Enclosure No:	**1/AWMSG/0626**
Agenda Item No:	**1** – Minutes of previous meeting
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All Wales Medicines Strategy Group (AWMSG)

Draft minutes of the AWMSG meeting held at 09:30am on Wednesday, 20th May 2026 at the All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY

Voting members present:			**Did not participate in agenda item:**
1.	**Prof Iolo Doull**	**Chair**	
2.	**Dr Angharad Lawson**	**NHS Wales Joint Commissioning Committee**	
3.	**Dr Pippa Anderson**	**Health Economist**	
4.	**Mr Farhan Mughal**	**ABPI (Wales)**	
5.	**Mrs Pam James**	**Lay Representative**	
6.	**Ms Julie Wilson-Thomas**	**Lay Representative**	
7.	**Dr Richard Skone**	**Medical Director**	
8.	**Dr Richard Brown**	**GP with an interest in therapeutics**	
9.	**Ms Lois Gwyn**	**Managed Sector Pharmacist – Primary Care**	
10.	**Mr David Fox**	**Managed Sector Pharmacist – Hospital Pharmacist**	
11.	**Mr James Leaves**	**Director of Finance**	
12.	**Mrs Susan Newport**	**Senior Nurse**	
13.	**Mrs Cathy Wynne**	**Other healthcare professions eligible to prescribe not already represented**	
14.	**Dr Alison Thomas**	**Clinical Pharmacologist**	
15.	**Dr Owen Seddon**	**Hospital Consultant**	
16.	**Mrs Bethan Tranter**	**Director of Pharmacy**	

Non-voting members present:
Mr David McRae, Welsh Government
Mrs Rhiannon Walters-Davies, Medicines Value Unit

AWTTC staff participating in the meeting:
Ms Shaila Ahmed, Senior Pharmacist
Ms Eleri Burd, Pharmacist
Dr Andrew Champion, Programme Director
Dr Katherine Chaplin, Senior Scientist
Professor James Coulson
Mr Thomas Curran, Principal Scientist
Dr Clare Elliott, Senior Scientist
Mrs Karen Jones, Senior Pharmacist
Mrs Ruth Lang, Senior Liaison Manager
Miss Laura Phillips, Administration Manager
Mr Tony Williams, Head of PAMS

List of abbreviations:

ABPI	Association of the British Pharmaceutical Industry
AWMSG	All Wales Medicines Strategy Group
AWPAG	All Wales Prescribing Advisory Group
AWTTC	All Wales Therapeutics and Toxicology Centre
CAS	All Wales Common Ailments Service
DHCW	Digital Health and Care Wales
GPW	Genomic Partnership Wales
HTA	Health Technology Appraisal
ILAP	Innovative Licensing and Access Pathway
IPFR	Individual Patient Funding Request Process
IR	Independent Review
NWJCC	NHS Wales Joint Commissioning Committee
LOWMAG	Licensed One Wales Medicines Assessment Group
MHRA	Medicines and Healthcare Products Regulatory Agency
MVU	Medicines Value Unit
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NPIs	National Prescribing Indicators
OWMAG	One Wales Medicines Assessment Group
PAPIG	Patient & Public Involvement Group
PAMS	Patient Access to Medicines Service
SPIRA	Server for Prescribing Information Reporting and Analysis
VPAG	Voluntary Scheme for Medicines Pricing, Access and Growth
WMAS	Welsh Medicines Advice Service
WAPSU	Welsh Analytical Prescribing Support Unit

1. Welcome and introduction

The Chair opened the meeting, welcomed members and observers, and explained the meeting protocol. The Chair confirmed that the meeting was quorate.

2. Apologies:

Voting members:
Prof Dyfrig Hughes, Health Economist
Mr Dylan Jones, Community Pharmacist
Prof Stephen Monaghan, Consultant in Public Health Medicine
Mr Hywel Pullen, Director of Finance

Non-voting members:
Mr Andrew Evans, Chief Pharmaceutical Officer, Welsh Government
Dr James Calvert, Deputy Chief Medical Officer, Welsh Government
Mrs Claire Thomas, Head of WAPSU and Medicines Optimisation, AWTTC

3. Declarations of interest:

Angharad Lawson notified the Chair that she had represented the NWJCC at LOWMAG and participated in voting on the assessment of emicizumab (agenda item 6), progesterone (agenda item 7) and budesonide (agenda item 8). The Chair clarified that while Angharad could stay at the table to respond to questions, she would not be permitted to engage actively in the discussions. Additional declarations were made by Rhiannon Walters-Davies who informed of her involvement in commercial discussions with Roche Pharmaceuticals with regards to emicizumab (agenda item 6). As a member of the All Wales Antimicrobial Guidance Group, Alison Thomas declared an interest in agenda item 12. Bethan Tranter informed members that as Chair of CASWG she has had prior exposure to commercial information on all three medicines (agenda items 6-8).

4. Approval of the minutes of the previous meeting

The draft minutes of the previous meeting held on 22 April were checked for accuracy and approved. There were no matters arising.

5. Chair's report (verbal update)

The Chair reported that the action from the previous meeting regarding highlighting Yellow Card reporting rates had been progressed and confirmed that discussions had taken place with AWTTC.

The Chair provided a verbal report. Invitations had been issued to Health Board Chief Executives, Medical Directors, and Directors of Pharmacy to attend future AWMSG meetings to strengthen engagement and share best practice. Members supported this initiative.

Members were reminded that expense claims should be submitted within three weeks of meetings. Updated guidance is available on the AWTTC website, and late claims beyond three months will only be reimbursed in exceptional circumstances.

The Chair reported on recent AWTTC engagement activities, including the Industry Forum held on 23 April and the subsequent Industry Engagement event on 30 April. Positive feedback had been received from industry representatives on the collaborative approach.

Members were informed of the next Patient and Public Interest Group meeting scheduled for 18 June 2026, which will include presentations on research ethics, optometrist prescribing, and the Blueteq system. Members were encouraged to promote attendance.

The forthcoming “Learning at Lunch” webinar on 30 June 2026 was highlighted. Topics will include NICE type 2 diabetes guideline updates, AWTTC updates, self-administration of medicines, and a rapid therapeutics update. Members were encouraged to share details widely.

The Chair confirmed that the AWTTC Best Practice Day will take place on 9 July 2026 at the All Nations Centre, Cardiff, focusing on medicines optimisation for a sustainable future. The event will be opened by the Deputy Future Generations Commissioner, and health boards will be invited to showcase successful medicines initiatives.

No further questions or comments were raised on the Chair’s report.

6. **Emicizumab (Hemlibra®)** for the routine prophylaxis of bleeding episodes in patients with haemophilia A (congenital factor VIII deficiency) without factor VIII inhibitors who have moderate disease (FVIII ≥ 1% and ≤ 5%) with severe bleeding phenotype **(4742)**

The Chair welcomed representation from Roche Products Ltd.

The Chair confirmed that, due to the patient access scheme and commercial arrangements associated with agenda items 6 and 7, all observers were required to leave the meeting. Attendance was restricted to AWMSG members, AWTTC staff, and company representatives from Roche.

The Committee considered the LOWMAG recommendation regarding emicizumab for routine prophylaxis of bleeding episodes in patients with moderate haemophilia A without factor VIII inhibitors who have a severe bleeding phenotype. Members noted that the assessment had been undertaken via the limited assessment route as clinical effectiveness was already established and the anticipated budget impact was expected to be low.

Members were informed that emicizumab is recommended in international guidelines and is already commissioned in Wales for other haemophilia A populations. Routine access for this specific subgroup had recently been enabled in England and Northern Ireland. Clinical experts and patient representatives, including Haemophilia Wales, supported access in Wales.

The Committee noted that emicizumab offers a lower treatment burden compared to recombinant factor VIII due to subcutaneous administration and less frequent dosing. It was highlighted that this is particularly beneficial for children and patients with difficult venous access. Early initiation of prophylaxis was also considered advantageous in reducing long-term joint damage.

LOWMAG’s assessment concluded that while there was uncertainty in the

budget impact due to variability in patient weight and population mix, any additional costs were likely to be modest and potentially offset by patient and clinical benefits. It was also noted that some patients were already receiving emicizumab via individual patient funding requests.

The Committee discussed the origin of the submission and confirmed that both NWJCC and the marketing authorisation holder had been involved. Roche representatives confirmed their support for the recommendation and noted that similar commissioning approval had recently been granted in Scotland.

Following discussion, AWMSG members agreed to endorse the LOWMAG recommendation for emicizumab, subject to the agreed commercial access arrangement.

Action
AWTTC to forward the endorsed recommendation to Welsh Government for ratification

7. **Progesterone (Prometrium®)** for the prevention of miscarriage in women presenting with bleeding in the first trimester of pregnancy and have a history of recurrent miscarriages. **(6820)**

The Chair welcomed representation from Besins Healthcare UK Ltd.

The Committee considered the LOWMAG recommendation for progesterone (Prometrium®) for use in women presenting with bleeding in the first trimester of pregnancy and with a history of recurrent miscarriage.

Members noted that the medicine had been assessed via the limited assessment route, as clinical effectiveness was already established through national guidance, including NICE and Royal College of Obstetricians and Gynaecologists recommendations.

The Committee was informed that Prometrium® is the first licensed progesterone product for this indication and would replace current off-label use of alternative progesterone preparations across NHS Wales.

LOWMAG had considered evidence relating to current prescribing practice, equity of access and budget impact. It was highlighted that the medicine was expected to be cost-saving compared with existing off-label options, although savings were likely to be modest depending on current product use across Wales.

Members acknowledged that miscarriage has a significant impact on patients' physical and psychological wellbeing, and that access to a licensed treatment option would improve consistency of care. It was also noted that the treatment aligns with national clinical guidance and is already available in other UK nations.

LOWMAG concluded that Prometrium® provides a clinically appropriate and cost-effective option with no additional resource implications compared with

existing treatments.

Following discussion, AWMSG members agreed to endorse the LOWMAG recommendation for progesterone (Prometrium®) subject to utilisation of the Wales Patient Access Scheme (WPAS).

Action
AWTTC to forward the endorsed recommendation to Welsh Government for ratification

8. **Budesonide (Jorveza®)** for maintaining remission of eosinophilic oesophagitis in adults **(4507)**

The Chair welcomed representation from Dr Falk Pharma UK Ltd.

The Committee considered the LOWMAG recommendation for budesonide (Jorveza®) orodispersible tablets for maintaining remission of eosinophilic oesophagitis (EoE) in adults.

Members were informed that the decision of the AWMSG Scrutiny Panel was that the appraisal was suitable for assessment via the limited assessment route. This approach was considered appropriate as the medicine is recommended in a joint consensus guideline from the British Society of Paediatric Gastroenterology and the British Society of Paediatric Gastroenterology, Hepatology and Nutrition, and the anticipated budget impact was low.

LOWMAG considered evidence from the BUL-2 randomised controlled trial, which showed that at 48 weeks, persistent clinical and histological remission was reported in 73.5% and 75% of patients receiving orodispersible budesonide (0.5 mg twice daily and 1 mg twice daily respectively), compared with 4.4% receiving placebo.

Evidence from a 96-week open-label extension study demonstrated that the high rates of clinical remission reported in the BUL-2 study were maintained over the longer term. The Committee noted that the treatment was generally well tolerated, with the most common adverse effect being localised candidiasis.

Members acknowledged that an AWMSG statement of advice issued in 2020 had not endorsed use due to the absence of a company submission at that time. However, it was noted that, despite this, the medicine was already being prescribed across NHS Wales, creating potential inequity of access.

The Committee considered that estimating the budget impact remained challenging, particularly due to variation in prescribing practice. However, given existing prescribing, the additional acquisition cost of routine availability was considered likely to be low.

Members also noted the potential benefits for patients, including reduced relapse rates, fewer endoscopic procedures and prevention of complications such as food bolus obstruction. It was recognised that eosinophilic

oesophagitis can significantly impact quality of life, and effective maintenance therapy may reduce emergency presentations and healthcare resource use.

The Committee noted that NICE technology appraisal guidance for this indication is in development and that any future NICE recommendation would supersede the current advice.

The marketing authorisation holder confirmed support for the recommendation and provided an update that a NICE appraisal of this treatment in the adult population is planned, which will be separate to the appraisal for the paediatric population.

Following discussion, AWMSG members agreed to endorse the LOWMAG recommendation.

Action
AWTTC to forward the endorsed recommendation to Welsh Government for ratification

9. HIV-1 antiretroviral therapy prescribing guidelines

Karen Jones provided an overview of the guideline development. She explained that the guidance had been produced by a working group from the All Wales HIV Pharmacist Group and the All Wales Antiretroviral Prescribing Group, with the aim of supporting a consistent, evidence-based and prudent approach to antiretroviral therapy across Wales. The guideline is intended to optimise treatment outcomes, achieve viral suppression and reduce variation in prescribing.

The Committee noted that the development process had included drafts reviewed by AWPAG in June and September 2025, followed by a consultation in November to December 2025. Consultation feedback was considered in March 2026, after which AWPAG agreed that the document should proceed to AWMSG for endorsement. The guidance also incorporated updates aligned to the British HIV Association (BHIVA) recommendations.

Mared Owen provided a clinical perspective and confirmed that the guideline aimed to standardise prescribing practice across Wales, taking account of factors such as renal function, cardiovascular risk and the need for alternative regimens in complex cases. She also highlighted that the guideline would support audit of prescribing data and improve equity of access to treatment.

Jonathan Underwood joined the meeting and supported the guideline. He noted that the original driver for developing the guidance had been to reflect contemporary clinical practice more rapidly than existing national guidance. He highlighted the challenge of maintaining up-to-date guidance in a rapidly evolving field.

Members discussed the need for a more agile approach to updating such guidance in future. AWTTC representatives acknowledged this and confirmed that work was ongoing to explore more responsive “live guideline” approaches while maintaining appropriate governance and scrutiny. It was

recognised that balancing timely updates with robust evidence-based processes remained a challenge, particularly given the pace of developments in HIV therapeutics, including new medicines and increasing availability of generics.

Members noted that future updates and iterations of the guideline could be brought back to AWMSG as appropriate, particularly if significant changes in evidence or practice occurred.

The Committee acknowledged that the guideline provided comprehensive and clinically relevant advice to support specialist clinicians managing people living with HIV.

The Chair opened discussion. No concerns were raised.

The Chair confirmed AWMSG's endorsement of the All Wales HIV-1 antiretroviral therapy prescribing guidelines.

Action
AWTTC to work with the All Wales HIV specialist groups to explore more agile mechanisms for updating the guideline

10. History-based penicillin allergy de-labelling in adults

Katherine Chaplin introduced the agenda item and handed over to Clara Tam.

Clara Tam presented the History-based penicillin allergy de-labelling in adults guidance. She explained that the work originated from an audit in North Wales which identified that approximately 7.3% of the population had a recorded penicillin allergy, but only a minority of these were likely to represent true allergies. She noted that incorrect allergy labels were associated with increased morbidity, mortality, antimicrobial resistance and healthcare utilisation.

The Committee heard that the guidance had been developed by a multidisciplinary Task and Finish Group involving representatives from primary care, community pharmacy, secondary care, microbiology, immunology, Public Health Wales, the Welsh Ambulance Service and Digital Health and Care Wales. The document had undergone the standard AWPAG review process and All Wales consultation before refinement.

The purpose of the guidance is to support healthcare professionals in identifying and safely removing penicillin allergy labels in patients assessed as very low risk, without requiring an oral challenge test. Members noted that the guidance provided a structured assessment process, including use of a scoring system and clear documentation standards, and was intended to address concerns previously raised by primary care clinicians about lack of guidance and medicolegal risk.

The Committee discussed feedback received during consultation, including concerns about communication of outcomes across care settings, interpretation of scoring systems, funding for implementation in general

practice, and record-keeping practices. It was confirmed that the guidance had been amended to include practical advice on documentation, including coding and free-text entries to ensure an auditable record of the de-labelling decision.

Members queried how allergy records could be amended within digital systems and were advised that entries could be removed from the active record while retaining an audit trail. It was also confirmed that a standardised code would be used to identify patients who had undergone the de-labelling process, enabling future audit and review.

A detailed discussion took place regarding the CAPTURE assessment tool. Members noted that the wording in section 2 could be confusing due to the way responses were framed. It was agreed that this section required clarification to avoid misinterpretation, particularly in distinguishing non-allergic adverse effects from true allergic reactions.

The Committee considered medicolegal aspects of de-labelling. It was noted that the guidance required a structured assessment and collaborative decision-making with the patient, supported by documentation of the rationale for any change. Expert input indicated that there was a strong evidence base supporting the safety of de-labelling low-risk patients when appropriate processes were followed.

Members also discussed variability in access to oral amoxicillin challenge testing across Wales and noted that the guidance appropriately reflected this by indicating that such services were not universally available. The importance of education and implementation support was highlighted, and it was confirmed that AWTTC and Public Health Wales were planning awareness-raising and training activities, including webinars and learning sessions, to support roll-out.

The Committee agreed that the guidance addressed an important patient safety issue and provided a practical framework for improving antimicrobial stewardship and reducing inappropriate allergy labelling.

The Chair confirmed AWMSG's endorsement of the History-based penicillin allergy de-labelling in adults guidance, subject to revision of the wording in section 2 to improve clarity.

Actions
Task and Finish Group to revise the wording in section 2 of the assessment tool and circulate the updated wording to AWTTC prior to publication

AWTTC to develop and coordinate an education and implementation plan, including training resources and audit tools, in collaboration with Public Health Wales and the Task and Finish Group to align with planned launch activities

11. All Wales gabapentinoid resources for chronic pain

Shaila Ahmed outlined the development of the All Wales gabapentinoid

resources for chronic pain. It was noted that prescribing of gabapentinoids has continued to rise across Wales, alongside increasing concerns regarding dependence, misuse and drug-related harms, particularly associated with pregabalin.

Members heard that the resources were developed following an AWTTC evidence review and through extensive engagement with the All Wales Gabapentinoid Task Force. The document comprised five resource packs covering the full patient pathway from initiation through to review and deprescribing, with a strong emphasis on shared decision-making and setting realistic treatment expectations.

The first resource pack provided background on appropriate prescribing, including evidence of benefit, safety concerns and identification of higher-risk patient groups. The second pack focused on initiation of treatment and emphasised assessment of neuropathic pain prior to prescribing, consideration of non-pharmacological approaches and alternative treatments, and the importance of agreeing functional goals with patients. It was noted that gabapentin was recommended in preference to pregabalin due to safety and misuse concerns.

The third resource pack addressed structured review of treatment, including assessment of whether agreed functional goals had been achieved and whether benefits continued to outweigh risks. The fourth pack provided guidance on safe reduction and discontinuation of gabapentinoids, including tapering regimens and management of withdrawal symptoms. The fifth pack supported implementation through audit tools, templates and communication resources.

Members noted the inclusion of practical supporting tools throughout, such as consultation templates, patient information leaflets and medication review questionnaires, designed to facilitate structured discussions in clinical practice. A concise quick reference guide and clinical pathway were also highlighted as particularly useful for prescribers.

The Committee was informed that the resource would also be made available in an interactive webpage format to improve accessibility and usability, while maintaining downloadable PDF versions for traditional use.

Feedback from members was positive. It was noted that the resources would support more structured and targeted discussions in primary care and help manage challenging consultations. The focus on functional outcomes rather than symptom relief alone was welcomed. Members also acknowledged the scale and quality of the work undertaken.

The committee agreed that the resources represented a valuable addition to support safe and appropriate prescribing across Wales.

The Chair confirmed AWMSG’s endorsement of the All Wales gabapentinoid resources for chronic pain.

12. Primary care antimicrobial guidelines (minor updates)

Thomas Curran presented a summary of minor updates to the Primary Care Antimicrobial Guidelines, published in April 2026. The Committee noted that these updates had been provided for information.

It was reported that changes to the cellulitis and erysipelas section were limited to reference updates and minor typographical corrections, with no substantive clinical changes.

A new section on pinna chondritis/perichondritis had been added to the guidance. This was developed by the All Wales Antimicrobial Guidance Group in response to a request from out-of-hours general practitioners, reflecting clinical need and available evidence.

Updates to the community-acquired pneumonia in adults section had been made to align with recent NICE guidance. These included revisions to severity assessment, the addition of higher-dose amoxicillin as a treatment option, and the inclusion of a treatment option for use in pregnancy.

The community-acquired pneumonia section for children and young people has also been updated. The title was amended to clarify applicability to those aged 17 years and under, and further updates aligned the content with NICE guidance. These included revised severity definitions, additional detail on antibiotic duration by age group, and incorporation of links to patient information resources.

Members noted that these updates were consistent with current national guidance and reflected ongoing maintenance of the document.

No questions or concerns were raised, and the Committee noted the updates.

13. Any other business

The Chair invited members to raise any other business. There were no additional items raised by those present or attending virtually.

The Chairman thanked AWMSG members and confirmed the date of the next meeting on, **Wednesday, 17th June 2026**
Venue: All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY