

**ALL WALES MEDICINES STRATEGY GROUP  
MINUTES OF THE AWMSG MEETING HELD ON  
WEDNESDAY, 13<sup>th</sup> AUGUST 2008 COMMENCING 10.30 AM  
AT THE ANGEL HOTEL, ABERGAVENNY**

**MEMBERS PRESENT:**

**Did not  
participate in**

1. Dr Paul Buss                      NHS Consultant (Vice Chairman)
2. Dr Geoffrey Carroll            Health Commission Wales
3. Mr Jeff Evans                    Other professionals eligible to prescribe
4. Dr Bruce Ferguson            Trust Medical Director
5. Dr Karen Fitzgerald            National Public Health Service Wales
6. Mr Peter Harsant                Industry Representative
7. Mr Robert Holcombe,        LHB Finance Director
8. Cllr Meurig Hughes            Lay member
9. Dr Thomas Lau                 General Practitioner and prescribing lead
10. Dr Brendan Lloyd              LHB Medical Director
11. Prof Ceri Phillips              Health Economist
12. Prof Philip Routledge        Clinical Pharmacologist (Chairman)

**IN ATTENDANCE:**

13. Mrs Ruth Lang                    Welsh Medicines Partnership
14. Mrs Karen Samuels              Welsh Medicines Partnership
15. Mr Jeremy Savage                Welsh Assembly Government (**agenda items 1-8**)
16. Miss Carwen Wynne Howells    Welsh Assembly Government (**agenda items 8-14**)
17. Dr Martin Duerden                NMG Chairman (**for appraisals only**)

*List of Abbreviations:*

ABPI	Association of the British Pharmaceutical Industry
ASAR	AWMSG Secretariat Assessment Report
AWCDG	All Wales Cancer Drugs Group
AWMSG	All Wales Medicines Strategy Group
AWPAG	All Wales Prescribing Advisory Group
BMA	British Medical Association
BNF	British National Formulary
CR/ASAR	Company response to the AWMSG Secretariat assessment report
CR/FAR	Company response to the final appraisal report
CR/PAR	Company response to the preliminary appraisal report
CSCG	Cancer Services Co-ordinating Group
CHM	Commission on Human Medicines
DTB	Drug & Therapeutics Bulletin
FAR	Final appraisal report
HCW	Health Commission Wales
HoPMMs	Heads of Pharmacy and Medicines Management
HSW	Health Solutions Wales
LHB	Local Health Board
M&TCs	Medicines & Therapeutics Committees
MHRA	Medicines & Herbals Regulatory Authority
NHSIF	NHS Industry Forum
NICE	National Institute for Health and Clinical Excellence
NLIAH	National Leadership and Innovation Agency for Healthcare
NMG	New Medicines Group
NPHS	National Public Health Service
PAR	Preliminary appraisal report
PPRS	Prescription Price Regulation Scheme
SAFF	Service and Financial Framework
SMC	Scottish Medicines Consortium
SPC	Summary of Product Characteristics
TDA User Group	Therapeutic Development Appraisal User Group
T&FG	Task and Finish Group
WeMeReC	Welsh Medicines Resource Centre
WMIC	Welsh Medicines Information Centre
WMP	Welsh Medicines Partnership

**1. Welcome and introduction**

The Chairman opened the meeting and welcomed members.

**2. Apologies**

Dr Fraser Campbell, LHB Medical Director

Mr Brian Hawkins, LHB Pharmacist

Mrs Wendy Warren, Senior Nurse

**3. Declarations of interest**

The Chairman asked members to declare any specific, non-specific, personal or non-personal interests. Dr Martin Duerden declared a personal non specific interest in Amgen and the Chairman confirmed that Dr Duerden would not participate in the appraisal of pegfilgrastim.

Mr Meurig Hughes joined the meeting.

#### 4. Chairman's report

The Chairman welcomed Dr Karen Fitzgerald to her first meeting as NPHS representative and confirmed that Miss Anne Hinchliffe had been appointed deputy member.

The Chairman announced that Carolyn Poulter had resigned her post within Welsh Assembly Government to take up a new appointment, and thanked Carolyn for her invaluable contribution since the inception of AWMSG six years ago.

The Chairman confirmed that subject to paragraph 13 of the AWMSG Constitution, a voting member's term of office is between 1 and 5 years and the usual term of office is 3 years. He confirmed that members may serve 2 terms, though the total period of appointment must not exceed 10 years. The Chairman informed members that re-appointment is subject to a satisfactory performance appraisal, which will be undertaken over the next couple of months.

The Chairman reported he had met with the Minister for Health and Social Services at the end of July. He conveyed the Minister's support of the direction of travel of the AWMSG Medicines Strategy, and confirmed that AWMSG had been requested to prioritise the recommendations. The Chairman confirmed that a discussion paper would be prepared by WMP and brought to the next AWMSG meeting.

The Chairman reported that the title of the AWPAG paper relating to the BNF respiratory chapter review had been changed to reflect its role to identify key prescribing messages. The paper, considered at the AWMSG June meeting, had subsequently been updated in light of the discussions and signed off by AWPAG at their meeting in July. The Chairman confirmed it will shortly be posted on the AWMSG website and disseminated.

The Chairman reported he had met with Alan Willson, Director of Research and Development at NLIAH, to discuss AWMSG's support of the Saving 1000 Lives Campaign. He informed members that a paper will be brought to a future AWMSG meeting outlining further initiatives for collaboration.

The Chairman confirmed that Ministerial endorsement had been received for the appraisals held at the June meeting in relation to:

Ziconotide (Prialt<sup>®</sup>▼)  
Buprenorphine/naloxone (Suboxone<sup>®</sup>▼)  
Lenalidomide (Revlimid<sup>®</sup>▼)  
Deferasirox (Exjade<sup>®</sup>▼)

It was reported that the Final Appraisal Reports had been posted on the AWMSG website and the Service had been informed.

The Chairman confirmed that at the June meeting he had announced five appraisals would be held in August. Members were informed that the appraisal of maraviroc (Celsentri<sup>®</sup>▼) had been suspended and had not proceeded to NMG. A re-submission is expected in September, the scheduling of which will be dependant on the future work programme. The Chairman reported that NMG had considered anidulafungin (Ecalta<sup>®</sup>▼) for the treatment of invasive candidiasis in adult non-neutropenic patients and had requested the manufacturers provide additional information. On receipt of this a reappraisal will be scheduled, depending on the future work programme.

The Chairman confirmed that representatives from WMP had met with industry colleagues at the TDA Users Group in July to discuss issues relating to the AWMSG appraisal process. The issue of providing new evidence after receipt of Form B had been discussed. The Frequently Asked Questions, available on the AWMSG website, had subsequently been updated to provide further clarity in this respect and other appraisal issues.

The appraisals for next AWMSG meeting in October were announced:

- Appraisal 1: stiripentol (Diacomit<sup>®</sup>)  
In conjunction with clobazam and valproate as adjunctive therapy of refractory generalized tonic-clonic seizures in patients with severe myoclonic epilepsy in infancy (SMEI, Dravet's syndrome) whose seizures are not adequately controlled with clobazam and valproate
- Appraisal 2: rufinamide (Inovelon<sup>®</sup>▼)  
Treatment of seizures associated with Lennox-Gastaut syndrome (LGS) as adjunctive therapy in patients four years and older
- Appraisal 3: raltegravir (Isentress<sup>®</sup>▼)  
Raltegravir is indicated in combination with other antiretroviral medicinal products agents for the treatment of Human Immunodeficiency Virus (HIV-1) infection in treatment-experienced adult patients with evidence of HIV-1 replication despite ongoing antiretroviral therapy
- Appraisal 4: icatibant (Firazyr<sup>®</sup>)  
Symptomatic treatment of acute attacks of hereditary angioedema (HAE) in adults with C1-esterase-inhibitor deficiency
- Appraisal 5: abacavir/lamivudine (Kivexa<sup>®</sup>)  
Antiretroviral combination therapy for the treatment of human immunodeficiency virus (HIV) infection in adults and adolescents from 12 years of age.
- Appraisal 6: teriparatide (Forsteo<sup>®</sup>▼)  
To increase bone mass in men with primary or hypogonadal osteoporosis who are at high risk from fracture.

**5. Minutes of previous meeting**

The minutes of the previous meeting were checked for accuracy. No changes were made and there were no matters arising.

**6. Appraisal 1 – trabectedin (Yondelis<sup>®</sup>▼)**

For advanced soft tissue sarcoma  
Start time 10.42 am

The Chairman confirmed that the applicant company, Pharma Mar S.A., had declined to attend the appraisal.

Members were asked to confirm any declarations of interest – there were none.

The Chairman confirmed that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this, and that a negative recommendation would not impact on the clinical freedom of the prescriber. He explained that a positive recommendation by AWMSG, subsequently endorsed by the Minister for Health and Social Services, places an obligation on Trusts and LHBs in Wales to fund accordingly. He reiterated that AWMSG advice is interim to NICE should it be subsequently published.

The Chairman confirmed the sequence of the appraisal and invited the NMG Chairman, Dr Martin Duerden, to address the Group.

Dr Duerden set the context of the appraisal and provided an overview of the discussions held at the NMG on 16<sup>th</sup> July 2008. The relevant issues contained within the PAR, enclosure 2/AWMSG/0808, were highlighted and he conveyed the views of the medical expert and patient organisations which were supportive of the treatment. In conclusion, he confirmed that, based on the lack of evidence, the preliminary recommendation of NMG was not to support the use of the medicine in Wales.

The Chairman opened the discussion and confirmed the remit of NMG:

- to consider the clinical evidence and cost effectiveness evidence and provide AWMSG with a preliminary recommendation on the use of a new technology within NHS Wales

and the remit of AWMSG:

- to consider NMG's advice and take into account broader societal issues, including budget impact, in advising the Minister for Health and Social Services on the use of a new technology within NHS Wales.

The Chairman outlined AWMSG's criteria for appraising ultra orphan medicines. Issues relating to the clinical effectiveness were discussed.

The Chairman asked members to consider the evidence in relation to cost effectiveness and invited Professor Ceri Phillips to bring to the attention of the Committee any relevant issues. Professor Phillips confirmed there was considerable uncertainty in relation to the cost effectiveness data as the model provided by the manufacturers had contained a large number of assumptions, many of which tended to favour the therapy. It was confirmed that the manufacturer has a specific obligation to undertake more research. The Chairman asked members to address issues in relation to the clinical effectiveness. There was discussion over lack of data in median length of treatment, disease progression, quality of life, survival rates and life expectancy. Members were asked to consider the need for standardisation of care for patients. The Chairman invited members to comment on societal issues, particularly the patient organisation and medical expert views (Rarer Cancers Forum and Sarcoma UK).

Members were referred to the company response. Pharma Mar had not wished to provide comment in relation to NMG's preliminary recommendation.

The Chairman closed the discussion at 11.29 am.

### **Appraisal decision**

The recommendation of AWMSG to the Minister for Health and Social Services was announced:

**The recommendation of AWMSG is:**

Trabectedin (Yondelis<sup>®</sup>▼) is not recommended for use within NHS Wales for the treatment of patients with advanced soft tissue sarcoma after failure of anthracyclines and ifosfamide, or who are unsuited to receive these agents.

**Key factor/s influencing the recommendation:**

The case for clinical and cost effectiveness has not been proven.

**7. Appraisal 2 – tenofovir disoproxil fumarate (Viread<sup>®</sup>▼)**

For the treatment of chronic hepatitis B in adults

Start time 11.31 am

The Chairman confirmed that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this, and that a negative recommendation would not impact on the clinical freedom of the prescriber. He explained that a positive recommendation by AWMSG, subsequently endorsed by the Minister for Health and Social Services, places an obligation on Trusts and LHBs in Wales to fund accordingly. He reiterated that AWMSG advice is interim to NICE should it be subsequently published.

Members were asked to confirm any declarations of interest – there were none.

The Chairman welcomed Christie Niziol and Helen Dalin from Abacus International, and Lee Neubauer from Gilead Sciences.

Dr Duerden set the context of the appraisal and provided an overview of the discussions held at the NMG. The relevant issues contained within the PAR, enclosure 3/AWMSG/0808, were highlighted. Dr Duerden conveyed the views of the medical expert and patient organisation, Hepatitis B Foundation UK. After having presented a summary of the issues considered by NMG, the Chairman confirmed NMG's advice to AWMSG to support the use of tenofovir disoproxil fumarate (Viread<sup>®</sup>▼) within NHS Wales.

The Chairman invited discussion on issues relating to the clinical effectiveness of the treatment. The resistance pattern was noted and the Chairman invited Ms Niziol to clarify its line in therapy, and the issue of viral load and disease activity.

The Chairman asked members to consider any outstanding issues in relation to the cost effectiveness and invited Professor Phillips to address the Group. Professor Phillips confirmed that the economic model provided in the submission was appropriate and clear and the conclusion of NMG had been that tenofovir disoproxil fumarate (Viread<sup>®</sup>) was highly likely to be cost effective.

The Chairman referred members to the patient organisation submission from the Hepatitis B Foundation UK. There were no further broader societal or budget impact issues raised by members though it was noted that co-ordinated commissioning for treating patients with Hepatitis B needs to be addressed.

The Chairman asked representatives of the applicant company to comment on the general and specific issues. Ms Niziol acknowledged that the submission was complex though the message in demonstrating the clinical and cost effectiveness of the treatment was strong. She confirmed there were no outstanding issues.

Prior to closing proceedings, the Chairman sought confirmation that representatives of the applicant company were satisfied that all issues had been adequately discussed and taken into account and the process had been fair and thorough. Confirmation was received.

The Chairman closed proceedings at 12.10 pm and confirmed that the Committee would retire to vote in private.

### **Appraisal decision**

The recommendation of AWMSG to the Minister for Health and Social Services was announced:

#### **The recommendation of AWMSG is:**

Tenofovir (Viread<sup>®</sup>) is recommended for use within NHS Wales for the treatment of chronic hepatitis B in adults with compensated liver disease, with evidence of active viral replication, persistently elevated serum alanine aminotransferase (ALT) levels and histological evidence of active inflammation and/or fibrosis.

AWMSG is of the opinion that tenofovir (Viread<sup>®</sup>) should be initiated only by healthcare professionals experienced in the management of viral hepatitis; however continued care may be suitable for provision under shared care arrangements.

#### **8. Appraisal 3 – pegfilgrastim (Neulasta<sup>®</sup>)**

For the reduction in the duration of neutropenia and the incidence of febrile neutropenia in patients treated with cytotoxic chemotherapy for malignancy.

Start time 12.12 pm

The Chairman confirmed the personal non-specific interest declared by Dr Martin Duerden. Dr Duerden left the room and did not participate in the discussions.

The Chairman welcomed Mr Rhys Williams and Ms Pam Bacon from Amgen.

The Chairman confirmed that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this, and that a negative recommendation would not impact on the clinical freedom of the prescriber. He explained that a positive recommendation by AWMSG, subsequently endorsed by the Minister for Health and Social Services, places an obligation on Trusts and LHBs in Wales to fund accordingly. He reiterated that AWMSG advice is interim to NICE should it be subsequently published.

The Chairman invited Professor Ceri Phillips to provide an overview of the discussions held at the NMG.

Professor Phillips set the context of the appraisal and highlighted relevant issues contained within the PAR, enclosure 4/AWMSG/0808. He conveyed the views of the medical experts and patient organisation, the Rarer Cancers Forum. He concluded his presentation by confirming NMG's advice to AWMSG was to support the restricted use of pegfilgrastim (Neulasta<sup>®</sup>) as a treatment option.

The Chairman confirmed that AWMSG does not consider discounting or cost sharing schemes within its appraisal process.

The Chairman opened the discussion and invited members to comment on issues relating to the clinical effectiveness, and then cost effectiveness. The Chairman referred

members to the patient organisation submission from The Rarers Cancer Forum. The views of the medical experts were considered.

Miss Carwen Wynne Howells joined the meeting at 12.27 pm.

The Chairman asked representatives of the applicant company to comment on both general and specific issues in relation to outlining the case for the use of pegfilgrastim (Neulasta<sup>®</sup>) in Wales. There were no outstanding issues and Mr Williams confirmed he considered the appraisal to be fair and thanked AWMSG for the transparent process.

The Chairman closed proceedings at 12.40 pm and confirmed that the Committee would retire to vote in private.

### **Appraisal decision**

The recommendation of AWMSG to the Minister for Health and Social Services was announced:

#### **The recommendation of AWMSG is:**

Pegfilgrastim (Neulasta<sup>®</sup>) is recommended as an option for restricted use within NHS Wales for the reduction in the duration of neutropenia and the incidence of febrile neutropenia in patients treated with cytotoxic chemotherapy for malignancy (with the exception of chronic myeloid leukaemia and myelodysplastic syndromes).

Its use should be restricted to patients where the risk of febrile neutropenia is high and where the risk of neutropenia from chemotherapy is likely to be prolonged (more than six days) or for patients with special circumstances e.g. geographical access, needle phobia.

Pegfilgrastim (Neulasta<sup>®</sup>) is not suitable for shared care within NHS Wales.

#### **9. Report on NHSIF**

The Chairman invited Dr Rick Greville, Acting NHSIF Chairman, to update members in relation to the work of NHSIF. Dr Greville highlighted salient issues from the minutes of the NHSIF meeting held in April 2008, Enc 5/AWMSG/0808, particularly in relation to ScriptSwitch, joint working initiatives and the BNF chapter reviews. The Chairman confirmed that any outstanding issues would be progressed via the AWMSG Steering Committee.

#### **10. Update on AWPAG**

The Chairman invited Dr Tessa Lewis to update members in relation to the work of AWPAG. Dr Lewis highlighted salient issues from the minutes of the AWPAG meeting held in July 2008, Enc 6/AWMSG/0808, particularly in relation to the BNF chapter reviews, the updating of the template for prescribing of statins, discussions in relation to ScriptSwitch and special formulations. Dr Lewis confirmed that the updated statin template and discussion paper relating to special formulations would be brought to a future meeting of AWMSG.

#### **11. BNF Chapter 6 – Endocrine: Key messages**

Dr Lewis referred members to Enc 9/AWMSG/0608 and asked members to note the good prescribing practice points raised within the AWPAG review of the Endocrine chapter. The Chairman confirmed the role of the paper was to identify key messages to inform, safe, rational and effective prescribing. The Chairman informed members that comments had been received at a late stage which might result in an amendment to the paper. In her address, Dr Lewis alluded to a minor amendment to be made to the draft



document. It was confirmed that an assessment of the value of the document would be made after the review of the first six chapters had been completed. Dr Lewis agreed to seek the support of the Primary Care Quality Forum with the audit of bisphosphonate use against NICE criteria. The Chairman confirmed that AWMSG endorsed the key prescribing messages identified by AWPAG in their review of BNF Chapter 6 – Endocrine.

**12. National Prescribing Indicators 2009-2010**

The Chairman invited Mrs Louise Howard-Baker to present the National Prescribing Indicators proposed for 2009-2010. Mrs Howard-Baker provided the background to the paper and the rationale behind the decision making. There was discussion over the removal of the inappropriate generic indicator and it was agreed that the prescribing of inappropriate generics could be monitored to ensure that the current levels of prescribing remain consistently low. Concern was expressed over the quality of evidence provided to justify the decision to include chiral medicines and Mrs Howard-Baker outlined the discussion around this. Members supported the suggestion that the Antimicrobial Working Group could collaborate in the development of a national indicator. Mr Harsant sought clarification and transparency of the process to include dialogue with the pharmaceutical industry. Mrs Howard-Baker confirmed that representation from NHSIF had provided the link, and the member had input to the development of the paper. It was noted that the decision to include chiral medicines had been unanimously support by all members of the working group. The Chairman agreed to address the issues of transparency of the process with Dr Greville outside of the meeting. Reference was made to the proposal from NHSIF that implementation of AWMSG/NICE guidance be considered as a National Prescribing Indicator. The Chairman suggested that this be prioritised as part of the Medicines Strategy. The Chairman confirmed a review date of twelve months and AWMSG endorsed the paper subject to a correction of factual inaccuracies.

**13. Feedback on AWMSG Prescribing Incentive Scheme**

Dr Lewis presented Enc 9/AWMSG/0808, a review of the All Wales Prescribing Incentive Scheme and audit of current practice. Members were asked to note that the National Audit Office Report provided evidence that such a scheme is of benefit. Members discussed financial savings, uptake, flexibility in producing non-mandatory scheme, potential problems in financial forecasting and potential for WAPSU to address improvement in quality as well as efficiency. Members agreed that the scheme should continue to be available as a template for local adaptation and agreed that the 'Prescribing Incentive Scheme' could be re-named to more accurately reflect its purpose.

**14. Verbal update on Welsh Analytical Prescribing Unit (WAPSU)**

The Chairman invited Mrs Samuels to update members on the establishment of WAPSU. Mrs Samuels reported that the first meeting of the Task and Finish Operational Advisory Group had been held in May when milestones for the delivery of the project had been agreed with representatives of key stakeholders. Members had been requested to rank the objectives agreed at that meeting. Mrs Samuels confirmed that feedback from the stakeholders would be considered at the next meeting on 11<sup>th</sup> September, along with communication and prioritisation of the work programme. In the interim, it was reported that the job descriptions had been submitted to Cardiff and Vale for Agenda for Change banding. Members were informed that a list of ranked objectives would be presented to AWMSG at a future meeting.

**Date of next AWMSG meeting: Wednesday, 15<sup>th</sup> October 2008  
at the Angel Hotel, Abergavenny commencing 10.30 am.**