Enclosure No:	**1/AWMSG/0915**
Agenda Item No:	**1** – Minutes of previous meeting
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ALL WALES MEDICINES STRATEGY GROUP (AWMSG)

Minutes of the AWMSG meeting held Wednesday, 15th July 2015 commencing 9.30 am At Cardiff Metropolitan University, Llandaff Campus, Western Avenue, Cardiff CF5 2YB

VOTING MEMBERS PRESENT:

			Did not participate in
1.	Dr Stuart Linton	Chairman	
2.	Dr Emma Mason	Clinical Pharmacologist	
3.	Dr Mark Walker	Medical Director	
4.	Mrs Louise Williams	Senior Nurse	
5.	Professor David Cohen	Health Economist	
6.	Mr Stefan Fec	Community Pharmacist	
7.	Dr Karen Fitzgerald	Public Health Wales	
8.	Mrs Alison Hughes	Managed Sector Primary Care Pharmacist	
9.	Mr Christopher Palmer	Lay Member	
10.	Mr Bill Malcolm	ABPI Cymru Wales	9
11.	Mr John Terry	Managed Sector Secondary Care Pharmacist	
12.	Professor John Watkins	Public Health Wales	
13.	Dr Robert Bracchi	General Practitioner	

IN ATTENDANCE:
Dr Saad Al-Ismail, NMG Chairman
Mrs Karen Samuels, Head of HTA, AWTTC
Mrs Ruth Lang, Head of Liaison & Administration, AWTTC

AWTTC APPRAISAL LEADS:
Dr Stephanie Francis, Senior Appraisal Scientist
Dr Caron Jones, Senior Appraisal Scientist
Mr Anthony Williams, Senior Appraisal Pharmacist (Team Leader)

WELSH GOVERNMENT:
Ms Karen Eveleigh

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
ECDF	English Cancer Drugs Fund
EMA	European Medicines Agency
EOL	End of life
FAR	Final Appraisal Recommendation
FDA	US Food and Drug Administration
GP	General Practitioner
HAC	High Acquisition Cost
HB	Health Boards
HST	Highly Specialised Technology
HTA	Health Technology Appraisal
IR	Independent Review
MHRA	Medicines and Healthcare products Regulatory Agency
MMPB	Medicines Management Programme Board
M&TCs	Medicines & Therapeutics Committees
NICE	National Institute for Health and Care Excellence
NMG	New Medicines Group
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
WHSSC	Welsh Health Specialised Services Committee
WPAS	Wales Patient Access Scheme

Welcome and introduction

1. The Chairman opened the meeting and welcomed members.

2. Apologies

Mr Alun Morgan and Mr Scott Cawley (Other professions eligible to prescribe)
Dr Geoffrey Carroll (Welsh Health Specialised Services Committee)
Dr Catherine Bale and Dr Sue Jeffs (Hospital Consultant)
Dr David Robyns-Owen (GP) – Dr Robert Bracchi co-opted

Not in attendance
Mr Stuart Davies, Finance Director

3. Declarations of interest

The Chairman invited declarations of interest pertinent to the agenda. Mr Bill Malcolm declared an interest pertaining to Appraisal 4 - Tacrolimus (Envarsus®) in that his employer, Novartis, manufacture a competitor product. It was confirmed that Mr Malcolm would not participate or vote in this appraisal. The Chairman informed members that Dr Robert Bracchi had input into the decisions as to whether the applications in relation to the limited submissions met the criteria. The Chairman announced he did not consider this constituted a declaration of interest and members agreed.

4. Minutes of previous meeting

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

5. Chairman's report

The Chairman confirmed that the Minister for Health and Social Services had ratified AWMSG's advice in relation to beclometasone dipropionate/formoterol fumarate (Fostair®) for the symptomatic treatment of patients with COPD, with a FEV1 < 50% predicted normal (pre-bronchodilator) and a history of repeated exacerbations, who have significant symptoms despite regular therapy with long-acting bronchodilators and brentuximab vedotin (Adcetris®▼) for the treatment of adult patients with relapsed or refractory CD30+ Hodgkin lymphoma following autologous stem cell transplant (ASCT) or following at least two prior therapies when ASCT or multi-agent chemotherapy is not a treatment option; as well as for the treatment of adult patients with relapsed or refractory systemic anaplastic large cell lymphoma (sALCL). Members were informed that the service had been informed and the final appraisal recommendations had been uploaded to the AWMSG website. It was noted that AWMSG's recommendation regarding use of ledipasvir/sofosbuvir (Harvoni®) within NHS Wales remained outstanding.

The Chairman informed members that the AWMSG meeting had been rearranged from 14th October to 21st October because the date coincided with the NICE Annual Conference.

The Chairman announced the appraisals scheduled for the next AWMSG meeting on Wednesday, 16th September in Cardiff.

Full Submission (WPAS)
Riociguat (Adempas®) (PAH) for the treatment of adult patients with WHO functional class II to III with inoperable chronic thromboembolic pulmonary hypertension (CTEPH); or persistent or recurrent CTEPH after surgical treatment to improve exercise capacity
Applicant Company: Bayer Healthcare Pharmaceuticals

Full Submission (WPAS)
Riociguat (Adempas®) (CTEPH) as monotherapy or in combination with endothelin receptor antagonists, for the treatment of adult patients with pulmonary arterial hypertension (PAH) with WHO functional class (FC) II to III to improve exercise capacity. Efficacy has been shown in a PAH population including aetiologies of idiopathic or heritable PAH or PAH associated with connective tissue disease
Applicant Company: Bayer Healthcare Pharmaceuticals

Full Submission
Lisdexamfetamine dimesylate(Elvanse®)as part of a comprehensive treatment programme for attention deficit/hyperactivity disorder (ADHD) in newly diagnosed adults
Applicant Company: Shire Pharmaceuticals

Members were reminded to declare any interests in relation to these appraisals before the next meeting.

Patients, patient organisations and patient carers were invited to submit their views to AWTTC in relation to medicines scheduled for appraisal.

6. Appraisal 1: Full Submission

Brimonidine (Mirvaso®) for the symptomatic treatment of facial erythema of rosacea in adult patients

The Chairman welcomed representation from the applicant company Galderma (UK) Ltd.

The Chairman 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 Chairman 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 Chairman outlined the sequence of events and invited Dr Caron Jones, AWTTC Appraisal Lead, to set the context of the appraisal.

Dr Jones presented an overview of the submission as detailed in the ASAR. Dr Jones confirmed that no patient organisation questionnaires had been received.

The Chairman invited Dr Saad Al-Ismail, the NMG Chairman, to provide a brief overview of the relevant issues identified in the preliminary appraisal. Dr Al-Ismail confirmed the view of NMG that brimonidine (Mirvaso®) should be recommended for restricted use within NHS Wales for the symptomatic treatment of facial erythema of rosacea in adult patients. NMG considered that brimonidine (Mirvaso®) should be restricted for use in patients with moderate to severe persistent facial erythema associated with rosacea and should not be recommended for use within NHS Wales outside of this subpopulation.

The Chairman opened the discussion in relation to clinical effectiveness. Clarification was sought in relation to the extreme pallor effect and members considered the side effect profile. Members questioned the applicant company delegates in relation to exclusion of an objective measurement in the study and there was discussion over patient assessment and their perception of improvement. The Chairman drew attention to the clinical expert views and Dr Jones highlighted the key aspects of the summary.

The Chairman invited Professor Cohen to comment on the case for cost-effectiveness. Professor Cohen confirmed his role as AWMSG health economist and confirmed he had no involvement in compiling the ASAR or in discussions at NMG. Professor Cohen provided an overview of the case presented, as summarised in the ASAR, and offered the company delegates opportunity to correct or comment on any aspect of his summary.

The Chairman drew members' attention to the budget impact evidence in the ASAR. Clarification was sought from the applicant company delegates in relation to their estimate of the net cost implications to NHS Wales over five years.

Mr Palmer highlighted the steps taken by AWTTC to seek patient input. In the absence of a

patient organisation questionnaire Mr Palmer highlighted the psychological impact of the condition on patients and the unmet need for a licensed treatment.

There were no outstanding wider societal aspects noted.

The Chairman referred to the applicant company's response and offered further opportunity for the company delegate to comment. Having received confirmation that the appraisal process had been fair and transparent and that all relevant issues had been discussed, the Chairman closed the appraisal.

Appraisal decision subsequently announced in public:
The Chairman 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:

Brimonidine (Mirvaso®) is recommended for restricted use within NHS Wales for the symptomatic treatment of facial erythema of rosacea in adult patients.

Brimonidine (Mirvaso®) should be restricted for use in patients with moderate to severe persistent facial erythema associated with rosacea.

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

7. Appraisal 2 – Full Submission

Darunavir/cobicistat (Rezolsta®) in combination with other antiretroviral medicinal products for the treatment of human immunodeficiency virus 1 (HIV 1) infection in adults aged 18 years or older

The Chairman welcomed representation from the applicant company, Janssen-Cilag Ltd

The Chairman 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 Chairman referred to his previous statement 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 Chairman outlined the sequence of events and invited Dr Stephanie Francis the AWTTC Appraisal Lead, to set the context of the appraisal.

Dr Francis presented an overview of the submission as detailed in the ASAR and confirmed that one patient organisation questionnaire had been received.

The Chairman invited Dr Saad Al-Ismail, the NMG Chairman, to provide a brief overview of the relevant issues identified in the preliminary appraisal. Dr Al-Ismail confirmed the view of NMG that darunavir/cobicistat (Rezolsta®) should be recommended as an option for use within NHS Wales in combination with other antiretroviral medicinal products for the treatment of human immunodeficiency virus-1 (HIV-1) infection in adults aged 18 years or older.

The Chairman opened the discussion in relation to clinical effectiveness. Clarification was

sought in relation to the benefit to patients in offering a combination tablet.

The Chairman referred members to the clinical expert views and Dr Francis highlighted the salient aspects of the summary document. There were no further clinical issues of note.

The Chairman invited Professor Cohen to comment on the case for cost-effectiveness. Professor Cohen confirmed his role as AWMSG health economist and confirmed he had no involvement in compiling the ASAR or in discussions at NMG. Professor Cohen summarised the case presented and offered the company delegates opportunity to correct or comment on any aspect of his summary. The company delegates responded by clarifying their rationale for selecting a cost minimisation analysis. Members noted the budget impact estimates.

The Chairman invited Mr Chris Palmer, the lay member, to provide an overview of the patient organisation submission, a copy of which was included in members' papers.

The Chairman referred to the company response to the preliminary recommendation and invited the company delegates to comment. Prior to concluding the appraisal proceedings he asked the company delegates to confirm they were satisfied that all issues had been adequately addressed and taken into account, and that the process had been fair and transparent. On receipt of this confirmation he concluded the appraisal proceedings.

Appraisal decision subsequently announced in public:
The Chairman 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:

Darunavir/cobicistat (Rezolsta®▼) is recommended as an option for use within NHS Wales in combination with other antiretroviral medicinal products for the treatment of human immunodeficiency virus-1 (HIV-1) infection in adults aged 18 years or older.

8. Appraisal 3: Limited Submission

Magnesium aspartate dehydrate (Magnaspartate®) for the treatment and prevention of magnesium deficiency, as diagnosed by a doctor. Magnaspartate® is indicated in adults, children and adolescents aged from 2 years

The Chairman welcomed representation from the applicant company, Kora Corporation Ltd trading as Kora Healthcare.

The Chairman 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 Chairman alluded to his previous statement 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. It was noted that the application had been considered eligible for a limited submission. In line with this process, evidence of budgetary impact to the existing comparator products(s) should be demonstrated. The Chairman highlighted 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 limited submission.

The Chairman outlined the sequence of events and invited Mr Anthony Williams, AWTTC

Appraisal Lead, to set the context of the appraisal.

Mr Williams presented an overview of the submission as detailed in the ASAR and confirmed that although no patient organisation questionnaires had been completed an email response concerning magnesium treatment had been submitted.

The Chairman invited Dr Saad Al-Ismail, the NMG Chairman, to provide a brief overview of the relevant issues identified in the preliminary appraisal. Dr Al-Ismail confirmed the view of NMG that magnesium aspartate dihydrate (Magnaspartate®) should be recommended as an option for use within NHS Wales for the treatment and prevention of magnesium deficiency, as diagnosed by a doctor, in adults, children and adolescents aged from two years.

The Chairman opened the discussion; the palatability of the medicine and the high sucrose level were discussed. The Chairman referred members to the views of clinical experts and Mr Williams highlighted the key aspects of the clinical expert summary. Members noted the budget impact estimates and the applicant company delegate confirmed that the price would be the same across the hospital and community setting. Members discussed the benefit of having a licensed medicine available to NHS Wales.

Mr Chris Palmer, lay member, highlighted the steps taken by AWMSG to seek input from a patient organisation. It was noted that the medicine was not advocated for use in diabetic patients. There were no other wider societal issues of note.

The Chairman referred to the company response to the preliminary recommendation and invited the company delegate to highlight aspects of their response. The delegate considered that the NMG advice did not reflect that the medicine was the only available licensed oral magnesium product on the market. Prior to concluding the appraisal proceedings the Chairman asked the company delegate to confirm they were satisfied that all issues had been adequately addressed and taken into account, and that the process had been fair and transparent. On receipt of this confirmation he concluded the appraisal proceedings and members retired to vote on the three appraisals undertaken.

Appraisal decision subsequently announced in public:
The Chairman 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:

Magnesium aspartate dihydrate (Magnaspartate®) is recommended as an option for use within NHS Wales for the treatment and prevention of magnesium deficiency, as diagnosed by a doctor, in adults, children and adolescents aged from two years.

The Chairman announced that confirmation of AWMSG's recommendations would be forwarded to the applicant company within five working days. He informed the delegate that they had 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.

Mr Bill Malcolm left the meeting.

9. Appraisal 4 - Limited Submission

Tacrolimus (Envarsus®) for prophylaxis of transplant rejection in adult kidney or liver allograft recipients. Treatment of allograft rejection resistant to treatment with other immunosuppressive medicinal products in adult patients

The Chairman welcomed representation from the applicant company, Chiesi Ltd.

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

The Chairman alluded to his previous statement regarding the impact on the licensed status of the technology and highlighted the importance of monitoring the budget impact as AWMSG reserved the right to request a full submission if the budget impact exceeded that estimated in the limited submission.

Dr Caron Jones, AWTTC Appraisal Lead, set the context of the appraisal and presented an overview of the limited submission as detailed in the ASAR. She confirmed that a patient organisation questionnaire had been received from the Welsh Kidney Patients Association.

Dr Saad Al-Ismail confirmed the view of NMG that tacrolimus (Envarsus®) should be recommended as an option for use within NHS Wales for the prophylaxis of transplant rejection in adult kidney or liver allograft recipients and the treatment of allograft rejection resistant to treatment with other immunosuppressive medicinal products in adult patients.

The Chairman opened the discussion in relation to clinical effectiveness. It was highlighted that patients living in North Wales receive treatment across the border in England where the comparator may be different. Mrs Samuels clarified the definition of a comparator. Dr Mason highlighted the potential risk of confusion to patients with having different formulations of the tablet the same colour. The company delegate highlighted the Medicines and Healthcare products Regulatory Agency and Commission on Human Medicines advice that oral tacrolimus products should be prescribed and dispensed by brand name only, to minimise the risk of inadvertent switching between products, which has been associated with reports of toxicity and graft rejection. It was noted that switching between tacrolimus brands requires careful supervision and therapeutic monitoring by an appropriate specialist. It was confirmed that clinical expert views had not been submitted. The budget impact was noted and there were no issues of note.

Mr Chris Palmer, lay member, highlighted the advantages to patients and quoted from the patient organisation questionnaire received from the Welsh Kidney Patients Association. He highlighted the benefits of having a once daily slow release treatment available, which is both easier for patients and less toxic.

The Chairman referred to the company response to the preliminary recommendation and invited the company delegates to comment. Prior to concluding the appraisal proceedings he asked the company delegates to confirm they were satisfied that all issues had been adequately addressed and taken into account, and that the process had been fair and transparent. On receipt of this confirmation he concluded the appraisal proceedings.

Appraisal decision subsequently announced in public:
The Chairman 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:

Tacrolimus (Envarsus®) is recommended as an option for use within NHS Wales for the prophylaxis of transplant rejection in adult kidney or liver allograft recipients and the treatment of allograft rejection resistant to treatment with other immunosuppressive medicinal products in adult patients.

The Chairman announced that confirmation of AWMSG's recommendation would be forwarded to the applicant company within five working days. He informed the delegates that they had 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.

Mr Malcolm re-joined the meeting.

10. All Wales Prescribing Advisory Group – Feedback from meeting held 3rd June 2015

Ms Kath Haines presented the draft minutes of the All Wales Prescribing Advisory Group meeting held 3rd June 2014. Members were informed of the work currently on-going by the sub-group and Mrs Haines confirmed that the individual projects would be presented to AWMSG at the appropriate time and following consultation.

The meeting was closed to the public to protect commercial confidentiality as Appraisal 5 and 6 included a patient access scheme.

11. Re-appraisal following independent review: Full Submission (WPAS)

Pomalidomide (Imnovid®▼) in combination with dexamethasone for the treatment of adult patients with relapsed and refractory multiple myeloma who have received at least two prior treatment regimens, including both lenalidomide and bortezomib, and have demonstrated disease progression on the last therapy

Prior to commencing appraisal proceedings, the Chairman asked the applicant company delegates to confirm acceptance that individuals remaining in the public gallery were either employed by AWTTC or there at the express wish of Celgene. It was noted a representation from Myeloma UK was given permission by the applicant company to remain in the public gallery.

The Chairman welcomed representation from the applicant company, Celgene Ltd.

The Chairman 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 Chairman 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 Chairman outlined the sequence of events. The appraisal was briefly suspended and it was confirmed that Dr Stephanie Francis would set the context of the appraisal.

The Chairman invited Professor John Watkins, who had chaired the Independent Review (IR) Panel on 24th June 2015, to explain the findings of the group. Professor Watkins explained that one of the grounds for appeal by Celgene was a degree of uncertainty at the appraisal with regard to the estimate of eligible patients within NHS Wales. Having explored this issue in more detail, the IR Panel considered the estimates presented in the company submission were acceptable and suggested that AWMSG should reappraise the medicine. The Chairman accepted the IR Panel's decision and confirmed that the reappraisal would commence.

Dr Francis presented an overview of the submission as detailed in the ASAR and confirmed that two patient organisation questionnaires had been received.

Dr Saad Al-Ismail confirmed the view of NMG that pomalidomide (Imnovid®▼) should be recommended as an option for use within NHS Wales in combination with dexamethasone for the treatment of adult patients with relapsed and refractory multiple myeloma who have received at least two prior treatment regimens, including both lenalidomide and bortezomib,

and have demonstrated disease progression on the last therapy. NMG considered the recommendation should apply only in circumstances where the approved Wales Patient Access Scheme is utilised. NMG acknowledged that the AWMSG criteria for appraising life-extending, end-of-life medicines did apply to pomalidomide (Imnovid®▼) for the indication under consideration. Dr Al-Ismail informed members of the discussion held at NMG in relation to the high unmet need, which had been identified by the clinical experts and patients, and also the limited treatment options.

The Chairman opened the discussion in relation to clinical effectiveness. It was noted that there is no curative treatment for this complex disease; patients experience difficulties accessing treatment; there are limited treatment options for clinicians and data is sparse. The Chairman referred members to the views of clinical experts summarised in their papers.

Professor Cohen was asked to comment on the case for cost-effectiveness. Professor Cohen confirmed his role as AWMSG health economist and confirmed he had no involvement in compiling the ASAR or in discussions at NMG. Professor Cohen summarised the case presented, as documented in the ASAR, and offered the company delegates opportunity to correct or comment on any aspect of his summary. He stated that the main issue in the case for cost-effectiveness was the use of HiDEX as a proxy as this treatment is not used in clinical practice. The company delegates responded and highlighted the limited availability of data in relation to the comparators. They acknowledged the limitations of the case presented.

The budget impact was noted. Clarification was sought in relation to the number of treatment cycles. The advantage to patients of the treatment being an oral medication was also noted.

Mr Chris Palmer, lay member, provided an overview of the patient organisation submissions which had been provided to members in their papers. He read extracts from the questionnaire and highlighted the advantages the medicine would offer to patients and their families. Mr Palmer also referred to a letter from Myeloma UK supporting use of the technology in Wales which had been circulated to all members. It was noted that the medicine is currently being used in England and Scotland.

The Chairman referred to the company response to the preliminary recommendation and invited the company delegates to highlight aspects of their response. The company delegates re-emphasized the unmet clinical need; they acknowledged the submission had been challenging because of the limited availability of data. The company delegate highlighted that pomalidomide is considered the standard treatment of care in Europe and the patient population in Wales is small. Prior to concluding the appraisal proceedings he asked the company delegates to confirm they were satisfied that all issues had been adequately addressed and taken into account, and that the process had been fair and transparent. On receipt of this confirmation he concluded the appraisal proceedings.

Appraisal decision subsequently announced in public:
The Chairman 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:

Pomalidomide (Imnovid®▼) is recommended as an option for use within NHS Wales in combination with dexamethasone for the treatment of adult patients with relapsed and refractory multiple myeloma who have received at least two prior treatment regimens, including both lenalidomide and bortezomib, and have demonstrated disease progression on the last therapy. This recommendation applies only in circumstances where the approved Wales Patient Access Scheme is utilised.

The Chairman announced that confirmation of AWMSG's recommendation would be

forwarded to the applicant company within five working days. He informed the delegates that they had 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

12. Re-appraisal following independent review: Full Submission (PAS) Enzalutamide(Xtandi®) for the treatment of adult men with metastatic castration-resistant prostate cancer who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated

Prior to commencing appraisal proceedings, the Chairman asked the applicant company delegates to confirm acceptance that individuals remaining in the public gallery were either employed by AWTTC or Astellas Pharma Ltd and there were no outstanding issues in relation to confidentiality.

The Chairman invited Professor John Watkins, who had chaired the Independent Review (IR) Panel on 24th June 2015, to explain the findings of the group. Professor Watkins explained that one of the grounds for appeal by Astellas Pharma Ltd was a degree of uncertainty at the appraisal with regard to the estimate of eligible patients within NHS Wales. In addition, there was uncertainty surrounding the additional costs associated with the best supportive care pathway used within the health economic model. Having explored these issues in more detail, the IR Panel considered the number of eligible patients estimated in the company submission was acceptable and that AWMSG should reappraise the medicine in light of this confirmation and also the subsequent clarification of the best supportive care pathway. The Chairman accepted the IR Panel's decision and confirmed that the reappraisal would commence.

The Chairman welcomed representation from the applicant company, Astellas Pharma Ltd. The Chairman 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 Chairman 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 Chairman outlined the sequence of events and invited Dr Stephanie Francis, AWTTC Appraisal Lead, to set the context of the appraisal.

Dr Francis presented an overview of the submission as detailed in the ASAR and confirmed that three patient organisation questionnaires had been received in addition to an individual patient response, all of which had been included in members' appraisal documentation.

The Chairman invited Dr Saad Al-Ismail, the NMG Chairman, to provide a brief overview of the relevant issues identified in the preliminary appraisal. Dr Al-Ismail confirmed the view of NMG that enzalutamide (Xtandi®▼) should be recommended as an option for use within NHS Wales for the treatment of adult men with metastatic castration-resistant prostate cancer who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated. NMG considered the recommendation should apply only in circumstances where the approved Patient Access Scheme is utilised.

The Chairman opened the discussion in relation to clinical effectiveness. Clarification was sought in relation to the patient population. The Chairman reiterated that members should appraise the medicine for the licensed indication.

The Chairman referred members to the views of clinical experts. Dr Francis highlighted the key aspects of the clinical expert summary. It was noted that currently the only option with survival prolonging efficacy is docetaxel and therefore there is an unmet need in chemotherapy-naïve patients.

The Chairman invited Professor Cohen to comment on the case for cost-effectiveness. Professor Cohen confirmed his role as AWMSG health economist and confirmed he had no involvement in compiling the ASAR or in discussions at NMG. Professor Cohen summarised the case presented, as documented in the ASAR, and offered the company delegates opportunity to correct or comment on any aspect of his summary. The company delegates clarified the additional costs associated with the best supportive care pathway over the duration of the model. The budget impact was noted

Mr Chris Palmer provided an overview of the patient organisation submissions. He read extracts from the questionnaires and highlighted the advantages the new medicine would offer to patients and their families.

The Chairman referred to the company response to the preliminary recommendation and invited the company delegates to highlight aspects of their response. The company delegates highlighted a concern that Table 3 – key sensitivity / scenario analyses reflected a range towards the higher end. Dr Francis responded by confirming that AWTTC had considered this comment earlier in the process and the ASAR had been previously updated. Prior to concluding the appraisal proceedings the Chairman asked the company delegates to confirm they were satisfied that all issues had been adequately addressed and taken into account, and that the process had been fair and transparent. On receipt of this confirmation he concluded the appraisal proceedings.

Appraisal decision subsequently announced in public:
The Chairman 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:

Enzalutamide (Xtandi®▼) is recommended as an option for use within NHS Wales for the treatment of adult men with metastatic castration-resistant prostate cancer who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated.

This recommendation applies only in circumstances where the approved Patient Access Scheme is utilised.

The Chairman announced that confirmation of AWMSG's recommendation would be forwarded to the applicant company within five working days. He informed the delegates that they had 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 Chairman confirmed the date of the next meeting on **Wednesday, 16th September 2015 in Cardiff** and closed proceedings.