

Enclosure No:	1/AWMSG/1114
Agenda Item No:	4 – Minutes of previous meeting
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ALL WALES MEDICINES STRATEGY GROUP (AWMSG)

**Minutes of the AWMSG meeting held Wednesday,
8th October 2014 commencing 9.30 am at Cardiff
Metropolitan University, Llandaff Campus, Western
Avenue, Cardiff, CF5 2YB**

**Did not
participate in**

VOTING MEMBERS PRESENT:

- | | | | |
|-----|--------------------------|---|----------|
| 1. | Professor Phil Routledge | Chairman | |
| 2. | Professor David Cohen | Health Economist | |
| 3. | Mrs Debbie Davies | Nurse | |
| 4. | Mr Stuart Davies | Finance Director | |
| 5. | Mrs Ellen Lanham | Community Pharmacist | |
| 6. | Dr Stuart Linton | Hospital Consultant | 14-15 |
| 7. | Dr Emma Mason | Clinical Pharmacologist | |
| 8. | Mr Alun Morgan | Other professions eligible to prescribe | |
| 9. | Mrs Sue Murphy | Managed Sector Primary Care Pharmacist | |
| 10. | Mr Christopher Palmer | Lay Member | |
| 11. | Dr Khesh Sidhu | Welsh Health Specialised Services Committee | 1-4 |
| 12. | Mr Robert Thomas | ABPI Cymru Wales | 7, 13-15 |
| 13. | Professor John Watkins | Public Health Wales | 1-4 |
| 14. | Dr Bill Whitehead | GP with Prescribing Lead role | |
| 15. | Mr Roger Williams | Managed Sector Secondary Care Pharmacist | |

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 Susan Cervetto, Senior Appraisal Pharmacist
20. Dr Caron Jones, Senior Appraisal Scientist
21. Dr Claire Davis, Senior Appraisal Scientist
22. Miss Kelly Wood, 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 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 apologised for the problems experienced by members, representatives of pharmaceutical companies and observers in relation to parking on the campus.

2. Apologies

Dr Karen Fitzgerald, Public Health Wales
Professor Roger Walker, Chief Pharmaceutical Officer, Welsh Government
Dr Geoffrey Carroll, Welsh Health Specialised Services Committee

3. Declarations of interest

The Chairman invited declarations of interest pertinent to the agenda. Mr Robert Thomas declared a personal specific interest in relation to Appraisal 2, 4, 5 and 6. Dr Stuart Linton declared a personal specific interest in relation to Appraisal 5 and 6. The Chairman confirmed they would both be required to leave the meeting room and would not participate in the relevant appraisal or vote.

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 welcomed Mr Alun Morgan, Assistant Director of Therapies and Health Sciences, Cardiff and Vale UHB to his first AWMSG meeting. Mr Morgan introduced himself. The Chairman explained that Mr Morgan had been nominated by Fiona Jenkins, Director of Therapies and Health Sciences in Cardiff and Vale UHB and will be representing 'other professions eligible to prescribe'. He thanked Mrs Debbie Davies for her loyal support to AWMSG in serving the maximum two terms of office, moving from deputy to full member following the resignation of Mr Jeff Evans. It was confirmed that Mr Scott Crawley, a podiatrist from Cardiff and Value UHB had been nominated as Mr Morgan's deputy. The Chairman informed members that Mr Christian Smith had tendered his resignation from the Group and highlighted the vacancy for a senior nurse member and deputy member. The Chairman confirmed the appointment of Dr Mark Walker as AWMSG Medical Director representative. Members were informed that Dr Walker had served on AWPAG since September 2010 and will be replaced by Dr Sally Lewis from Aneurin Bevan health board.

The Chairman reported that interviews for the Chairmanship of AWMSG had taken place yesterday. He confirmed he would continue in the role until the new Chairman takes up this position.

The Chairman confirmed that the annual AWMSG Masterclass encouraging patient engagement will be held on 20th November. Members were informed of the intention to broaden attendance to include representatives from patient organisations and Medicines & Therapeutics Committees, as well as the pharmaceutical industry.

The Chairman confirmed that AWMSG's annual report 2013-2014 had been circulated to members. Professor John Watkins and Dr Khesh Sidhu joined the meeting.

The Chairman had no news to report in relation to the bid to implement recommendations following review of AWMSG's process for appraising orphan and ultra-orphan medicines which had been submitted to Welsh Government.

Members were informed that a provisional date had been set aside for members' training on Wednesday, 14th January 2015. He stated this would be subject to confirmation from Welsh Government that the proposals put forward by AWTTC, and bid for additional resources, were agreed.

The Chairman confirmed that Ministerial ratification of AWMSG's recommendations from the previous meeting held in October had been received and the service had been informed.

The Chairman announced the appraisals scheduled for the next meeting to be held in Cardiff on Wednesday, 12th November 2014:

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

Applicant Company: Roche Products Ltd

Appraisal 2: Full submission

Ponatinib (Iclusig[®]) 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

Applicant Company: ARIAD Pharma UK Ltd

Appraisal 3: Full submission

Olodaterol hydrochloride (Striverdi[®]Respimat[®]) for maintenance bronchodilator treatment in patients with chronic obstructive pulmonary disease

Applicant Company: Boehringer Ingelheim Ltd

Appraisal 4: Full submission

Umeclidinium bromide (Incruse[®]) for maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease

Applicant Company: GlaxoSmithKline

Appraisal 5: Limited submission

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

Applicant Company: Takeda UK 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.

The order of the appraisals was changed due to transport problems experienced by some applicant company delegates.

6. Appraisal 1: Full submission

Colestilan (BindRen[®]▼) for the treatment of hyperphosphataemia in adult patients with chronic kidney disease stage 5 receiving haemodialysis or peritoneal dialysis

The Chairman welcomed the company representatives from Mitsubishi Tanabe Europe Ltd.

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 Susan Cervetto, AWTTTC 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. Members were informed that three patient organisation questionnaires had been received. Mrs Cervetto highlighted the company had only submitted information relating to a sub-population rather than providing evidence for the full licensed indication.

Dr Rob Bracchi gave a brief overview of the relevant issues identified in the preliminary appraisal and confirmed NMG's decision that colestilan (BindRen[®]) should not be recommended for use within NHS Wales for the treatment of hyperphosphataemia in adult patients with chronic kidney disease stage 5 receiving haemodialysis or peritoneal dialysis as the case for cost effectiveness had not been proven. He relayed the view of NMG that the cost minimisation analysis had not been sufficient for NMG to recommend use of the medicine within NHS Wales. Dr Bracchi informed the Group that NMG were mindful that no unmet need had been identified by clinicians in Wales.

The Chairman opened the discussion in relation to clinical effectiveness and members asked the company representatives to explain the rationale behind the study design and also the decision to present a cost minimisation analysis. The company representatives provided a comprehensive response to these questions and alluded to the issues highlighted in their CR/PAR. There was discussion over use as monotherapy and in combination. The company representatives urged members to take a pragmatic approach and to consider the benefits of wider treatment options for patients. They considered the submission demonstrated equivalence with the comparator. There was discussion in relation to quality of life issues, the tolerability of the medicine, its side effect profile, and members enquired about the risk management plan. Clarity was sought in relation to average daily doses and the popularity of a sachet pack in Germany was noted. It was highlighted that the main measure of effectiveness is quality of life, and the absence of any evidence in relation to quality of life had a significant impact on the strength of the case put forward by the applicant company for demonstrating clinical effectiveness.

The Chairman invited Professor David Cohen to share his views in relation to the case for cost-effectiveness. Professor Cohen highlighted the limitations of the evidence submission and explained in detail why a cost minimisation analysis had not been appropriate in these circumstances. He explained the relationship between costs and effects and stated that equivalence should be demonstrated across all domains. Professor Cohen acknowledged that the company had produced a robust defence of their submission in their response to the PAR. Professor Cohen informed the company representatives that a cost utility analysis would have been the best approach as the uncertainties could have been explored using a sensitivity analysis, which could not be done with a cost minimisation analysis. He alluded to other concerns raised in the ASAR, with particular reference to the fact that the evidence related to a sub-population only. The company representatives responded to the issues and explained that they had sought expert opinion – clinical experts had advised that a cost minimisation analysis would be appropriate. They argued that a cost utility analysis would have produced more assumptions and more unknowns. There was discussion in relation to the budget impact.

The Chairman asked the patient representative, Mr Palmer to highlight salient issues within the patient organisation submissions. Mr Palmer highlighted the lack of choice for patients, the size and palatability of other treatment options which impacted on the non-adherence rates. Patients had stated that the medicine is easy to take, particularly in granular form. The pill burden on patients was highlighted. The poor quality of life of patients and the adverse reactions which included constipation, vitamin K deficiency, gastrointestinal bleeding, nausea, heart burn and vomiting was noted. Mr Palmer also highlighted the individual patient submission and the Chairman stated that AWMSG was grateful for all submissions. 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 summarised their argument that colestilan (BindRen[®]) was a truly comparable medicine, they had presented clinically relevant results, the medicine would save NHS Wales money and would offer more treatment options to clinicians and patients. The delegates acknowledged there had been a good clinical discussion and accepted they had not fulfilled the criteria. They confirmed the appraisal process had been fair and transparent.

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:

Colestilan (BindRen[®]) is not recommended for use within NHS Wales for the treatment of hyperphosphataemia in adult patients with chronic kidney disease stage 5 receiving haemodialysis or peritoneal dialysis.

The case for cost-effectiveness has not been proven.

7. Appraisal 2: Limited submission (PAS)

Bortezomib (Velcade[®]) in combination with pegylated liposomal doxorubicin or dexamethasone for the treatment of adult patients with progressive multiple myeloma who have received at least 1 prior therapy and who have already undergone or are unsuitable for haematopoietic stem cell transplantation

The Chairman welcomed representatives of the applicant company, Janssen-Cilag Ltd. Mr Rob Thomas left the meeting.

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 highlighted that the application had been considered eligible for a limited submission and informed members that only evidence of budgetary impact in comparison to the existing comparator product(s) was required. He confirmed the role of AWMSG was to consider the evidence and highlight any societal issues, take account of NMG's preliminary recommendation and the company's response to that. Members were informed that clinical expert and patient views would be included, if available. The Chairman clarified that in the event that AWMSG wished to explore any issues within the submission, then the applicant

company delegates would be invited to provide clarification. However, if there were no outstanding issues, AWMSG would retire to vote in private after the third appraisal and agree the final recommendation, which would be subsequently announced and forwarded to Welsh Government for ratification. The Chairman highlighted 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. The Chairman 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 reconfirmed that the application had met AWMSG's criteria for a limited submission based upon a minor licence extension and a projected limited budgetary impact. She relayed the views of the clinical experts and informed members that no patient organisation submissions had been received.

The Chairman invited Dr Bracchi to relay NMG's preliminary recommendation. Dr Bracchi briefly summarised the discussion at NMG and confirmed NMG's view that bortezomib (Velcade®) should be recommended as an option for restricted use within NHS Wales for the treatment of adult patients with progressive multiple myeloma who have received at least 1 prior therapy and who have already undergone or are unsuitable for haematopoietic stem cell transplantation. NMG considered that bortezomib (Velcade®) should be restricted for use in combination with dexamethasone. The recommendation would only apply in circumstances where the approved Patient Access Scheme is utilised. It was the view of NMG that bortezomib (Velcade®) should not be recommended for use within NHS Wales in combination with pegylated liposomal doxorubicin.

The Chairman opened the discussion in relation to clinical effectiveness. A member asked why the applicant company had not included information in their submission for the use of bortezomib in combination with pegylated liposomal doxorubicin; the company delegate responded by confirming it was not used widely in this combination. There were no outstanding issues in relation to clinical effectiveness. The Chairman referred members to the clinical expert summary – there were no issues of note. The Chairman reiterated that there was no requirement for the company to present evidence of cost-effectiveness and asked members to consider the budget impact. There were no outstanding issues of note.

In the absence of a patient organisation submission, Mr Palmer informed members of the six organisations that had been contacted by AWTTTC.

Having confirmed that the delegates representing Janssen-Cilag Ltd did not wish to make any further comment above that in their CR/ASAR, and having received confirmation that they were satisfied that all issues had been addressed and the process had been fair and transparent, 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:

Bortezomib (Velcade®) is recommended as an option for restricted use within NHS Wales for the treatment of adult patients with progressive multiple myeloma who have received at least 1 prior therapy and who have already undergone or are unsuitable for haematopoietic stem cell transplantation. Bortezomib (Velcade®) should be restricted for use in combination with dexamethasone. This recommendation applies only in circumstances where the approved Patient Access Scheme is utilised. Bortezomib (Velcade®) is not recommended for use within NHS Wales in combination with pegylated liposomal doxorubicin.

8. Appraisal 3: Full submission

Alogliptin (Vipidia®) for the treatment of adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control in combination with other glucose lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control

Applicant Company: Takeda UK Ltd

Mr Rob Thomas left the meeting as he had declared a personal interest. 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.

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 Miss Kelly Wood, AWTTTC assessment lead, to set the context of the appraisal.

Miss Wood presented an overview of the submission as detailed in the ASAR and relayed the views of the clinical experts. The increasing incidence rate was highlighted and the estimated number of eligible patients was noted. Miss Wood confirmed that no patient organisation questionnaires had been received and no unmet need had been highlighted.

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 alogliptin should be recommended for restricted use for the indication being considered by AWMSG. He highlighted that the applicant company had not provided evidence to enable NMG to consider its use for the whole licensed indication.

The Chairman invited comment in relation to the case for clinical effectiveness. Members asked the company delegate to justify why they had only submitted evidence for dual oral therapy as the licensed indication covers triple therapy. An explanation was provided and the company delegate stated that regulatory bodies have changed the way they assess anti-diabetic medicines and there had been no support for a head to head trial. The Chairman referred members to the comprehensive clinical expert views.

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 and invited the company delegate to respond to his synopsis. The budget impact was considered and clarification was sought in relation to the alignment of the budget impact modelling with clinical practice in Wales. It was noted that three patient organisations had been approached for their views, but no questionnaires had been received. There were no outstanding societal issues of note

The Chairman referred to the applicant company's response to the preliminary recommendation and offered opportunity to the delegate to comment. An apology was kindly offered for the delay in getting the submission to AWTTTC. 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:

Alogliptin (Vipidia[®]▼) is recommended as an option for restricted use for dual oral therapy within NHS Wales.

Alogliptin (Vipidia[®]▼) should be restricted for use in the following circumstances within its licensed indication for the treatment of adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control in combination with other glucose lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control:

- **In combination with metformin (dual therapy), when metformin alone, together with diet and exercise does not provide adequate glycaemic control in patients for whom the addition of a sulphonylurea is inappropriate;**
- **In combination with a sulphonylurea (dual therapy), when a sulphonylurea alone, together with diet and exercise does not provide adequate glycaemic control in patients for whom the addition of metformin is inappropriate.**

Alogliptin (Vipidia[®]▼) is not recommended for use within NHS Wales outside of these circumstances.

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.

9. GP Cluster Level Comparators

Ms Kath Haines, Head of WAPSU and Miss Karen Jones, WAPSU Pharmacist, joined the meeting. Ms Haines provided the background and explained that the document, prepared by WAPSU, proposes an experimental statistical method for the development of cluster group comparators, based on demographic similarity and disease prevalence, to enable benchmarking of prescribing. The report uses the respiratory therapeutic area to demonstrate the possible applications of the GP cluster comparators, with future potential for it to be applied to other therapeutic areas. Miss Jones explained the aim is to enable health boards and localities to benchmark prescribing, taking into account additional variables such as disease prevalence and deprivation to add context to the data. The limitations to the interpretation of prescribing data for therapeutic areas were noted, as the model is not intended to explain variations in prescribing, and it should be recognised that a variety of other factors, both national and local, can influence prescribing behaviour. The Chairman opened the discussion.

The importance of accounting for outcomes, such as hospital admission and exacerbation rates was acknowledged. There was recognition of input from the Public Health Observatory. Ms Haines confirmed the intention to look at other cluster comparators and apply the method to clinical commissioning groups in England. Members discussed the inclusion of variables, both locally and nationally, in each model for each therapeutic area. Clarification was sought in relation to the size of the different groups. There was general agreement and support around the table that this was a step in the right direction for deeper analysis of prescribing data. Ms Haines sought the support of AWMSG in encouraging GPs in Wales to input into the SAIL database in order that more variables could be included in future data analysis. A suggestion was made to tailor the document to different target audiences. The Chairman thanked members for the helpful discussion and endorsed the direction of travel. AWMSG

expressed support for the development of IT systems within NHS Wales to improve prescribing and capture outcome data. The Chairman agreed to relay these views to Welsh Government.

10. Handbook for Homecare Services in Wales

The Chairman invited Mrs Jenny Pugh-Jones, Chair of the All Wales Home Medicines Committee, to present the Handbook for Homecare Services in Wales to AWMSG. She explained the purpose of the handbook is to aid the implementation of standards set out in the Royal Pharmaceutical Society's Professional Standards for Homecare Services, which will help ensure the safe and effective delivery of homecare medicines services in Wales. The handbook provides a set of template documents, which are designed to assist Chief Pharmacists and other healthcare professionals in the appropriate implementation of a homecare delivery service. The documents cover a range of important governance areas that should be considered as part of any homecare service implementation process. Members were informed that the document has been adapted for use in Wales from the Royal Pharmaceutical Society's Handbook for Homecare Services in England by the All Wales Medicines Homecare Committee. It was noted that endorsement by the All Wales Chief Pharmacists Committee and NHS Welsh Shared Services Partnership had been sought prior to the presentation of the Handbook to AWMSG. Mrs Pugh-Jones asked AWMSG to support use of the Handbook within NHS Wales.

The Chairman opened the discussion. Members voiced their support of the handbook and acknowledged the importance of assessing potential risks to individual patients with regard to homecare services. The governance and monitoring arrangements were welcomed. Mrs Pugh-Jones explained that in future it is hoped that examples from NHS Wales rather than NHS England will be incorporated into the handbook. The need for the development of appropriate IT systems to support this service was highlighted by AWMSG.

The Chairman concluded the discussion by confirming that AWMSG was pleased to support the implementation of the handbook as an example of good practice and accepted the cross-professional endorsement and recognition. The Chairman agreed to relay the strength of feeling expressed by AWMSG for the development of IT software to support the Homecare Service to Welsh Government.

11. Monitoring usage in Wales of medicines appraised by NICE and AWMSG

Mrs Kate Jenkins, WAPSU Pharmacist, presented an analysis of the usage of medicines appraised by AWMSG or NICE during the period 1 April 2003 to 31 March 2014. Mrs Jenkins confirmed that the report also included advice issued in relation to medicines not endorsed for use in NHS Wales due to non engagement by the licence holder. It was noted that medicines usage data is reported for the period 1 April 2011 to 31 March 2014. Members welcomed the analysis. There were no issues of note. Mr Robert Thomas supported the report and confirmed that the pharmaceutical industry had also contributed to a similar English document which might be useful for comparison. It was agreed that there are many areas which may be subject to further analysis and the future direction of the report will be subject to some discussion. Comparing this monitoring data to that produced from a forecasting perspective will be a very valuable piece of work.

12. National Prescribing Indicators 2013-2014: Analysis of Antibacterial Prescribing Data to March 2014

Ms Haines presented a report of antibacterial prescribing as one of AWMSG's national prescribing indicators (NPIs). Ms Haines explained that in addition to the overall quarterly NPI reports, the unit provides more detailed information on specific NPIs individualised to health boards. Members were informed that this report had been prepared in collaboration with the Welsh Antimicrobial Resistance Programme Surveillance Unit and provided primary care prescribing information on the four antibiotic NPIs. The development of NPIs to monitor

antibacterial prescribing supports one of the key elements of the Welsh Antimicrobial Resistance Programme: to inform, support and promote the prudent use of antimicrobials. Members were informed that the first part of the report includes All Wales comparative data on antibacterial prescribing and the second part contains data specific to an individual health board, using Powys Health Board data as an anonymised example.

The Chairman opened the discussion. It was acknowledged that it was the first time AWMSG had seen a reduction in antibacterial prescribing and this was welcomed by the Group. Members agreed that AWMSG should advise Welsh Government of the need for a media campaign. It was also suggested that health boards require more patient focussed information. The Chairman thanked Ms Haines and her team in highlighting this important area and endorsed the document, which will provide health board specific information on antimicrobial prescribing.

13. Appraisal 4 – Limited Submission

Alogliptin/metformin (Vipdomet[®]▼) for the treatment of adult patients aged 18 years and older with type 2 diabetes mellitus: as an adjunct to diet and exercise to improve glycaemic control in adult patients, inadequately controlled on their maximal tolerated dose of metformin alone, or those already being treated with the combination of alogliptin and metformin; in combination with pioglitazone (i.e. triple combination therapy) as an adjunct to diet and exercise in adult patients inadequately controlled on their maximal tolerated dose of metformin and pioglitazone; and in combination with insulin (i.e. triple combination therapy) as an adjunct to diet and exercise to improve glycaemic control in patients when insulin at a stable dose and metformin alone do not provide adequate glycaemic control

The Chairman welcomed representatives of the applicant company, Takeda UK Ltd. Mr Rob Thomas left the meeting.

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 highlighted that the application had been considered eligible for a limited submission and informed members that only evidence of budgetary impact in comparison to the existing comparator product(s) was required. He confirmed the role of AWMSG was to consider the evidence and highlight any societal issues, take account of NMG's preliminary recommendation and the company's response to that. Members were informed that clinical expert and patient views would be included, if available. The Chairman clarified that in the event that AWMSG wished to explore any issues within the submission, then the applicant company delegates would be invited to provide clarification. However, if there were no outstanding issues, AWMSG would retire to vote in private after the third appraisal and agree the final recommendation, which would be subsequently announced and forwarded to Welsh Government for ratification. The Chairman highlighted 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. The Chairman invited Miss Kelly Wood, AWTTTC assessment lead, to set the context of the appraisal.

Miss Wood presented an overview of the submission as detailed in the ASAR and confirmed that the application had met AWMSG's criteria for a limited submission. It was noted that the

submission had not covered the whole of the licensed indication. Miss Wood referred to the previous appraisal and confirmed that the same patient organisations had been contacted; however, no questionnaires had been received. She confirmed that clinical expert views expressed in relation to Appraisal 3 also covered Appraisal 4.

The Chairman invited Dr Bracchi to give a brief overview of any issues identified by NMG during the preliminary appraisal. Dr Bracchi relayed NMG's view that alogliptin/metformin (Vipdomet®) should be recommended as an option for restricted use for the indication being considered.

The Chairman opened the discussion and invited comment in relation to the case for clinical effectiveness. An explanation was sought as to why the applicant company had not submitted evidence for the whole of the licensed indication. The company delegate made reference to NICE clinical guidelines and stated that they had based their submission on where the clinicians had seen most value. There were no outstanding issues relating to budget impact and no social issues of note.

The Chairman referred to the applicant company response to the preliminary recommendation and offered opportunity to the delegate from Takeda UK to expand on the comments. There being no further comments, the Chairman sought and received confirmation from Takeda UK that the appraisal process had been fair and transparent, and 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:

Alogliptin/metformin (Vipdomet®▼) is recommended as an option for restricted use for dual oral therapy within NHS Wales.

Alogliptin/metformin (Vipdomet®▼) should be restricted for use in the following circumstances within its licensed indication for the treatment of adult patients aged 18 years and older with type 2 diabetes mellitus:

As an adjunct to diet and exercise to improve glycaemic control in adult patients, inadequately controlled on their maximal tolerated dose of metformin alone, or those already being treated with the combination of alogliptin and metformin as separate tablets.

Alogliptin/metformin (Vipdomet®▼) is not recommended for use within NHS Wales outside of these circumstances.

Dr Stuart Linton left the meeting as he had declared a personal specific interest in relation to Appraisal 5 and 6.

14. Appraisal 5: Full Submission

Certolizumab pegol (Cimzia®) in combination with methotrexate, for the treatment of active psoriatic arthritis in adults when the response to previous disease-modifying antirheumatic drug therapy has been inadequate. Certolizumab pegol can be given as monotherapy in case of intolerance to methotrexate or when continued treatment with methotrexate is inappropriate

The Chairman welcomed representatives from the applicant company UCB Pharma Ltd.

The Chairman confirmed that both Dr Linton and Mr Thomas would not be participating in the appraisal, and 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 declarations.

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.

Dr Claire Davis presented an overview of the submission as detailed in the ASAR and confirmed that the submission included a Wales Patient Access Scheme that was not considered by the applicant company to be confidential. Dr Davis relayed the views of the clinical experts and confirmed that AWTTTC had received a patient organisation submission from Arthritis Care in Wales.

Dr Bracchi provided a brief overview of the relevant issues identified by NMG in the preliminary appraisal. Dr Bracchi relayed the view of NMG that certolizumab pegol (Cimzia®), in combination with methotrexate, should be recommended as an option for use within NHS Wales for the indication being appraised by AWMSG only in circumstances where the approved Wales Patient Access Scheme is utilised.

The Chairman opened the discussion and invited comment in relation to the case for clinical effectiveness. Members sought clarification in relation to quality of life studies. The Chairman referred to the clinical expert summary. It was noted that experts considered that adding certolizumab pegol would be helpful to those patients who are failing on the other currently available TNF alpha inhibitors for psoriatic arthritis.

The Chairman invited Professor Cohen to comment on the case for cost-effectiveness. Professor Cohen explained his role on AWMSG and presented a summary of the evidence of cost-effectiveness and highlighted key aspects of the submission. Professor Cohen highlighted the limitations in the submission and shared his view that of the three analyses presented, the cost minimisation analysis was not credible because equivalence had not been demonstrated across all outcomes. He also sought clarification in relation to the cost utility analyses. The company delegates acknowledged there had been numerous challenges and factors that had proved difficult in making their submission. Not all of the studies had measured outcomes at 12 weeks and the company had considered clinical advice regarding which outcomes to use. The company made every effort to respond to the issues raised by Professor Cohen and justified their decision.

The Chairman invited Mr Palmer to highlight salient aspects of the patient organisation submission from Arthritis Care in Wales. Mr Palmer referred members to the comprehensive patient submission and highlighted the advantages and benefits the treatment would have on patients and their families. He relayed the patient view that having access to the widest range of treatment options would give patients the best chance of controlling the disease. The therapy would offer patients more choice of a first line biologic medicine to improve their quality of life. Feedback of good tolerability and the benefit of the ergonomically designed device for patients who struggle with self-injection were also noted.

The Chairman referred to the applicant company response to the preliminary recommendation and offered opportunity to the delegates from UCB Pharma Ltd to comment. There was no further comment. Prior to concluding the appraisal, the Chairman sought and received confirmation from the delegates that the process had been fair and transparent. He thanked

UCB Pharma Ltd for engaging in the appraisal process and 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:

Certolizumab pegol (Cimzia®), in combination with methotrexate, is recommended as an option for use within NHS Wales for the treatment of active psoriatic arthritis in adults when the response to previous disease-modifying antirheumatic drug therapy has been inadequate. Certolizumab pegol can be given as monotherapy in case of intolerance to methotrexate or when continued treatment with methotrexate is inappropriate.

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

15. Appraisal 6: Full submission

Certolizumab pegol (Cimzia®) for the treatment of adult patients with severe active axial spondyloarthritis, comprising: adults with severe active ankylosing spondylitis (AS) who have had an inadequate response to, or are intolerant to nonsteroidal anti-inflammatory drugs (NSAIDs); and adults with severe active axial spondyloarthritis without radiographic evidence of AS but with objective signs of inflammation by elevated C-reactive protein (CRP) and/or magnetic resonance imaging (MRI), who have had an inadequate response to, or are intolerant to NSAIDs

Delegates from the applicant Company, UCB Pharma Ltd, remained in their seats.

The Chairman invited Dr Claire Davis, AWTTTC Assessment Lead, presented an overview of the information detailed in the ASAR. Dr Davis confirmed that the submission included a Wales Patient Access Scheme that was not considered by the applicant company to be confidential. Dr Davis relayed the views of the clinical experts and confirmed that two patient organisation submissions had been received.

The Chairman asked Dr Bracchi to relay the views of NMG. Dr Bracchi briefly summarised the discussion and confirmed NMG's view that certolizumab pegol (Cimzia®) should be recommended as an option for use within NHS Wales for the indication under consideration only in circumstances where the approved Wales Patient Access Scheme is utilised.

The Chairman invited comment in relation to the case for clinical effectiveness. There was discussion in relation to patient response to treatment and the study design. There were no outstanding issues of note.

The Chairman referred members to the clinical expert summary and invited members to seek clarification or comment on the views expressed. There were no outstanding issues of note.

The Chairman invited Professor David Cohen to comment on the case for cost-effectiveness. Professor Cohen's commentary was very similar to that presented during the previous appraisal. The budget impact was noted. There was brief discussion in relation to its use as first line therapy and the financial impact of this.

Mr Palmer highlighted salient aspects within the comprehensive patient organisation questionnaires received from Arthritis Care in Wales and the National Ankylosing Spondylitis Society. The reason for the overwhelming support from patients for this medicine to be available within NHS Wales was to broaden the available treatment options for patients with

increased chance for improvement to quality of life. With the typical early onset, the tremendous symptomatic burden and loss of function during a patient's early years, which are normally productive and socially important, was highlighted. Additional treatment options were welcomed that would reduce levels of disease activity, avert long-term disability, and improve tolerability and the quality of life of the patient.

The chairman offered the company delegates opportunity to comment on the discussion or highlight any outstanding issues. They had no further comments. The Chairman sought and received confirmation that all issues had been adequately addressed and the process had been fair and transparent. He thanked UCB Pharma Ltd for engaging in the AWMSG appraisal process. The Chairman closed proceedings and members retired to vote.

Appraisal decision subsequently announced:

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

Certolizumab pegol (Cimzia®) is recommended as an option for use within NHS Wales for the treatment of adult patients with severe active axial spondyloarthritis, comprising: adults with severe active ankylosing spondylitis (AS) who have had an inadequate response to, or are intolerant to nonsteroidal anti-inflammatory drugs (NSAIDs); and adults with severe active axial spondyloarthritis without radiographic evidence of AS but with objective signs of inflammation by elevated C-reactive protein (CRP) and/or magnetic resonance imaging (MRI), who have had an inadequate response to, or are intolerant to NSAIDs.

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

The Chairman announced that confirmation of AWMSG's recommendations would be forwarded to the holder of the marketing authorisation within five working days. He informed delegates that the licence holder has 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 thanked all the applicant companies for engaging in the appraisal process.

The Chairman confirmed the date of the next meeting on Wednesday, 12th November in Cardiff and closed the meeting