

Enclosure No:	1/AWMSG/0619
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, 15th May 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 Cath Bale | Hospital Consultant | |
| 3. | Dr Balwinder Bajaj | Clinical Pharmacologist | |
| 4. | Dr Jeremy Black | General Practitioner | |
| 5. | Mr Stuart Davies | Finance Director | |
| 6. | Prof Iolo Doull | WHSSC | 7-11 |
| 7. | Mr Aled Falvey | Other professions eligible to prescribe | |
| 8. | Mr Stefan Fec | Community Pharmacist | |
| 9. | Prof Dyfrig Hughes | Health Economist | |
| 10. | Mrs Mandy James | Senior Nurse | |
| 11. | Mr Cliff Jones | Lay Member | |
| 12. | Mr John Terry | Managed Sector Secondary Care Pharmacist | |
| 13. | Mr Rob Thomas | ABPI | |

In attendance:

Dr James Coulson, Chairman NMG
Mrs Karen Samuels, Head of PAMS, AWTTTC
Mrs Ruth Lang, Senior Liaison Manager, AWTTTC

AWTTTC Leads:

Mrs Susan Cervetto, 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 Aled Falvey to his first meeting. The Chair congratulated Iolo Doull on his appointment as Interim Deputy Chair.

2. **Apologies**

Mrs Susan Murphy, Primary Care Pharmacist

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 PAS and would be held in private to protect commercial confidentiality. The Chair confirmed that the meeting would open to the public at the close of that appraisal session.

5. **Appraisal 1: Limited Submission (PAS)**

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: 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.

The Chair welcomed delegates from Novartis Pharmaceuticals Ltd and confirmed that individuals remaining seated in the public gallery were staff of AWTTTC.

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, as this was a minor licence extension. The submission included evidence from a clinical study conducted in patients aged 10–17 years. Fingolimod has a DOH PAS and is available in England. SMC guidance for Scotland is expected in early June.

The NMG Chair confirmed that NMG supported use of this medicine in NHS Wales for the indication stated. NMG's recommendation applied only when used with the associated PAS.

The Committee's lay member, Mr Jones, referred members to a submission from a patient organisation: the MS Trust. Mr Jones read out the submission from the MS Trust.

The Chair asked the company to comment on the safety profile of fingolimod in children. The company responded that adverse events associated with fingolimod in children were broadly similar to those seen in adults. In the clinical study the incidence of seizures was higher in the fingolimod treatment arm than in the interferon arm. The Committee commented on the high drop-out rate of patients in the trial.

The Committee asked about current clinical practice in Wales, and how many patients were currently being treated with natalizumab or interferon. The company responded that there were no data but that they had looked at the relevant clinical guidelines. The company were asked if there were any data available from the ongoing extension study; they replied that no data were available yet. The company was asked if there had been any cases of progressive multifocal

leukoencephalopathy (PML) in the age group studied in the clinical trial. They responded that none had been reported and they were currently tracking the rate of PML. The Committee asked about comparative outcomes data with natalizumab, quality-of-life data, quantifying depressed mood and depression were quantified in the study and whether the company had homecare provider contracts in place.

The Committee had no comments about any wider societal issues.

Before 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.

The meeting opened to the public and the Chair announced the appraisal recommendation.

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:

Fingolimod (Gilenya®) is recommended as an option for use within NHS Wales as a single disease modifying therapy in highly active relapsing remitting multiple sclerosis for the following groups of paediatric patients aged 10–17 years: 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.

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. Chair's report (verbal update)

The Chair announced the sad loss of Keith Cass, a deputy lay member of AWMSG, who died on 18 April 2019. Keith was a patient volunteer for AWTTTC and had helped Ruth Lang to make a patient information video describing AWMSG's work to encourage more patients to engage with the appraisal process. He founded the Red Sock Campaign to raise awareness of prostate cancer throughout Wales and worked tirelessly to raise money for research into prostate cancer.

The Chair announced the retirement of Phil Routledge as Clinical Director of AWTTTC on 30 April 2019, and the naming of the Routledge Academic Centre at Llandough Hospital in Phil's honour. The Chair described Phil's work and achievements in medicines safety and pharmacovigilance, including serving on NICE HTA committees and as Chair of AWMSG from 2006 to 2014.

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

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 B cell 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.

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 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 and these medicines cannot be endorsed for use within NHS Wales.

Apalutamide (Erleada®) in adult men for the treatment of non-metastatic castration-resistant prostate cancer (NM CRPC) who are at high risk of developing metastatic disease.

Doravirine (Pifeltro®) in combination with other antiretroviral medicinal products, for the treatment of adults infected with HIV-1 without past or present evidence of resistance to the NNRTI class.

Doravirine/lamivudine/tenofovir disoproxil fumarate (Delstrigo®) for the treatment of adults infected with HIV-1 without past or present evidence of resistance to the NNRTI class, lamivudine, or tenofovir.

Galcanezumab (Emgality®) for prophylaxis of migraine in adults who have at least four migraine days per month.

Mogamulizumab (Poteligeo®) for the treatment of adult patients with mycosis fungoides or Sezary syndrome who have received at least one prior systemic therapy.

Rituximab (MabThera®) in combination with glucocorticoids for the treatment of adult patients with severe, active granulomatosis with polyangiitis (Wegener's) (GPA) and microscopic polyangiitis (MPA).

The Chair announced the acceptance of AWPAG's recommendation to suspend its work on "Over the counter medicines" project, based on comments AWPAG received from consultation. Only the work on probiotics, vitamins and minerals will continue, as these could be incorporated into work on the Medicines Identified as Low Priority for Funding project. The Chair thanked everyone who had contributed to the consultation.

The appraisals scheduled for the next AWMSG meeting on 19 June 2019 in the Copthorne Hotel, Cardiff were announced:

A limited submission for rufinamide (Inovelon®) adjunctive therapy in the treatment of seizures associated with Lennox Gastaut syndrome in patients 1 year of age to less than 4 years of age.

Applicant company: Eisai Ltd

A limited submission for eslicarbazepine acetate (Zebinix®) adjunctive therapy in adolescents and children aged above 6 years, with partial-onset seizures with or without secondary generalisation. Eslicarbazepine acetate (Zebinix®) should be restricted to treatment of highly refractory patients who remain uncontrolled with, or are intolerant to, other anti-epileptic medicine combinations

Applicant company: Eisai Ltd

Members were reminded to declare any personal or non-personal interests ahead of the next meeting on 19 June 2019.

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

7. Appraisal 2: Full Submission

Doxylamine succinate/pyridoxine hydrochloride (Xonvea®) for the treatment of nausea and vomiting of pregnancy in those patients who do not respond to conservative management

The Chair welcomed the representatives on behalf of Alliance Pharmaceuticals Ltd.

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 appraisal lead set the context of the appraisal and relayed the key aspects of the submission as outlined in the ASAR. Doxylamine succinate/pyridoxine hydrochloride is a combination product for treating nausea and vomiting in pregnancy (NVP) that has been widely used for this indication in the USA and Canada. In the UK, it is the only licensed product for treating NVP; all other medicines currently used for NVP are used off-label. This is a selective submission for women with NVP where conservative management has failed, and who have a Pregnancy-Unique Quantification of Emesis (PUQE) score of 10 or greater; considered at greatest risk of hospitalisation. No comparative efficacy studies had been conducted. The pivotal study reported in the ASAR reported efficacy against placebo, and did not investigate hospitalisation rates. Although the improvements compared to placebo were small, the MHRA considered the results of this study to be clinically meaningful; also that the medicine had an acceptable safety profile. The cost-effective analysis showed uncertainties, specifically with hospitalisation rates, dose and the comparative data used. These led to ICERs that were highly unstable. AWTTTC could not accurately determine the most plausible ICER due to a lack of robust evidence regarding hospitalisation rates. AWTTTC stated that the costs used to calculate the budget impact could have been underestimated.

The appraisal lead referred to NICE, RCOG, and Royal College of Ireland guidelines. She also mentioned SMC had recently appraised this medicine, but had not been able to recommend its

use in Scotland. Submissions from two patient organisations supported the view that women with NVP should have treatment choices available to them and stressed the importance of a licensed option.

The NMG's Chair reported that NMG had considered the submission and had not recommended the use of doxylamine succinate/pyridoxine hydrochloride to treat NVP. NMG said that the evidence for cost-effectiveness presented in the submission was insufficient to recommend its use. There were uncertainties particularly around the hospitalisation rate and dose used in the economic model provided in the company's submission. This, together with the small utility gains, meant there were limitations to the economic analyses. The lack of direct and indirect comparative data between doxylamine succinate/pyridoxine hydrochloride and its comparators also limited the economic analyses as it assumed there was no difference between the comparators and placebo. When making its decision NMG took into account the information in the ASAR and the views of clinical experts and patient organisations.

The appraisal lead summarised clinical expert opinion. Doxylamine succinate/pyridoxine hydrochloride was considered safe to use; however, a 50% reduction in hospitalisations was considered unlikely. It was important that clinicians had access to licensed products, but it was agreed that medicines had been used off-label to treat NVP for years. One expert stated that if recommended doxylamine/pyridoxine should be for specialist prescribing only; based on the fact there were no comparative data to say it's any better than what is already used, and it was more expensive.

The Chair opened the discussion and asked the company about the safety of doxylamine succinate/pyridoxine hydrochloride. The company said it had been available for treating NVP for around 50 years, mainly in the USA and Canada. It had been withdrawn in the USA for a short period of a few years because of safety concerns but was since re-introduced. The US FDA had periodically looked at safety issues and a lot of safety data existed. The MHRA had also reviewed safety data. The Chair commented on the improvements seen in the placebo arm of the clinical study included in the ASAR.

The Committee discussed the PUQE score, which was used to measure efficacy in the pivotal clinical study and asked the company to explain some of the factors it included. The feasibility of doing a network meta-analysis on the clinical studies available was discussed.

The Committee asked if doxylamine succinate/pyridoxine hydrochloride would be available to all women with NVP. The company clarified that it would only be used if first-line interventions for NVP had not worked. First-line treatments were non-pharmacological, and included ginger tea, rest, and acupuncture. If conservative measures had not worked, then doxylamine succinate/pyridoxine hydrochloride would only be given to women with a PUQE score of 10. The Committee considered the wording of patient information leaflets for those medicines that are currently used off-label to treat NVP.

Professor Dyfrig Hughes summarised the evidence for cost-effectiveness, which used a cost-utility analysis, and a base case that doxylamine succinate/pyridoxine hydrochloride would be less expensive than comparators because of fewer hospitalisations. The budget impact was based on a dose of two tablets of doxylamine succinate/pyridoxine hydrochloride per day.

The Committee discussed the use of data in the economic analyses relating to the change in hospitalisation rates observed from US and Canadian data from the 1980s and also the doses used in the company's model. The Committee asked about the cost of doxylamine succinate/pyridoxine hydrochloride, when it had been in use for many years. The company said their development had incurred costs, such as costs of pharmacokinetics and pharmacodynamics studies.

The Chair invited the lay member, Mr Jones, to highlight the issues raised in submissions from two patient organisations: Pregnancy Sickness Support and British Pregnancy Advisory Service. These highlighted nausea as the worst aspect of NVP. They felt it was important for doctors to have a medicine that can be prescribed, and to know that other medicines could be prescribed off-label.

The Committee considered the societal issue that doxylamine succinate/pyridoxine hydrochloride was the only medicine licensed for treating NVP. The evidence presented compared doxylamine succinate/pyridoxine hydrochloride with other medicines that were currently used to treat NVP although their use in this indication was off-label.

The Chair offered the company representatives an opportunity to address the group. There were no outstanding issues from the company's perspective. The company commented that the GMC suggests using a licensed medicine if one exists, rather than using a medicine off-label, and said that doxylamine succinate/pyridoxine hydrochloride would address an unmet need and reduce burden on the NHS. After receiving 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:

Doxylamine succinate/pyridoxine hydrochloride (Xonvea®) is not recommended for use within NHS Wales for the treatment of nausea and vomiting of pregnancy (NVP) in women who do not respond to conservative management.

The cost-effectiveness data presented in the submission were insufficient for AWMSG to recommend its use.

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.

8. All Wales COPD Management and Prescribing Guide

Dr Simon Barry, a Consultant Chest Physician at Cardiff & Vale UHB, asked for AWMSG's endorsement of a COPD management and prescribing guide. AWMSG had previously discussed the guide and its related app. Dr Barry clarified how the guide and the app were intended to be used: the aim was to remove confusion about what should be prescribed for COPD.

The Committee recognised that a lot of work had gone into developing the guide and app. Dr Barry said the guide aimed to reduce variation in prescribing across practices: patients currently are prescribed different medicines, at different doses, because current guidelines didn't specify what to prescribe. He also thought that people would be more likely to follow the guide if it was provided on a digital platform.

The Committee had sought to clarify whether the app would be considered a medical device; the Chair said it was the app owner's responsibility to seek clarity on this from the MHRA. AWMSG was requested to only consider endorsing the content of the guideline and not the app. The Committee asked how often the guide would be reviewed and updated, and how that would be implemented. Dr Barry said that the guide would be reviewed once a year and it was easy to update; the plan was to make it available on all computers in primary care. He asked AWMSG to be involved in the review process. He also confirmed that the guide did not include the prices of medicines.

The Committee endorsed the guide and agreed to work out the details of the update process. They liked the inclusion of non-pharmacological actions in the guide and described it as providing value-based healthcare.

9. Antimicrobial Drug Chart

Mrs Julie Harris, an Antimicrobial Pharmacist from Swansea Bay UHB, requested AWMSG's endorsement of the Antimicrobial Drug Chart on behalf of the All Wales Clinical Reference Group. She summarised some changes to the chart: turning it into a booklet format, with a back page for nursing staff to document the reasons for prescribing. She reported excellent user feedback from a six-month pilot study of the chart at selected hospitals in Wales, and said that work was under way to address some aspects of it that were thought less successful. The chart had reduced the need for using multiple charts, and can also be used to monitor missed doses.

Two members of the Committee said they had taken part in the pilot study and liked the chart. One member asked if they had had any input from district nurses. Mrs Harris said work was under way on a community drugs chart, specifically for use in the community. The Committee endorsed the antimicrobial drug chart and welcomed the improvements.

10. Feedback from AWPAG meeting held on 20 March 2019

Mrs Louise Howard-Baker, Chair of AWPAG, gave feedback to members from the meeting held on 20 March 2019. A summary of information was provided on the All Wales Antimicrobial In-patient Medication Administration Record, Paediatric Steroid Replacement Therapy Card for Adrenal Insufficiency, and Conditions for which over the counter items should not routinely be prescribed – Guidance for NHS Wales. Mrs Howard-Baker also informed members that Emyr Jones provided a presentation on an update to the Community Healthcare Work Programme. The meeting was also attended by Dr Gareth Collier, Respiratory Consultant Hywel Dda health board, who provided a summary of the Welsh Hospital Electronic Prescribing, Pharmacy and Medicines Administration project (WHEPPMA) project.

11. National Prescribing Indicators 2018-19 Analysis of Prescribing Data to December 2018

Mr Richard Boldero and Mrs Claire Thomas, Pharmacists from WAPSU, presented the analysis of NPIs up to December 2018. Mrs Thomas drew members' attention to the heat map on page 5. The heat map demonstrated health board or GP practice achievement of the target or threshold, depending on the indicator. However, there was an error with both 4C antibacterial indicators on the heat map. Mrs Thomas reassured that this had now been rectified and a corrected version will be posted online and disseminated.

Mrs Thomas informed members that the four safety NPIs were: Prescribing Safety Indicators; the prescribing of hypnotics and anxiolytics; analgesics; and Yellow Card reporting. The Prescribing Safety Indicators were new for 2018-2019. There were no targets associated with these indicators; however, data can be used for benchmarking.

Members were informed of the following key points:

- Hypnotic and anxiolytic prescribing, tramadol, and use of opioid patches all showed a reduction in prescribing, compared with the equivalent quarter of 2017-2018, which is in line with the aim of these indicators.
- Prescribing of gabapentin and pregabalin continues to increase with a 6.59% increase across Wales, compared with the equivalent quarter of the previous year, despite the aim of the indicator being to reduce prescribing.
- 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. The aim of the indicator is to encourage reporting. Across Wales, GP practice reporting reduced by

5%, equating to 25 fewer Yellow Cards fewer submitted in Quarter 3 of 2018-2019, compared with Quarter 3 of 2017-2018.

- Compared with the equivalent quarter of the previous year, reports submitted by secondary care increased by 41% (an additional 60 cards), reports submitted by health boards overall increased by 11% (an additional 83 cards) and reports submitted by members of the public increased by 69% (an additional 47 reports).

The stewardship indicators focus on antimicrobial prescribing, with the aim of reducing inappropriate prescribing and variation in primary care, and encouraging appropriate antimicrobial prophylaxis for colorectal surgical patients in secondary care.

Members were informed of the following key points:

- The target of reducing the total volume of antibacterial prescribing in primary care by 5% compared with the equivalent quarter of 2016–2017, was introduced for health boards. All seven health boards achieved the target for the third quarter 2018–2019.
- Prescribing of co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin (together known as the 4Cs) reduced across Wales in terms of items per 1,000 patients, and items as a percentage of all antimicrobial prescribing.

Mr Boldero introduced the efficiency NPIs. Members were informed of the following key points:

- Three biological medicines were monitored for biosimilar use; compared with the equivalent quarter of last year use of etanercept biosimilars increased by 86%, infliximab biosimilars by 95% and rituximab biosimilars by 95%. This is in line with the aim of the NPI.
- The report also showed an increase in the use of trastuzumab biosimilars from zero to 33% compared with the equivalent quarter of the previous year. There was no use of adalimumab biosimilars reported in the quarter.
- Overall, for the five biological medicines combined, use of biosimilars increased from 47% to 61% when compared with the equivalent quarter of the previous year.

One member asked what implementation work is being done to support the prescriber safety indicators. Members were informed that these are part of the recently developed Patient Safety Dashboard which will be accessible by all health boards.

The Chair confirmed the date of the next meeting on Wednesday, 19 June 2019 in Cardiff