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| <b>Enclosure No:</b>   | <b>1/AWMSG/1214</b>                             |
| <b>Agenda Item No:</b> | <b>4 – Minutes of previous meeting</b>          |
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## **ALL WALES MEDICINES STRATEGY GROUP (AWMSG)**

**Minutes of the AWMSG meeting held  
Wednesday, 12<sup>th</sup> November 2014 commencing 9.30  
am at The Park Inn Hotel Cardiff North  
Circle Way East, Llanedeyrn, Cardiff, CF23 9XF**

**Did not  
participate in**

### **VOTING MEMBERS PRESENT:**

- |     |                          |   |      |
|-----|--------------------------|---|------|
| 1.  | Professor Phil Routledge | Chairman                                    | 9-11 |
| 2.  | Professor David Cohen    | Health Economist                            |      |
| 3.  | Mr Stuart Davies         | Finance Director                            |      |
| 4.  | Dr Karen Fitzgerald      | Public Health Wales                         |      |
| 5.  | Mrs Ellen Lanham         | Community Pharmacist                        |      |
| 6.  | Dr Stuart Linton         | Hospital Consultant                         |      |
| 7.  | Mr Alun Morgan           | Other professions eligible to prescribe     |      |
| 8.  | Mrs Alison Hughes        | Managed Sector Primary Care Pharmacist      |      |
| 9.  | Mr Christopher Palmer    | Lay Member                                  |      |
| 10. | Dr Khesh Sidhu           | Welsh Health Specialised Services Committee |      |
| 11. | Mr John Terry            | Managed Sector Secondary Care Pharmacist    |      |
| 12. | Mr Rob Thomas            | ABPI Cymru Wales                            |      |
| 13. | Dr Mark Walker           | Medical Director representative             |      |
| 14. | Professor John Watkins   | Public Health Wales                         | 1-5  |
| 15. | Dr Bill Whitehead        | GP with Prescribing Lead role               |      |

### **IN ATTENDANCE:**

16. Mrs Karen Samuels, Head of HTA, AWTTTC
17. Dr Robert Bracchi, NMG Chairman
18. Mrs Ruth Lang, Head of Liaison & Administration, AWTTTC

## **AWTTC APPRAISAL LEADS:**

19. Mrs Sabrina Rind, Senior Appraisal Pharmacist
20. Dr Caron Jones, Senior Appraisal Scientist
21. Mrs Gail Woodland, Senior Appraisal Pharmacist
22. Mrs Helen Adams, 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                         |
| CAPIG   | Clinical and Patient Involvement Group              |
| CEPP    | Clinical Effectiveness Prescribing Programme        |
| CHMP    | Committee for Medicinal Products for Human Use      |
| DoH     | Department of Health                                |
| ECDF    | English Cancer Drugs Fund                           |
| EMA     | European Medicines Agency                           |
| EOL     | End of life   |
| FAR     | Final Appraisal Recommendation                      |
| FDA     | US Food and Drug Administration                     |
| G-CSF   | Granulocyte colony-stimulating factor               |
| GP      | General Practitioner                                |
| HAC     | High Acquisition Cost                               |
| HB      | Health Boards                                       |
| HST     | Highly Specialised Technology                       |
| 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 Care Excellence   |
| NMG     | New Medicines Group                                 |
| NSAIDs  | Non-steroidal anti-inflammatory drugs               |
| PAR     | Preliminary Appraisal Recommendation                |
| PAS     | Patient Access Scheme                               |
| SMC     | Scottish Medicines Consortium                       |
| TDAPG   | Therapeutic Development Appraisal Partnership Group |
| T&FG    | Task and Finish Group                               |
| UHB     | University Health Board                             |
| WG      | Welsh Government                                    |
| WAPSU   | Welsh Analytical Prescribing Support Unit           |
| WCPPE   | Welsh Centre for Pharmacy Postgraduate Education    |
| WeMeReC | Welsh Medicines Resource Centre                     |
| WPAS    | Wales Patient Access Scheme                         |

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

The Chairman opened the meeting and welcomed members.

### **2. Apologies**

Professor Roger Walker, Chief Pharmaceutical Officer, Welsh Government  
Dr Geoffrey Carroll, Welsh Health Specialised Services Committee (deputy in attendance)  
Dr Emma Mason, Clinical Pharmacologist (no deputy in attendance)  
Mr Roger Williams Managed Sector Secondary Care Pharmacist (deputy in attendance)

**3. Declarations of interest**

The Chairman invited declarations of interest pertinent to the agenda. Mr Rob Thomas declared a personal specific interest in relation to appraisal 2 and 3. The Chairman confirmed that Mr Thomas would be required to leave the room and take no part in these appraisals.

**4. Minutes of previous meeting**

The minutes of the previous meeting were checked for accuracy and approved by the Chairman.

**5. Appraisal 1: Full submission (WPAS)**

Rituximab (MabThera®) for the treatment of non-Hodgkin's lymphoma: treatment of previously untreated patients with stage III-IV follicular lymphoma in combination with chemotherapy; maintenance therapy for the treatment of follicular lymphoma patients responding to induction therapy; and treatment of patients with CD20 positive diffuse large B cell non-Hodgkin's lymphoma in combination with CHOP (cyclophosphamide, doxorubicin, vincristine, prednisolone) chemotherapy

The Chairman welcomed the company representatives from Roche Products Ltd.

The Chairman reminded members that the appraisal would be conducted in private because of the associated Wales Patient Access Scheme which contained commercially sensitive information. The delegates from Roche Products Limited confirmed they were content that the only individuals present in the public gallery were staff of AWTTTC.

There were no declarations of interest.

The Chairman announced 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 outlined the sequence of events and 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. She explained that no formal submission had been received from the clinical experts; however, interest had been expressed in use of the subcutaneous formulation. Members were informed that a patient organisation questionnaire had been received from the Lymphoma Association.

Dr Rob Bracchi gave a brief overview of the relevant issues identified in the preliminary appraisal and confirmed NMG's decision that rituximab (MabThera®) solution for subcutaneous injection should be recommended as an option for use within NHS Wales for the treatment of adults for non-Hodgkin's lymphoma (NHL): for the treatment of previously untreated patients with stage III-IV follicular lymphoma in combination with chemotherapy; as maintenance therapy for the treatment of follicular lymphoma patients responding to induction therapy; and for the treatment of patients with CD20-positive diffuse large B cell NHL in combination with CHOP (cyclophosphamide, doxorubicin, vincristine, prednisolone) chemotherapy. It was noted that the recommendation would only apply in circumstances where the approved Wales Patient Access Scheme is utilised.

The Chairman opened the discussion in relation to clinical effectiveness. Clarification was sought in relation to the side effect profile and the incidence of febrile neutropenia.

The Chairman asked Mrs Adams to clarify her statement in relation to the interest expressed by the clinicians in relation to use of the subcutaneous formulation. Mrs Adams confirmed verbal feedback had been received from clinicians having a choice between intravenous and subcutaneous would be a positive step.

The Chairman invited Professor Cohen to comment on the case for cost-effectiveness. Professor Cohen clarified his role as AWMSG Health Economist and explained that he had no involvement in the preparation of the ASAR, neither was he involved in discussions at NMG. He highlighted the key aspects of the case for cost-effectiveness as outlined in the ASAR, and explained that a cost minimisation analysis would only be considered appropriate if equivalence could be demonstrated across all domains.

The Chairman invited comment in relation to the case for cost-effectiveness. The Finance Director representative expressed his view that 'real world' evidence rather than theoretical cost-savings would be more helpful. Professor Cohen responded and clarified the difference between an economic evaluation and budget impact estimate; he acknowledged the issue regarding representation of reality.

Professor Watkins joined the meeting.

There was discussion in relation to the budget impact. The company delegates highlighted the potential cost savings to NHS Wales and specifically in relation to medicine acquisition costs.

The Chairman referred members to the comprehensive submission from the Lymphoma Association and asked the patient representative, Mr Palmer, to highlight salient issues within the document. Mr Palmer asked members to consider the benefits to patients - less time in hospital, faster and improved ease of administration, improvement in convenience and the patient experience. The patient organisation acknowledged the challenges in balancing the provision of new and innovative treatments with value for money. No additional societal issues were raised.

The Chairman invited the company delegates the opportunity to highlight any outstanding issues. No further issues were raised and the delegates confirmed that the appraisal process had been fair, transparent and all relevant issues had been addressed.

#### **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:

**Rituximab (MabThera®) solution for subcutaneous injection is recommended as an option for use within NHS Wales for the treatment of adults for non-Hodgkin's lymphoma (NHL): for the treatment of previously untreated patients with stage III-IV follicular lymphoma in combination with chemotherapy; as maintenance therapy for the treatment of follicular lymphoma patients responding to induction therapy; and for the treatment of patients with CD20-positive diffuse large B cell NHL in combination with CHOP (cyclophosphamide, doxorubicin, vincristine, prednisolone) chemotherapy. This recommendation applies only in circumstances where the approved Wales Patient Access Scheme is utilised.**

## 6. Chairman's report

The Chairman opened the public meeting and welcomed Dr Mark Walker to his first AWMSG meeting.

The Chairman reported that on 6<sup>th</sup> November an announcement was made by Welsh Government that Dr Stuart Linton had been appointed AWMSG Chairman. It was confirmed that Dr Linton would take up this position on 18<sup>th</sup> November. Members were informed that Dr Linton would Chair appraisal 4 and 5, as Professor Routledge had a teaching commitment. The Chairman invited expressions of interest in relation to the position of Vice Chair.

It was reported that on 5<sup>th</sup> November 2014 the Minister for Health and Social Services had announced that resources of around £1M would be made available to implement the recommendations following review of AWMSG's process for appraising orphan and ultra-orphan medicines. In addition, AWTTTC would support the individual patient funding request process and take on additional responsibilities to improve patient access to new and innovative medicines. Mrs Lang confirmed that written confirmation had not yet been received by AWTTTC. The Chairman thanked members for responding to the consultations.

The Chairman announced a Masterclass to promote engagement with AWMSG would be held on 20<sup>th</sup> November 2014 in the all Nations Centre in Cardiff. He confirmed a Training Day for members and deputies of AWMSG and NMG would be held in Cardiff on Wednesday, 14<sup>th</sup> January 2015.

The Chairman confirmed receipt of Ministerial ratification of AWMSG recommendations from the meeting held in October and announced the appraisals scheduled for the next AWMSG meeting on Wednesday, 17<sup>th</sup> December 2014:

### Appraisal 1: Full Submission (WPAS)

Aflibercept (Zaltrap<sup>®</sup>▼) in combination with irinotecan/5 fluorouracil/folinic acid (FOLFIRI) chemotherapy is indicated in adults with metastatic colorectal cancer (MCRC) that is resistant to or has progressed after an oxaliplatin containing regimen  
Applicant Company: Sanofi-Aventis Ltd

### Appraisal 2: Full Submission

Cabozantinib (Cometriq<sup>®</sup>▼) for the treatment of adult patients with progressive, unresectable locally advanced or metastatic medullary thyroid carcinoma. For patients in whom Rearranged during Transfection (RET) mutation status is not known or is negative, a possible lower benefit should be taken into account before individual treatment decision  
Applicant Company: Swedish Orphan Biovitrum Ltd/TMC Pharma Services Ltd

### Appraisal 3: Full Submission

Follitropin alfa (Bemfola<sup>®</sup>▼) in adult women for anovulation (including polycystic ovarian disease, PCOD) in women who have been unresponsive to treatment with clomiphene citrate; stimulation of multifollicular development in patients undergoing superovulation for assisted reproductive technologies (ART) such as in vitro fertilisation (IVF), gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT); or in association with a luteinising hormone (LH) preparation for the stimulation of follicular development in women with severe LH and FSH deficiency. In clinical trials these patients were defined by an endogenous serum LH level < 1.2 IU/l. In adult men for the stimulation of spermatogenesis in men who have congenital or acquired hypogonadotrophic hypogonadism with concomitant human chorionic gonadotrophin (hCG) therapy  
Applicant Company: Finox Biotech

#### Appraisal 4: Full Submission

Infliximab (Inflectra<sup>®</sup>▼) for the treatment of:

- Rheumatoid arthritis
- Adult Crohn's disease
- Paediatric Crohn's disease
- Ulcerative colitis
- Paediatric ulcerative colitis
- Ankylosing spondylitis
- Psoriatic arthritis
- Psoriasis

Applicant Company: Hospira UK Ltd

#### Appraisal 5: Full Submission

Infliximab (Remsima<sup>®</sup>▼) for the treatment of:

- Rheumatoid arthritis
- Adult Crohn's disease
- Paediatric Crohn's disease
- Ulcerative colitis
- Paediatric ulcerative colitis
- Ankylosing spondylitis
- Psoriatic arthritis
- Psoriasis

Applicant Company: Celltrion Healthcare Co Ltd

The Chairman reminded members to declare any interests in relation to these appraisals before the next meeting. Views of patients, patient organisations and patient carers were encouraged.

#### 7. **Appraisal 2 - Full Submission**

Umeclidinium (Incruse<sup>®</sup>▼) as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease

The Chairman welcomed delegates from GlaxoSmithKline.

Mr Robert Thomas left the meeting. There were no further declarations of interest.

The Chairman announced 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 outlined the sequence of events and invited Dr Caron Jones, AWTTTC assessment lead, to set the context of the appraisal.

Dr Jones presented an overview of the submission as detailed in the ASAR and relayed the views of the clinical experts. Members were informed that no patient organisation questionnaires had been received.

Dr Rob Bracchi provided a brief overview of the relevant issues identified in the preliminary appraisal and confirmed NMG's decision that umeclidinium (Incruse<sup>®</sup>▼) should be recommended as an option for use within NHS Wales as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease.

The Chairman opened the discussion in relation to clinical effectiveness. Clarification was sought in relation to the different dose strengths and treatment effects. It was noted that the manufacturers had been requested to undertake a post authorisation safety study.

The Chairman drew attention to the clinical expert study. Experts acknowledged that patient choice in relation to the inhaler device had become an increasingly important factor for the selection of medicines amongst several preparations with comparable efficacy. Expert opinion suggested that umeclidinium (Incruse<sup>®</sup>▼) would provide clinicians with another treatment option and the introduction of new medicines to the market would reduce the cost of therapy.

The Chairman invited Professor David Cohen to share his views in relation to the case for cost-effectiveness. Professor Cohen summarised the key aspects of the case for cost-effectiveness and invited the applicant company delegates to comment. He highlighted that cost savings had been demonstrated across all domains, with one exception and this was cost-neutral.

There was discussion in relation to the budget impact. The delegates commented that the modelling had been based on the current market, as there would have been too much uncertainty if forecast assumptions had been used. The inhaler device was passed around and there was discussion regarding ease of use and training requirements for patients.

The Chairman asked for the patient perspective. Mr Palmer confirmed that AWTTTC had contacted the Welsh British Lung Foundation but no patient views had been received. The company delegates confirmed there were no installation requirements and one daily dose would be required for all disease severities. No additional societal issues were noted.

The Chairman invited the company delegates the opportunity to highlight any outstanding issues or respond to the discussion. They had no further comment and, having received confirmation from the company delegates that the appraisal process had been fair, transparent and that all relevant issues had been discussed, the Chairman closed the 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:

**Umeclidinium (Incruse<sup>®</sup>▼) is recommended as an option for use within NHS Wales as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease.**

**8. Appraisal 3 - Full Submission**

Olodaterol hydrochloride (Striverdi<sup>®</sup> Respimat<sup>®</sup>▼) for maintenance bronchodilator treatment in patients with chronic obstructive pulmonary disease

The Chairman welcomed delegates from Boehringer Ingelheim Ltd.

The Chairman invited members to declare any interests in either the applicant company or the medicine if they had not already done so. Mr Robert Thomas remained outside the meeting room and no further interests were declared.

The Chairman announced 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 outlined the sequence of events and invited Mrs Sabrina Rind, AWTTC 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. Mrs Rind confirmed that no patient organisation questionnaires had been received.

Dr Bracchi provided a brief overview of discussion at NMG and relayed their view that olodaterol (as hydrochloride) (Striverdi<sup>®</sup> Respimat<sup>®</sup>▼) should be recommended as an option for use within NHS Wales as a maintenance bronchodilator treatment in patients with chronic obstructive pulmonary disease (COPD).

The Chairman opened discussion and invited comment in relation to the case for clinical effectiveness. The company delegates were asked to clarify the clinical significance of the trends. There was discussion over the device and it was passed around members. There was discussion over loading and priming, and patient training and support.

The Chairman referred members to the clinical expert summary. Experts had not identified an unmet clinical need. The importance of patient choice and treatment options was highlighted.

The Chairman invited Professor Cohen to comment on the case for cost-effectiveness. Professor Cohen clarified his role as AWMSG Health Economist and explained that he had no involvement in the preparation of the ASAR, neither was he involved in discussions at NMG. He highlighted the key aspects of the case for cost-effectiveness identified within the ASAR and invited the company delegates to respond to his synopsis.

There was discussion in relation to the budget impact. There was general acknowledgement that the budget impact forecast was speculative. The Chairman asked for the patient perspective. Mr Palmer confirmed that AWTTC had contacted the Welsh British Lung Foundation but no patient views had been received.

The Chairman referred to the applicant company's response to the preliminary recommendation and offered opportunity to the delegate to comment. The Chairman sought and received confirmation from the applicant company delegate that the process had been fair and transparent, and all issues had been adequately addressed.

#### **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:

**Olodaterol (as hydrochloride) (Striverdi<sup>®</sup> Respimat<sup>®</sup>▼) is recommended as an option for use within NHS Wales as a maintenance bronchodilator treatment in patients with chronic obstructive pulmonary disease (COPD).**

The Chairman announced that confirmation of AWMSG's recommendations would be forwarded to the relevant applicant company within five working days. He informed the delegates that they had had up to ten working days to accept the recommendation or lodge a request for an independent review. It was noted that failure to respond within the deadline would not delay the process.



Professor Routledge thanked members for their support during his term of office as Chairman and left the meeting. Members adjourned for lunch.

**9. Feedback from AWPAG meeting 24<sup>th</sup> September 2014**

Mrs Louise Howard-Baker, Chair of AWPAG, presented the draft minutes from the AWPAG meeting held on 24<sup>th</sup> September 2014. She highlighted work currently on-going. She alluded to a letter received from Dr John Hindle regarding the AWMSG Polypharmacy Guidance and confirmed that she would be meeting with Dr Hindle in the near future to discuss issues around the implementation of the guidance. Mrs Howard-Baker informed members that the national prescribing indicators would be updated and confirmed that having linked up with Paul Gimson from 1000 Lives, two priority areas had been identified for the future – respiratory medicines and antidepressants. She explained that the national indicators for next year had been agreed and had gone out to consultation. It was noted that the Yellow Card indicator had been challenging because of difficulties in obtaining practice level data. The Chairman thanked AWPAG for their hard work in developing the work programme.

**10. Appraisal 4 - Full Submission**

Ponatinib (Iclusig<sup>®</sup>▼) for the treatment of adult patients with: chronic phase, accelerated phase, or blast phase chronic myeloid leukaemia (CML) who are resistant to dasatinib or nilotinib, who are intolerant to dasatinib or nilotinib and for whom subsequent treatment with imatinib is not clinically appropriate, or who have the T315I mutation; or Philadelphia chromosome-positive acute lymphoblastic leukaemia (Ph+ ALL) who are resistant to dasatinib, who are intolerant to dasatinib and for whom subsequent treatment with imatinib is not clinically appropriate, or who have the T315I mutation

The Chairman welcomed delegates from ARIAD Pharma 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 no interests declared.

The Chairman announced 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 outlined the sequence of events and invited Mrs Gail Woodland, AWTTTC assessment lead, to set the context of the appraisal.

Mrs Woodland presented an overview of the submission as detailed in the ASAR and relayed the views of the clinical experts. Mrs Woodland confirmed that a patient organisation questionnaire had been received from the Chronic Myeloid Leukaemia Support Group.

The Chairman invited Dr Bracchi to provide a brief overview of the relevant issues identified by NMG during the preliminary appraisal. Dr Bracchi summarised the discussion and relayed NMG's view that ponatinib (Iclusig<sup>®</sup>▼) should be recommended as an option for use within NHS Wales for the indication being appraised.

The Chairman invited comment in relation to the case for clinical effectiveness. There was recognition of the limited treatment options available for clinicians. The uncertainties within the submission in relation to incomplete reporting of trials within the systematic review were noted.

The Chairman referred members to the comprehensive clinical expert views. Experts highlighted an unmet clinical need for CML or Ph+ ALL patients with T315I mutations or those

unfit or without a donor for allogeneic stem cell transplantation. The experts confirmed that for patients with the T315I mutation the only medicine that has been shown to be effective is ponatinib.

The Chairman invited Professor Cohen to comment on the case for cost-effectiveness. Professor Cohen clarified his role as AWMSG Health Economist and explained that he had no involvement in the preparation of the ASAR, neither was he involved in discussions at NMG. He explained to members that the case presented by the applicant company to demonstrate the cost-effectiveness of this medicine was hugely complicated. He highlighted key aspects of the evidence and reminded members of the level of assumption that had been included. He commented that the health economic model had been well done and explained that mainly the medicine had been shown to be cost-effective, with results ranging from dominant to dominated. The company delegates were invited to respond to Professor Cohen's synopsis. They agreed the submission had been complex and this was reflective of the disease state. They explained that the options available to clinicians vary, and the model had been constructed to take all the options into consideration. The company delegates acknowledged that the criticisms were valid, but highlighted the rarity of the disease. The Chairman asked members to consider the budget impact.

The Chairman referred to the patient organisation submission from The Chronic Myeloid Leukaemia Support Group. Mr Palmer relayed their views, including the benefits and risks of this medicine from the patient's perspective. Mr Palmer highlighted that ponatinib represents the only treatment able to offer the possibility of being an effective treatment for an extremely small group of patients. It was noted that the medicine is available to patients living in England via the Cancer Drugs Fund for those with CML (CP, AP, BP) or Ph+ ALL who have documented T315I mutation. It was also noted that the medicine, if supported, could be made available via Homecare. There was discussion about the evolution of a flexible dose with the option to reduce the dose of ponatinib, thereby reducing the potential risk of adverse events in the patient. The short life expectancy of patients with blast phase CML was highlighted.

The Chairman referred to the applicant company's response to the preliminary recommendation and offered opportunity to the delegate to comment. The Chairman sought and received confirmation from the applicant company delegate that the process had been fair and transparent, and all issues had been adequately addressed.

#### **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:

**Ponatinib (Iclusig<sup>®</sup>▼) is recommended as an option for use within NHS Wales for the treatment of adult patients with:**

- **Chronic phase, accelerated phase, or blast phase chronic myeloid leukaemia (CML) who are resistant to dasatinib or nilotinib; who are intolerant to dasatinib or nilotinib and for whom subsequent treatment with imatinib is not clinically appropriate; or who have the T315I mutation;**
- **Philadelphia chromosome positive acute lymphoblastic leukaemia (Ph+ ALL) who are resistant to dasatinib; who are intolerant to dasatinib and for whom subsequent treatment with imatinib is not clinically appropriate; or who have the T315I mutation.**

The Chairman announced that confirmation of AWMSG's recommendations would be forwarded to the relevant applicant company within five working days. He informed the

delegates that they had had up to ten working days to accept the recommendation or lodge a request for an independent review. It was noted that failure to respond within the deadline would not delay the process.

**11. Appraisal 5 - Limited Submission**

Leuprorelin acetate (Prostap<sup>®</sup> 3 DCS/SR DCS) as neoadjuvant treatment prior to radiotherapy in patients with high risk localised or locally advanced prostate cancer

The Chairman welcomed the applicant company delegate representing Takeda 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 no further interests declared.

The Chairman confirmed that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this. A negative recommendation will not impact on the clinical freedom of the prescriber. However a positive recommendation by AWMSG, subsequently endorsed by the Minister for Health and Social Services, places an obligation on Health Boards to fund accordingly. The Chairman announced that AWMSG advice would be interim to NICE guidance, should it be subsequently published.

The Chairman confirmed the application had been considered eligible for a limited submission. In line with this process, evidence of budgetary impact in comparison to the existing comparator product(s) should be demonstrated. He reminded members that they should consider the evidence and highlight any societal issues, take account of NMG's preliminary recommendation and the company response. It was noted that clinical expert and patient views would be included, when available. The Chairman guided AWMSG to explore any issues within the submission, and confirmed that the applicant company delegates would be invited to provide clarification. The Chairman confirmed that monitoring of budget impact would be essential and AWMSG reserved the right to request a full submission if the budget impact exceeded that estimated in the limited submission. He invited Dr Caron Jones, the AWTTTC assessment lead, to address the Group and set the context of the appraisal.

Dr Jones presented an overview of the submission as detailed in the ASAR and confirmed that clinical experts had not submitted views in relation to the application. Dr Jones confirmed that in addition to two individual patient submissions, questionnaires had been received from Prostate Cancer UK and the West Wales Prostate Cancer Support Group.

The Chairman invited Dr Bracchi to provide a brief overview of the relevant issues identified by NMG during the preliminary appraisal. Dr Bracchi relayed NMG's view that leuprorelin acetate (Prostap<sup>®</sup> SR DCS/Prostap<sup>®</sup> 3 DCS) should be recommended as an option for use within NHS Wales as neoadjuvant treatment prior to radiotherapy in patients with high risk localised or locally advanced prostate cancer.

The Chairman invited comment in relation to the case for clinical effectiveness. Clarification was sought in relation to the licensed indication. The applicant company delegate provided the background to the new licensed indication and explained that the original whole licensed indication is very broad and pre-dates AWMSG.

There were no outstanding issues in relation to the case for clinical effectiveness. No clinical expert views had been submitted. Members were comfortable with the budgetary impact information provided. No societal or equity issues were raised.

The Chairman referred to the applicant company's response to the preliminary recommendation and offered opportunity to the delegate to comment. The Chairman sought and received confirmation from the applicant company delegate that the process had been fair and transparent, and all issues had been adequately addressed.

**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:

**Leuprorelin acetate (Prostap<sup>®</sup> SR DCS/Prostap<sup>®</sup> 3 DCS) is recommended as an option for use within NHS Wales as neoadjuvant treatment prior to radiotherapy in patients with high risk localised or locally advanced prostate cancer.**

The Chairman announced that confirmation of AWMSG's recommendations would be forwarded to the relevant applicant company within five working days. He informed the delegates that they had had up to ten working days to accept the recommendation or lodge a request for an independent review. It was noted that failure to respond within the deadline would not delay the process.

**12. Revised AWMSG Constitution**

**(this agenda item was taken earlier in the meeting, after agenda item 5)**

The Chairman asked members to note the revised AWMSG Constitution which had been presented to AWMSG for information. Clarification was sought in relation to the nominating professional organisation for the Community Pharmacist member. It was confirmed that membership of the Royal Pharmaceutical Society was not a prerequisite to the nomination of a Community Pharmacist member. The Chairman highlighted that the term of office of the Chair had been changed to eight years maximum. There was discussion over the role of AWMSG in advising on new medicines ahead of NICE. The Chairman confirmed that the memorandum of understanding between NICE and AWMSG/AWTTC had resulted in clearer awareness of the work programme. He explained that on occasions, if there had been pressure for advice within the service, it had been necessary for AWMSG to appraise a medicine on the NICE work programme; appraisal by AWMSG had not resulted in divergence, but had enabled early advice to be issued within NHS Wales. It was reiterated that NICE clinical guidelines do not supersede AWMSG HTA advice and a medicine recommended for use by AWMSG should be made available to patients living in Wales.

**The Chairman confirmed the date of the next meeting on Wednesday, 17<sup>th</sup> December in Abergavenny. He gave his apologies for the next meeting and closed proceedings.**