

Enclosure No:	<b>1/AWMSG/1118</b>
Agenda Item No:	<b>1 – Minutes of previous meeting</b>
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## **ALL WALES MEDICINES STRATEGY GROUP (AWMSG)**

### **Minutes of the AWMSG meeting held Wednesday, 17<sup>th</sup> October 2018 commencing 9.30 am at the Copthorne Hotel, Copthorne Way Culverhouse Cross, Cardiff, CF5 6DH**

#### **VOTING MEMBERS PRESENT:**

**Did not  
participate in**

- |     |                     |  |
|-----|---------------------|--|
| 1.  | Prof John Watkins   | Interim Chair                            |
| 2.  | Dr Balwinder Bajaj  | Clinical Pharmacologist                  |
| 3.  | Dr Jeremy Black     | General Practitioner                     |
| 4.  | Dr Anwen Cope       | Other professions eligible to prescribe  |
| 5.  | Mr Stuart Davies    | Finance Director                         |
| 6.  | Mr Stefan Fec       | Community Pharmacist                     |
| 7.  | Mrs Alison Hughes   | Senior Primary Care Pharmacist           |
| 8.  | Prof Dyfrig Hughes  | Health Economist                         |
| 9.  | Mr Chris Palmer     | Lay Member                               |
| 10. | Mr Roger Williams   | Managed Sector Secondary Care Pharmacist |
| 11. | Mrs Louise Williams | Senior Nurse                             |

#### **IN ATTENDANCE:**

Dr James Coulson, NMG Chair

Mr Anthony Williams, Senior Appraisal Pharmacist, Team Leader, AWTTTC

Mrs Ruth Lang, Senior Liaison Manager, AWTTTC

#### **AWTTTC Leads:**

Mrs Helen Adams, Senior Appraisal Pharmacist

Ms Karen Jones, Senior Appraisal Pharmacist

Dr Stephanie Francis, Senior 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
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 Dr Balwinder Bajaj to his first meeting as a member in place of Dr Emma Mason.

It was confirmed that the meeting would close to the public after the first appraisal to protect commercial confidentiality. The subsequent appraisals would be conducted in private due to the associated confidential Patient Access Schemes.

**2. Apologies**

Dr Cath Bale, Hospital Consultant  
Dr Mark Walker, Medical Director  
Prof Iolo Doull, WHSSC  
Prof Stephen Monaghan, Public Health Wales  
Mr Farhan Mughal, ABPI Cymru (Wales)

**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. The Chair confirmed that one error had been noted and the minutes had been updated to read "The Chair confirmed that Mr Dylan Jones has been nominated by the Royal Pharmaceutical Society Wales as deputy Community Pharmacist on AWMSG and Member of AWPAG". With this amendment the draft minutes were approved.

**5. Chair's report (verbal update)**

It was reported that Welsh Government had ratified AWMSG's advice announced in September:

**Levonorgestrel (Kyleena®) is recommended** as an option for use within NHS Wales for contraception for up to five years.

**Lanreotide (Somatuline® Autogel®) is recommended** as an option for use within NHS Wales for the treatment of grade 1 and a subset of grade 2 (Ki67 index up to 10%) gastroenteropancreatic neuroendocrine tumours (GEP-NETs) of midgut, pancreatic or unknown origin where hindgut sites of origin have been excluded, in adult patients with unresectable locally advanced or metastatic disease.

**Octreotide (Sandostatin® LAR®) is recommended** as an option for use within NHS Wales for the treatment of patients with advanced neuroendocrine tumours of the midgut or of unknown primary origin where non-midgut sites of origin have been excluded.

It was confirmed that following a review of the AWMSG Constitution, minor changes had been approved by Welsh Government.

Members were informed that the advertisement in relation to the appointment of a substantive AWMSG Chair had been published on the Welsh Government website.

The Chair confirmed that no nominations for a deputy Medical Director have been received to date. It was announced that Dr Sue Jeffs had resigned and the Chair confirmed that AWTTTC would be looking for a replacement deputy hospital consultant member.

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

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

The appraisals scheduled for the next AWMSG meeting to be held on 14<sup>th</sup> November 2018 in The Park Hotel, Llanedeyrn, Cardiff were announced:

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  
Applicant Company: Gilead Sciences Ltd

Appraisal 2: 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

Applicant Company: Boehringer Ingelheim Ltd

Appraisal 3: 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.

Applicant Company: Merck Sharp & Dohme Ltd

The Chair asked members to contact AWTTTC 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 AWTTTC for further information on the appraisal process and future work programme.

The Chair reminded members that all appraisal questioning should fall within the appropriate scope and parameters for AWMSG decision-making and should only relate to the licensed indication.

**6. Appraisal 1: Full Submission**

**Semaglutide (Ozempic®)** for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise: as monotherapy when metformin is considered inappropriate due to intolerance or contraindications; in addition to other medicinal products for the treatment of diabetes.

The Chair welcomed delegates from NovoNordisk Ltd.

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. The Chair explained that there was no intention to repeat the detailed discussion on clinical and cost-effectiveness held at the New Medicines Group and that members should focus on the outstanding issues, in particular equity, budget impact and wider societal issues. He confirmed that the company delegates would have opportunity to respond to the questions and draw members' attention to any pertinent aspects of their submission.

The Chair invited Ms Karen Jones, AWTTTC Appraisal Lead, to provide an overview of the submission as outlined in the ASAR. Ms Jones highlighted that the application had been restricted to a sub-section of the licensed indication and did not include use as monotherapy. Ms Jones confirmed that no evidence to support use as monotherapy had been submitted. It was noted that the medicine is not currently launched in the UK.

The Chair asked Dr James Coulson, NMG Chair, to confirm the preliminary recommendation. Dr Coulson informed members that NMG had appraised semaglutide on 5<sup>th</sup> September and supported it as an option for restricted use for the treatment of insufficiently controlled type 2 diabetes mellitus in adults as an add-on therapy to oral antidiabetic medicines or basal insulin. NMG did not recommend semaglutide for use as monotherapy when metformin is considered inappropriate due to intolerance or contraindications.

The Chair asked for the views of clinical experts to be relayed. Ms Jones stated that Welsh clinical expert opinion sought by AWTTTC had confirmed a clinical demand for the product and that clinical experts highlighted that cardiovascular outcome benefits and ease of administration of a once weekly treatment would be desirable from a clinical and pragmatic perspective.

The Chair opened discussion in relation to clinical effectiveness. Clarification was sought in relation to the side effect profile and cardiovascular outcome data. It was noted that the place of semaglutide in therapy would be in accordance with NICE guidance.

The Chair invited Professor Dyfrig Hughes to summarise the evidence of cost-effectiveness as outlined in the ASAR. He drew attention to the limitations in the submission and then went on to highlight the projected budget impact.

The Chair opened discussion in relation to cost-effectiveness. There was discussion over the quality of life gains, ease of administration and other benefits were noted. Clarification was sought in relation to treatment duration.

The Chair noted the absence of a patient organisation questionnaire and asked Mr Chris Palmer the lay member to comment from a lay member perspective. Mr Palmer confirmed that two patient organisations had been approached for views and he expressed his disappointment that no comments from patients had been forthcoming. He stated that a once weekly application would be beneficial to patients. There were no other wider societal issues of note.

The Chair asked the company delegates if they wished to comment and they indicated that from a company perspective they agreed with the preliminary recommendation. Prior to concluding discussions, the Chair offered the company delegates opportunity to address the group. 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:

**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.**

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. The Chair confirmed that further consideration would need to be given to the publication of the advice given that the medicine is not commercially available in the UK.

The meeting was closed to the public.

**7. Appraisal 2: Full Submission (WPAS)**

**Conestat alfa (Ruconest®)** for the treatment of acute angioedema attacks in adults and adolescents with hereditary angioedema (HAE) due to C1 esterase inhibitor deficiency.

The Chair confirmed that as the appraisal had an associated Wales Patient Access Scheme it would be undertaken in private to protect commercial confidentiality. The Chair referred members to the AWMSG policy for appraising orphan, ultra-orphan medicines and medicines developed specifically for rare diseases.

The Chair welcomed the delegate from Pharming Group N.V. and provided reassurance that no members of the public remained in the gallery.

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.

Dr Stephanie Francis, the AWTTTC Appraisal Lead, set the context of the appraisal and relayed the key aspects of the submission as outlined in the ASAR. Dr Francis confirmed that conestat alfa (Ruconest®) is licensed as a solution for intravenous injection and as powder and solvent for solution for intravenous injection for easier administration by the caregiver in the homecare setting.

The Chair invited Dr Coulson to relay the NMG preliminary recommendation. Dr Coulson confirmed that on 5<sup>th</sup> September 2018, NMG had appraised and recommended use of conestat alfa (Ruconest®) as an option within NHS Wales for the treatment of acute angioedema attacks in adults and adolescents with hereditary angioedema (HAE) due to C1 esterase inhibitor deficiency. Dr Coulson highlighted that use would only be supported with the utilisation of the Wales Patient Access Scheme (WPAS) or in circumstances where the list or contract price is lower than the WPAS price. Dr Coulson confirmed that NMG was satisfied that the criteria set out by AWMSG for consideration as an ultra-orphan equivalent medicine had been met.

The Chair asked for the views of clinical experts to be relayed. Dr Francis informed members that Welsh clinical expert opinion sought by AWTTTC confirmed that Berinert® and icatibant acetate to be the treatment options primarily used in NHS Wales. Clinical experts highlighted the potential for shortages with future supply of some treatments and were supportive of having another treatment available for use in Wales. The long shelf life of Ruconest® compared to Berinert® and icatibant acetate was highlighted by experts. Members were informed that clinical experts would support the availability of another treatment option but would consider the choice of treatment alongside the currently available options including the plasma derived C1-esterase inhibitor, Berinert® with which clinicians have more experience. It was suggested by experts that only a minority of patients would be trained to administer intravenous C1-esterase inhibitor at home. It was stated that an intravenous preparation of Berinert has advantages for treating acute attacks of HAE; however, a subcutaneous formulation of icatibant acetate would normally be the preferred choice for home administration.

The Chair opened discussion in relation to clinical effectiveness. Members discussed the estimated number of attacks per year. It was suggested that the number of reported attacks by the company might be higher than the actual number of attacks treated for each patient per year in

Wales. It was confirmed that the product may be provided as a more convenient kit to administer at home. Members discussed the availability of the treatments. Clarification was sought in relation to the training provided to patients and carers and the psychological impact on patients. It was noted that some patients take ampoules into A&E departments for administration.

The Chair asked Professor Hughes to provide an overview of the case for cost-effectiveness as outlined in the ASAR. Professor Hughes made the point that a cost minimisation analysis had been conducted without robust evidence of equivalence of treatments. The limitations of the model were drawn to members' attention.

The company delegate temporarily left the meeting for members to consider and discuss confidential cost-effectiveness and budget impact estimates as the comparator medicines have associated Wales Patient Access Schemes in place. Members discussed the cost differences and re-dosing rates.

The Chair invited Mr Palmer to relay the views received from the patient organisation, HAE UK. The low incidence of side effects and long shelf-life were highlighted. The patient organisation also expressed concerns in relation to supply issues. An additional treatment option was welcomed. It was noted that rabbit allergy may be a problem for some patients. Mr Palmer reminded members of the opportunity for a degree of latitude to be applied when considering the availability of an ultra-orphan equivalent medicine. No specific safety concerns were identified. There were no wider societal issues. It was noted that this medicine is available to patients living in England and Scotland.

Prior to concluding discussions, the Chair offered the company delegates opportunity to address the group. 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:

**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.**

The Chair announced that confirmation of AWMMSG'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.

#### **8. Appraisal 3: Limited Submission (PAS)**

Ipilimumab (Yervoy®) as monotherapy for the treatment of advanced (unresectable or metastatic) melanoma in adolescents 12 years of age to <18 years of age.

The Chair welcomed delegates from Bristol-Myers Squibb Pharmaceuticals Ltd.

The Chairman sought confirmation that there were no members of the public in the gallery before opening appraisal proceedings.

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. 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 asked Mrs Helen Adams, AWTTTC Senior Appraisal Pharmacist, to provide an overview of the limited submission as outlined in the ASAR. Dr James Coulson subsequently confirmed the preliminary recommendation of NMG. Members were informed that following appraisal on 5<sup>th</sup> September 2018, the NMG had supported use of ipilimumab 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. The view of NMG was that this recommendation should only apply in accordance with the patient access scheme (PAS), or where the list or contract price is equivalent or lower than the PAS price.

The Chair opened discussion and there were no issues of note in relation to clinical effectiveness or budget impact. The Chair referred members to the comments received from an individual patient. There were no other 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:

**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.**

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 was opened to the public. The Chairman announced the recommendations and then closed appraisal proceedings.

The Chair confirmed the date of the next meeting on Wednesday, 14<sup>th</sup> November 2018 in the Park Hotel, Llanedeyrn, Cardiff and closed the meeting.