Enclosure No:	**1/AWMSG/0219**
Agenda Item No:	**1** – Minutes of previous meeting
Author:	Chair, AWMSG
Contact:	Tel: 029 20716900 E-Mail: awttc@wales.nhs.uk

ALL WALES MEDICINES STRATEGY GROUP (AWMSG)

Draft minutes of the AWMSG meeting held Wednesday, 12th December 2018 commencing 10.30 am at the Copthorne Hotel, Copthorne Way Culverhouse Cross, Cardiff, CF5 6DH

VOTING MEMBERS PRESENT:

			Did not participate in
1.	Prof John Watkins	Interim Chair	
2.	Dr Balwinder Bajaj	Clinical Pharmacologist	
3.	Dr Cath Bale	Hospital Consultant	
4.	Dr Jeremy Black	General Practitioner	
5.	Dr Anwen Cope	Other professions eligible to prescribe	
6.	Mr Hywel Pullen	Finance Director	
7.	Prof Iolo Doull	Welsh Health Specialised Services Commission	
8.	Mr Rob Thomas	ABPI	
9.	Mrs Alison Hughes	Senior Primary Care Pharmacist	
10.	Prof Dyfrig Hughes	Health Economist	
11.	Mrs Mandy James	Senior Nurse	
12.	Dr Stephen Monaghan	Public Health Wales	
13.	Mr Chris Palmer	Lay Member	
14.	Mr John Terry	Managed Sector Secondary Care Pharmacist	
15.	Dr Mark Walker	Medical Director	

IN ATTENDANCE:
Dr James Coulson, NMG Chair
Mrs Karen Samuels, Head of PAMS, AWTTC
Mrs Ruth Lang, Senior Liaison Manager, AWTTC

AWTTC Leads:
Mrs Helen Adams, Senior Appraisal Pharmacist
Mrs Sabrina Rind, Senior Appraisal Pharmacist
Ms Claire Thomas, Senior Pharmacist
Mr Richard Boldero, Senior Pharmacist
Ms Kath Haines, Head of WAPSU

List of Abbreviations:

ABPI	Association of the British Pharmaceutical Industry
ASAR	AWMSG Secretariat Assessment Report
AWMSG	All Wales Medicines Strategy Group
AWPAG	All Wales Prescribing Advisory Group
AWTTC	All Wales Therapeutics & Toxicology Centre
BMA	British Medical Association
CAPIG	Clinical and Patient Involvement Group
CEPP	Clinical Effectiveness Prescribing Programme
CHMP	Committee for Medicinal Products for Human Use
DoH	Department of Health
EMA	European Medicines Agency
EMIG	Ethical Medicines Industry Group
EOL	End of life
FAR	Final Appraisal Recommendation
FDA	US Food and Drug Administration
GP	General Practitioner
HAC	High Acquisition Cost
HB	Health Board
HST	Highly Specialised Technology
HTA	Health Technology Appraisal
IR	Independent Review
MHRA	Medicines and Healthcare products Regulatory Agency
M&TCs	Medicines & Therapeutics Committees
NICE	National Institute for Health and Care Excellence
NMG	New Medicines Group
NPI	National Prescribing Indicator
PAMS	Patient Access to Medicines Service
PAR	Preliminary Appraisal Recommendation
PAS	Patient Access Scheme
PPRS	Prescription Price Regulation Scheme
SMC	Scottish Medicines Consortium
SPC	Summary of Product Characteristics
TDAPG	Therapeutic Development Appraisal Partnership Group
T&FG	Task and Finish Group
UHB	University Health Board
WAPSU	Welsh Analytical Prescribing Support Unit
WCPPE	Welsh Centre for Pharmacy Postgraduate Education
WeMeReC	Welsh Medicines Resource Centre
WG	Welsh Government
WHO	World Health Organization
WHSSC	Welsh Health Specialised Services Committee
WPAS	Wales Patient Access Scheme

1. Welcome and introduction

The Chair opened the meeting and welcomed members.

2. Apologies

Mr Stefan Fec, Community Pharmacist
Mr Stuart Davies, Mr Hywel Pullen deputising

3. Declarations of interest

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

4. Minutes of previous meeting

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

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

5. Appraisal 1: Full Submission WPAS

Dolutegravir/rilpivirine (Juluca®▼) for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults who are virologically suppressed (HIV-1 RNA < 50 copies/ml) on a stable antiretroviral regimen for at least six months with no history of virological failure and no known or suspected resistance to any non-nucleoside reverse transcriptase inhibitor or integrase inhibitor.

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

The Chair invited members to declare any interests in either the applicant company or the medicine if they had not already done so. No interests were declared.

The Chair announced that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this. A negative recommendation would not impact on the clinical freedom of the prescriber. It was noted that a positive recommendation by AWMSG, subsequently endorsed by Welsh Government, places an obligation on health boards to fund accordingly. It was confirmed that AWMSG advice is interim to final NICE guidance should this be subsequently published.

Mrs Sabrina Rind, the AWTTC Appraisal Lead, set the context of the appraisal and relayed the key aspects of the submission as outlined in the ASAR. Mrs Rind highlighted that Juluca® is the first licensed antiretroviral regimen which consists of two medicines. It combines an integrase inhibitor (dolutegravir) with a non-nucleoside reverse transcriptase inhibitor (rilpivirvine) in a single tablet taken once daily. It was noted that people with HIV-1 infection usually start on a triple therapy antiretroviral regimen of two nucleoside reverse transcriptase inhibitors plus either a ritonavir-boosted protease inhibitor, a non-nucleoside reverse transcriptase inhibitor or an integrase inhibitor.

Dr James Coulson confirmed that NMG had appraised Juluca® on Wednesday 7th November and did not recommend its use within NHS Wales for the treatment of HIV-1 infection in adults who are virologically suppressed (HIV-1 RNA < 50 copies/ml) on a stable antiretroviral regimen for at least six months with no history of virological failure and no known or suspected resistance to any non-nucleoside reverse transcriptase inhibitor or integrase inhibitor. Dr Coulson confirmed the view of NMG that the case for cost-effectiveness has not been proven. Members were informed that NMG had accepted that switching to Juluca® was non-inferior to current antiretroviral therapy in maintaining viral suppression. NMG had accepted the non-inferiority study supported comparison to Juluca®. NMG had accepted the approach of limiting primary comparators to tenofovir alafenamide-based regimens. NMG acknowledged that Juluca® offers an alternative treatment option where the third agents are no longer tolerable. It

was the view of NMG that the cost-minimisation analysis reflected current treatment options in Wales, but the approach was considered inappropriate given the absence of well-designed equivalence studies and the differences in safety and patient reported outcomes. Members were informed that clinical experts had highlighted the advantage of Juluca® being a once daily single tablet regimen which does not include a nucleotide or nucleoside component. NMG acknowledged the importance for clinicians to have access to a variety of medicines.

The Chair asked for the views of clinical experts to be relayed. Mrs Rind stated that Welsh clinical expert opinion sought by AWTTC had confirmed an unmet need for having access to a nucleotide-free regimen in a single tablet. Clinical experts also highlighted that reducing the number of medications has the potential to reduce the risk of side effects and noted the importance of access to a variety of medicines to enable individualised treatments for patients.

The Chair opened discussion in relation to clinical effectiveness. Members acknowledged that the evidence demonstrated non-inferiority. There was discussion on the design of the studies and whether the populations were representative of clinical practice. It was noted that experts had highlighted an unmet need for a group of patients. Clarification was sought on the adverse event profile of Juluca®. Mrs Rind stated that the European Medicines Agency concluded that the safety profile of Juluca® is consistent with the established safety profiles of the single agents and no additional risks or safety issues for the combination therapy were identified.

Professor Dyfrig Hughes provided an overview of the case for cost-effectiveness as outlined in the ASAR. Professor Hughes highlighted the limitations in the case for cost-effectiveness and stated that the model is limited to a comparison of acquisition costs only. The Chair opened discussion in relation to cost-effectiveness. The company delegates provided rationale for conducting a cost-minimisation analysis.

The Chair asked the company delegates to leave the room whilst AWMSG members discussed confidential acquisition costs of available treatments. The Chair reiterated the importance of maintaining commercial confidentiality.

The company delegates re-joined discussions. The Chair invited Mr Palmer to relay the views received from the patient organisation, Waverley Care. Mr Palmer highlighted that patients welcomed the availability of new treatments and noted the simpler dosing regimen. It was considered that more effective treatments would help reduce the high levels of stigma and discrimination. Mr Palmer highlighted the potential for inequity as the medicine is available to patients living in Scotland. Mrs Rind reiterated the unmet need and the importance of having a variety of treatment options for patients and their clinicians. The company delegates highlighted that Juluca® is a nucleoside reverse transcriptase inhibitor-sparing agent.

The Chair referred to the response from ViiV Healthcare UK Ltd to the preliminary recommendation and asked the delegates if they wished to make any closing remarks. The delegates expressed disappointment at the preliminary recommendation by NMG and reiterated their rationale for conducting a cost-minimisation analysis. The delegates thanked AWMSG for the opportunity to input into the discussion and respond to questions. In concluding, the Chair thanked the company delegates and, having received confirmation that the appraisal process had been fair and transparent and that all relevant issues had been discussed, the Chair closed the appraisal.

Appraisal decision subsequently announced in public:
The Chair confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

Dolutegravir/rilpivirine (Juluca®) is recommended as an option for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults who are virologically suppressed (HIV-1 RNA < 50 copies/ml) on a stable antiretroviral regimen for at least six months with no history of virological failure and no known or suspected resistance to any non-nucleoside reverse transcriptase inhibitor or integrase inhibitor.

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

The Chair announced that confirmation of AWMSG's recommendations would be forwarded within five working days to the applicant company, who have up to ten working days to accept the recommendation or lodge a request for an independent review. It was noted that failure to respond within the deadline would not delay the process.

The meeting opened to the public.

6. Chair's report (verbal update)

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

Bictegravir/emtricitabine/tenofovir alafenamide (Biktarvy®) is recommended as an option for restricted use within NHS Wales. Bictegravir/emtricitabine/tenofovir alafenamide (Biktarvy®) is licensed for the treatment of adults infected with human immunodeficiency virus-1 (HIV-1) without present or past evidence of viral resistance to the integrase inhibitor class, emtricitabine or tenofovir. Bictegravir/emtricitabine/tenofovir alafenamide (Biktarvy®) is restricted for use to patients who are either unsuitable for or unable to tolerate dolutegravir/abacavir/lamivudine (Triumeq®). Bictegravir/emtricitabine/tenofovir alafenamide (Biktarvy®) is not recommended for use within NHS Wales outside of this subpopulation. This recommendation applies only in circumstances where the approved Wales Patient Access Scheme (WPAS) is utilised or where the list/contract price is equivalent or lower than the WPAS price

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

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

In the absence of a submission from the holders of the marketing authorisation, a number of Statements of Advice have been ratified by Welsh Government and published on the AWMSG website. The following medicines cannot be endorsed for use in Wales:

Buprenorphine/naloxone (Zubsolv®) for the substitution treatment for opioid drug dependence, within a framework of medical, social and psychological treatment. The intention of the naloxone component is to deter intravenous misuse. Treatment is intended for use in adults and adolescents over 15 years of age who have agreed to be treated for addiction

Rufinamide (Inovelon®) for the adjunctive therapy in the treatment of seizures associated with Lennox-Gastaut syndrome in patients 1 year of age to 4 years of age

Sirolimus (Rapamune®) for the treatment of patients with sporadic lymphangioleiomyomatosis with moderate lung disease or declining lung function.

The Chair shared positive feedback from pharmaceutical industry delegates who attended the AWMSG Masterclass and thanked everyone involved in making the event a success.

The Chair reminded members that the AWMSG training day for new and existing AWMSG, NMG and AWPAG members and deputies will be held on Wednesday, 16th January 2019 in Cardiff.

The appraisals scheduled for the next AWMSG meeting to be held on 13th February 2018 in The Copthorne Hotel, Cardiff were announced:

Appraisal 1: Limited Submission (WPAS)
Romiplostim (Nplate®) for the treatment of chronic immune (idiopathic) thrombocytopenic purpura (ITP) patients aged 1 year to < 18 years who are refractory to other treatments (for example, corticosteroids, immunoglobulins)
Applicant company: Amgen Limited

Appraisal 2: Full submission
Ciclosporin (Verkazia®) for the treatment of severe vernal keratoconjunctivitis in children from 4 years of age and adolescents (until the age of 18)
Applicant Company: Santen UK Ltd.

The Chair asked members to contact AWTTC ahead of the next meeting if they have any personal or non-personal interests to declare. Patients, patient organisations and patient carers were reminded to submit their views on these medicines or contact AWTTC for further information on the appraisal process and future work programme

The Chair thanked Mr Chris Palmer who was attending his last meeting as a lay member. It was noted that Mr Palmer had served on AWMSG for eight years and will be replaced by Mr Cliff Jones. The Chair confirmed that Mr Palmer would be joining NMG.

7. Appraisal 2: Limited Submission

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

The Chair welcomed delegates from UCB Pharma Ltd.

The Chair invited members to declare any interests in either the applicant company or the medicine if they had not already done so. Mr Rob Thomas declared a personal interest in UCB Pharma Ltd and removed himself from the meeting.

The Chair announced that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this. A negative recommendation would not impact on the clinical freedom of the prescriber. It was noted that a positive recommendation by AWMSG, subsequently endorsed by Welsh Government, places an obligation on health boards to fund accordingly. It was confirmed that AWMSG advice is interim to final NICE guidance should this be subsequently published. The Chair set the context of the limited submission and confirmed that evidence of clinical effectiveness and budgetary impact in comparison to any comparator product(s) should be demonstrated. It was confirmed that monitoring of budget impact would be essential and AWMSG reserved the right to request a full submission if the budget impact exceeded that estimated in the submission.

Mrs Helen Adams, AWTTC Senior Appraisal Pharmacist, set the context of the appraisal as a minor licence extension in paediatric patients and relayed the key aspects of the submission as outlined in the ASAR. It was highlighted that AWMSG has previously recommended brivaracetam (Briviact®) for restricted use in the adult population, the same restriction applies for consideration of the licence extension and would be reflected in the final recommendation for all ages.

Dr Coulson confirmed the preliminary recommendation of NMG. Members were informed that following appraisal on Wednesday 7th November 2018, NMG supported the use of brivaracetam (Briviact®) as an option for restricted use within NHS Wales. Brivaracetam (Briviact®) should be restricted to use in the treatment of patients with refractory epilepsy, who remain uncontrolled with, or are intolerant to, other adjunctive anti-epileptic medicines, within its licensed indication as adjunctive therapy in the treatment of partial-onset seizures (POS) with or without secondary generalisation in adult, adolescents and children from 4 years of age with epilepsy. Brivaracetam (Briviact®) is not recommended for use within NHS Wales outside of this subpopulation.

Mr Palmer confirmed that AWTTC had invited views from five patient organisations but no responses had been received.

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

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

Appraisal decision subsequently announced in public:
The Chair confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

Brivaracetam (Briviact®) is recommended as an option for restricted use within NHS Wales.

Brivaracetam (Briviact®) should be restricted to use in the treatment of patients with refractory epilepsy, who remain uncontrolled with, or are intolerant to, other adjunctive anti-epileptic medicines, within its licensed indication as adjunctive therapy in the treatment of partial-onset seizures (POS) with or without secondary generalisation in adult, adolescents and children from 4 years of age with epilepsy.

Brivaracetam (Briviact®) is not recommended for use within NHS Wales outside of this subpopulation.

The Chair announced that confirmation of AWMSG's recommendations would be forwarded within five working days to the applicant company, who have up to ten working days to accept the recommendation or lodge a request for an independent review. It was noted that failure to respond within the deadline would not delay the ratification process.

8. National Prescribing Indicators 2018-19: Analysis of Prescribing Data to June 2018

The Chair invited Mr Richard Boldero and Mrs Claire Thomas to present the National Prescribing Indicator (NPI) Report for the first quarter of 2018/2019. Mrs Thomas highlighted that the NPIs had been categorised as safety, stewardship or efficiency indicators for this year.

Members were informed that the four safety indicators include prescribing safety indicators; the prescribing of hypnotics and anxiolytics; analgesics; and yellow card reporting. Mrs Thomas

highlighted:

- a reduction in prescribing of hypnotic and anxiolytics, tramadol and opioid patches compared with the previous year, in line with the aim of these indicators
- a continuous increase in prescribing of gabapentin and pregabalin, despite the indicator aiming to reduce prescribing
- that yellow card reporting now includes measures and targets for secondary care and member of the public reports, as well as GP and health board reports. GP, member of the public and overall health board reporting increased in line with the aim, however there was a reduction in secondary care reporting for the quarter.

Mrs Thomas presented the stewardship indicator data which focus on antimicrobial prescribing. It was noted that six out of seven health boards had decreased antibacterial prescribing in primary care by at least 5% compared with the previous year. Across Wales, 4C antimicrobial prescribing reduced in keeping with the aim of the indicator.

Mr Boldero presented the efficiency indicators data. It was noted for the insulin prescribing indicator, which measures the quantity of long-acting insulin analogues as a percentage of the total long-acting and intermediate-acting insulin prescribed, in primary care there was a decrease to 88% which is in keeping with the aim of the indicator. Mr Boldero highlighted a 3.44% reduction in PPI prescribing across Wales compared with the equivalent quarter of the previous year; this is in line with the aim of the indicator.

Mr Boldero provided for clarification that with the biosimilar medicines indicator, the unit of measure is the quantity of biosimilar medicines prescribed as a percentage of the total reference biologic product plus biosimilar product. He then reported that for the insulin glargine biosimilar there was a percentage change increase of 56%, in comparison to the equivalent quarter of the previous year, to 4.2% across Wales. For the three main biosimilars etanercept, infliximab and rituximab, in comparison to the equivalent quarter of the previous year there were increases to 82%, 91% and 93% respectively. These are all in keeping with the aim of the NPI. Overall, for the biosimilar medicines combined, there was an increase in use from 8% to 15% compared to the equivalent quarter of the previous year.

Members welcomed the report and thanked WAPSU for producing the information. The value of benchmarking information was acknowledged. It was noted by one member that the insulin glargine reference product was in fact currently cheaper than its biosimilar and is therefore used in preference within some health boards. Mr Boldero confirmed that several concerns had previously been highlighted with regards to the continued inclusion of insulin glargine within the biosimilar NPI basket and following the December AWPAG meeting it was decided that it would be no longer be included, but will be available for monitoring via the biosimilar dashboard.

One member highlighted that their health board have been piloting CRP machines in GP surgeries and have consequently seen a 20% decrease in antimicrobial prescribing. The Chair thanked WAPSU and members for the excellent report and useful discussion. Professor Hughes left the meeting.

9. CEPP National Audit: Antipsychotics in Dementia

Mrs Claire Thomas asked members to consider the CEPP National Audit Antipsychotics in Dementia for endorsement. Mrs Thomas informed members that the audit has been developed to support local prescribing initiatives as part of the Clinical Effectiveness Prescribing Programme. The aim of the audit is to ensure appropriate prescribing of antipsychotics in patients aged 65 years and older with a diagnosis of dementia, by collecting data on whether prescribing is in line with NICE guidance on dementia. The audit also aims to identify where patient may require a review of their antipsychotic medication. Mrs Thomas highlighted that the audit supports recommendations made in the Welsh Government's Dementia Action Plan for Wales, and the National Assembly for Wales' Health, Social Care and Sport Committee report

"Use of antipsychotic medication in care homes". Members were informed that an electronic reporting tool has been developed to facilitate data collection and analysis at a national level. The audit was developed with AWPAG and had been out for wide consultation.

Members welcomed the audit and thanked WAPSU for producing the information. Clarification was sought on who would complete the audit. Mrs Thomas confirmed that the audit could be completed by any member of the multidisciplinary team. The Chair thanked WAPSU and members for the audit and useful discussion. Professor Doull left the meeting.

10. Medicines identified as Low Priority for funding in NHS Wales

Mr Richard Boldero presented Paper 2 of the Low Priority for Funding in NHS Wales and asked members to consider for endorsement. Mr Boldero reminded members that Paper 1 was endorsed in October 2017. Paper 2 considers an additional four medicines/medicine groups adapted from the NHS England paper "Items which should not be routinely prescribed in primary care: guidance for CCGs (published November 2017)":

- omega-3 fatty acid compounds
- oxycodone and naloxone combination product
- paracetamol and tramadol combination product
- perindopril arginine.

Mr Boldero highlighted that the aim of this paper is to reduce inappropriate variation in the prescribing of these medicines/medicine groups. Members were informed that this work is part of the ongoing cost efficiency work of the Chief Pharmacists and Directors of Finance Group, and has been developed through AWPAG. The work supports the "Resource reallocation" recommendation within the AWMSG five-year strategy 2018-2023.

Members noted that the clinical discretion is clear in Section 1, but is less clear in the remainder of the document. One member highlighted that a dose comparison for the different perindopril salts would also be helpful. Both changes were agreed to be actioned before publication of the final document. Clarity was sought on the wording "routinely prescribed". Mr Boldero noted that this wording had been used and endorsed in Paper 1 and is the wording used in the NHS England document. The Chair thanked WAPSU and members for the excellent paper and useful discussion. Dr Bale left the meeting.

11. Feedback from AWPAG meeting held 19th September 2018

Ms Kath Haines summarised the minutes of the AWPAG meeting held on 19th September and highlighted key aspects. Ms Haines informed AWMSG of changes in membership of AWPAG. Ms Haines confirmed that the NPIs for 2019-20 and the COPD guidance document had been out for consultation and approved by AWPAG and would be discussed at the next AWMSG meeting. The over the counter medicines document had been discussed at the last AWPAG meeting and would shortly be going out for consultation. Members were informed that Paper 4 of the low priority for funding medicines is currently being adapted from NHS England's paper. Ms Haines announced that a Biosimilar Best Practice Day would be held in January and invitations were being sent out to the service. The date of the next annual AWTTC Best Practice Day was confirmed as 9th July 2019. Ms Haines explained that this event is facilitated by AWTTC for health boards to share initiatives to optimise the use of medicines for patients in Wales.

The Chair confirmed the date of the next meeting on Wednesday, 13th February 2019 at 9.00 am in the Copthorne Hotel, Cardiff and closed the meeting.