Enclosure No:	**1/AWMSG/0519**
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 Wednesday, 10th April 2019 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	Chairman	
2.	Dr Jeremy Black	General Practitioner	
3.	Mr Stefan Fec	Community Pharmacist	
4.	Prof Deb Fitzsimmons	Health Economist	
5.	Mr Cliff Jones	Lay Member	
6.	Prof Stephen Monaghan	Public Health Wales	
7.	Mrs Susan Murphy	Primary Care Pharmacist	
8.	Mr Hywel Pullen	Finance Director	
9.	Mr John Terry	Managed Sector Secondary Care Pharmacist	
10.	Mrs Louise WIlliams	Senior Nurse	
11.	Ms Cathy Wynne	Other professions eligible to prescribe	

In attendance:
Ms Kath Haines, Head of WAPSU, AWTTC
Mrs Ruth Lang, Senior Liaison Manager, AWTTC

AWTTC Leads:
Mrs Claire Ganderton, Senior Pharmacist
Dr Stuart Keeping, Senior Scientist

List of Abbreviations:

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

1. Welcome and introduction

The Chair opened the meeting and welcomed Deb Fitzsimmons and Cathy Wynne to their first meeting.

2. Apologies

Dr Mark Walker, Medical Director
Professor Iolo Doull, WHSSC
Dr Cath Bale, Hospital Consultant
Dr Balwinder Bajaj, Clinical Pharmacologist
Mr Farhan Mughal, ABPI

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 two appraisals had an associated Patient Access Scheme and would be undertaken in private to protect commercial confidentiality. The Chair confirmed that the meeting would open to the public at the close of the appraisal session.

The Chair asked Kath Haines to update members on a meeting held with Dr Simon Barry to discuss the All Wales COPD Prescribing and Management Guide held on 28th March. Members were informed of changes made to the document in light of issues raised by AWMSG. Members asked for the document to come back to the next meeting for consideration of final endorsement.

5. Appraisal 1: Limited Submission (PAS)

Blinatumomab (Blincyto®) as monotherapy for the treatment of paediatric patients aged 1 year or older with Philadelphia chromosome negative CD19 positive B-cell precursor ALL which is refractory or in relapse after receiving at least two prior therapies or in relapse after receiving prior allogeneic haematopoietic stem cell transplantation

The Chair welcomed delegates from Amgen Ltd and confirmed that individuals remaining seated in the public gallery were staff of AWTTC and Welsh Government officials.

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

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

The appraisal lead set the context of the appraisal and relayed the key aspects of the submission as outlined in the ASAR. It was confirmed that a limited submission had been considered appropriate.

It was confirmed that NMG supported use of this medicine in NHS Wales for the indication stated. The appraisal lead confirmed that the criteria set out in AWMSG's orphan/ultra-orphan/rare disease medicine policy had been met and the medicine had been appraised as an ultra orphan medicine.

The lay member, Mr Jones referred members to the patient organisation submission from Leukaemia Care and the submission from a carer.

The Chair asked the company to comment on the adverse event profile of the medicine. The company responded that adverse events were well managed and that the potential to use the medicine in the outpatient setting may reduce hospitalisation compared to chemotherapy. The

company was asked how the eligible population was estimated and they confirmed that they had used global incidence figures combined with clinical expert opinion to derive patient numbers. Mr Pullen asked the company why the budget impact was the same for year 1 and year 5. The company responded that their estimate was based on the same number of new patients having treatment per year i.e. patients were not treated for longer than one year in the model. Mr Pullen sought clarification of the net resource cost estimates. It was confirmed that in the company scenario in which blinatumomab displaced chemotherapy there was a net resource saving due to reduced hospitalisation. However, AWTTC-sought feedback from clinical experts indicated that no displacement of chemotherapy by blinatumomab would occur and this scenario resulted in a net resource cost.

Prior to concluding the appraisal the Chair sought confirmation from the company delegates that the appraisal process had been fair and transparent. The Chair closed the appraisal and confirmed that members would retire to vote in private after the next 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:

Blinatumomab (Blincyto®) is recommended as an option for use within NHS Wales as monotherapy for the treatment of paediatric patients aged 1 year or older with Philadelphia chromosome negative CD19 positive Bcell precursor acute lymphoblastic leukaemia (ALL) which is refractory or in relapse after receiving at least two prior therapies or in relapse after receiving prior allogeneic haematopoietic stem cell transplantation.

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

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

6. Appraisal 2: Limited Submission (PAS)
Mepolizumab (Nucala®) as an add-on treatment for severe refractory eosinophilic asthma in adolescents and and children aged 6 years and older

The Chair welcomed the representatives on behalf of GlaxoSmith Kline Ltd and it was confirmed that individuals remaining seated in the public gallery were staff of AWTTC and Welsh Government officials.

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

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

monitoring of budget impact would be essential and AWMSG reserved the right to request a full submission if the budget impact exceeded that estimated in the submission.

The appraisal lead set the context of the appraisal and relayed the key aspects of the submission as outlined in the ASAR. It was confirmed that a limited submission had been considered appropriate for a minor paediatric licence extension. Members were informed that NICE TA 431 recommends mepolizumab (Nucala®) as an option for treating severe refractory eosinophilic asthma in adults and that this was a restricted recommendation and was associated with a patient access scheme (PAS). It was confirmed that the current submission focussed on a sub-population of the licensed indication in line with NICE TA431. It was highlighted that this is the first medicine licensed for the treatment of severe refractory eosinophilic asthma in the paediatric population and that the EMA and clinical experts had highlighted an unmet need. It was noted that SMC had recommended mepolizumab for restricted use within NHS Scotland in adolescents and children aged 6 years and older and that mepolizumab was available to paediatric patients in NHS England under the "Commissioning Medicines for Children in Specialised Services" policy document.

It was confirmed that NMG had supported use of mepolizumab within NHS Wales for use as an add-on treatment for severe refractory eosinophilic asthma in adolescents and children aged 6 years and older, restricted to the subpopulation of the licensed indication in line with NICE TA431. NMG advised that mepolizumab is not recommended outside of this subpopulation and that a positive recommendation should only apply in circumstances where the approved PAS is utilised or where the list/contract price is equivalent or lower than the PAS price.

The Chair invited the lay member, Mr Jones, to highlight the issues raised in the patient organisation submission from Asthma UK. Mr Jones highlighted the risk of potentially life-threatening asthma attacks in people with difficult to control asthma, the possible long-term effects of frequent asthma attacks on the respiratory system and the significant emotional, financial and practical strain caring for a child with severe asthma can place on families. The very limited number of currently available treatment options for children with severe eosinophilic asthma and the serious side-effects that can result from long-term oral corticosteroid use was noted. Mr Jones stated that Asthma UK had concerns about the evidence base for mepolizumab and other monoclonal antibodies used to treat other types of severe asthma and re-iterated the significant treatment gap for children with severe eosinophilic asthma.

The Chair opened discussion. Clarification was sought in relation to data supporting the eosinophil threshold for treatment, the extrapolation of adult data, evidence for reduction in corticosteroid usage and the impact of reduced exacerbations on resource costs. The limited safety data was noted and members sought clarification regarding arrangements for the collection of longer-term data.

The Chair offered the company representatives 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:

Mepolizumab (Nucala®) is recommended as an option for restricted use within NHS Wales.

Mepolizumab (Nucala®) is licensed as an add-on treatment for severe refractory eosinophilic asthma in adolescents and children aged 6 years and older.

Mepolizumab (Nucala®) is restricted for use in a subpopulation of the licensed indication in line with the National Institute of Health and Care Excellence recommendation for the restricted use of mepolizumab for treating severe refractory eosinophilic asthma in adults (TA431).

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

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

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

The meeting opened to the public and announced the two appraisal recommendations.

7. Chair's report (verbal update)

The Chair announced that Welsh Government had ratified AWMSG's recommendations from the meeting held in March. It was confirmed that the applicant companies had been informed and the advice published on the AWMSG website:

Ataluren (Translarna®) is recommended for use within NHS Wales for the treatment of Duchenne muscular dystrophy (DMD) resulting from a nonsense mutation in the dystrophin gene, in ambulatory patients aged 2 years to less than 5 years.
This recommendation applies only in circumstances where the approved Patient Access Scheme (PAS) is utilised or where the list/contract price is equivalent or lower than the PAS price.

Dasatinib (Sprycel®) is recommended as an option for use within NHS Wales for the treatment of paediatric patients weighing ≥ 10 kg with newly diagnosed Philadelphia chromosome positive (Ph+) chronic myelogenous leukaemia (CML) in chronic phase (Ph+CML-CP) or Ph+CML-CP resistant or intolerant to prior therapy including imatinib.
This recommendation applies only in circumstances where the approved Patient Access Scheme (PAS) is utilised or where the list/contract price is equivalent or lower than the PAS price.

The Chair confirmed a number of statements of advice had been published since the previous meeting due to non-engagement by the marketing authorisation holder within the required timescale.

Ciprofloxacin/fluocinolone (Cetraxal Plus®) for the treatment in adults and in children aged 6 months and older for the following infections: Acute otitis externa (AOE); Acute otitis media in patients with tympanostomy tubes (AOMT) caused by ciprofloxacin susceptible microorganisms

Daratumumab (Darzalex®) in combination with bortezomib, melphalan and prednisone for the treatment of adults with newly diagnosed multiple myeloma who are not suitable for stem cell transplant

Glycerol phenylbutyrate (Ravicti®) as adjunctive therapy for chronic management of patients

with urea cycle disorders including deficiencies of carbamoyl phosphate-synthase-I (CPS), ornithine carbamoyltransferase (OTC), argininosuccinate synthetase (ASS), argininosuccinate lyase (ASL), arginase I (ARG) and ornithine translocase deficiency hyperornithinaemia-hyperammonaemia homocitrullinuria syndrome (HHH) who cannot be managed by dietary protein restriction and/or amino acid supplementation alone. Ravicti must be used with dietary protein restriction and, in some cases, dietary supplements (e.g. essential amino acids, arginine, citrulline, protein-free calorie supplements).

Melatonin (Slenyto®) for the treatment of insomnia in children and adolescents aged 2-18 with autism spectrum disorder (ASD) and / or Smith-Magenis syndrome, where sleep hygiene measures have been insufficient

Mexiletine (Namuscla®) for the symptomatic treatment of myotonia in adult patients with non-dystrophic myotonic disorders

The appraisals scheduled for the next AWMSG meeting on 15th May 2019 in the Copthorne Hotel, Cardiff were announced:

A full submission for doxylamine succinate/pyridoxine hydrochloride (Xonvea®) for the treatment of nausea and vomiting of pregnancy in those patients who do not respond to conservative management
Applicant Company: Alliance Pharmaceuticals Ltd

A limited submission for fingolimod (Gilenya®), a single disease modifying therapy in highly active relapsing remitting multiple sclerosis for the following groups of paediatric patients aged 10-17 years of age: for patients with highly active disease despite a full and adequate course of treatment with at least one disease modifying therapy or patients with rapidly evolving severe relapsing remitting multiple sclerosis defined by 2 or more disabling relapses in one year, and with 1 or more gadolinium enhancing lesions on brain MRI or a significant increase in T2 lesion load as compared to a previous recent MRI
Applicant Company: Novartis Pharmaceuticals UK Ltd

Members were reminded to declare any personal or non-personal interests ahead of the next meeting on 15th May 2019.

Patients, patient organisations and patient carers were invited to submit their views on these medicines or contact AWTTC for further information on the appraisal process and future work programme.

The Chair confirmed the date of the next meeting on Wednesday, 15th May 2019 in Cardiff