Enclosure No:	**1/AWMSG/0215**
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, 17th December 2014 commencing 10.30 am at The Angel Hotel, Abergavenny, NP7 5EN

Did not participate in

VOTING MEMBERS PRESENT:

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

IN ATTENDANCE:

16. Mrs Karen Samuels, Head of HTA, AWTTC
17. Dr Robert Bracchi, NMG Chairman
18. Mr Anthony Williams, Senior Appraisal Pharmacist Team Leader, AWTTC

AWTTC APPRAISAL LEADS:

19. Dr Caron Jones, Senior Appraisal Scientist
20. Dr Claire Davis, Senior Appraisal Scientist
21. Mrs Susan Cervetto, 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 Dr Sue Jeffs to her first AWMSG Meeting. The Chairman confirmed that the AWMSG Steering Committee had co-opted Dr Jeffs to represent Hospital Consultants in place of Dr Stuart Linton.

2. Apologies

Dr Stuart Linton, AWMSG Chairman,
Professor Roger Walker, Chief Pharmaceutical Officer Welsh Government
Dr Geoffrey Carroll, Welsh Health Specialised Services Committee (deputy in attendance)
Mr Roger Williams, Managed Sector Secondary Care Pharmacist (deputy in attendance)

Mrs Ellen Lanham Community Pharmacist (deputy in attendance)
Mrs Sue Murphy Managed Sector Primary Care Pharmacist (deputy in attendance)

3. Declarations of interest

The Chairman invited declarations of interest pertinent to the agenda, there were none.

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 opened the public meeting and welcomed Dr Sue Jeffs who had been co-opted by the AWMSG Steering Committee in the capacity of hospital consultant in the absence of the previous member, Dr Stuart Linton and the deputy member who was on an extended sabbatical. It was confirmed that nominations for a member and deputy hospital consultant representative were currently being sought from Medicines and Therapeutics Committees.

The Chairman reported that an AWMSG Masterclass had been held on 20th November to promote engagement by the pharmaceutical industry and enhance links with patient organisations and medicines and therapeutics committees. A Training Day for members and deputies of AWMSG and NMG will be held in Cardiff on Wednesday, 14th January 2015.

The appraisal of aflibercept (Zaltrap®) in combination with irinotecan/5-fluorouracil/folinic acid (FOLFIRI) chemotherapy for the treatment of adults with metastatic colorectal cancer that is resistant to or has progressed after an oxaliplatin containing regimen has been withdrawn from today's meeting. This appraisal is likely to be rescheduled for the 11th February AWMSG meeting subsequent to discussions relating to whether the AWMSG end of life criteria are met for the indication under consideration.

The appraisals scheduled for the next AWMSG meeting on Wednesday, 11th February 2015 were announced:

Appraisal 1: Full Submission
Lurasidone (Latuda®) for the treatment of schizophrenia in adults aged 18 years and over
Applicant Company: Sunovion Pharmaceuticals Europe Ltd

Appraisal 2: Full Submission
Umeclidinium/vilanterol (as trifenatate) (Anoro® Ellipta®) for maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease
Applicant Company: GlaxoSmithKline

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.

6. Appraisal 1 - Full Submission

Cabozantinib (Cometriq®▼) 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

The Chairman welcomed delegates from Swedish Orphan Biovitrum Ltd/TMC Pharma Services 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 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 three patient organisation questionnaires had been received, one from the Association for Multiple Endocrine Neoplasia Disorders, one from the British Thyroid Foundation and the other from the Thyroid Cancer Support Group Wales.

Dr Rob Bracchi provided a brief overview of the relevant issues identified in the preliminary appraisal and confirmed NMG's decision that cabozantinib (Cometriq®▼) should be recommended for use within NHS Wales 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. Members were informed that NMG considered the submission met AWMSG's criteria for appraising end-of-life medicines and NMG were satisfied the AWMSG criteria for ultra-orphan drug status had been met.

The Chairman opened the discussion in relation to clinical effectiveness. There was discussion around progression-free and overall survival data together with consideration of adverse effects and quality of life.

The Chairman drew attention to the clinical expert summary. Clinicians highlighted the limited options available for effective treatments for patients with this rare cancer.

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 members also considered budget impact.

The Chairman asked Mr Palmer to highlight salient issues from the patient organisation submissions. The improvement of progression-free survival in patients with progressive metastatic MTC within the clinical trials was highlighted, as was the importance of providing an additional treatment option and the potential to improve quality of life.

No additional societal issues were noted.

The Chairman referred to the applicant company's response and offered opportunity to comment. The company delegates were invited 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:

Cabozantinib (Cometriq®▼) is recommended as an option for use within NHS Wales 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.

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 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.

7. National Prescribing Indicators 2013-2014: Analysis of Prescribing Data to June 2014
The Chairman invited Kath Haines, Head of WAPSU, to present Enc 4/AWMSG/1214, a report summarising the prescribing of medicines associated with a National Prescribing Indicator (NPI) for the quarter ending June 2014. Ms Kath Haines explained that the All Wales Prescribing Advisory group (AWPAG) were exploring potential outcome-based indicators for future development. It was noted by Dr Sidhu that Cardiff and Vale Health Board had made significant progress with the statin NPI in 2013-14 as shown in figure 1, and Cwm Taf Health Board has rapidly increased prescribing of ibuprofen and naproxen since 2011-12, as shown in figure 19. These noticeable changes are due to specific initiatives being put in place by the relevant Health Boards at these times and it was suggested that such instances should be flagged. Ms Haines stated that the supporting NPI prescriber summary document highlighted areas of good practice for each NPI with a link to such additional information. Mrs Alison Hughes commented on the influence of secondary care prescribing on that of GP prescribing and Dr Sue Jeffs responded that AWPAG were working towards the development of hospital prescribing indicators to attempt to address such issues.

8. Appraisal 2 - Full Submission
Follitropin alfa (Bemfola®▼) 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.

The Chairman welcomed delegates from FINOX Biotech.

The Chairman invited members to declare any interests in either the applicant company or the medicine if they had not already done so. No 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 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. Dr Jones confirmed that three patient organisations had been contacted but unfortunately no questionnaires had been received.

Dr Bracchi provided a brief overview of the discussion at NMG and relayed their view that follitropin alfa (Bemfola®▼) should be recommended as an option for use within NHS Wales for the licensed indication being considered. NMG considered that the medicine should be prescribed by brand name to avoid automatic substitution and help with pharmacovigilance.

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

The company delegates were asked to clarify safety issues with regards to study withdrawals and hyperstimulation.

There was discussion over the Bemfola®▼ pen device and medicine administration. Issues around injection site haematoma were noted. Members considered the storage and stability of Bemfola®▼.

The Chairman referred members to the clinical expert summary. Experts had not identified an unmet clinical need.

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. Members considered the budget impact.

No wider societal issues were noted.

The Chairman referred to the applicant company's response to the preliminary recommendation and offered opportunity to the delegates to comment. The Chairman sought and received confirmation from the applicant company delegates 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:

Follitropin alfa (Bemfola®▼) is recommended as an option for use within NHS Wales for the following licensed indications:

- **Anovulation (including polycystic ovarian disease, PCOD) in women who have been unresponsive to treatment with clomiphene citrate;**
- **Stimulation of multifollicular development in women undergoing superovulation for assisted reproductive technologies (ART) such as in vitro fertilisation (IVF), gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT);**
- **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 patient were defined by an endogenous serum LH level < 1.2 IU/l;

- **Stimulation of spermatogenesis in men who have congenital or acquired hypogonadotrophic hypogonadism with concomitant human Chorionic Gonadotropin (hCG) therapy.**

Follitropin alfa (Bemfola®▼) should be prescribed by brand name to avoid automatic substitution and therefore help with pharmacovigilance.

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 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.

9. Appraisal 3 - Full Submission
Infliximab (Inflectra®▼) for the treatment of:

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

The Chairman welcomed delegates from Hospira 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 Susan Cervetto, AWTTC assessment lead, to set the context of the appraisal.

Mrs Cervetto presented an overview of the submission as detailed in the ASAR and relayed the views of the clinical experts. It was confirmed that three patient organisation questionnaires had been received from Crohn's and Colitis UK, the National Ankylosing Spondylitis Society and the National Rheumatoid Arthritis Society.

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 infliximab (Inflectra®▼) should be recommended as an option for restricted use within NHS Wales for the treatment of rheumatoid arthritis, severely active Crohn's disease, adult ulcerative colitis, psoriatic arthritis and very severe psoriasis. NMG recommended that infliximab (Inflectra®▼) should not be recommended for use within NHS Wales for the treatment of paediatric ulcerative colitis, ankylosing spondylitis, subacute manifestations of moderately to severely active ulcerative colitis, moderately active Crohn's disease or moderate plaque psoriasis. NMG highlighted that infliximab (Inflectra®▼) 100 mg powder for concentrate for solution for infusion should be prescribed by brand name to avoid

automatic substitution and therefore help with pharmacovigilance.

The Chairman invited comment in relation to the case for clinical effectiveness. Safety issues regarding serious infections and tuberculosis were discussed. Clarification was provided by the applicant company regarding ongoing pharmacovigilance through several registries and post-marketing surveillance.

The Chairman referred members to the comprehensive clinical expert summary. There was discussion around the switching from parent drug to biosimilar and the fact that this should not happen automatically.

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. Members then considered the cost effectiveness and budget impact evidence presented.

The Chairman referred to the patient organisation submissions. Mr Palmer relayed their views, including the benefits and risks of this medicine from the patient's perspective.

The Chairman referred to the applicant company's response to the preliminary recommendation and offered opportunity to the delegates to comment. The Chairman sought and received confirmation from the applicant company delegates 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:

Infliximab (Inflectra®▼) is recommended as an option for restricted use within NHS Wales for the treatment of rheumatoid arthritis, adult and paediatric (aged 6-17 years) severely active Crohn's disease, adult ulcerative colitis, psoriatic arthritis and very severe psoriasis.

Infliximab (Inflectra®▼) is not recommended for use within NHS Wales for the treatment of paediatric ulcerative colitis, ankylosing spondylitis, subacute manifestations of moderately to severely active ulcerative colitis, moderately active Crohn's disease or moderate plaque psoriasis.

Infliximab (Inflectra®▼) should be prescribed by brand name to avoid automatic substitution and therefore help with pharmacovigilance.

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.

10. Appraisal 4 – Full submission
Infliximab (Remsima®▼) for the treatment of:

- Rheumatoid arthritis
- Adult Crohn's disease
- Paediatric Crohn's disease
- Ulcerative colitis

- Paediatric ulcerative colitis
- Ankylosing spondylitis
- Psoriatic arthritis
- Psoriasis

The Chairman welcomed the applicant company delegates from Celltrion Healthcare Co Ltd/ Napp Pharmaceuticals 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 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. He invited the AWTTC assessment lead, to address the Group and set the context of the appraisal.

Mrs Cervetto presented an overview of the submission as detailed in the ASAR and relayed clinical experts' views. It was confirmed that three patient organisation questionnaires had been received from Crohn's and Colitis UK, the National Ankylosing Spondylitis Society and the National Rheumatoid Arthritis Society.

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 infliximab (Remsima®▼) should be recommended as an option for restricted use within NHS Wales for the treatment of rheumatoid arthritis, severely active Crohn's disease, adult ulcerative colitis, psoriatic arthritis and very severe psoriasis. It was the view of NMG that infliximab (Remsima®▼) should not be recommended for use within NHS Wales for the treatment of paediatric ulcerative colitis, ankylosing spondylitis, subacute manifestations of moderately to severely active ulcerative colitis, moderately active Crohn's disease or moderate plaque psoriasis. NMG highlighted that infliximab (Remsima®▼) should be prescribed by brand name to avoid automatic substitution and therefore help with pharmacovigilance.

The Chairman provided the Committee members with the opportunity to comment in relation to the case for clinical effectiveness and also the clinical expert summary; no outstanding issues were raised.

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.

Committee members considered the budget impact and no issues were raised.

The Chairman referred to the applicant company's response to the preliminary recommendation and offered opportunity to the delegates to provide further comment. The Chairman sought and received confirmation from the applicant company delegates 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:

Infliximab (Remsima®▼) is recommended as an option for restricted use within NHS Wales for the treatment of rheumatoid arthritis, adult and paediatric (aged 6-17 years) severely active Crohn's disease, adult ulcerative colitis, psoriatic arthritis and very severe psoriasis.

Infliximab (Remsima®▼) is not recommended for use within NHS Wales for the treatment of paediatric ulcerative colitis, ankylosing spondylitis, subacute manifestations of moderately to severely active ulcerative colitis, moderately active Crohn's disease or moderate plaque psoriasis.

Infliximab (Remsima®▼) should be prescribed by brand name to avoid automatic substitution and therefore help with pharmacovigilance.

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.

The Chairman confirmed the date of the next meeting on Wednesday, 11th February 2015 in Abergavenny.