Enclosure No:	**1/AWMSG/0914**
Agenda Item No:	**4** – Minutes of previous meeting
Author:	Chairman, AWMSG
Contact:	Tel: 029 20716900 E-Mail: awttc@wales.nhs.uk

ALL WALES MEDICINES STRATEGY GROUP (AWMSG)

Minutes of the AWMSG meeting held Wednesday, 16th July 2014 commencing 9.30 am At the Park Inn Hotel Cardiff North, Circle Way East, Llanedeyrn, Cardiff, CF23 9XF

VOTING MEMBERS PRESENT:

			Did not participate in
1.	Dr Fraser Campbell	Chairman	
2.	Professor David Cohen	Health Economist	
3.	Mrs Debbie Davies	Other professions eligible to prescribe	12,13,14
4.	Mr Stuart Davies	Finance Director	11–14
5.	Dr Karen Fitzgerald	Consultant in Pharmaceutical Public Health	
6.	Mrs Alison Hughes	Managed Sector Primary Care Pharmacist	
7.	Mrs Ellen Lanham	Community Pharmacist	
8.	Dr Stuart Linton	Hospital Consultant	
9.	Dr Emma Mason	Clinical Pharmacologist	
10.	Mr Christopher Palmer	Lay Member	
11.	Mr Lance Richard	ABPI Cymru Wales	
12.	Professor John Watkins	Public Health Wales	
13.	Mr Roger Williams	Managed Sector Secondary Care Pharmacist	

IN ATTENDANCE:

14. Mrs Kath Haines, Head of WAPSU, AWTTC
15. Mrs Karen Samuels, Head of HTA, AWTTC
16. Dr Robert Bracchi, NMG Chairman

AWTTC APPRAISAL LEADS:

17. Mrs Sabrina Rind, Senior Appraisal Pharmacist
18. Mrs Helen Adams, Senior Appraisal Pharmacist
19. Dr Caron Jones, Senior Appraisal Scientist
20. Dr Claire Davis, Senior Appraisal Scientist

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 Clinical 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
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.

2. Apologies

Dr Bill Whitehead, GP with Prescribing Lead role
Professor Roger Walker, Chief Pharmaceutical Officer, Welsh Government
Mr Christian Smith, Senior nurse

3. Declarations of interest

There were no declarations pertinent to the agenda.

4. Minutes of previous meeting

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

5. Chairman's report

The Chairman confirmed that AWTTC had submitted a response to the consultation published on 30th April 2014 by Welsh Government following a review into the Individual Patient Funding Request (IPFR) process in Wales. The Chairman confirmed that AWTTC had convened a meeting with key stakeholders to share and discuss their proposals prior to submitting the response. It was confirmed that a copy of the consultation response had been forwarded to AWMSG members for information.

The Chairman confirmed that following the AWMSG meeting held on 11th June 2014 a request for an independent review of AWMSG's recommendation in relation to abiraterone acetate (Zytiga®) had been received from Janssen-Cilag. The Chairman announced the appraisal process had been suspended whilst the grounds for this request are considered. The Chairman clarified that with the exception of abiraterone acetate (Zytiga®), the final appraisal recommendations announced in June had been forwarded to Welsh Government for ratification.

The Chairman announced the five appraisals scheduled for the next meeting to be held in The Angel Hotel, Abergavenny on Wednesday, 3rd September 2014:

Appraisal 1: Full Submission (WPAS)
Dolutegravir (Tivicay®) in combination with other anti-retroviral medicinal products for the treatment of Human Immunodeficiency Virus (HIV) infected adults and adolescents above 12 years of age
Applicant Company: GlaxoSmithKline

Appraisal 2: Full Submission
Paclitaxel albumin-bound nanoparticles (Abraxane®) in combination with gemcitabine for the first-line treatment of adult patients with metastatic adenocarcinoma of the pancreas
Applicant Company: Celgene Ltd

Appraisal 3: Full Submission
Vandetanib (Caprelsa®) for the treatment of aggressive and symptomatic medullary thyroid cancer in patients with unresectable locally advanced or metastatic disease. For patients in whom rearranged during transfection (RET) mutation is not known or is negative, a possible lower benefit should be taken into account before individual treatment decision
Applicant Company: AstraZeneca UK Ltd

Appraisal 4: Full Submission
Pomalidomide (Imnovid®) in combination with dexamethasone for the treatment of adult patients with relapsed and refractory multiple myeloma who have received at least two prior treatment regimens, including both lenalidomide and bortezomib, and have demonstrated disease progression on the last therapy
Applicant Company: Celgene Ltd

Appraisal 5: Full Submission
Fampridine (Fampyra®) for the improvement of walking in adult patients with multiple sclerosis with walking disability (EDSS 4-7)

Company: Biogen Idec Ltd

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

6. Appraisal 1 - Full Submission
Lipegfilgrastim (Lonquex®) for reduction in the duration of neutropenia and the incidence of febrile neutropenia in adult patients treated with cytotoxic chemotherapy for malignancy (with the exception of chronic myeloid leukaemia and myelodysplastic syndromes)

The Chairman welcomed representatives from the applicant company, Teva 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 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 Claire Davis, AWTTC assessment lead, to set the context of the appraisal.

Dr Davis presented an overview of the submission as detailed in the ASAR and relayed the views of the clinical experts. Members were informed that AWTTC had approached three patient organisations but none had submitted views.

Dr Rob Bracchi provided a brief overview of the relevant issues identified in the preliminary appraisal and confirmed that NMG supported use of lipegfilgrastim (Lonquex®▼) as an option for restricted use within NHS Wales. Dr Bracchi relayed NMG's view that lipegfilgrastim (Lonquex®▼) should be restricted for use where a long-acting granulocyte colony-stimulating factor (G-CSF) is appropriate, for reduction in the duration of neutropenia and the incidence of febrile neutropenia in adult patients treated with cytotoxic chemotherapy for malignancy (with the exception of chronic myeloid leukaemia and myelodysplastic syndromes). NMG considered that lipegfilgrastim (Lonquex®▼) should not be recommended for use within NHS Wales outside of this subpopulation. Dr Bracchi clarified that Teva UK Ltd had provided evidence of the clinical effectiveness and cost-effectiveness of lipegfilgrastim (Lonquex®▼) compared to the long-acting G-CSF, pegfilgrastim (Neulasta®). It was noted that evidence had not been provided to inform a comparison with short-acting G-CSFs licensed for the indication under consideration.

The Chairman invited comment in relation to the case for clinical effectiveness. Clarification was sought in relation to treatment protocol. There was also discussion over quality of life, mortality rates and chemotherapy-experienced patients.

The Chairman referred members to the detailed clinical expert summary - Enclosure 2 Appendix 3. Members noted that the majority of prescribing in Wales uses short-acting daily biosimilars of G-CSF. Clinicians highlighted that while there is an alternative single dose G-CSF available; cost has generally precluded its use.

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 presented a summary of the case for cost-effectiveness and invited the company delegates to respond to his synopsis.

The Chairman asked members to consider the budget impact.

Mr Chris Palmer informed members of the patient organisations that had been contacted by AWTTC. There were no societal issues of note.

The Chairman referred to the applicant company response to the preliminary recommendation and offered opportunity to the delegates to comment.

Prior to concluding the appraisal, the Chairman sought confirmation from the company delegates that the process had been fair and transparent. He thanked Teva UK Ltd for engaging in the appraisal process.

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:

Lipegfilgrastim (Lonquex®▼) is recommended as an option for restricted use within NHS Wales for reduction in the duration of neutropenia and the incidence of febrile neutropenia in adult patients treated with cytotoxic chemotherapy for malignancy (with the exception of chronic myeloid leukaemia and myelodysplastic syndromes).

Lipegfilgrastim (Lonquex®▼) should be restricted for use where a long-acting granulocyte colony-stimulating factor (G-CSF) is appropriate.

Lipegfilgrastim (Lonquex®▼) is not recommended for use within NHS Wales outside of this subpopulation.

7. Appraisal 2 - Full Submission

Delta-9-tetrahydrocannabinol/cannabidiol (Sativex®) as treatment for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other anti-spasticity medication and who demonstrate clinically significant improvement in spasticity related symptoms during an initial trial of therapy

The Chairman welcomed the company representatives from GW Pharma. 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 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, AWTTC 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 two patient organisation submissions had been received, from the Multiple Sclerosis Trust and the Multiple Sclerosis

Society, in addition to an individual patient submission.

Dr Rob Bracchi provided a brief overview of the relevant issues identified by NMG during the preliminary appraisal and confirmed NMG's view that Delta-9 tetrahydrocannabinol / cannabidiol (Sativex®) should be recommended as an option for use within NHS Wales as treatment for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis who have not responded adequately to other anti-spasticity medication and who demonstrate clinically significant improvement in spasticity related symptoms during an initial trial of therapy.

The Chairman invited comment in relation to the case for clinical effectiveness. Members explored the enrichment design of the pivotal study including patients' response to Sativex® treatment and response to placebo. Members also considered the withdrawal study and discussed the long term evidence and safety available for Sativex®. Clarification was sought in relation to trial endpoints and how these translate to improvements for patients.

The Chairman referred to the clinical expert summary. It was highlighted that treatments available to treat spasticity are not readily available within NHS Wales as many are unlicensed and the side effects can be significant and intolerable.

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 presented a summary of the case for cost-effectiveness and highlighted another UK-based published economic model. Professor Cohen then invited the company delegates to respond to his synopsis. The company delegates highlighted their approach used the best available data to reflect real world usage but recognised there are limitations.

The Chairman drew members' attention to the projected budget impact.

The Chairman drew member's attention to the patient organisation submissions. Mr Palmer highlighted salient aspects of the patient organisation submissions from the MS Society and the Multiple Sclerosis Trust, and also the individual patient comments. Reference to the serious side-effects of alternative treatments was made. The significance of minor improvements in spasticity identified by patients was noted. Mr Palmer drew attention to the improvements in patients' quality of life.

There were no outstanding societal issues of note.

The Chairman referred to the applicant company response to the preliminary recommendation and offered opportunity to the delegates to comment. The company highlighted that Sativex® addresses an unmet need, targeting a well-defined patient population who suffer spasticity due to multiple sclerosis who have failed to obtain adequate benefit from, or who are unable to tolerate, currently available oral therapies. The company delegates acknowledged the balanced approach of AWMSG and thanked AWMSG for the opportunity to comment on the discussions.

Prior to concluding the appraisal, the Chairman sought confirmation from the company delegates that the process had been fair and transparent. He thanked the company for engaging in the appraisal process.

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:

Delta-9-tetrahydrocannabinol/cannabidiol (Sativex®) is recommended as an option for use within NHS Wales as treatment for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis who have not responded adequately to other anti-spasticity medication and who demonstrate clinically significant improvement in spasticity related symptoms during an initial trial of therapy.

8. Appraisal 3 - Limited Submission

Azithromycin (Zedbac®) for the treatment of community-acquired pneumonia due to susceptible microorganisms in adult patients where initial intravenous therapy is required. Treatment of pelvic inflammatory disease due to susceptible microorganisms in patients where initial intravenous therapy is required. Consideration should be given to official guidance regarding the appropriate use of antibacterial agents

The Chairman welcomed representatives from the applicant company, Aspire Pharma 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 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. Members were informed that the application had been considered eligible for a limited submission and evidence of budgetary impact in comparison to the existing comparator product(s) should be demonstrated. It was highlighted that monitoring of budget impact would be required, and AWMSG reserves to right to request a full submission if the budget impact exceeds that estimated in this limited submission. 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, AWTTC 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 a patient organisation submission had not been received.

Dr Bracchi provided a brief overview of the relevant issues identified by NMG during the preliminary appraisal. Dr Bracchi confirmed that NMG had supported use of azithromycin (Zedbac®) 500 mg powder for solution for infusion as an option for restricted use within NHS Wales for the treatment of community-acquired pneumonia (CAP) due to susceptible microorganisms, in adult patients where initial intravenous therapy is required. Members were informed that azithromycin (Zedbac®) 500 mg powder for solution for infusion was not supported for use within NHS Wales for the treatment of pelvic inflammatory disease (PID) due to susceptible microorganisms, in patients where initial intravenous therapy is required. Dr Bracchi informed members that the submission had included evidence for azithromycin (Zedbac®) in the treatment of CAP due to susceptible microorganisms, in adult patients where initial intravenous therapy is required. It was noted that no evidence was provided for azithromycin (Zedbac®) in the treatment of PID due to susceptible microorganisms, in patients where initial intravenous therapy is required.

The Chairman invited comment in relation to the case for clinical effectiveness. There was discussion over the potential advantages of azithromycin (Zedbac®) in relation to comparator products. The applicant company confirmed that they would be making a full submission for

the PID indication in the near future.

Members considered the budget impact. There were no budget impact issues of note.

The Chairman asked members to consider any societal or social value aspects of the submission. It was noted that no patient views had been submitted.

The Chairman referred to the applicant company response to the preliminary recommendation and offered opportunity to the delegates to comment. The Chairman thanked Aspire Pharma Ltd for engaging in the appraisal process and closed the discussion.

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:

Azithromycin (Zedbac®) 500 mg powder for solution for infusion is recommended as an option for restricted use within NHS Wales.

Azithromycin (Zedbac®) 500 mg powder for solution for infusion should be restricted for use within NHS Wales for the treatment of community-acquired pneumonia (CAP) due to susceptible microorganisms, in adult patients where initial intravenous therapy is required.

Azithromycin (Zedbac®) 500 mg powder for solution for infusion is not recommended for use within NHS Wales for the treatment of pelvic inflammatory disease (PID) due to susceptible microorganisms, in patients where initial intravenous therapy is required.

9. Polypharmacy: Guidance for Prescribing in Frail Adults

The Chairman invited Mr Emyr Jones to present Enc **5**/AWMSG/0714. Mr Jones explained the purpose of the guidance being that in an aging population with many co-morbidities, it is not uncommon for patients to be prescribed a large number of medicines. It was noted that most guidelines are based on single conditions rather than multiple co-morbidities. The need to ensure that benefits continue to outweigh risks for patients, in particular with medicines that have a high risk of adverse effects. Many medicines are prescribed on their ability to reduce risk over a long period of time (e.g. statins: 10-year risk) and this leads to questions as to whether a statin is a priority to a patient in their 90s. Anecdotally, many patients would prefer to reduce the number of tablets they take to those that will provide symptomatic relief and will improve their immediate quality of life. Clinicians often find it difficult to assess consistently the benefits that one medicine may have over another for a patient. The guidance is intended to provide some structure to the decision process and AWMSG is asked to endorse the paper as good prescribing practice.

Mr Jones explained that the guidance provides support and additional information for clinicians when prioritising medication for a patient who may be prescribed multiple medications for a range of conditions. The key issues for consideration in these situations are highlighted within the document, with links to other sources of information where appropriate. The content is supported by summary tools which bring out the key points in the process and provide support for clinicians when stopping medication.

The Chairman opened discussion. Members welcomed the document and highlighted the need for appropriate implementation of this guidance, which is much needed for support in consideration of prudent prescribing as part of the complete prudent health care agenda. The importance of the educational aspect of implementation for this guidance was highlighted and it was confirmed that an annual session with WCPPE had been agreed, and links with

WeMeReC developed.

Members suggested prioritisation of recommendations in line with other NHS Wales initiatives, guidance on NHS Wales' prioritisation for prescribing review and on monitoring associated outcomes. Comment from the Chief Pharmacists Group was offered, and the parallel work stream on Medicines Related Hospital Admissions initiative via AWPAG was highlighted.

Consideration of the development of a Welsh patient information leaflet was requested.

The Chairman welcomed the guidance but expressed concerns on the length of the document from a GP perspective. It was highlighted that the section of the guidance with figures and flow diagrams was intended to be used as a "pull-out" separate section for day-to-day use.

Further work on making the information website friendly is required, together with reference via GP systems especially in relation to the Quality and Outcome Framework (QOF).

Clarification around the process for sharing with community pharmacies was sought; Mr Jones said that WCPPE had been included in the wide consultation of the document and that links were already established to include the guidance as part of Medicines Use Review education for community pharmacy.

The Chairman thanked members for their comments and confirmed AWMSG's endorsement of the document.

10. **Appraisal 4 – Full Submission**
Fluticasone furoate/vilanterol (as trifenatate) (Relvar® Ellipta®▼) for the regular treatment of asthma in adults and adolescents aged 12 years old and older where use of a combination medicinal product (long-acting beta$_2$-agonist and inhaled corticosteroid) is appropriate: patients not adequately controlled with inhaled corticosteroids and "as needed" inhaled short acting beta$_2$-agonists

The Chairman welcomed representatives from the applicant company GlaxoSmithKline 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 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 the views of the clinical experts were relayed. It was confirmed that AWTTC had approached two patient organisations; however, no submissions had been received.

Dr Bracchi provided a brief overview of the relevant issues identified by NMG in the preliminary appraisal. Dr Bracchi confirmed the view of NMG that fluticasone furoate/vilanterol (Relvar® Ellipta®▼) should be recommended as an option for use within NHS Wales for the regular treatment of asthma in adults and adolescents aged 12 years and older where use of a combination medicinal product (long-acting beta2-agonist and inhaled corticosteroid) is appropriate: patients not adequately controlled with inhaled corticosteroids

and 'as needed' inhaled short acting beta2-agonists. Dr Bracchi relayed NMG's concern over the similarity of colour of the fluticasone furoate/vilanterol (Relvar® Ellipta®▼) inhaler compared to a reliever inhaler.

The Chairman opened the discussion and invited comment in relation to the case for clinical effectiveness.

Clarification was sought in relation to stepping down to a low dose steroid inhaler.

There was discussion over the colour of the inhaler. It was noted that the applicant company stated that the concerns raised by NMG relate to a perceived potential safety risk rather than a current safety issue. They stated that current evidence does not suggest that the colours used in the Relvar® Ellipta®▼ device pose a safety risk to patients. It was noted that GlaxoSmithKline considers the potential for patient confusion between Relvar® Ellipta®▼ and other medications is low.

The Chairman referred to the clinical expert summary. No unmet needs were highlighted by the clinicians.

The Chairman invited Professor Cohen to comment on the case for cost-effectiveness. Professor Cohen highlighted the strengths and weaknesses of the evidence as outlined in the ASAR.

The budget impact estimate was noted.

Mr Palmer informed members which patient support organisations had been contacted and expressed disappointment that no views had been submitted.

The Chairman referred to the applicant company response to the preliminary recommendation and offered opportunity to the delegates from Glaxo-SmithKline to comment.

Prior to concluding the appraisal, the Chairman sought confirmation from both delegates that the process had been fair and transparent. He thanked Glaxo-SmithKline for engaging in the appraisal process and closed the appraisal.

The Chairman confirmed that members would retire to vote in private and recommendations would be announced at the beginning of the afternoon session.

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:

Fluticasone furoate/vilanterol (Relvar® Ellipta®▼) is recommended as an option for use within NHS Wales for the regular treatment of asthma in adults and adolescents aged 12 years and older where use of a combination medicinal product (long-acting beta2-agonist and inhaled corticosteroid) is appropriate:
• patients not adequately controlled with inhaled corticosteroids and 'as needed' inhaled short acting beta2-agonists.

The Chairman announced that confirmation of AWMSG's recommendation would be forwarded to the applicant company within five working days. He informed the delegates that applicant companies have 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
Linagliptin/metformin (Jentadueto®) for the treatment of adult patients with type 2 diabetes mellitus in combination with insulin (i.e. triple combination therapy) as an adjunct to diet and exercise to improve glycaemic control when insulin and metformin alone do not provide adequate glycaemic control

The Chairman welcomed representatives from the applicant companies, Boehringer Ingelheim Ltd and Eli Lilly & Co Ltd. Members were invited to declare any interests in either the applicant companies or the medicine if they had not already done so. There were none.

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. Members were informed that as the application had been considered eligible for a limited submission monitoring of the budget impact would be required. It was noted that AWMSG reserves to right to request a full submission if the budget impact exceeds that estimated in this limited submission. 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. Members were informed that the application had been considered suitable for a limited submission and evidence of budgetary impact compared to the comparator/s would be required. The clinical expert views were relayed. Members were informed that a patient organisation submission had been received from the South Asian Health Foundation.

Dr Bracchi confirmed that NMG had supported use of linagliptin/metformin (Jentadueto®) as an option for use within NHS Wales for the treatment of adult patients with type 2 diabetes mellitus in combination with insulin (i.e. triple combination therapy) as an adjunct to diet and exercise to improve glycaemic control when insulin and metformin alone do not provide adequate glycaemic control.

The Chairman invited comment in relation to the case for clinical effectiveness.

The budget impact was considered.

There were no issues of note.

It was noted that specialist societies had been approached; however, no clinical expert views had been submitted.

Mr Palmer highlighted the salient issues from the patient organisation submission from the South Asian Health Foundation (SAHF), particularly the advantages. It was noted that in South Asian Communities with cultural practices such as religious fasting, decrease in hypoglycaemia would have a positive impact both in improving diabetes control and compliance. The patient organisation acknowledged the cost of the medicine as being disadvantage, as well as the decrease in hypoglycaemia in severe cases. Increased treatment options were welcomed by patients.

The Chairman referred to the applicant company response to the preliminary recommendation

and offered opportunity to the delegates to comment. Prior to concluding the appraisal, the Chairman sought confirmation from the company delegates that the process had been fair and transparent. He thanked Boehringer Ingelheim Ltd and Eli Lilly & Co Ltd for engaging in the appraisal process.

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:

Linagliptin/metformin (Jentadueto®▼) is recommended as an option for use within NHS Wales for the treatment of adult patients with type 2 diabetes mellitus in combination with insulin (i.e. triple combination therapy) as an adjunct to diet and exercise to improve glycaemic control when insulin and metformin alone do not provide adequate glycaemic control.

The Chairman announced that confirmation of AWMSG's recommendations would be forwarded to the applicant companies within five working days. He informed the delegates that companies have 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. Appraisal 6 - Full Submission
Aripiprazole monohydrate (Abilify Maintena®) for maintenance treatment of schizophrenia in adult patients stabilised with oral aripiprazole

The Chairman welcomed representatives from the applicant companies, Otsuka Pharmaceutical (UK) Ltd and Lundbeck Ltd.

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

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 confirmed the sequence of events and invited the AWTTC assessment lead, Dr Caron Jones, to set the context of the appraisal.

Dr Jones presented an overview of the submission as detailed in the ASAR and the views of the clinical experts were relayed. Members were informed that a patient organisation submission had been received from HAFAL.

Dr Bracchi provided a brief overview of the relevant issues identified by NMG during the preliminary appraisal. Dr Bracchi confirmed that NMG had supported the use of aripiprazole (Abilify Maintena®) 400 mg powder and solvent for prolonged released suspension for injection is recommended as an option for use within NHS Wales for the treatment of schizophrenia in adult patients stabilised with oral aripiprazole.

The Chairman invited comment in relation to the case for clinical effectiveness. Clarification was sought in relation to study design and adverse events. There was also discussion on compliance.

The Chairman referred to the clinical expert summary. Members noted that aripiprazole LAI would be a logical choice of depot injection for those patients taking oral aripiprazole who require or choose an injection or in those patients where compliance may be an issue, and that aripiprazole LAI would offer a greater therapeutic choice for those patients who cannot tolerate risperidone. Clinical experts suggested that aripiprazole LAI would provide a long acting formulation of an antipsychotic which has a different pharmacology and adverse event profile from those that are currently available.

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 presented a summary of the case for cost-effectiveness and invited the company delegates to respond to his synopsis.

Mr Palmer drew members' attention to the patient organisation comments in relation to the requirement for a number of treatment options to be available to patients in order that they can find the one that suits them best. The organisation expressed some concerns in relation to the use of depot medication; however, an increase in choice for patients was welcomed as it was stated there is currently a very limited range of options.

The Chairman referred to the applicant company response to the preliminary recommendation and offered opportunity to the delegates to comment. Prior to concluding the appraisal, the Chairman sought confirmation from the company delegates that the process had been fair and transparent. The Chairman thanked Otsuka Pharmaceutical (UK) Ltd and Lundbeck Ltd for engaging in the appraisal process.

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:

Aripiprazole (Abilify Maintena®) 400 mg powder and solvent for prolonged released suspension for injection is recommended as an option for use within NHS Wales for the treatment of schizophrenia in adult patients stabilised with oral aripiprazole.

13. All Wales Guide: Pharmacotherapy for Smoking Cessation

The Chairman invited Ms Kath Haines to present Enc **7**/AWMSG/0714.on behalf of Mrs Rosemary Allgeier from Pharmaceutical Public Health Wales, who was unable to attend the meeting. Ms Haines provided the background and explained that smoking continues to be the leading preventable cause of illness and premature death in Wales – nearly one in five of all deaths and around 27,000 admissions to hospital each year are due to smoking. Smoking cessation interventions are a cost-effective way of reducing ill health and preventing premature death. Around £4 million is spent each year by the NHS in Wales on pharmacotherapy for smoking cessation in primary care. One of the key themes identified in *Our healthy future* is the need to further reduce the number of people who smoke and are exposed to second-hand smoke in Wales. The *Tobacco control action plan for Wales* promotes supporting smokers who want to quit. The use of pharmacotherapy alongside support for behavioural change can improve quit rates significantly. Prescribers and pharmacists have an important role in facilitating timely access to appropriate pharmacotherapy to aid smokers in their quit attempts.

Members were informed of the purpose of the document:

- To summarise the high-level evidence, including guidance produced by the National Institute for Health and Care Excellence (NICE) and the British National Formulary

(BNF).

- To support the appropriate prescribing and supply of smoking cessation pharmacotherapy in NHS Wales for smokers who are motivated to quit.

- To promote phased prescribing and supply, where practical, in order to more closely target the individual's needs during their quit attempt and reduce the potential for wastage.

It was noted that the guide is relevant to all NHS sectors in Wales; however, it is not intended as an All Wales formulary of pharmacotherapy for smoking cessation.

Members noted that the paper is pertinent to recommendation 2 of the All Wales Medicines Strategy Group (AWMSG) Five-year Strategy 2013–2018.
"AWMSG will work with health boards and other stakeholders to promote the safe, effective and cost-effective use of medicines in Wales."

The Chairman opened discussion and invited members to comment.

It was agreed that an implementation strategy would be beneficial, and that algorithms may be useful for incorporation into any such strategy.

Concerns were raised on the existing variation between regions in terms of access to smoking cessation support, and that as the guidance was intended to provide consistent advice across NHS Wales, it would provide support to minimise any variations.

The guidance was intended for distribution across the service, including Community Pharmacy Wales as it was noted that most patients present for support and follow up in their community pharmacy.

The Chairman thanked members for their comments and confirmed AWMSG's endorsement of the document.

14. Report for the Minister of Health and Social Care on the Review of AWMSG's policy for appraising Orphan and Ultra Orphan Medicines

The Chairman invited Mrs Karen Samuels to present Enc **10/**AWMSG/0714. Mrs Samuels provided the background and explained that in May 2013, the Minister for Health and Social Services had established a Group to review the process and parameters used by AWMSG for appraising orphan and ultra-orphan medicines. Specifically, the review was to:

- Examine the current All Wales Medicines Strategy Group (AWMSG) appraisal process for orphan and ultra-orphan medicines and advise on the appropriateness of the process, and any alternative approach which may be adopted in Wales.

- Determine whether the quality-adjusted life-year (QALY) methodology represents an effective tool to calculate cost-effectiveness for orphan and ultra-orphan medicines. Advice on the best way to support the timely uptake of new, innovative orphan and ultra-orphan medicines in Wales.

- Explore the equity of access to orphan and ultra-orphan medicines across the UK.

In conducting the review, the intention was to be transparent and inclusive in accessing the wide ranging views and perspectives of as many patient groups and stakeholders as possible. Mrs Samuels confirmed that AWTTC considered the consultation responses and proposed

changes to the way medicines for rare diseases are appraised by AWMSG, which will give patient groups and clinicians a stronger voice in AWMSG decision making.

Mrs Samuels explained that a process has been developed, aligned to that of the Scottish Medicines Consortium (SMC), which includes broader criteria for appraising medicines used to treat rare conditions to enable even greater involvement of patients and clinicians in Wales. Members were informed that a meeting had been convened with representatives of key stakeholders to discuss the proposals prior the AWMSG meeting, at which the removal of any reference to the End of Life (EOL) Criteria had been requested since this policy was already in existence and EOL was outside the remit of the review. Mrs Samuels proposed that the new process would be implemented as soon as possible and would be reviewed in light of the introduction of value based assessment and feedback from all stakeholders.

Mrs Samuels asked AWMSG to endorse the proposed approach to enable the implementation. It was noted that additional financial resources would be required in order to implement the proposed process changes.

The Chairman opened discussion.

The Chairman requested clarification on whether the Clinical and Patient Involvement Group (CAPIG) would have core representation, it was confirmed that although the constitution of the group would require further discussion, it would in principle consist of an established membership with the addition of representatives from the relevant patient organisation and clinicians from the particular speciality under consideration.

It was also confirmed that CAPIG's role would be to identify and add societal perspective to a negative recommendation from NMG if requested by the applicant company, and that AWMSG would receive the information from CAPIG together with information received from NMG.

Clarification of similarity with the SMC process was requested and provided along with the need to remain congruent with NICE policies.

AWMSG agreed that appropriate training will need to be provided to members involved with this new process once implemented

The Chairman thanked members for their comments and confirmed AWMSG's endorsement of the document.

The Chairman confirmed the date of the next meeting on Wednesday, 3rd September in The Angel Hotel, Abergavenny. The Chairman asked members to note that the NATO Summit 2014 will be held on 4/5th September and there may be some travel disruption along the M4 corridor. Members were asked to inform AWTTC if they envisaged that this will impact on their attendance at AWMSG on 3rd September.

The Chairman thanked members and closed the meeting