Enclosure No:	**1/AWMSG/0322**
Agenda Item No:	**1** – Minutes of previous meeting
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All Wales Medicines Strategy Group (AWMSG)

Minutes of the AWMSG meeting held at 9.30 am on Wednesday 9 February 2022 (via Zoom)

Voting members present:			Did not participate in agenda item:
1.	**Prof Iolo Doull**	**Chair**	
2.	**Prof Stephen Monaghan**	**Consultant in Public Health Medicine**	
3.	**Ms Eleri Schiavone**	**Welsh Health Specialised Services Commission**	
4.	**Prof Dyfrig Hughes**	**Health Economist**	
5.	**Ms Kate Parrish**	**ABPI (Wales)**	**17**
6.	**Dr Alison Thomas**	**Clinical Pharmacologist**	
7.	**Mr Cliff Jones**	**Lay Member**	**17**
8.	**Ms Claire James**	**Lay Member**	
9.	**Dr Jim McGuigan**	**Medical Director**	
10.	**Dr Jeremy Black**	**General Practitioner**	
11.	**Mrs Alison Hughes**	**Senior Primary Care Pharmacist**	
12.	**Mr Hywel Pullen**	**Finance Director**	**17**
13.	**Mr John Terry**	**Managed Sector Secondary Care Pharmacist**	

Welsh Government:
Mr Andrew Evans

AWTTC staff:
Mrs Helen Adams, Senior Pharmacist
Ms Shaila Ahmed, Advanced Pharmacist
Mr Richard Boldero, Senior Pharmacist
Mr Trevor Brooking, Administration Manager
Dr James Coulson, Chair of New Medicines Group
Dr Clare Elliott, Senior Scientist
Dr Laurence Gray, Chair of AWPAG
Ms Kath Haines, Head of WAPSU
Dr Carolyn Hughes, Medical Writer (Minutes)
Dr Stuart Keeping, Senior Scientist
Mrs Ruth Lang, Liaison Manager
Mrs Karen Samuels, Programme Director
Ms Laura Taylor, Administration Supervisor
Mrs Claire Thomas, Senior Pharmacist
Ms Kelly Wood, Senior Scientist

List of abbreviations:

ABPI	Association of the British Pharmaceutical Industry
ASAR	AWMSG Secretariat Assessment Report
ATMP	Advanced Therapy Medicinal Product
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
DHCW	Digital Health and Care Wales
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
HEIW	Health Education and Improvement Wales
HST	Highly Specialised Technology
HTA	Health Technology Assessment
ILAP	Innovative Licensing and Access Pathway
IPCG	Interim Pathway Commissioning Group
IR	Independent Review
MHRA	Medicines and Healthcare products Regulatory Agency
M&TC	Medicines & Therapeutics Committee
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
QAIF	Quality Assurance and Improvement Framework
RCGP	Royal College of General Practitioners
SMC	Scottish Medicines Consortium
SPC	Summary of Product Characteristics
SPIRA	Server for Prescribing Information Reporting and Analysis
TDAPG	Therapeutic Development Appraisal Partnership Group
T&FG	Task and Finish Group
UHB	University Health Board
WAPSU	Welsh Analytical Prescribing Support Unit
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, welcomed members and observers and explained the meeting protocol.

2. Apologies:

Dr Samantha Cox - Hospital Consultant
Mr Stefan Fec - Community Pharmacist
Ms Cathy Wynne - Other Healthcare professions
Mrs Louise Williams – Senior Nurse

3. Declarations of interest:

The Chair invited declarations of interest. Ms Kate Parrish the ABPI representative declared a personal interest in Appraisal 5 and the Chair confirmed that she would leave the meeting after agenda item 16.

4. Minutes of previous meeting

The draft minutes of the previous meeting held on 8 December 2021 were checked for accuracy and approved as a true record of the meeting. There were no matters arising.

5. Chair’s verbal report

The Chair announced resignations received from the following members of AWMSG:

- Dr Satish Kumar, Hospital Consultant
- Mrs Louise Williams, Senior Nurse
- Stefan Fec, Community Pharmacist
- Dr Balwinder Bajaj, Clinical Pharmacologist.

The Chair noted that Dr Bajaj is the longest serving member of AWMSG. He thanked Dr Bajaj and acknowledged his invaluable contribution and long-standing support of AWMSG over the last 12 years. It was confirmed that Dr Alison Thomas has taken over the main member role as AWMSG's Clinical Pharmacologist.

The Chair reported the launch of a new AWTTC and AWMSG website and invited feedback. He confirmed that AWTTC launched the inhaler dashboard on the same day which supports the asthma guidance recently developed by Respiratory Health Implementation Group and endorsed by AWMSG. The guidance promotes the use of more environmentally friendly inhalers. The dashboard can be accessed through the new AWTTC website by anyone working within NHS Wales and a short information video has been produced which explains how to use it.

The Chair announced that the MHRA hosted the Innovative Licensing and Access Pathway (ILAP) Summit on 19 January to celebrate the first anniversary of this medicines access pathway. He stated the principles of ILAP had been formed through strategic working groups as part of the preparations for leaving the EU regulatory framework and building on the successful relationships between the MHRA and the UK's HTA bodies. The Chair confirmed the aim of ILAP is to deliver patient access to safe, early and financially sustainable medicines and ensure that the UK remains relevant and attractive to those developing innovative medicines as a first and early launch market. The Chair reiterated AWMSG's commitment to the collaboration involving the MHRA, NICE, SMC and AWTTC - all partners are working to achieve efficient, sustainable and aligned pathways to access medicines. The Chair considered that the ILAP will have a positive impact on the quality of life of patients and their families. AWTTC represents Wales at the ILAP Steering Committee.

The Chair reported on an educational collaborative event hosted by the Royal College of General Practitioners (RCGP) on 20 January, which involved four short presentations by AWTTC followed by a Q&A session. This was the first of a series of webinars to encourage GP engagement and provide opportunity for two-way discussion.

The Chair informed members an Industry Open Day had been held on 15 December to encourage pharmaceutical industry engagement with AWMSG. The programme focussed on health economics and budget impact. The Chair informed members that regular virtual Industry open days had been scheduled throughout the year since the start of the pandemic, and the feedback from industry has been very positive. The Chair reported the AWTTC Industry Forum had convened in early February; the forum allows representatives from ABPI, EMIG and the Wales Industry Group to work with AWTTC on areas of shared interest. The next Industry Open Day will be held on 3 March.

The Chair announced that AWMSG's Patient and Public Interest Group will meet on 18 March – this forum allows patients and the public to learn more about the work of AWMSG and AWTTC and their involvement is encouraged.

The Chair reported that the level of engagement has increased since moving to a virtual meeting platform, and an open invitation is extended to patients and members of the public.

The Chair reminded members to comment on the Care Home Medicines Optimisation toolkit which is out for consultation. The toolkit has been circulated to AWMSG members – to give their comments on or before 15 February.

The Chair announced that an International Rare Disease Day will be held on 28 February with the aim of raising awareness of the over 7,000 rare diseases that impact over 300 million people globally. The Chair confirmed AWMSG's support for this event and reiterated AWMSG's commitment to ensuring that medicines used to treat rare diseases are available to people living in Wales.

The Chair apologised for cancellation of the AWMSG Training Day on 12 January and informed members that the event will be rearranged later in the year, and will hopefully be face to face.

The Chair announced a provisional date of 17 November 2022 for AWMSG's 20th Anniversary Conference (subject to the COVID-19 situation), and asked members to think about a theme and potential speakers.

The Chair confirmed Welsh Government ratification had been received for the recommendations announced at the previous meeting in December 2021 for cannabidiol (Epidyolex®), *Clostridium botulinum* neurotoxin type A (Xeomin®), dabigatran extexilate (Pradaxa®) and rivaroxaban (Xarelto®). The final appraisal recommendations have been disseminated to the service and published on the AWMSG website.

The Chair invited Mrs Karen Samuels, AWTTC Programme Director, to announce the appraisals scheduled for the next virtual AWMSG meeting on 10 March 2022:

Full submission with a Wales Patient Access Scheme:

- Hydrocortisone MR (Efmody®) for the treatment of congenital adrenal hyperplasia (CAH) in adolescents aged 12 years and over and adults
  Diurnal Limited

Paediatric licence extension:

- Adalimumab (Humira®) for the treatment of moderately to severely active ulcerative colitis in paediatric patients (from 6 years of age) who have had an inadequate response to conventional therapy including corticosteroids and/or 6-mercaptopurine (6-MP) or azathioprine (AZA), or who are intolerant to or have medical contraindications for such therapies
  AbbVie Ltd

Mrs Samuels asked members to contact AWTTC ahead of the next meeting to register any personal or non-personal interests in these medicines. Patients, patient organisations and patient carers were invited to submit their views and refer to the AWMSG website, or contact Ruth Lang at AWTTC, for further information on the appraisal process and future work programme.

6. Primary care antimicrobial guideline

The Chair invited Meryl Davies, Lead Antimicrobial Pharmacist, Primary and Community Care in Public Health Wales to present an update to the existing guidance on the antimicrobial management of common infections in primary care. Ms Davies outlined the changes and purpose of the guideline which is intended to be used as an empirical guideline by prescribers in primary care.

AWMSG members discussed the updated guideline, and sought clarification of some points, including how the guideline would work with local guidelines in Wales. Ms Davies explained that once the updated all-Wales guideline is published on the AWTTC website, it was expected that local guidelines would use it as a template and adapt it to their local guidance. The point was made that the information needs to be accessible and Ms Davies informed members that most prescribers use an App to access the information. The lay member sought clarification of the use of the guidance for patients who are immunosuppressed and Ms Davies confirmed there is advice to prescribers within the 'principles of treatment' section. Members suggested some minor changes to improve the functionality and terminology used in the document which were noted by Ms Davies. The Chair made the point that there is no structure currently for endorsement of non-medicine guidelines within NHS Wales. Prior to moving to the next agenda item, also presented by Meryl Davies, the Chair confirmed AWMSG's endorsement of the guidelines.

7. CEPP national audit – focus on antibiotic prescribing

The Chair invited Meryl Davies to present the updated CEPP National Audit – focus on antibiotic prescribing. Ms Davies confirmed the audit is for use in primary care and welcomed suggestions on how the audit could be improved. Clarification was sought on the availability of software to support the audit. Ms Davies explained that some sections of the audit would be available in both Excel and PDF formats and users could choose which one to use. There were no other issues of note. The Chair confirmed AWMSG's endorsement of the updated CEPP national audit.

8. Management of *Clostridioides difficile* infection in Wales

The Chair invited Meryl Davies to present the updated guidance on the management of *C. difficile* infection in Wales. Ms Davies explained that the update covers a change in treatment choice, to use vancomycin or fidaxomicin antibiotics first-line. The Chair opened discussion. One member suggested that a poster would be useful which could be displayed on the wall of the surgery to help make the information within the document clearer to the prescriber. There were no other issues of note. The Chair confirmed AWMSG's endorsement of the guidance.

9. Management of recurrent symptomatic UTI in adult women

The Chair invited Meryl Davies to present a guideline on the management of recurrent symptomatic urinary tract infection (UTI) in adult women. The Chair opened discussion and members commented on the document. Members asked for a definition on “recurrent infection” to be included and Ms Davies agreed to update the wording in the guideline to state that “diagnosis is a clinical decision”. With this addition the Chair confirmed AWMSG’s endorsement of the guideline.

10 All Wales advice on oral anticoagulation for non-valvular atrial fibrillation (2021/22 update)

The Chair invited Ms Shaila Ahmed, Advanced Pharmacist at AWTTC, to present an update to the All Wales advice on oral anticoagulation for non-valvular atrial fibrillation. Ms Ahmed outlined the main changes, made in response to updated NICE guidance, which include the re-positioning of direct oral anticoagulants (DOACs) before vitamin K antagonists in the treatment pathway.

AWMSG members discussed the document and felt that clarification is required about the trough levels of DOACs. Upon clarification and any necessary amendments, the Chair will endorse the current guideline.

11 NPIs 2022-23 Supporting information for prescribers and healthcare professionals

The Chair invited Mrs Claire Thomas, Senior Pharmacist at AWTTC, to present supporting information for prescribers and healthcare professionals for the NPIs for 2022-23. Mrs Thomas provided an overview of Enclosure 7 and drew members’ attention to the salient issues highlighted in the paper. The Chair invited discussion. There were no issues raised and the Chair confirmed AWMSG’s endorsement of the document.

12. Feedback from AWPAG meeting held 1st December 2021

The Chair invited Dr Laurence Gray, Chair of AWPAG, to feedback on the last AWPAG meeting, held in December 2021. Dr Gray referred members to the draft minutes of the meeting and drew attention to the key issues of note. Dr Gray confirmed the next AWPAG meeting will be in March 2022.

13. Appraisal 1 – Full Submission

Tirbanibulin (Klisyri®) for the field treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis (Olsen grade 1) of the face or scalp in adults

Submission by Almirall Ltd. The Chair welcomed the company delegates and confirmed they would be invited to comment and respond to questions.

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 opened the appraisal session and confirmed that AWMSG advice has no impact on the licensed status of the technology and the inherent

implications associated with this. A negative recommendation will not impact on the clinical freedom of the prescriber. A positive recommendation by AWMSG, subsequently endorsed by Welsh Government, places an obligation on Health Boards to fund accordingly. AWMSG advice is interim to NICE guidance, should this be subsequently published.

The Chair asked members not to repeat the detailed discussions held at NMG but to raise any outstanding issues relating to clinical effectiveness and cost-effectiveness. He confirmed the broader remit of AWMSG including consideration of wider societal issues, budget impact and issues relating to equity of access.

The Chair invited the appraisal lead, Dr Stuart Keeping, to give an overview of the submission. Dr Keeping presented the main points of the submission. Dr James Coulson briefly summarised the discussion at the NMG and confirmed that NMG recommended to AWMSG that tirbanibulin (Klisyri®) for the field treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis (Olsen grade 1) of the face or scalp in adults should be available within NHS Wales. Dr Keeping relayed the views of clinical experts. Prof. Dyfrig Hughes outlined the cost-effectiveness evidence and the Chair opened discussion. The company responded to questions about the cost-effectiveness approach, and about recurrence of lesions. No submissions from patients or patient organisations were received. The lay member informed AWMSG of the patient organisations approached. Clarification was sought with regards to repeat use of the medicine. The company replied that although this was not studied in the trial, a long-term safety assessment is under way. Dr Coulson was asked to explain further some of the key factors considered by NMG with regards to the case for cost-effectiveness. It was noted that SMC had recommended use in Scotland. Members considered the budget impact and noted potential resource savings.

Prior to concluding the Chair asked the company delegates if they wished to make any further comments and asked if they considered the appraisal process had been fair and transparent. The company delegates agreed and made no further comments. The Chair closed the appraisal.

The Chair informed the company representatives that AWMSG's recommendation would be forwarded by email after the meeting and, for transparency, a notice uploaded to the website. He confirmed that the recommendation would be forwarded to Welsh Government for ratification unless the company requests a review within ten working days.

The following recommendation was subsequently confirmed:

Tirbanibulin (Klisyri®) is recommended as an option for use within NHS Wales for the field treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis (Olsen grade 1) of the face or scalp in adults.

14. Appraisal 2 – Limited Submission

Clostridium botulinum type A toxin-haemagglutinin complex (Dysport®) for symptomatic treatment of focal spasticity of upper limbs in paediatric cerebral palsy patients, two years of age or older

Submission by Ipsen Ltd. The Chair welcomed the company delegates and confirmed they would be invited to comment and respond to questions.

The Chair repeated the statement he made earlier with regards to the status of AWMSG advice. He highlighted that no evidence of cost effectiveness is required for a limited submission and that evidence of budgetary impact in comparison to the existing comparator product(s) should be demonstrated.

The Chair invited members to declare any interests in either the applicant company or the medicine if they had not already done so. The Chair welcomed representatives from Ipsen Ltd to the meeting.

Ms Kelly Wood, the appraisal lead, gave an overview of the submission. The Chair sought clarification of the scope of the appraisal for the treatment of the upper limbs only. It was confirmed that the indication for treatment of the lower limbs had met AWMSG's exclusion criteria. Dr Coulson confirmed NMG's recommendation to AWMSG to support use of clostridium botulinum type A toxin-haemagglutinin complex (Dysport®) for symptomatic treatment of focal spasticity of upper limbs in paediatric cerebral palsy patients, two years of age or older.

The Chair invited comment on the case for clinical effectiveness. There were no issues. It was highlighted that one patient organisation questionnaire was received and there were no wider societal issues of note. The Chair referred members to the budget impact estimates. There were no issues of note; the company delegates had no further comments. He sought confirmation that the appraisal process had been fair and transparent.

The Chair confirmed that AWMSG would vote later in the meeting and the final appraisal recommendation would be forwarded to the company by email after the meeting. For transparency, a notice will be uploaded to the AWMSG website to inform the public of the outcome of the appraisal. The Chair confirmed that the recommendation would be forwarded to Welsh Government for ratification unless the company requests a review within ten working days.

The following recommendation was subsequently confirmed:

Clostridium botulinum type A toxin-haemagglutinin complex (Dysport®) is recommended as an option for use within NHS Wales for the symptomatic treatment of focal spasticity of upper limbs in paediatric cerebral palsy patients, two years of age or older.

The meeting was closed to the public.

15. Appraisal 3 – Paediatric Licence Extension with a PAS

Ravulizumab (Ultomiris®) for the treatment of paediatric patients with a body weight of 10 kg or above with paroxysmal nocturnal haemoglobinuria (PNH):
- in patients with haemolysis with clinical symptom(s) indicative of high disease activity.
- in patients who are clinically stable after having been treated with eculizumab for at least the past 6 months

Submission by Alexion Pharma UK Ltd for a paediatric licence extension where there is existing NICE advice.

The Chair set the context of the appraisal and confirmed that proceedings would be conducted in private to protect commercial confidentiality. The Chair repeated the statement regarding the status of AWMSG advice.

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 welcomed a representative from Alexion Pharma UK Ltd to the meeting.

Shaila Ahmed, the appraisal lead, gave a brief introductory statement and read the draft recommendation. Ms Ahmed confirmed that the recommendation had been circulated to members for comment prior to the meeting. The Chair asked the company representatives if the draft recommendation was acceptable to Alexion Pharma UK Ltd and they confirmed it was. The Chair confirmed that members would vote later in private and the final appraisal recommendation would be forwarded to the company by email after the meeting. For transparency, a notice will be uploaded to the AWMSG website to inform the public of the outcome of the appraisal. The Chair confirmed that the recommendation will be forwarded to Welsh Government for ratification unless the company requests a review within ten working days. He thanked Alexion Pharma for engaging in the appraisal process and they left the meeting.

The following recommendation was subsequently confirmed:

Ravulizumab (Ultomiris®) is recommended as an option for use within NHS Wales for the treatment of paroxysmal nocturnal haemoglobinuria in paediatric patients with a body weight of 10 kg or above:

- **in patients with haemolysis with clinical symptom(s) indicative of high disease activity**
- **in patients who are clinically stable after having been treated with eculizumab for at least the past 6 months**

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.

16. Appraisal 4 – Full Submission with a WPAS

Inclisiran (Leqvio®) in adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet: in combination with a statin or statin with other lipid lowering therapies in patients unable to reach LDL C goals with the maximum tolerated dose of a statin, or; alone or in combination with other lipid lowering therapies in patients who are statin intolerant, or for whom a statin is contraindicated.

Submission by Novartis Pharmaceuticals UK Ltd.

The Chair sought confirmation that only AWMSG members, AWTTC staff and representatives from Novartis Pharmaceuticals were in the meeting as the appraisal was to be conducted in private to maintain commercial confidentiality.

The Chair welcomed the company delegates and confirmed they would be invited to comment and respond to questions during the appraisal. He explained that because of commercially sensitive information with regards to the comparator medicines, the representatives from Novartis would be asked to leave the meeting for a short period during the appraisal so that members could consider the cost-effectiveness and budget impact estimates incorporating the comparators confidential Patient Access Scheme.

The Chair set the context of the appraisal and repeated the statement made earlier with regards to the status of AWMSG advice.

The Chair invited members to declare any interests in either the applicant company or the medicine if they had not already done so.

Mrs Karen Samuels explained that Welsh Government had asked AWTTC to engage with Novartis Pharmaceuticals with the aim of progressing an appraisal of inclisiran for people living in Wales because the commercial access agreement associated with the current NICE guidance cannot be applied within NHS Wales. Mrs Samuels confirmed that the company had agreed to make a submission with a Wales Patient Access Scheme and had requested that the scope of the appraisal be restricted within its licensed indication to a sub-population.

The Chair invited the appraisal lead, Dr Clare Elliott, to give an overview of the submission. Dr Elliott summarised the main points of the submission, and explained that the focus of the appraisal is on four groups of people who are at high risk of cardiovascular events. These are:

- People with high risk due to previous cardiovascular events and low density lipoprotein cholesterol (LDL-C) levels of 4.0 mmol/L or higher;
- People with recurrent or polyvascular disease and LDL-C levels of 3.5 mmol/L or higher;
- People with heterozygous familial hypercholesterolaemia and LDL-C levels of 3.5 mmol/L or higher, for secondary prevention of cardiovascular events;

- People with heterozygous familial hypercholesterolaemia and LDL-C levels of 5.0 mmol/L for primary prevention of cardiovascular events.

Dr James Coulson, Chair of NMG, outlined the discussions from the NMG meeting and explained that due to the narrow remit of NMG, the committee was not able to recommend use of inclisiran to AWMSG. Dr Coulson stated that NMG were keen for AWMSG to consider the broader factors that are outside the remit of NMG.

Dr Elliott relayed the feedback from clinical experts in Wales. Experts agreed that with the current restriction, it would be mainly given to patients for whom PCSK9 inhibitors were unsuitable. They also thought inclisiran would be an important medicine in the future and highlighted an unmet need for patients in Wales who might not meet the criteria for a restricted recommendation. The Chair invited comments on the case for clinical effectiveness and the company delegates responded to questions.

Prof Dyfrig Hughes summarised the cost-effectiveness evidence. Members noted the relatively small differences in terms of cost and effectiveness.

The company then left the meeting so that AWMSG could discuss both cost-effectiveness and budget impact taking into account the confidential discounts applied to the comparator medicines.

The company representatives returned to the meeting. It was confirmed that the SMC had recommended use for the same subpopulation as being considered by AWMSG. Members explored potential issues with equity and budget impact. Members noted that inclisiran is available in NHS England for a wider population.

The lay member relayed views received from the patient organisation, HEART UK. The wider societal impact on the environment and sustainability were noted. The lay member highlighted syringe waste as an environmental cost impact. The step change in practice and innovation was acknowledged and some concerns were expressed with regards to the evidence.

Prior to concluding the appraisal, the Chair asked the applicant company delegates to confirm that they were satisfied that the issues raised by AWMSG had been adequately addressed and that the appraisal process had been fair and transparent. This was confirmed.

The Chair informed the company representatives that the final appraisal recommendation would be forwarded by email after the meeting and, for transparency, a notice uploaded to the AWMSG website. He confirmed that the recommendation would be forwarded to Welsh Government for ratification unless the company requests a review within ten working days.

The following recommendation was subsequently confirmed: Inclisiran (Leqvio®) is recommended as an option for restricted use within NHS Wales.

Inclisiran (Leqvio®) is licensed for the treatment of adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet:

- **in combination with a statin or statin with other lipid lowering therapies in patients who are unable to reach low-density lipoprotein cholesterol (LDL-C) goals with the maximum tolerated dose of a statin, or**
- **alone or in combination with other lipid lowering therapies in patients who are statin intolerant, or for whom a statin is contraindicated.**

Inclisiran (Leqvio®) is restricted for use in a subpopulation of the licensed indication who are at high risk of further cardiovascular (CV) events:

- **patients with high risk due to previous CV events and LDL-C ≥4.0 mmol/L, or**
- **patients with recurrent/polyvascular disease and LDL-C ≥3.5 mmol/L, or**
- **patients with heterozygous familial hypercholesterolaemia (HeFH) and LDL-C ≥3.5 mmol/L, for secondary prevention of CV events, or**
- **patients with HeFH and LDL-C ≥5.0 mmol/L, for primary prevention of CV events.**

Inclisiran (Leqvio®) 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 to or lower than the WPAS price.

Mrs Alison Hughes left the meeting.
Mr Hywel Pullen left the meeting.
Mr Cliff Jones left the meeting.
Ms Kate Parrish left the meeting

The Chair sought confirmation that the meeting was still quorate. The quorum of nine voting members was confirmed by the Secretariat.

17. Appraisal 5 – Full Submission with a WPAS

Buprenorphine (Sixmo®) substitution treatment for opioid dependence in clinically stable adult patients who require no more than 8 mg/day of sublingual buprenorphine, within a framework of medical, social and psychological treatment

Submission by L. Molteni & C. dei Fratelli Alitti Società di Esercizio S.p.A.
The Chair welcomed the company delegates and confirmed they would be invited to comment and respond to questions.

The Chair set the context of the appraisal and repeated the statement with regards to the status of AWMSG advice. He confirmed that proceedings would be conducted in private to protect commercial confidentiality.

The Chair invited members to declare any interests in either the applicant company or the medicine if they had not already done so. It was noted that the ABPI representative, Kate Parrish, had left the meeting.

The Chair invited the appraisal lead, Dr Stuart Keeping, to give an overview of the submission.

Dr James Coulson, NMG Chair, summarised the discussions of the NMG meeting and confirmed the recommendation of NMG to AWMSG is that buprenorphine (Sixmo®) is not recommended for use within NHS Wales for the treatment of substitution treatment for opioid dependence in clinically stable adult patients who require no more than 8 mg/day of sublingual buprenorphine, within a framework of medical, social and psychological treatment. NMG were of the view that the dose provided by the medicine is below the optimal daily buprenorphine dose suitable for most patients (16 mg/day) and implanting and removal of the medicine represent operational/resource and safety challenges. NMG were of the view that the model suggests that most patients receive Sixmo® for one year then transition to sublingual tablets and this may not reflect clinical reality. i.e. patients may switch to buprenorphine injection. For these reasons NMG did not consider the case for clinical and cost effectiveness has been proven.

Dr Keeping relayed the views of clinical experts in Wales. The Chair invited questions on the case for clinical effectiveness.

The company replied to AWMSG's questions about the dose, stating that around 16% of patients in Wales would be receiving an 8 mg dose of buprenorphine – and so the medicine would benefit those patients. The company also stated that the procedure to implant the medicine could be done in primary or secondary care, and once familiar with the procedure it would take around 10 to 15 minutes.

The Chair invited Prof Dyfrig Hughes to give an overview of the case for cost-effectiveness. Prof Hughes highlighted the key points identified in the assessment report. The Chair referred members to the budget impact estimates and it was confirmed there were no outstanding issues to note.

The lay member summarised a submission received from the patient organisation, Faces and Voices of Recovery UK. The lay member highlighted the importance of reducing some of the negativity and having a better quality family life. The ability to have a stable life for six months was also another factor to be considered. The lay member drew attention to the positive thoughts and support from the organisation.

The Chair invited concluding remarks from the applicant company delegates. Prior to concluding the appraisal, the Chair asked the delegates to confirm that they were satisfied that the issues raised by AWMSG had been

adequately addressed and that the appraisal process had been fair and transparent. This was confirmed.

The Chair informed the company representatives that the final appraisal recommendation would be forwarded by email after the meeting and, for transparency, a notice uploaded to the AWMSG website. He confirmed that the recommendation would be forwarded to Welsh Government for ratification unless the company requests a review within ten working days.

The following recommendation was subsequently confirmed: Buprenorphine (Sixmo®) is not recommended for use within NHS Wales for the substitution treatment for opioid dependence in clinically stable adult patients who require no more than 8 mg/day of sublingual buprenorphine, within a framework of medical, social and psychological treatment.

The case for clinical effectiveness and cost-effectiveness has not been proven.

18. Any other business

There was no other business.

The Chair confirmed the date of the next meeting on Tuesday, 8 March 2022 (via Zoom) and closed the meeting.