AWTTC

All Wales Therapeutics & Toxicology Centre
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan

Access to medicines for patients in Wales

The All Wales Therapeutics & Toxicology Centre (AWTTC) developed this document in collaboration with the Association of British Pharmaceutical Industries (ABPI) and the Welsh Medicines Procurement and Logistics Advisory Group (WMPLAG).

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Summary

This document explains how newly licensed prescription medicines reach patients in NHS Wales. We describe what happens after a medicine is granted a new licence, to how a patient can get hold of that medicine through the NHS.

We focus on:

- health technology assessment of medicines;
- types of financial agreements to supply medicines; and
- ways of procuring (buying or obtaining) medicines.

There are different routes that pharmaceutical companies may consider when planning market access for a newly licensed medicine in NHS Wales. We summarise the work of the organisations that assess newly licensed medicines for their use in the NHS. We also describe how these medicines, if recommended for use, are funded and obtained in Wales.

The document also covers the work of the Welsh Medicines Procurement and Logistics Advisory Group and the All Wales Drug Contracting Committee in making sure that all patients in Wales can get the medicines they need.

We will review this document every year.

Contents

Glossary

Abbreviation	Definition
ABPI	Association of British Pharmaceutical Industries
AWDCC	All Wales Drug Contracting Committee
AWMSG	All Wales Medicines Strategy Group
AWTTC	All Wales Therapeutics and Toxicology Centre
BIT	Budget impact test
CAA	Commercial access agreement
CDF	Cancer Drugs Fund
EAMS	Early Access to Medicines Scheme
EMA	European Medicines Agency
FAD	Final appraisal document
FED	Final evaluation document
FTA	Fast track appraisal
HST	Highly specialised technology
HTA	Health technology assessment
ICER	Incremental cost-effectiveness ratio
IPFR	Individual patient-funded request
KPI	Key performance indicators
MAA	Managed access agreement
MHRA	Medicines and Healthcare products Regulatory Agency
MTA	Multiple technology appraisal
NICE	National Institute for Health and Care Excellence
NTF	New Treatment Fund
NWSSP	NHS Wales Shared Services Partnership
OWMAG	One Wales Medicines Advisory Group
PAS	Patient access scheme

Abbreviation	Definition
PASWG	Patient Access Scheme Wales Group
PIM	Promising innovative medicine
QALY	Quality-adjusted life-year
SMC	Scottish Medicines Consortium
STA	Single technology appraisal
TA	Technology appraisal
WHSSC	Welsh Health Specialised Services Committee
WPAS	Wales patient access scheme
WMPLAG	Welsh Medicines Procurement and Logistics Advisory Group

1. Introduction

Regulatory authorities such as the UK's Medicines and Healthcare products Regulatory Agency (MHRA), or the European Medicines Agency (EMA) in the EU, usually have to grant a new medicine a marketing authorisation (a licence) before healthcare professionals can prescribe it for patients. The MHRA is responsible for licensing all medicines in the UK.

After getting a licence, a medicine may be prescribed for patients in the NHS, usually after it is recommended through a health technology assessment (HTA) by a recognised body. The National Institute for Health and Care Excellence (NICE) provides HTA for medicines for prescribing in the NHS in England and in the NHS in Wales. The All Wales Medicines Strategy Group (AWMSG) assesses medicines for use in NHS Wales only.

When a NICE or AWMSG HTA recommends that a medicine can be used in the NHS, the health boards in Wales must make sure the medicine is available for prescribing to patients within 60 days of the recommendation being published. The medicine's licence holder may make financial arrangements covering how it will supply the medicine to NHS Wales for prescribing. These arrangements must be in place before the medicine can be made available in NHS Wales. Several types of agreements and schemes may apply in England and Wales; these are described in Sections 6 and 8.

The Welsh Medicines Procurement and Logistics Advisory Group (WMPLAG) focuses on getting medicines to patients in Wales. WMPLAG members represent finance, procurement, quality assurance, clinical pharmacists and chief pharmacists from across Wales. The group considers the issues around buying medicines and the logistics involved, so that people in Wales can get the medicines they need, as close to their home as possible.

2. Health technology assessment of medicines

In the NHS, patients can be prescribed medicines that have a positive recommendation after a health technology assessment (HTA) by a recognised body:

- NICE – for England and Wales;
- All Wales Medicines Strategy Group (AWMSG) – for Wales; and
- Scottish Medicines Consortium (SMC) – for Scotland.

The HTA bodies may assess all newly licensed medicines and also any marketed medicines that have had their licence extended, for example, to treat a different disease, or to give to a different group of patients, such as children.

What is health technology assessment?

HTA of medicines involves conducting independent research about the effectiveness, costs and broader impact of a medicine for the people who plan, provide or receive care in the NHS.

A pharmaceutical company can begin the HTA process with NICE or AWMSG before the MHRA licenses a medicine. The company applying usually sends the HTA body the main evidence about the clinical effectiveness and cost effectiveness of the new medicine.

The HTA body will also seek evidence from several sources, including opinions from clinical experts and patient organisations, and will prepare a report reviewing **all** the evidence about the medicine.

An independent committee of healthcare professionals, health economists, pharmaceutical industry representatives and lay members, meets to discuss the report's findings. Meetings are usually held in public.

The committee will consider:

- how well a medicine works, compared with current treatments;
- whether the benefits of a medicine outweigh any extra costs; and
- which patients it will benefit most.

The committee will recommend that a medicine may be used, or not used, routinely in the NHS. The recommendation is then formally approved or ratified, and published. If the recommendation is positive, the medicine can be prescribed for patients as soon as the NHS can buy and supply it.

How do committees decide?

The committees think about the potential benefits that a new medicine is expected to bring to patients and whether those benefits would outweigh any extra costs associated with using the new medicine. For example, does the new medicine cost more or less than the medicines currently used, or would using the new medicine have other advantages, such as fewer hospital visits for patients. Other considerations include:

- Is there an unmet need, that is, no other licensed medicines treat the disease?
- How much will the medicine improve a person's symptoms compared with current treatments?
- How innovative is the medicine?

- How severe is the disease when treated with currently available medicines; for example, how long patients do live, and what is their quality of life?

The incremental cost-effectiveness ratio (ICER) measures value for money: expressing the extra costs and health benefits of using a new medicine, over a currently used medicine. HTA bodies measure ICERs in quality-adjusted life-years (QALY), which estimate a medicine's benefits to patients: length of life, and their quality of life.

3. Health technology assessments for England and Wales

The National Institute for Health and Care Excellence (NICE) assesses medicines for use in the NHS in England and Wales.

Types of NICE assessment

Single technology appraisal
NICE's single technology appraisal (STA) process covers one medicine for treating a single disease (or indication). An STA is usually used for new medicines or for extensions to a medicine's licence.

Multiple technology appraisal
NICE's multiple technology appraisal (MTA) usually covers more than one medicine, or one medicine for more than one disease.

Fast track appraisal
NICE introduced a fast track appraisal (FTA) for medicines that may offer exceptional value for money. It's a type of STA with a quicker assessment process, aiming to get the most cost-effective medicines to patients faster.

NICE will assess a medicine by the FTA process if:

- the company estimates the most realistic ICER is less than £10,000 per QALY gained;
- the most realistic ICER is likely to be less than £20,000 per QALY gained, and highly unlikely to be over £30,000 per QALY gained.

The FTA process may also be used if a cost comparison shows that the medicine is likely to give similar or greater health benefits at a similar or lower cost than medicines already recommended to treat the same disease.

Highly specialised technologies
A highly specialised technology (HST) is a type of STA that covers one specialised medicine for treating one very rare, and often very severe, disease. These diseases often affect small numbers of people, have limited or no treatments, and are difficult to research or collect evidence about. To be eligible for appraisal as an HST, a medicine must meet **all four** of the points below:

- the disease affects less than 1 in 50, 000 people (or about 1,100 people);
- less than 300 people would be eligible for treatment with the medicine;
- the disease significantly shortens life or severely impairs quality of life; and
- no other satisfactory treatments are available, or the new medicine works significantly better than current treatments.

The National Institute for Health Research Innovation Observatory identifies most of the medicines for NICE's HST programme. The Department of Health and Social Care aims to refer HSTs to NICE **before** the MHRA licenses them, usually at:

- 20 months before licensing for new medicines; or
- 15 months before licensing for licence extensions.

NICE guidance

After assessing a medicine, NICE's committee makes a recommendation (Table 1). For each assessment, NICE publishes its recommendation in a final appraisal document (FAD; for STAs, FTAs and MTAs) or a final evaluation document (FED; for HSTs only). Its technology appraisal (TA) guidance for NHS England and NHS Wales is usually published around two months later.

NHS England and NHS Wales follow all NICE's technology appraisal guidance. If NICE recommends a medicine for use, health boards in Wales must fund it within 60 days of NICE publishing the FAD or FED. Financial arrangements must be in place first; if they are not, health boards can ask Welsh Government for an extension.

Table 1. NICE's assessment results for medicines

NICE decision	Result for patients
Recommended (as an option)	Healthcare professionals in NHS England and NHS Wales can routinely prescribe the medicine to treat the disease considered.
Optimised (Recommended as an option only in specific circumstances)	Healthcare professionals in NHS England and NHS Wales can prescribe a medicine only for use in a smaller group of patients than stated in the medicine's licence. For example, the medicine's use may only be cost-effective when given to a specific group of people, if other medicines aren't suitable for them.
Recommended only with managed access*	Healthcare professionals in NHS England and NHS Wales will not routinely prescribe the medicine to treat the disease considered. The terms of a managed access agreement between the NHS and the company will determine which patients may receive the medicine and for how long. The medicine may only be prescribed in specific circumstances, such as for patients with a condition meeting specific criteria for treatment. Recommendations with managed access are designed to allow gathering of further evidence about how well the medicine works. This might happen if NICE's committee can't recommend a medicine because of significant uncertainty about how well it works, which might be resolved by gathering further evidence.
Not recommended	Healthcare professionals in NHS England and NHS Wales will not routinely prescribe the medicine to treat the disease considered.

NICE decision	Result for patients
	NICE may decide not to recommend a medicine. This might happen if there is little evidence of its clinical effectiveness (how well it works), or it's not considered a cost-effective use of NHS resources.
Recommended only for use in research	Healthcare professionals in NHS England and NHS Wales will not routinely prescribe the medicine to treat the disease considered. NICE may decide to recommend that a medicine is only used in research studies, such as a clinical study. This might happen if there isn't enough clinical evidence to recommend its use in the NHS at the time of the appraisal. The committee will take into account: • the need and value to the NHS of additional evidence that may help to develop future NICE guidance and clinical practice; • what could be gained by reconsidering their decision in the light of research findings; • the impact of recommendations on the feasibility of doing the research; • information about ongoing or planned research, or the likelihood that the research needed will be commissioned and successfully reported; • the time it is likely to take for research findings to be available to inform NICE guidance and clinical practice; • ethical or practical aspects of doing further research.
* Managed access is usually through a managed access agreement (MAA) between NHS England and the company applying to NICE – see Section 6.	

Medicines for treating cancer

NICE assesses all medicines to treat cancer that it expects will get a licence. NICE's guidance applies in England and Wales.

NICE may recommend that a medicine to treat cancer is only available to patients through a managed access agreement (see Section 6). This happens if NICE thinks the medicine is likely to meet the criteria for routine prescribing, but is uncertain about its benefits to patients and wants more data to be collected in the NHS or in clinical studies.

The Cancer Drugs Fund (CDF) is a source of funding for cancer medicines in England. The company applying to NICE may propose a managed access agreement (MAA) with NHS England for any medicine that may be eligible through the CDF, and is encouraged to share the details with NHS Wales through the National Procurement Lead Pharmacist for Wales. Sometimes, the company may need to agree an alternative MAA or commercial access agreement (CAA) with NHS Wales, which offers equivalent value during the managed access period.

Budget impact test

NICE introduced a budget impact test (BIT) in 2017 for all medicines assessed in its health technology appraisals. The BIT assesses the impact on NHS resources and finances that a medicine is expected to make during the first three years that it's used in NHS England.

If NICE estimates that the budget impact will be over £20 million in any of the first three years, NHS England may suggest a commercial access agreement (CAA) with the company applying to NICE (see Section 6).

4. Health technology assessment in Wales

NICE's guidance applies in Wales; NHS Wales must follow NICE's decisions about newly licensed medicines and medicines with new extensions to their licence (see Section 3).

NICE will assess all medicines to treat cancer and most new medicines.

AWMSG will generally only assess a medicine for use in NHS Wales if:

- NICE doesn't expect to publish guidance for it (that is, the medicine is not on NICE's work programme, or NICE has suspended or terminated its appraisal of the medicine);
- the medicine's licence is extended, for example, to treat a different group of patients, such as children.

AWMSG's recommendations about medicines will be funded in NHS Wales after Welsh Government has ratified them. Full details of AWMSG's appraisal process are on the AWTTC website: https://awttc.nhs.wales/.

All published AWMSG recommendations include a review date. A team at AWTTC reviews the evidence for each recommendation three years after its publication.

An AWMSG assessment allows NHS Wales to fund and use a medicine if NICE is not going to assess it, or **before** NICE's HTA guidance is published. Once NICE publishes guidance for a medicine, then NICE's guidance applies in Wales and replaces AWMSG's guidance.

AWMSG assessment

The All Wales Therapeutics and Toxicology Centre (AWTTC) provides secretarial and administrative support to AWMSG.

Form A
Pharmaceutical companies should fill in a company submission, called a Form A, for **all** new licensed medicines and new extensions to a medicine's licence, and send this to AWTTC.

This includes:

- any medicines for which the company has already sent evidence to NICE or SMC; and

- some medicines whose licence has been extended to allow it to be given to children and young people aged up to 18 years.

After assessing the Form A, AWMSG's Steering Committee will decide which type of submission it needs, if any, to assess the medicine. The decision of AWMSG's Steering Committee is final and binding.

Types of AWMSG assessment

Full submission

If AWMSG asks for a full submission, the company should submit comprehensive evidence of its clinical effectiveness, cost effectiveness and budget impact. AWTTC will seek evidence from additional sources to produce an assessment report for each medicine, for the AWMSG to discuss.

AWMSG may ask for a full submission for a medicine at any time during another type of HTA assessment.

Limited submission

AWMSG may ask for a limited submission from the company in some cases. Usually when:

- The medicine is a new formulation costing the same or less per treatment; for example, a slow-release tablet, or new chemical salt of an existing medicine.
- The medicine's licence is extended to treat a different group of patients.
- AWMSG expects that using the medicine in NHS Wales would have a minimal impact on the NHS Wales budget.
- AWMSG estimates a small difference in cost between the new medicine and a medicine currently used to treat the same disease.

When AWMSG asks for a limited submission, the company may submit less information than for a full submission. But their submission should include sufficient evidence of the medicine's clinical effectiveness or equivalence to a medicine currently used to treat the same disease. The company should also show evidence of expected impact of the new medicine on the NHS Wales budget, compared with the treatments currently used in Wales.

Licence extensions for use of a medicine in children and young people aged under 18 years

These submissions follow a shorter process of assessment by AWMSG. A pharmaceutical company may fill in Section 5 of the Form A if their medicine has had its licence extended for use in patients aged under 18 years, and they would like AWMSG to assess it under its process for licence extensions for use in children and young people.

The company will be asked to give:

- evidence of clinical effectiveness of the medicine;
- number of patients in Wales aged under 18 years who might be given the new medicine;
- what medicines those patients may currently be taking; and

- expected costs of using the new medicine in NHS Wales.

Not all medicines with a licence extension for use in children and young people under 18 years will be assessed under this process.

AWMSG guidance

For **all** submissions, AWMSG makes one of three recommendations about a medicine (Table 2).

Welsh Government must ratify AWMSG's recommendations before they can be published. Once published, all seven health boards and the Velindre NHS Trust in Wales must make sure the medicine is available for prescribing to patients within 60 days of the publication date. Financial arrangements must be in place first; if they are not, health boards can ask Welsh Government for an extension.

Table 2. AWMSG's assessment results for medicines

AWMSG decision	Results for patients in NHS Wales
Recommended	AWMSG recommends a medicine can be routinely prescribed to treat the disease (or indication) assessed. NHS Wales must fund and resource the medicine and make sure it's available for prescribing to patients in Wales within **60 days** of AWMSG publishing the recommendation.
Recommended with restrictions	AWMSG recommends a medicine for use only in a smaller group of patients than stated in the medicine's licence. For example, the medicine's use may only be cost effective when given to a specific group of people, if other medicines aren't suitable for them. NHS Wales must fund and resource the medicine, and make sure it's available for prescribing to those patients in Wales within **60 days** of AWMSG publishing the recommendation.
Not recommended	AWMSG may decide not to recommend a medicine, usually if there is little evidence of its clinical effectiveness, or if it's not considered a cost-effective use of NHS Wales' resources. The medicine will not be routinely available for prescribing to patients in NHS Wales.

AWMSG applies broader considerations for assessing a medicine developed to treat a rare disease, or a severe condition.

Medicines to treat rare and very rare diseases

Patients with a rare or very rare disease should have the same opportunity to access medicines as other patients. Equity of access to medicines is an important consideration when appraising a medicine to treat a rare or very rare disease.

AWMSG will consider a medicine to treat a rare disease, if it:

- was developed to treat a disease affecting at most 1 in 2,000 people in Wales (or in the UK) for the full licensed population **and**;
- meets the criteria of the Medicines and Healthcare products Regulatory Agency (MHRA) for orphan status.

AWMSG has a policy for assessing medicines developed to treat a very rare disease. This policy aligns with NICE's highly specialised technologies (HST) programme. Before submitting a medicine to be assessed by AWMSG, a company should seek confirmation from AWTTC that their medicine is eligible to be assessed under AWMSG's policy for medicines to treat very rare diseases.

A medicine to treat a very rare disease must meet all **four** conditions listed below.

- The disease is rare – it affects no more than 1 person in 50,000 people in Wales (around 63 people or less); **and**
- Usually, no more than 18 people with the disease in Wales would need treatment, and, if the medicine is also used to treat another disease, no more than 30 people in Wales in total would need treatment; **and**
- The disease significantly shortens life or severely impairs quality of life; **and**
- There are no other satisfactory treatments, or the medicine is likely to treat the disease significantly better than other current treatments.

When appraising a medicine for a rare or very rare disease, AWMSG recognises that generating evidence can be challenging. The clinical and cost-effectiveness evidence for these medicines is often associated with greater uncertainty, because of the small numbers of patients on which it can be based. In these specific circumstances, AWMSG might be able to accept a higher degree of uncertainty when making recommendations. AWMSG will consider how the nature of the condition or the medicine affects the ability to generate high-quality evidence, before applying greater flexibility.

AWMSG considers a broad range of factors when appraising a medicine to treat a rare or very rare disease. These factors include:

- whether the medicine can reverse or cure, rather than stabilise the condition; and
- whether the medicine bridges a gap to a definitive therapy (for example, a gene therapy) and that definitive therapy is currently being developed.

For medicines to treat very rare diseases only, AWMSG considers additional factors:

- the impact of the medicine on the overall delivery of the specialised service, where applicable; and
- any additional requirements relating to infrastructure and staffing.

When assessing a medicine to treat a very rare disease, AWMSG will consider the size of benefit that the medicine is likely to bring to patients. This benefit is measured by gains in a person's life expectancy and in the quality of their life in those remaining years. AWMSG will consider a higher cost-effectiveness threshold for a medicine developed to treat a very rare disease. To apply this higher threshold, AWMSG will need to be satisfied that there is strong evidence of the medicine's benefit in terms of increasing life expectancy and quality of life.

AWMSG's HTA process for a medicine to treat a rare or very rare disease is similar to its HTA process for all other medicines. However, if a medicine developed to treat a very rare disease is not recommended for use, an additional meeting can be held.

A Clinical and Patient Involvement Group (CAPIG) will meet to further assess the benefits of the medicine, and consider the views of clinical experts, patients and patient organisations. The pharmaceutical company may also submit additional financial analyses for CAPIG to consider. CAPIG will present its report to AWMSG to consider the medicine. Holding a CAPIG meeting can extend the assessment process by up to 12 weeks.

Medicines to treat severe conditions

AWMSG will consider how severe a condition is, when assessing a medicine developed to treat it. Severity is defined as the future health lost by people who are living with that condition and who are receiving standard care in the NHS. Losses in their quality of life and in their length of life are considered. Estimates of these losses will guide AWMSG in determining the QALY weighting they should apply to a medicine they are assessing. The more severe the condition, the greater the weighting AWMSG will apply.

If the company applying to AWTTC thinks that AWMSG should apply a 'severity modifier' when assessing their medicine, the company should state this clearly in its submission. AWTTC will take account of this when assessing the information and preparing its report for AWMSG. AWMSG will decide whether to apply a severity modifier when they assess the medicine.

5. Welsh Government policy to fund new medicines

New Treatment Fund

Welsh Government established the New Treatment Fund (NTF) in 2017, to help NHS Wales resource new medicines in Wales. The fund speeds up access to medicines that NICE or AWMSG recommend for use by reducing the time taken to make the medicines available.

All new medicines that NICE or AWMSG recommend for use in the NHS must be available for prescribing to patients in Wales within:

- 60 days of Welsh Government ratifying AWMSG's guidance; or
- 60 days of the date that NICE publishes its FAD or FED.

Table 3 shows an overview of HTA in England and Wales, with the expected times for the medicines to be available for prescribing to patients in NHS Wales.

Table 3. Results of health technology assessments in England and Wales

Health technology assessment		Guidance issued	Routinely available in NHS Wales?
NICE	Single technology appraisal Multiple technology appraisal Fast track appraisal HST appraisal	Recommended Optimised	Yes, within 60 days of NICE's FAD or FED published
		Recommended for managed access only	No
		Only in research	No
		Not recommended	No
AWMSG	Full submission Limited submission Licence extension to use a medicine in children and young people	Recommended Recommended with restrictions	Yes, within 60 days of Welsh Government's ratification
		Not recommended	No

6. Financial agreements for newly licensed medicines

Before, during and after the HTA process, a company applying to NICE or AWMSG may agree financial arrangements about a medicine's cost to NHS England and NHS Wales. These agreements affect the availability of new medicines for patients in Wales.

For all agreements with NHS England, the company should share the details and sign an equivalent agreement with NHS Wales. Patient access schemes (PAS) apply in England and Wales; Wales patient access schemes (WPAS) only apply in Wales.

Patient access schemes and Wales patient access schemes

Patient access scheme
A patient access scheme (PAS) is a pricing agreement between the medicine's licence holder and NHS England to help NHS patients receive high-cost medicines. The medicine's licence holder may propose a PAS for a new medicine when NICE assesses that its value is unlikely to support the proposed list (full) price, based on the current evidence. Only the medicine's licence holder can propose a PAS, which may be simple or complex.

Wales patient access scheme
A Wales patient access scheme (WPAS) is a pricing agreement between the medicine's licence holder and Welsh Government to help NHS patients in Wales receive high-cost medicines. The medicine's licence holder may propose a WPAS before AWMSG's HTA process. The Patient Access Scheme Wales Group (PASWG) advises Welsh Government on whether the simple or complex scheme will be workable within NHS Wales.

Simple PAS and WPAS
A simple PAS is usually the preferred option and offers a simple discount at the point of invoice. It must meet the simple discount criteria, which make sure that a PAS imposes no ongoing additional burden on the NHS and will remain in place until the next review of the guidance.

An approved simple discount PAS applies to all NICE-recommended indications and use of the same medicine. It will also apply to use of that medicine in NHS Wales. The medicine's licence holder shares the details of the PAS with the National Procurement Lead Pharmacist for Wales and AWTTC. A single point of contact for all the commercial arrangements in NHS Wales is managed through a central team on email: NHSWales.CA@wales.nhs.uk

For a simple PAS or WPAS, the licence holder must offer a lower price than the list price. This lower price applies:

- for all supplies of that medicine, for all diseases the medicines is licensed to treat and any licence extensions in the future, during the life of the PAS or WPAS;
- to the original invoice;
- without administration cost; and
- until or after AWMSG's three-year HTA review of the medicine.

The details of a simple PAS or WPAS are confidential.

Complex PAS and WPAS
All other types of PAS are complex. These include: rebates; free stock; dose capping; and schemes based on the results seen in patients treated with the medicine.

The licence holder may consider a complex PAS or WPAS if their scheme doesn't meet the criteria for a simple one. Any proposed scheme for use in primary care would be considered complex. The details of a complex PAS or WPAS are not typically confidential.

Commercial access agreements

A commercial access agreement (CAA) is proposed by a medicine's licence holder to NHS England to manage the cost of a medicine to the NHS. This may be because the company wants to propose an enhanced value offer, or where there are unusual or unique circumstances that mean launching a medicine is considered particularly challenging or not commercially viable.

Each CAA would be considered on a case-by-case basis. Examples of CAA formats include: budget cap, price/volume agreement, cost sharing, stop-start criteria.

A simple PAS is considered a type, or component, of a CAA. All CAAs are confidential. A CAA is the pricing part of a complete MAA, where the other part is a data collection agreement. The medicine's licence holder is responsible for sharing details of the agreement with the relevant NHS organisations.

In Wales, the medicine's licence holder is responsible for telling NHS Wales about the details of a CAA.

Managed access agreements

A managed access agreement (MAA) is agreed between NICE and NHS England, as part of the HTA process if, at the time of appraisal, there is uncertainty about how well the medicine works or (and as a consequence) about whether it is cost-effective.

Under an MAA, patients may receive a new medicine while long-term data on it are still being collected. The medicine's licence holder will provide the new medicine at a discounted cost, and before final funding decisions.

An MAA would only be considered if there was potential for a medicine to meet the criteria for routine prescribing, and uncertainty about the clinical data and the estimates of cost-effectiveness on which to recommend it.

MAAs may apply to appraisals of medicines and HSTs. A company may choose to submit an MAA for any medicine that may be considered eligible through the Cancer Drugs Fund or the Innovative Medicines Fund. MAAs have most often been used for HSTs and medicines recommended for use through the Cancer Drugs Fund, although NICE may recommend their use in other circumstances.

An MAA has two parts:

- a data collection arrangement, stating what data to collect during the managed access period to resolve the most important areas of uncertainty; and
- a commercial access agreement (CAA) or a PAS, determining how much the NHS will pay for the new medicine during the managed access period.

After NICE recommends a medicine with managed access, the data collection arrangement must then be finalised for publication with the draft guidance. The data collection agreement will set out:

- the key clinical uncertainties that the committee identified;
- which patients are eligible for treatment;
- outcomes to be measured that could support the case for routine use of the medicine;
- sources of data;
- how long the data will be collected for;
- how the data will be analysed;
- information governance, ethics and data sharing conditions;
- arrangements for monitoring; and
- publication considerations.

In Wales, the medicine's licence holder is encouraged to share the details of an agreed MAA through the National Procurement Lead Pharmacist for Wales or the Chair of the AWDCC. Sometimes, the licence holder may need to agree an alternative MAA with NHS Wales, which offers equivalent value during the managed access period.

Budget impact

NHS England will offer to engage in commercial discussions with the licence holders of medicines that are expected to have a potential net budget impact over £20 million a year in any of the first three years of use. These discussions happen in parallel with the HTA process.

The discussions aim to reduce the impact of immediately funding the medicine on NHS England's budget. If no agreement is reached, then NHS England may request a longer time to implement the statutory funding requirement for the medicine. NICE will consider these requests on a case-by-case basis.

NHS England must give NICE a progress update at least seven days before NICE's first appraisal or evaluation committee meeting. Any commercial agreements confirmed at this point are only to manage the net budget impact of the medicine and will not be reviewed by NICE's committee.

In Wales, the medicine's licence holder is expected to share the results of commercial discussions about the BIT through the Chair of the AWDCC. If a CAA is signed with NHS England, the medicine's licence holder is responsible for sharing the details of the CAA with NHS Wales. Sometimes, an alternative CAA may be agreed with NHS Wales, which offers the same value for the length of NICE's recommendation.

Pharmaceutical rebate schemes in England and Wales

A medicine's licence holder, or a third party company, may offer a rebate scheme to primary care organisations in England and to health boards in Wales, on the prescribing of their medicine. These schemes are contractual arrangements to lessen prescribing costs of licensed, branded, medicines.

Licence holders should supply medicines to the NHS using transparent pricing, creating no additional administrative costs for the NHS.

Rebate schemes should only be agreed if a medicine is believed to be appropriate for a defined group of patients. All patients should continue to be treated as individuals. Accepting a rebate scheme should not restrict local decision-making or formulary development.

A rebate scheme must be compatible with the effective, efficient and economic use of NHS resources.

7. Access to medicines before they are licensed

Early Access to Medicines Scheme

Sometimes patients can be prescribed medicines that the MHRA has not yet licensed. The Early Access to Medicines Scheme (EAMS) aims to get new medicines that don't yet have a licence to patients who have life-threatening or seriously debilitating diseases, but **only if there is a clear, unmet medical need**. The access scheme applies in England and Wales.

Under EAMS, the MHRA gives a scientific opinion about the balance of a medicine's benefits and its risks. The MHRA bases its opinion on the data available when a pharmaceutical company submits a medicine for the scheme.

The MHRA conducts a two-step evaluation and gives:

- a designation of promising innovative medicine (PIM); and
- early access to medicines scientific opinion.

The scientific opinion lasts for one year and can be renewed. It will expire on the day that the MHRA licenses the medicine. EAMS is voluntary and the MHRA's scientific opinion doesn't replace the usual licensing procedures for medicines.

Individual Patient Funding Requests

Sometimes a health board may not routinely provide a medicine, for example, a medicine that the MHRA has not yet licensed for treating a particular condition or where NICE or AWMSG have not recommended a licensed treatment. The IPFR process is available for both medicines and non-medicine interventions.

If a patient and their clinician agree that a medicine that isn't routinely available would benefit the patient, the clinician can submit an Individual Patient Funding Request (IPFR) on the patient's behalf, asking the health board or the Welsh Health Specialised Services Committee (WHSSC), to fund the medicine.

An independent panel of healthcare professionals and lay members meets to consider the IPFR and the clinical evidence. The patient's personal details are always kept confidential.

The panel will decide to fund a medicine if the information provided shows:

- significant clinical benefit is expected for that particular patient; and
- the medicine's cost is in balance with the expected clinical benefit.

AWTTC works with IPFR panels to ensure the IPFR process in Wales is fair and consistent.

One Wales Medicines process

When a **group of patients** might benefit from a medicine that isn't routinely available, AWTTC co-ordinates the One Wales Medicines process.

One Wales can be used for medicines when:

- the medicine's licence holder commits to a future HTA of a licensed medicine;
- the MHRA has not licensed a medicine;
- the MHRA has licensed a medicine only to treat a different condition(s); or
- a medicine isn't included in current treatment guidelines and no other suitable medicine is licensed to treat the condition.

The process results in a decision that applies to all of Wales. If a medicine gets a positive One Wales recommendation, if considered appropriate, it can then be prescribed for patients across Wales.

AWTTC regularly collects and analyses data from IPFRs across Wales to look for potential groups of patients for a particular medicine and condition. As well as finding groups of patients from IPFR panels, healthcare professionals through their clinical networks and committees in Wales can ask AWTTC to consider medicines for the One Wales Medicines process.

AWTTC considers each medicine against agreed criteria and also asks clinical experts whether it is suitable for the One Wales Medicines process. AWMSG's Steering Committee decides whether a medicine will be assessed by the One Wales Medicines process.

The One Wales Medicines Advisory Group (OWMAG) assesses the evidence and provides a recommendation on the use of the medicine to AWMSG. If AWMSG endorses the recommendation and it is subsequently ratified by Welsh Government, the decision applies across NHS Wales.

Health boards are responsible for implementing One Wales decisions and making sure that clinical outcomes are monitored. Clinicians who have requested access to use a medicine through the One Wales Medicines process must monitor and collect patient outcomes. The duration of a One Wales decision is decided on a case-by-case basis. One Wales decisions will be reviewed by OWMAG after a minimum of 12 months (up to a maximum of three years) from the date of advice or earlier if new evidence becomes available.

For licensed medicines, One Wales advice is interim to HTA guidance from AWMSG or NICE.

8. How NHS Wales obtains medicines

Through the integrated health service structure in NHS Wales, Chief Pharmacists are accountable for:

- safety of patients related to the supply of medicines;
- spending on medicines; and
- pharmacy services in the managed sector and in primary care.

NHS Wales Shared Services Partnership (NWSSP) invites and manages all medicines procurement contracts and services for the Velindre NHS Trust and all seven health boards in Wales. They are supported by the National Procurement Lead Pharmacist for Wales who leads the clinical procurement (obtaining) of medicines.

The All Wales Drug Contracting Committee

The All Wales Drug Contracting Committee (AWDCC) awards all the hospital medicines contracts in Wales. They make sure that the contracts meet all legal and governance requirements under the public procurement regulations.

AWDCC's work also includes commercial agreements for new medicines, or medicines licensed for new indications, that NICE or AWMSG have assessed. The AWDCC Chair will agree any commercial agreements that are part of an HTA, including agreements under an MAA, and make sure the agreements meet all governance requirements.

The AWDCC Chair also makes sure that all organisations in NHS Wales can obtain the medicine for their local population at the same time and at the same cost.

The AWDCC includes:

- the National Procurement Lead Pharmacist for Wales (Chair)
- health board medicine procurement lead pharmacists;
- the National Quality Assurance Lead Pharmacist for Wales;
- a Chief Pharmacist;
- a finance director;
- the medicines procurement category manager; and
- a representative from AWTTC.

Medicines homecare services

All health boards in Wales and the Velindre NHS Trust collaborate to deliver medicines under the NHS Wales 'care closer to home' strategy: *A Healthier Wales: our plan for Health and Social Care*. The collaboration works as a virtual team to standardise practice, share experience and apply a “once-for-Wales” philosophy for homecare services.

There are several examples of its work.

- Adhering to NHS Wales’ terms and conditions for providing services and goods.
- A standard service level agreement for NHS Wales to share with homecare providers to make sure all parties are aligned.

- Patient care and experience drive the medicines homecare service.
- An NHS Wales supplier engagement process to improve performance through regular supplier review meetings, including an NHS standard set of key performance indicators (KPI) for homecare services.
- NHS Wales is a member of the National Homecare Medicines Committee to contribute to these services in an equitable manner across the UK, making sure the needs of the Welsh population are considered and included.

Once-for-Wales primary care rebate schemes

All primary care rebate schemes in Wales must meet ethical, financial and governance requirements, and working with suppliers to minimise administrative burden to both parties. Several health boards are likely to implement individual schemes, so a “once-for-Wales” approach works best, giving a single point of access and administration.

The AWDCC advises the Chief Pharmacists, on behalf of all health boards, if an individual proposal is suitable as “once-for-Wales”. Developing this strategy and standard process to assess and implement any primary care rebate scheme has several benefits:

- No need to assess or approve schemes offered to individual health boards.
- Ensuring fair and equal access to medicines for patients in Wales across all health boards.
- A standard way to govern and manage schemes across NHS Wales.
- Helping to find ways to automatically calculate and monitor all rebate agreements with minimal administrative costs.

Free-of-charge medicines

NICE or AWMSG’s HTA is the best way to advise on the clinical effectiveness and cost effectiveness of newly licensed medicines. However, if there is no HTA advice, or it’s waiting to be published or ratified, some companies applying for HTA might want to offer NHS Wales a free-of-charge medicine supply agreement. This would give patients and clinicians early access to a medicine at no cost to the NHS.

Health board Chief Pharmacists and the National Procurement Lead Pharmacist for Wales co-ordinate the free-of-charge medicine supply agreements on behalf of NHS Wales, supported by AWTTC. The free-of-charge medicines policy only applies to newly licensed medicines, where the company has engaged in HTA by AWMSG or NICE, but there is no guidance published yet.

Each company’s offer should meet certain conditions.

- The company has submitted the medicine to NICE or AWMSG for HTA, but expects a delay of over six months before guidance is published or ratified.
- The medicine is not associated with significant additional administration costs, such as testing or monitoring.
- The medicine is fully free-of-charge and the offer is not a partial price discount.
- The company commits, in writing, to supply the medicine for the specified indication free-of-charge:
    - until 60 days after AWMSG publishes positive HTA guidance;

- until 60 days after NICE publishes a positive FAD or FED, and, when appropriate, with an agreed CAA or PAS; or
- if the medicine is not recommended for use after HTA but patients who are already taking it still need to continue their treatment.

The Chief Pharmacists will prioritise medicines they expect to help patients with life-threatening, long-lasting or seriously debilitating diseases, when no suitable licensed medicine is available.

During the COVID-19 pandemic the free-of-charge medicines supply guidance was updated to include the compassionate supply of certain unlicensed medicines. These would be used when the prescriber judged that it would be in the best interest of the patient based on available evidence.