanes and therapy with trastuzumab in the metastatic setting, would be conducted in private as the submission is associated with a Wales Patient Access Scheme (WPAS) containing commercially sensitive information. He confirmed that the recommendation would be announced in public.

### **2. Apologies**

Dr Emma Mason (Dr Balwinder Bajaj deputising)  
Mrs Susan Murphy (Mrs Alison Hughes deputising)  
Mrs Debbie Davies, representing other professions eligible to prescribe (no deputy)  
Mr Roger Williams, Managed Sector Hospital Pharmacist representative  
Mr John Terry, Managed Sector Hospital Pharmacist deputy member  
Dr Geoffrey Carroll, Welsh Health Specialised Services Committee

**Not in attendance:**

Dr Brendan Lloyd, Medical Director representative

**3. Declarations of interest**

The Chairman reminded members to declare any interests pertinent to the agenda. Mr Rob Thomas declared a non-personal interest in that UCB Pharma (his employer) produces a medicine in the same disease area relative to appraisals 4 and 5. The Chairman confirmed that Mr Thomas would not participate or vote in these appraisals.

**4. Minutes of previous meeting**

The minutes of the previous meeting were checked for accuracy. The Chairman signed the minutes as a true record of the meeting.

**5. Appraisal 1 – Full submission – proceedings conducted in private**

**Lapatinib (Tyverb<sup>®</sup>) for the treatment of adult patients with breast cancer, whose tumours overexpress HER2 (ErbB2), in combination with capecitabine for patients with advanced or metastatic disease with progression following prior therapy, which must have included anthracyclines and taxanes and therapy with trastuzumab in the metastatic setting**

The Chairman welcomed representatives from the applicant company, GlaxoSmithKline.

The Chairman invited members to declare any interests in either the applicant company or the medicine if they had not already done so. There were none.

The Chairman announced the statement, pertinent to all appraisals, that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this. A negative recommendation would not impact on the clinical freedom of the prescriber. It was noted that a positive recommendation by AWMSG, subsequently endorsed by Welsh Government, places an obligation on Health Boards to fund accordingly. It was confirmed that AWMSG advice is interim to final NICE guidance should this be subsequently published.

The Chairman invited Mrs Sabrina Rind, AWTTTC assessment lead, to set the context of the appraisal. Mrs Rind presented an overview of the submission as detailed in the ASAR and relayed the views of the clinical experts. Members were informed that a patient organisation submission had been received from Breast Cancer Care.

The Chairman invited Dr Bracchi, NMG Chairman, to provide a brief overview of the relevant issues identified in the preliminary appraisal. Dr Bracchi briefly summarised the issues discussed at NMG and relayed the preliminary recommendation that lapatinib (Tyverb<sup>®</sup>) should be recommended for restricted use within its licensed indication for the treatment of patients as an alternative to treatment with trastuzumab and capecitabine, or trastuzumab and vinorelbine, in patients in whom clinicians consider this clinically appropriate. NMG did not recommend its use outside of this sub-population. It was noted that the recommendation would only apply in circumstances where the approved Wales Patient Access Scheme is utilised.

The Chairman invited comment in relation to the case for clinical effectiveness. There was discussion in relation to the pivotal study. The applicant company delegates confirmed that the medicine would only be used in combination with capecitabine for patients with advanced or metastatic disease with progression following prior therapy, which must have included anthracyclines and taxanes, and therapy with trastuzumab in the metastatic setting.

The Chairman invited Professor Cohen to comment on the case for cost-effectiveness. Professor Cohen explained his role as AWMSG Health Economist and confirmed he had no input into the development of the ASAR, or discussions at NMG. Professor Cohen highlighted his observations from the ASAR. There was discussion over the uncertainties and assumptions

in the case for cost effectiveness, and Professor Cohen explained the effect of assumptions on the budget impact estimates. The Chairman referred members to the summary of clinical expert views which included current treatment options and highlighted the unmet need within Wales.

The Chairman invited Mr Palmer to highlight salient issues within the patient organisation submission from Breast Cancer Care. Mr Palmer confirmed that the patient organisation welcomed lapatinib as it offered patients with advanced or metastatic breast cancer who overexpress HER2, following relapse after previous treatment, another treatment option. He relayed the view that the medicine is well tolerated with few grade 3 or 4 toxicities, and that the tablet form is preferred by many patients as it reduced the number of hospital visits and allowed the patient to maintain a normal life. Mr Palmer also highlighted the potential disadvantage for some patients who might experience adverse events, such as diarrhoea.

There were no other societal issues of note.

The Chairman referred to the applicant company response to the preliminary recommendation and offered opportunity to the delegates to highlight salient issues. The company delegates reiterated the unmet clinical need and clinical importance on continuous HER2 suppression for improving outcomes in HER2+ advanced or metastatic breast cancer. Prior to concluding the discussion, the Chairman sought confirmation from the company delegates that the process had been fair and transparent. He thanked GlaxoSmithKline for engaging in the appraisal process and members retired to vote in private.

**Appraisal decision subsequently announced:**

The Chairman confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

**Lapatinib (Tyverb<sup>®</sup>) is recommended as an option for restricted use within NHS Wales for the treatment of adult patients with breast cancer, whose tumours overexpress HER2 (ErbB2), in combination with capecitabine for patients with advanced or metastatic disease with progression following prior therapy, which must have included anthracyclines and taxanes and therapy with trastuzumab in the metastatic setting.**

**Lapatinib (Tyverb<sup>®</sup>) should be restricted within its licensed indication for the treatment of patients as an alternative to treatment with trastuzumab and capecitabine or trastuzumab and vinorelbine in patients in whom clinicians consider this clinically appropriate.**

**Lapatinib (Tyverb<sup>®</sup>) is not recommended for use within NHS Wales outside of this subpopulation.**

**This recommendation applies only in circumstances where the approved Wales Patient Access Scheme is utilised.**

**6. Chairman's report**

The Chairman informed members that ratification of the final appraisal recommendations forwarded to Welsh Government following the AWMSG meetings held in May and June is outstanding. He confirmed that AWTTTC would inform the relevant licence holders and the service when confirmation of Ministerial ratification had been received. It was noted that several statements of advice were also awaiting ratification.

The Chairman announced his term of office as Chairman would end in September 2014 and he would step down as a voting member of AWMSG. He confirmed that in accordance with the Constitution, a new Chairman would be appointed by Welsh Government.

The Chairman reported that no AWMSG meeting would be held during August, and a training day for AWMSG and NMG members and deputies will be held in Cardiff on 4<sup>th</sup> September. He confirmed the next AWMSG meeting will be held on Wednesday, 16<sup>th</sup> October in Abergavenny, when seven appraisals would be conducted (five full submissions and two limited submissions). He highlighted that the meeting would be brought forward to start at 9.30 am to allow sufficient time for the following appraisals:

**Appraisal 1: Full submission**

**5-aminolaevulinic acid (Ameluz<sup>®</sup>)** for the treatment of actinic keratosis of mild to moderate intensity on the face and scalp (Olsen grade 1 to 2)

**Applicant Company: Spirit Healthcare Ltd**

**Appraisal 2: Full submission**

**Elvitegravir/cobicistat/emtricitabine/tenofovir (Stribild<sup>®</sup>)** for the treatment of human-immunodeficiency-virus-1 (HIV-1) infection in adults aged 18 years and over who are antiretroviral-treatment-naïve or are infected with HIV-1 without known mutations associated with resistance to any of the three antiretroviral agents in Stribild

**Applicant Company: Gilead Sciences Ltd**

**Appraisal 3: Full submission**

**Lisdexamfetamine dimesylate (Elvanse<sup>®</sup>)** as part of a comprehensive treatment programme for attention deficit/hyperactivity disorder (ADHD) in children aged 6 years of age and over when response to previous methylphenidate treatment is considered clinically inadequate

**Applicant Company: Shire Pharmaceuticals Ltd**

**Appraisal 4: Full submission**

**Tegafur/gimeracil/oteracil (Teysuno<sup>®</sup>)** for the treatment of advanced gastric cancer in adults when given in combination with cisplatin

**Applicant Company: Nordic Pharma Ltd**

**Appraisal 5: Re-appraisal**

**Pegvisomant (Somavert<sup>®</sup>)** for the treatment of patients with acromegaly who have had an inadequate response to surgery and/or radiation therapy and in whom an appropriate medical treatment with somatostatin analogues did not normalize IGF-I concentrations or was not tolerated.

**Applicant Company: Pfizer Ltd**

**Appraisal 6: Limited submission**

**Etanercept (Enbrel<sup>®</sup>)** for the treatment of polyarthritis (rheumatoid factor positive or negative) from 2-4 years of age and extended oligoarthritis in children and adolescents from the age of 2 years who have had an inadequate response to, or who have proved intolerant of, methotrexate. Treatment of psoriatic arthritis in adolescents from the age of 12 years who have had an inadequate response to, or who have proved intolerant of, methotrexate. Treatment of enthesitis-related arthritis in adolescents from the age of 12 years who have had an inadequate response to, or who have proved intolerant of, conventional therapy

**Applicant Company: Pfizer Ltd**

**Appraisal 7: Limited submission**

**Raltegravir (Isentress<sup>®</sup>)** in combination with other anti-retroviral medicinal products for the treatment of human immunodeficiency virus (HIV-1) infection in adolescents and children from the age of 2 years

**Applicant Company: Merck Sharp & Dohme Ltd**

The Chairman reminded members to declare any interests pertinent to the appraisals scheduled. The Chairman invited patients, patient organisations and patient carers to submit

their views in relation to medicines scheduled for appraisal, and suggested they contact Ruth Lang at AWTTTC for further information in relation to the future work programme.

**7. Appraisal 2 – Full submission  
Nepafenac (Nevanac<sup>®</sup>) for reduction in the risk of postoperative macular oedema associated with cataract surgery in diabetic patients**

The Chairman welcomed representatives from the applicant company, Alcon Laboratories (UK) Ltd.

The Chairman invited members to declare any interests in either the applicant company or the medicine if they had not already done so. There were none.

The Chairman announced the statement, pertinent to all appraisals, that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this. A negative recommendation would not impact on the clinical freedom of the prescriber. It was noted that a positive recommendation by AWMSG, subsequently endorsed by Welsh Government, places an obligation on Health Boards to fund accordingly. It was confirmed that AWMSG advice is interim to final NICE guidance should this be subsequently published.

The Chairman invited Mr Anthony Williams, AWTTTC assessment lead, to set the context of the appraisal. Mr Williams presented an overview of the submission as detailed in the ASAR and relayed the views of the clinical experts. Members were informed that a patient organisation submission had been received from the Royal National Institute of Blind People (RNIB).

The Chairman invited Dr Bracchi, NMG Chairman, to provide a brief overview of the relevant issues identified in the preliminary appraisal. Dr Bracchi briefly summarised the issues discussed at NMG and relayed the preliminary recommendation that nepafenac (Nevanac<sup>®</sup>) should be recommended for use within NHS Wales for the indication under consideration. NMG considered that nepafenac was shown to be clinically effective when administered with prednisolone, compared with a prednisolone only regimen.

The Chairman invited comment in relation to the case for clinical effectiveness. Clarification was sought in relation to the exclusions in the study, clinical endpoints and selection of appropriate comparators. It was highlighted that nepafenac is the first medicine licensed for reduction in the risk of postoperative macular oedema associated with cataract surgery in diabetic patients. Improvements to the quality of life for patients and compliance were discussed.

The Chairman invited Professor Cohen to comment on the case for cost-effectiveness. Professor Cohen clarified his role on the Group and explained he had no input into the production of the ASAR or discussions at NMG. He summarised his observations in relation to the submission and highlighted the uncertainties highlighted within the ASAR. Clarification was sought from the company delegates in relation to the limitations in the case for cost-effectiveness. Members considered the projected budget impact.

The Chairman referred members to the clinical expert summary. Experts suggested hospitals adopt different practices in the management of diabetic patients undergoing cataract surgery; however, postoperative administration of steroids is common. One expert stated that flurbiprofen eye drops were used prior to cataract surgery to prevent intra-operative miosis, but not to prevent macular oedema. The experts highlighted that although other (off-label) nonsteroidal anti-inflammatory medicines were available, none were thought to compare favourably with the use of postoperative steroid treatments.

Mr Palmer relayed the support of RNIB Cymru for the use of nepafenac within NHS Wales due to its safety and efficacy, and as an additional treatment option for patients.

There were no other societal issues of note.

The Chairman referred to the applicant company response to the preliminary recommendation and offered opportunity to the delegates to highlight salient issues. Prior to concluding the discussion, the Chairman sought confirmation from the company delegates that the process had been fair and transparent. He thanked Alcon Laboratories (UK) Ltd for engaging in the appraisal process and proceeded to the next appraisal.

**Appraisal decision subsequently announced:**

The Chairman confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

**Nepafenac (Nevanac<sup>®</sup>) is recommended for use within NHS Wales for reduction in the risk of postoperative macular oedema associated with cataract surgery in diabetic patients.**

**8. Appraisal 3 – Full submission**

**Ulipristal acetate (Esmya<sup>®</sup>▼) for the pre-operative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. The duration of treatment is limited to 3 months**

The Chairman welcomed representatives from the applicant company, Gedeon Richter (UK) Ltd.

The Chairman invited members to declare any interests in either the applicant company or the medicine if they had not already done so. There were none.

The Chairman announced the statement, pertinent to all appraisals, that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this. A negative recommendation would not impact on the clinical freedom of the prescriber. It was noted that a positive recommendation by AWMSG, subsequently endorsed by Welsh Government, places an obligation on Health Boards to fund accordingly. It was confirmed that AWMSG advice is interim to final NICE guidance should this be subsequently published.

The Chairman invited Mrs Sabrina Rind, AWTTTC assessment lead, to set the context of the appraisal. Mrs Rind presented an overview of the submission as detailed in the ASAR and relayed the views of the clinical experts. Members were informed that two patient organisation submissions had not been received – one from FEmISA and the other from the British Fibroid Trust.

The Chairman invited Dr Bracchi, NMG Chairman, to provide a brief overview of the relevant issues identified in the preliminary appraisal. Dr Bracchi briefly summarised the issues discussed at NMG and relayed the preliminary recommendation of NMG that ulipristal acetate (Esmya<sup>®</sup>▼) should be recommended as an option for use within NHS Wales for pre-operative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. The duration of treatment is limited to three months.

The Chairman opened discussion and members considered the case for clinical effectiveness. Members sought clarification in relation to the treatment options within NHS Wales. The company delegates provided the background and explained how the Welsh context had been gleaned from telephone interviews with clinicians within NHS Wales. There was discussion in relation to uptake.

Professor Cohen commented on the case for cost-effectiveness and highlighted the salient aspects from the ASAR. Professor Cohen explained the differences between financial costs and the economic case. The company delegates justified their approach in providing a cost minimisation analysis in that they considered it the most pragmatic approach for presenting the analysis. Members took account of the projected budget impact.

The Chairman referred members to the comprehensive clinical expert summary. The experts highlighted the advantages of ulipristal acetate being an oral treatment with longer lasting effects. It was suggested that use of this treatment would be beneficial for patients who, owing to bed shortages, waiting lists and surgery cancellations, may have to wait for up to six months prior to surgery.

Mr Palmer relayed the advantages to patients as detailed within the patient organisation submissions. The patient organisation welcomed the availability of an oral treatment and highlighted the importance of minimising the side effects from treatment and symptoms of the fibroids, particularly for patients who are employed. Other advantages to patients included reduction in hospital visits and self-administration. The frequency of daily administration compared to a monthly injection was highlighted as the only disadvantage.

There were no other societal issues of note.

The Chairman referred to the applicant company response to the preliminary recommendation and offered opportunity to the delegates to highlight salient issues. Prior to concluding the discussion, the Chairman sought confirmation from the company delegates that the process had been fair and transparent. He thanked Gedeon Richter (UK) Ltd for engaging in the appraisal process and proceeded to the next appraisal.

**Appraisal decision subsequently announced:**

The Chairman confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

**Ulipristal acetate (Esmya<sup>®</sup>) is recommended as an option for use within NHS Wales for the pre-operative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age. The duration of treatment is limited to three months.**

**9. Appraisal 4 – Limited submission  
Adalimumab (Humira<sup>®</sup>) for the treatment of severe active Crohn's disease in paediatric patients (6 to 17 years of age) who have had an inadequate response to conventional therapy including primary nutrition therapy, a corticosteroid, and an immunomodulator, or who are intolerant to or have contraindications for such therapies**

The Chairman welcomed representatives from the applicant company, AbbVie Ltd.

Mr Rob Thomas left the meeting as he had declared a non-personal interest earlier in the meeting. There were no other declarations of interests in either the applicant company or the medicine and the Chairman commenced the appraisal proceedings.

The Chairman announced the statement, pertinent to all appraisals, that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this. A negative recommendation would not impact on the clinical freedom of the prescriber. It was noted that a positive recommendation by AWMSG, subsequently endorsed by Welsh Government, places an obligation on Health Boards to fund accordingly. It was confirmed that AWMSG advice is interim to final NICE guidance should this be subsequently published.

The Chairman invited Dr Davis, AWTTTC assessment lead, to set the context of the appraisal. Dr Davis presented an overview of the submission as detailed in the ASAR and confirmed that adalimumab (Humira®) for the above indication was considered eligible for a limited submission as it was a minor licence extension, the anticipated usage in NHS Wales was considered to be of minimal budgetary impact and there was estimated to be a small difference in cost compared to the comparator/s. Dr Davis informed members that two patient organisations had been approached, but both had declined to submit any patient or carer views. Dr Davis gave a brief synopsis of the clinical expert views.

The Chairman invited Dr Bracchi, NMG Chairman, to provide an overview of the relevant issues identified in the preliminary appraisal. Dr Bracchi briefly summarised the issues discussed and relayed the view of NMG that adalimumab (Humira®) for the above indication should be recommended as an option for use within NHS Wales.

The Chairman invited members to consider the case for clinical effectiveness and highlight any outstanding issues. Clarification was sought in relation to the risk of malignancies in children. The Chairman referred members to the comprehensive clinical expert summary. Experts highlighted the need for a therapeutic approach for children who lose responsiveness or who have had an adverse reaction to infliximab. It was noted that children and young people with refractory Crohn's disease have a high burden of disease which does not always respond to currently available treatments, and this may result in extensive surgery, usually with the need for a permanent stoma. There were no outstanding societal or budget impact issues of note.

The Chairman referred to the applicant company response to the preliminary recommendation and offered opportunity to the delegates to highlight salient issues. Prior to concluding the discussion, the Chairman sought confirmation from the company delegates that the process had been fair and transparent. He thanked AbbVie Ltd for engaging in the appraisal process and proceeded to the next appraisal.

**Appraisal decision subsequently announced:**

The Chairman confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

**Adalimumab (Humira®) is recommended as an option for use within NHS Wales for the treatment of severe active Crohn's disease in paediatric patients (6 to 17 years of age) who have had an inadequate response to conventional therapy including primary nutrition therapy, a corticosteroid, and an immunomodulator, or who are intolerant to or have contraindications for such therapies.**

**10. Appraisal 5 – Limited submission**

**Adalimumab (Humira®) in combination with methotrexate for the treatment of active polyarticular juvenile idiopathic arthritis, in children aged 2-4 years who have had an inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs). Adalimumab can be given as monotherapy in case of intolerance to methotrexate or when continued treatment with methotrexate is inappropriate. Adalimumab has not been studied in children aged less than 2 years**

The Chairman welcomed the representative from the applicant company, AbbVie Ltd.

The Chairman reminded members to declare any interests in either the applicant company or the medicine if they had not already done so. There were none.

The Chairman announced the statement, pertinent to all appraisals, that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this. A negative recommendation would not impact on the clinical freedom of the prescriber. It

was noted that a positive recommendation by AWMSG, subsequently endorsed by Welsh Government, places an obligation on Health Boards to fund accordingly. It was confirmed that AWMSG advice is interim to final NICE guidance should this be subsequently published.

The Chairman invited Dr Davis, AWTTTC assessment lead, to set the context of the appraisal. Dr Davis presented an overview of the submission as detailed in the ASAR. Members were informed the application had been considered eligible for a limited submission as it was a minor licence extension. Dr Davis confirmed that AWTTTC had approached three patient organisations but all had declined to submit their views on this medicine for the licensed indication under consideration. Dr David provided a brief synopsis of the views of clinical experts.

The Chairman invited Dr Bracchi, NMG Chairman, to provide an overview of the relevant issues identified in the preliminary appraisal. Dr Bracchi briefly summarised the issues discussed at NMG and confirmed that NMG had supported the use of adalimumab (Humira<sup>®</sup>) for the indication being appraised as a treatment option within NHS Wales.

The Chairman invited comment in relation to the case for clinical effectiveness. There was discussion over the primary endpoint for efficacy, dosing range and safety issues.

The Chairman referred members to the comprehensive clinical expert summary. The clinical experts suggested that adalimumab (Humira<sup>®</sup>) would fill an unmet need as there are currently no alternative treatment options for children who fail treatment with etanercept. It was noted that there are no approved treatments for children with juvenile idiopathic arthritis who have associated uveitis if they fail treatment with methotrexate. There were no other societal issues of note.

The Chairman asked members to take account of the projected budget impact. There was discussion over the dosage and vial wastage. The differences in acquisition costs compared to the comparator/s were noted.

The Chairman referred to the applicant company response to the preliminary recommendation and offered opportunity to the delegates to highlight salient issues. The representative took the opportunity to reiterate the positive impact on patients and significant benefit this treatment would have to children within NHS Wales. Prior to concluding the discussion, the Chairman sought confirmation from the company delegates that the process had been fair and transparent. He thanked Abbvie Ltd for engaging in the appraisal process and proceeded to the next appraisal.

#### **Appraisal decision subsequently announced:**

The Chairman confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

**Adalimumab (Humira<sup>®</sup>) is recommended as an option for use within NHS Wales, in combination with methotrexate, for the treatment of active polyarticular juvenile idiopathic arthritis, in children aged 2 to 4 years who have had an inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs). Adalimumab can be given as monotherapy in case of intolerance to methotrexate or when continued treatment with methotrexate is inappropriate. Adalimumab has not been studied in children aged less than 2 years.**

#### **11. Appraisal 6 – Limited submission**

**Tenofovir disoproxil fumarate (Viread<sup>®</sup>) in combination with other antiretroviral medicinal products for the treatment of HIV-1-infected paediatric and adolescent patients aged 2 to < 18 years, with NRTI resistance or toxicities precluding the use of first line agents. The choice of tenofovir disoproxil fumarate to treat antiretroviral-experienced patients with**

## **HIV-1 infection should be based on individual viral resistance testing and/or treatment history of patients**

Mr Rob Thomas joined the meeting.

The Chairman welcomed representation from the applicant company, Gilead Sciences Ltd.

The Chairman reminded members to declare any interests in either the applicant company or the medicine if they had not already done so. There were none.

The Chairman announced the statement, pertinent to all appraisals, that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this. A negative recommendation would not impact on the clinical freedom of the prescriber. It was noted that a positive recommendation by AWMSG, subsequently endorsed by Welsh Government, places an obligation on Health Boards to fund accordingly. It was confirmed that AWMSG advice is interim to final NICE guidance should this be subsequently published.

The Chairman invited Mrs Helen Adams, AWTTTC assessment lead, to set the context of the appraisal. Mrs Adams presented an overview of the submission as detailed in the ASAR and confirmed that clinical experts approached by AWTTTC had declined to provide views in relation to this submission. Members were informed that three patient organisations had been approached by AWTTTC, but none had submitted views.

The Chairman invited Dr Bracchi, NMG Chairman, to provide an overview of the relevant issues identified in the preliminary appraisal. Dr Bracchi briefly summarised the issues discussed and relayed the view of NMG that tenofovir disoproxil fumarate (Viread<sup>®</sup>) should be supported for use as an option within NHS Wales for the indication under consideration.

The Chairman invited comment in relation to the case for clinical effectiveness. Concern was expressed regarding potential renal and bone toxicity and clarification was sought in relation to the monitoring requirements. There were no societal or budget impact issues of note.

The Chairman referred to the applicant company response to the preliminary recommendation and offered opportunity to the delegates to highlight salient issues. Prior to concluding the discussion, the Chairman sought confirmation from the company delegates that the process had been fair and transparent. He thanked Gilead Sciences Ltd for engaging in the appraisal process and proceeded to the next appraisal.

### **Appraisal decision subsequently announced:**

The Chairman confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

**Tenofovir disoproxil (as fumarate) (Viread<sup>®</sup>) film-coated tablets are recommended as an option for use within NHS Wales in combination with other antiretroviral medicinal products for the treatment of HIV-1-infected adolescent and paediatric patients, with nucleoside reverse transcriptase inhibitor (NRTI) resistance or toxicities precluding the use of first line agents, aged 12 to < 18 years (245 mg tablets) and aged 6 to < 12 years who weigh from 17 kg to less than 22 kg (123 mg tablets), 22 kg to less than 28 kg (163 mg tablets) and 28 kg to less than 35 kg (204 mg tablets).**

**Tenofovir disoproxil (as fumarate) (Viread<sup>®</sup>) 33 mg/g granules are recommended as an option for use within NHS Wales in combination with other antiretroviral medicinal products for the treatment of HIV-1 infected paediatric patients, with NRTI resistance or toxicities precluding the use of first line agents, from 2 to < 6 years of age, and above 6 years of age for whom a solid dosage form is not appropriate.**

**The choice of tenofovir disoproxil to treat antiretroviral-experienced patients with HIV-1 infection should be based on individual viral resistance testing and/or treatment history of patients.**

**12. Appraisal 7 – Limited submission**

**Tenofovir disoproxil fumarate (Viread®) for the treatment of chronic hepatitis B in adolescents 12 to < 18 years of age with compensated liver disease and evidence of immune active disease, i.e. active viral replication, persistently elevated serum ALT levels and histological evidence of active inflammation and/or fibrosis**

The Chairman reminded members to declare any interests in either the applicant company or the medicine if they had not already done so. There were none.

The Chairman alluded to the statement, pertinent to all appraisals, that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this. A negative recommendation would not impact on the clinical freedom of the prescriber. It was noted that a positive recommendation by AWMSG, subsequently endorsed by Welsh Government, places an obligation on Health Boards to fund accordingly. It was confirmed that AWMSG advice is interim to final NICE guidance should this be subsequently published.

The Chairman invited Mrs Helen Adams, AWTTTC assessment lead, to set the context of the appraisal. Mrs Adams presented an overview of the submission as detailed in the ASAR and relayed the views of the clinical experts. Members were informed that a patient organisation submission had been received from the Hepatitis B Foundation.

The Chairman invited Dr Bracchi, NMG Chairman, to provide a brief overview of the relevant issues identified in the preliminary appraisal. Dr Bracchi briefly summarised the issues discussed at NMG and relayed the view of NMG that tenofovir disoproxil fumarate (Viread®) for the above indication should be recommended for use within NHS Wales.

The Chairman invited comment in relation to the case for clinical effectiveness. Issues relating to renal and bone toxicity were highlighted and clarification was sought in relation to the company's risk management plan. The Chairman referred members to the clinical expert summary. The small number of eligible patients was noted and no unmet clinical needs were highlighted. Mr Palmer highlighted the salient issues within the patient organisation submission from the Hepatitis B Foundation. There were no societal or budget impact issues of note.

The Chairman referred to the applicant company response to the preliminary recommendation and offered opportunity to the delegates to highlight salient issues. Prior to concluding the discussion, the Chairman sought confirmation from the company delegates that the process had been fair and transparent. He thanked Gilead Ltd for engaging in the appraisal process and proceeded to the next appraisal.

**Appraisal decision subsequently announced:**

The Chairman confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

**Tenofovir disoproxil (as fumarate) (Viread®) 245 mg film-coated tablets are recommended for use within NHS Wales for the treatment of chronic hepatitis B in adolescents 12 to < 18 years of age with compensated liver disease and evidence of immune active disease, i.e. active viral replication, persistently elevated serum ALT levels and histological evidence of active inflammation and/or fibrosis.**

**Tenofovir disoproxil (as fumarate) (Viread®) 33 mg/g granules are recommended for use within NHS Wales for the treatment of chronic hepatitis B in adolescents 12 to < 18 years of age for whom a solid dosage form is not appropriate with: compensated liver disease and evidence of immune active disease, i.e. active viral replication, persistently elevated serum ALT levels and histological evidence of active inflammation and/or fibrosis.**

**13. AWPAG update (draft minutes of June 2013 meeting)**

The Chairman invited Dr Tessa Lewis to present the draft minutes of the AWPAG meeting held on 6<sup>th</sup> June 2013 – Enc 9/AWMSG/0713. Dr Lewis highlighted the work currently on-going and confirmed that the next AWPAG meeting would be held on Thursday, 12<sup>th</sup> September 2013. It was noted that the launch of the All Wales Common Ailments Formulary had been delayed. Dr Lewis thanked members of AWPAG, past and present, for their commitment in promoting the safe and effective use of medicines in Wales. Professor Routledge thanked Dr Lewis for her leadership of AWPAG.

**14. AWMSG Medicines Strategy for Wales (update)**

The Chairman invited Dr Bracchi to present the first draft of the medicines strategy for AWMSG for the next five years. Dr Bracchi explained that the document aims to support the NHS Wales five year vision outlined in 'Together for Health'. The Chairman confirmed that outcome measures were currently in development and would be included in the next version of the document. The Chairman opened the discussion and numerous suggestions were made by members. The Chairman asked members to email their suggestions to AWTTTC outside of the meeting, to be incorporated into the next version of the document. It was confirmed that a consultation would be undertaken and the document would be re-presented for consideration by AWMSG in November 2013.

**15. AWMSG National Prescribing Indicators:  
Antidepressant & Dosulepin Prescribing March 2013**

Ms Kath Haines, Head of the Welsh Analytical Prescribing Support Unit (WAPSU), presented an analysis of antidepressant and dosulepin primary care prescribing data within NHS Wales. Ms Haines explained that WAPSU intends to provide more detailed information on specific indicators individualised to health board and locality cluster on a bi-monthly basis. This report provides prescribing information on the antidepressant and dosulepin National Prescribing Indicators – the antidepressant indicator was first introduced in 2013-2014 and measures overall usage within NHS Wales primary care. The dosulepin indicator was introduced two years ago to encourage compliance with NICE guidance [CG90: Depression in Adults](#); which states, *“Do not switch to, or start, dosulepin because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose”*.

Members welcomed the report as a tool for health boards to benchmark their prescribing patterns and share existing good practice. Members discussed the implementation of the document and sought clarification of the cascading of the information within health boards. A suggestion was made to link the antidepressant data to deprivation, prevalence and incidence. Ms Haines confirmed that work is underway with the Public Health Wales Observatory and links were being developed to benchmark with Scotland and North East England. There was discussion over importing the information into CASPA to allow practitioners to support the work of local prescribing teams. A suggestion to review the trends and change in practice was also noted. Ms Haines agreed to take members' comments back to the Users Group and confirmed that the document would be disseminated to all health boards in Wales.

**16. AWMSG National Prescribing Indicators Report 2012-13**

Ms Haines presented a report on the position of each health board against the National Prescribing Indicators as at March 2013. Members were informed the threshold for each prescribing indicator is set at the 25<sup>th</sup> percentile, thereby reducing or increasing prescribing rates in line with the best performing 25% of practices. All practices within health boards are encouraged to achieve or move towards the thresholds. The Chairman opened the discussion

and members welcomed the report. It was noted that implementation issues need to be addressed. Ms Haines clarified the on-going commitment to improve stakeholder engagement and consultation. It was highlighted that a summary of currently available resources and audit tools to support health boards are available on the AWMSG website. Members shared some local initiatives which have resulted in positive changes in practice. Ms Haines confirmed that updated MEDUSA data would be available shortly and this would enable AWMSG to consider secondary care prescribing in relation to the prescribing indicators. It was suggested there is a need for wider consultation and ownership. The Chairman concluded the discussion by confirming AWMSG endorsement of the report to inform advisers in prescribing and promote good practice.

#### **17. Opioids in Palliative Care – A Patient Information Manual**

The Chairman welcomed Dr Mark Taubert, Consultant in Palliative Medicine, Velindre Cancer Centre & Cardiff and Vale UHB. He invited Dr Taubert to present “Opioids in Palliative Care – A Patient Information Manual” – Enc 13/AWMSG/0713.

Dr Taubert explained that the aim of the document is to overcome the misinterpretation and misunderstanding surrounding the use of strong opioids in palliative care. Members were informed the NICE Clinical Guideline CG140 sets out a consistent approach for the initiation of strong opioids in palliative care. One of the key recommendations is to provide information to patients and carers that can be read and form the basis for further discussion between the patient and prescriber. Mr Taubert presented the patient information manual to AWMSG and sought endorsement. It was noted that the information provided is for palliative care use only.

The Chairman confirmed AWMSG’s unanimous support of the Patient Information Manual and agreement to promote uptake of the resource.

#### **Date of next meeting:**

The Chairman confirmed the date of the next AWMSG meeting on **Wednesday, 16<sup>th</sup> October 2013** and closed the meeting.