Enclosure No:	**1/AWMSG/1218**
Agenda Item No:	**1** – Minutes of previous meeting
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ALL WALES MEDICINES STRATEGY GROUP (AWMSG)

Minutes of the AWMSG meeting held Wednesday, 14th November 2018 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.	Prof John Watkins	Interim Chair	
2.	Dr Balwinder Bajaj	Clinical Pharmacologist	
3.	Dr Cath Bale	Hospital Consultant	
4.	Dr Jeremy Black	General Practitioner	
5.	Dr Anwen Cope	Other professions eligible to prescribe	
6.	Prof Iolo Doull	Welsh Health Specialised Services Commission	
7.	Prof Dyfrig Hughes	Health Economist	
8.	Mrs Mandy James	Senior Nurse	
9.	Mr Dylan Jones	Community Pharmacist	
10.	Dr Stephen Monaghan	Public Health Wales	
11.	Mr Chris Palmer	Lay Member	
12.	Mr Hywel Pullen	Finance Director	
13.	Mr John Terry	Managed Sector Secondary Care Pharmacist	
14.	Mr Rob Thomas	ABPI	7
15.	Dr Mark Walker	Medical Director	

IN ATTENDANCE:
Dr James Coulson, NMG Chair
Mr Anthony Williams, Senior Appraisal Pharmacist, Team Leader, AWTTC
Mrs Ruth Lang, Senior Liaison Manager, AWTTC

AWTTC Leads:
Miss Shaila Ahmed, Senior Appraisal Pharmacist
Ms Karen Jones, Senior Appraisal Pharmacist
Mrs Claire Ganderton, 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
EMA	European Medicines Agency
EMIG	Ethical Medicines Industry Group
EOL	End of life
FAR	Final Appraisal Recommendation
FDA	US Food and Drug Administration
GP	General Practitioner
HAC	High Acquisition Cost
HB	Health Board
HST	Highly Specialised Technology
HTA	Health Technology Appraisal
IR	Independent Review
MHRA	Medicines and Healthcare products Regulatory Agency
M&TCs	Medicines & Therapeutics Committees
NICE	National Institute for Health and Care Excellence
NMG	New Medicines Group
NPI	National Prescribing Indicator
PAMS	Patient Access to Medicines Service
PAR	Preliminary Appraisal Recommendation
PAS	Patient Access Scheme
PPRS	Prescription Price Regulation Scheme
SMC	Scottish Medicines Consortium
SPC	Summary of Product Characteristics
TDAPG	Therapeutic Development Appraisal Partnership Group
T&FG	Task and Finish Group
UHB	University Health Board
WAPSU	Welsh Analytical Prescribing Support Unit
WCPPE	Welsh Centre for Pharmacy Postgraduate Education
WeMeReC	Welsh Medicines Resource Centre
WG	Welsh Government
WHO	World Health Organization
WHSSC	Welsh Health Specialised Services Committee
WPAS	Wales Patient Access Scheme

1. Welcome and introduction

The Chair opened the meeting and welcomed members.

The Chair welcomed Mr Dylan Jones to his first meeting as a deputy for Mr Stefan Fec and Mr Hywel Pullen as a deputy for Mr Stuart Davies.

2. Apologies

Mrs Susan Murphy, Primary Care Pharmacist
Mr Stefan Fec, Community Pharmacist
Mr Stuart Davies, Finance Director

3. Declarations of interest

Members were reminded to declare any interests. There were none.

4. Minutes of previous meeting

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

The Chair confirmed that the first appraisal had an associated Wales Patient Access Scheme and members of the public were asked to leave the meeting to protect commercial confidentiality. The Chair confirmed that the meeting would re-open at the end of the first appraisal.

Appraisal 1: Full Submission WPAS

Bictegravir/emtricitabine/tenofovir alafenamide (Biktarvy®) for the treatment of adults infected with human immunodeficiency virus 1 without present or past evidence of viral resistance to the integrase inhibitor class, emtricitabine or tenofovir.

The Chair welcomed delegates from Gilead Sciences Ltd and it was confirmed that individuals remaining seated in the public gallery were staff of AWTTC and a representative from Welsh Government.

The Chair 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 Chair 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.

Ms Karen Jones, the AWTTC Appraisal Lead, set the context of the appraisal and relayed the key aspects of the submission as outlined in the ASAR. Ms Jones stated that the company anticipates that Biktarvy® would be used in place of alternative integrase inhibitor-based single tablet regimens, elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide (Genvoya®) and dolutegravir/abacavir/lamivudine (Triumeq®), as either a first-line therapy or as an alternative treatment option for treatment-experienced patients who need to switch from their existing therapy due to issues relating to efficacy, tolerability or regimen simplification. It was noted that the medicine is available in Scotland following health technology appraisal by SMC and a specialised clinical commissioning policy is in development in England.

Dr James Coulson confirmed that NMG had appraised Biktarvy® on Wednesday 10th October 2018, and had not supported the medicine for use within NHS Wales for the treatment of adults infected with human immunodeficiency virus 1 without present or past evidence of viral resistance to the integrase inhibitor class, emtricitabine or tenofovir. Dr Coulson confirmed the view of NMG that the case for cost-effectiveness has not been proven. Members were informed that NMG had accepted the approach of limiting comparators to integrase inhibitor-based single

tablet regimens, dolutegravir/abacavir/lamivudine (Triumeq®) and elvitegravir/ cobicistat/emtricitabine/tenofovir alafenamide (Genvoya®). NMG had acknowledged that there were only head-to-head data versus Triumeq® and that data versus Genvoya® were in the form of a network meta-analysis (NMA). It was the view of NMG that there was a significant degree of uncertainty associated with the NMA and the CMA had been considered inappropriate given the absence of well-designed equivalence studies and the differences in safety and patient reported outcomes. NMG had accepted the non-inferiority study supported comparison to Biktarvy®. It was noted that no evidence had been presented to support switching from an alternative therapy due to lack of efficacy.

The Chair opened discussion in relation to clinical effectiveness. Members acknowledged that the trial evidence demonstrated non-inferiority. Clarification was sought in relation to the adverse event profile and additional monitoring requested by CHMP. The company delegates confirmed that no new signals had been reported in relation to liver toxicity and the medicine was very well tolerated. The Chair asked Ms Jones to relay the views of clinical experts. Ms Jones confirmed that additional comments from clinical experts in Wales had been circulated to members ahead of the meeting expressing disappointment at the preliminary recommendation and supporting the availability of Biktarvy® within NHS Wales. A hard copy of this information was tabled. The Chair drew members' attention to the information and invited comment. It was noted that Biktarvy® offers a high barrier to resistance which is important for highly treatment experienced patients with resistant virus. Clinicians stated that HIV is a complex condition to manage and patients require lifelong treatment. Experts highlighted the importance of having a variety of treatment options to enable individualised treatments for patients. With an aging population it was considered that treatments without kidney or bone side effects would be welcomed by clinicians and patients. Members were informed that Biktarvy® does not require the boosting agent, cobicistat, which has significant drug interactions. Clinical experts provided clarification on the place in therapy and noted that Biktarvy® would not be likely to replace the use of Triumeq®, however it may potentially replace the use of Genvoya®, Descovy® and raltegravir or Descovy® and dolutegravir for specific patients with renal impairment. It was noted that the company had changed the proposed place in therapy of Biktarvy subsequent to the NMG recommendation. The importance of tolerability was highlighted and members took into account the rates of discontinuation.

Professor Dyfrig Hughes provided an overview of the case for cost-effectiveness as outlined in the ASAR. Professor Hughes highlighted the limitations in the case for cost-effectiveness and stated that the model is limited to a comparison of acquisition costs only. The point was made that the choice of comparators is subject to some uncertainty.

The Chair asked the company delegates to leave the room whilst AWMSG members discussed confidential acquisition costs of available treatments. It was noted that a Wales Patient Access Scheme had been applied to Biktarvy®, Genvoya® and Triumeq®. The Chair reiterated the importance of maintaining commercial confidentiality.

The company delegates re-joined discussions. The Chair invited Mr Palmer to relay the views received from the patient organisation, Waverley Care. Mr Palmer highlighted feedback from patients that the adverse effects of their medications have raised anxieties over taking medications in the longer term to achieve full viral suppression. It was considered that more effective treatments would help reduce the high levels of stigma and discrimination. Patients report that effective and well tolerated medications have a positive impact on a patient and their family. Mr Palmer highlighted the potential for inequity as the medicine is available to patients living in Scotland and England. He reiterated the importance of having a variety of treatment options for patients and their clinicians.

The Chair referred to the response from Gilead Sciences Ltd to the preliminary recommendation and asked the delegates if they wished to make any closing remarks. The delegates expressed disappointment at the preliminary recommendation by NMG and confirmed that a restricted

recommendation by AWMSG would be appropriate. The delegates thanked AWMSG for the opportunity to input into the discussion and respond to questions. In concluding, the Chair thanked the company delegates and, having received confirmation that the appraisal process had been fair and transparent and that all relevant issues had been discussed, the Chair closed the appraisal.

Appraisal decision subsequently announced in public:
The Chair 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:

Bictegravir/emtricitabine/tenofovir alafenamide (Biktarvy®) is recommended as an option for restricted use within NHS Wales.

Bictegravir/emtricitabine/tenofovir alafenamide (Biktarvy®) is licensed for the treatment of adults infected with human immunodeficiency virus-1 (HIV-1) without present or past evidence of viral resistance to the integrase inhibitor class, emtricitabine or tenofovir.

Bictegravir/emtricitabine/tenofovir alafenamide (Biktarvy®) is restricted for use to patients who are either unsuitable for or unable to tolerate abacavir/lamivudine/ dolutegravir (Triumeq®). Bictegravir/emtricitabine/tenofovir alafenamide (Biktarvy®) is not recommended for use within NHS Wales outside of this subpopulation.

This recommendation applies only in circumstances where the approved Wales Patient Access Scheme (WPAS) is utilised or where the list/contract price is equivalent or lower than the WPAS price.

The Chair announced that confirmation of AWMSG's recommendations would be forwarded within five working days to the applicant company, who 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.

The meeting opened to the public.

5. Chair's report (verbal update)
It was reported that Welsh Government had ratified AWMSG's advice announced in October:

Conestat alfa (Ruconest®) is recommended as an option for use within NHS Wales for the treatment of acute angioedema attacks in adults and adolescents with hereditary angioedema due to C1 esterase inhibitor deficiency. This recommendation applies only in circumstances where the approved Wales Patient Access Scheme (WPAS) is utilised or where the list/contract price is equivalent or lower than the WPAS price.

Ipilimumab (Yervoy®) is recommended as an option for use within NHS Wales as monotherapy for the treatment of advanced (unresectable or metastatic) melanoma in adolescents 12 years of age to < 18 years of age. This recommendation applies only in circumstances where the approved Patient Access Scheme (PAS) is utilised or where the list/contract price is equivalent or lower than the PAS price.

Semaglutide (Ozempic®) is recommended as an option for restricted use within NHS Wales for the treatment of insufficiently controlled type 2 diabetes mellitus in adults as an add-on therapy to oral antidiabetic medicines or basal insulin. Semaglutide (Ozempic®) is not recommended for use within NHS Wales as monotherapy when metformin is considered inappropriate due to intolerance or contraindications.

In the absence of a submission from the holders of the marketing authorisation, a number of Statements of Advice have been ratified by Welsh Government and published on the AWMSG

website.

Doxylamine (Xonvea®) cannot be endorsed for use for the treatment of nausea and vomiting of pregnancy in women who do not respond to conservative management.

Rucaparib (Rubraca®) cannot be endorsed for use as monotherapy treatment of adult patients with platinum sensitive, relapsed or progressive, BRCA mutated (germline and/or somatic), high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have been treated with two or more prior lines of platinum based chemotherapy, and who are unable to tolerate further platinum based chemotherapy.

Sufentanil (Dzuveo®) cannot be endorsed for use for the management of acute moderate to severe pain in adult patients.

Tapentadol (Palexia®) cannot be endorsed for use for the relief of moderate to severe acute pain in children from 2 years of age and in adults, which can be adequately managed only with opioid analgesics.

The Chair reminded members of the date of the AWMSG training day for new and existing AWMSG and NMG members on Wednesday, 16th January 2019 in Cardiff.

The Chairman announced the annual masterclass for the pharmaceutical industry would be held in Cardiff on Wednesday, 21st November 2018.

The appraisals scheduled for the next AWMSG meeting to be held on 12th December 2018 in The Copthorne Hotel, Cardiff were announced:

Appraisal 1: Full Submission (WPAS)
Dolutegravir/rilpivirine (Juluca®) for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults who are virologically suppressed (HIV-1 RNA <50 copies/mL) on a stable antiretroviral regimen for at least six months with no history of virological failure and no known or suspected resistance to any non-nucleoside reverse transcriptase inhibitor or integrase inhibitor
Applicant Company: ViiV Healthcare UK Ltd

Appraisal 2: Limited Submission
Brivaracetam (Briviact®) as adjunctive therapy in the treatment of partial onset seizures with or without secondary generalisation in children from 4 to ≤ 15 years of age with epilepsy. Brivaracetam (Briviact®) should be restricted to use in the treatment of patients with refractory epilepsy, who remain uncontrolled with, or are intolerant to, other adjunctive anti-epileptic medicines.
Applicant Company: UCB Pharma Ltd

The Chair asked members to contact AWTTC ahead of the next meeting if they had any personal or non-personal interests to declare. Patients, patient organisations and patient carers were invited to submit their views on the medicines to be appraised via the AWMSG website or by contacting Ruth Lang at AWTTC for further information on the appraisal process and future work programme.

6. Appraisal 2: Limited Submission

Fosaprepitant (Ivemend®) for the prevention of nausea and vomiting associated with highly and moderately emetogenic cancer chemotherapy in patients aged 6 months to less than 18 years of age. Fosaprepitant is given as part of a combination therapy.

The Chair welcomed delegates from Merck Sharpe and Dohme Ltd.

The Chair 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 Chair 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 Chair set the context of the limited submission and confirmed that evidence of clinical effectiveness and budgetary impact in comparison to any comparator product(s) should be demonstrated. It was confirmed that monitoring of budget impact would be essential and AWMSG reserved the right to request a full submission if the budget impact exceeded that estimated in the submission.

The Chair invited Miss Shaila Ahmed, AWTTC Appraisal Lead, to provide an overview of the submission as outlined in the ASAR. It was confirmed the a limited submission had been considered appropriate for this licence extension for use in paediatric patients aged 6 months to less than 18 years. Members were informed that the anticipated use in Wales is expected to have minimal budgetary impact.

The Chair asked Dr James Coulson, NMG Chair, to confirm the preliminary recommendation. Dr Coulson informed members that NMG had appraised fosaprepitant on 10th October and supported it as an option for use within NHS Wales for the prevention of nausea and vomiting associated with highly and moderately emetogenic cancer chemotherapy in patients aged 6 months to less than 18 years of age.

It was confirmed that AWTTC had invited views from four patient organisations; none had been received.

The Chair opened discussion and there were no issues of note in relation to clinical effectiveness or budget impact. There were no wider societal issues of note.

The Chair offered the company delegates opportunity to address the group. There were no outstanding issues from the company's perspective. Having received confirmation that the appraisal process had been fair and transparent, the Chair closed the appraisal.

Appraisal decision subsequently announced in public:
The Chair 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:

Fosaprepitant (IVEMEND®) is recommended as an option for use within NHS Wales for the prevention of nausea and vomiting associated with highly and moderately emetogenic cancer chemotherapy in patients aged 6 months to less than 18 years of age. Fosaprepitant is given as part of a combination therapy.

The Chair announced that confirmation of AWMSG's recommendations would be forwarded within five working days to the applicant company, who 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 ratification process.

7. Appraisal 3: Limited Submission

Tiotropium (Spiriva® Respimat®) as add-on maintenance bronchodilator treatment in patients aged 6 years to <18 years with severe asthma who experienced one or more severe asthma exacerbations in the preceding year.

The Chair welcomed the delegates from Boehringer Ingelheim Ltd.

The Chair invited members to declare any interests in either the applicant company or the medicine if they had not already done so. Mr Rob Thomas declared a personal financial interest in Boehringer Ingelheim Limited over the last twelve months and removed himself from the meeting. Professor Doull confirmed he had submitted a view as a clinical expert with regard to the most appropriate comparator.

The Chair 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 Chair set the context of the limited submission and confirmed that evidence of clinical effectiveness and budgetary impact in comparison to any comparator product(s) should be demonstrated. It was confirmed that monitoring of budget impact would be essential and AWMSG reserved the right to request a full submission if the budget impact exceeded that estimated in the submission.

Mrs Claire Ganderton the AWTTC Appraisal Lead, set the context of the appraisal as a minor licence extension in paediatric patients and relayed the key aspects of the submission as outlined in the ASAR.

The Chair asked Dr James Coulson, NMG Chair, to confirm the preliminary recommendation. Dr Coulson informed members that NMG had appraised tiotropium (Spiriva® Respimat®) on 10th October and supported it as an option for use within NHS Wales as add-on maintenance bronchodilator treatment in patients aged 6 years and older with severe asthma who experienced one or more severe asthma exacerbations in the preceding year.

It was confirmed that AWTTC had invited views from three patient organisations; no submissions had been received.

The Chair referred members to the estimated budget impact. There were no issues of note.

The Chair offered the company delegates opportunity to address the group. There were no outstanding issues from the company's perspective. Having received confirmation that the appraisal process had been fair and transparent, the Chair closed the appraisal.

Appraisal decision subsequently announced in public:
The Chair 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:

Tiotropium (Spiriva® Respimat®) is recommended as an option for use within NHS Wales as add-on maintenance bronchodilator treatment in patients aged 6 years and older with severe asthma who experienced one or more severe asthma exacerbations in the preceding year.

The Chair announced that confirmation of AWMSG's recommendations would be forwarded within five working days to the applicant company, who 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.

The Chair confirmed the date of the next meeting on Wednesday, 12th December 2018 in the Copthorne Hotel, Cardiff and closed the meeting.