WEDNESDAY 8th OCTOBER 2014 COMMENCING 9.30 AM
AT CARDIFF METROPOLITAN UNIVERSITY, LLANDAFF CAMPUS,
WESTERN AVENUE, CARDIFF CF5 2YB

AGENDA

1. Welcome and introduction
2. Apologies
3. Declarations of interest
4. Minutes of previous meeting
5. Chairman’s report (verbal update)
6. Appraisal 1 - Limited Submission (PAS)
   Bortezomib (Velcade®) in combination with pegylated liposomal doxorubicin or dexamethasone for the treatment of adult patients with progressive multiple myeloma who have received at least 1 prior therapy and who have already undergone or are unsuitable for haematopoietic stem cell transplantation
7. Appraisal 2 - Full Submission
   Alogliptin (Vipidia®) in adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control in combination with other glucose lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control
8. Appraisal 3 - Full Submission
   Colestilan (BindRen®) for the treatment of hyperphosphataemia in adult patients with chronic kidney disease stage 5 receiving haemodialysis or peritoneal dialysis
9. GP Cluster Level Comparators
10. Handbook for Homecare Services in Wales
11. Monitoring Usage in Wales of Medicines Appraised by NICE and AWMSG

Enclosure

1/AWMSG/1014

2/AWMSG/1014

3/AWMSG/1014

4/AWMSG/1014

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13. **Appraisal 4 - Limited Submission**  
**Alogliptin/metformin (Vipdomet®)** for the treatment of adult patients aged 18 years and older with type 2 diabetes mellitus: as an adjunct to diet and exercise to improve glycaemic control in adult patients, inadequately controlled on their maximal tolerated dose of metformin alone, or those already being treated with the combination of alogliptin and metformin; in combination with pioglitazone (i.e. triple combination therapy) as an adjunct to diet and exercise in adult patients inadequately controlled on their maximal tolerated dose of metformin and pioglitazone; and in combination with insulin (i.e. triple combination therapy) as an adjunct to diet and exercise to improve glycaemic control in patients when insulin at a stable dose and metformin alone do not provide adequate glycaemic control.

14. **Appraisal 5 - Full Submission**  
**Certolizumab pegol (Cimzia®)** in combination with methotrexate, for the treatment of active psoriatic arthritis in adults when the response to previous disease-modifying antirheumatic drug therapy has been inadequate. Certolizumab pegol can be given as monotherapy in case of intolerance to methotrexate or when continued treatment with methotrexate is inappropriate.

15. **Appraisal 6 – Full Submission**  
**Certolizumab pegol (Cimzia®)** for the treatment of adult patients with severe active axial spondyloarthritis, comprising: adults with severe active ankylosing spondylitis (AS) who have had an inadequate response to, or are intolerant to nonsteroidal anti-inflammatory drugs (NSAIDs); and adults with severe active axial spondyloarthritis without radiographic evidence of AS but with objective signs of inflammation by elevated C-reactive protein (CRP) and/or magnetic resonance imaging (MRI), who have had an inadequate response to, or are intolerant to NSAIDs.

**Date of next meeting:**  
**Wednesday 12th November in Cardiff**