

<b>Enclosure No:</b>	<b>1/AWMSG/0615</b>
<b>Agenda Item No:</b>	<b>4 – Minutes of previous meeting</b>
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## **ALL WALES MEDICINES STRATEGY GROUP (AWMSG)**

**Minutes of the AWMSG meeting held  
Wednesday, 20<sup>th</sup> May 2015 commencing 10.30  
am at [The Angel Hotel](#), Abergavenny, NP7 5EN**

Did not  
participate in

### **VOTING MEMBERS PRESENT:**

- |     |                       |  |       |
|-----|-----------------------|--|-------|
| 1.  | Dr Stuart Linton      | Chairman                                 |       |
| 2.  | Professor David Cohen | Health Economist                         |       |
| 3.  | Mr Stuart Davies      | Finance Director                         |       |
| 4.  | Mr Stefan Fec         | Community Pharmacist                     |       |
| 5.  | Dr Karen Fitzgerald   | Public Health Wales                      |       |
| 6.  | Dr Sue Jeffs          | Hospital Consultant                      |       |
| 7.  | Mr Bill Malcolm       | ABPI Cymru Wales                         | 7, 12 |
| 8.  | Dr Emma Mason         | Clinical Pharmacologist                  |       |
| 9.  | Mrs Susan Murphy      | Managed Sector Primary Care Pharmacist   |       |
| 10. | Mr Christopher Palmer | Lay Member                               |       |
| 11. | Mr Roger Williams     | Managed Sector Secondary Care Pharmacist |       |
| 12. | Dr Mark Walker        | Medical Director                         |       |
| 13. | Dr Bill Whitehead     | GP with Prescribing Lead role            |       |

### **IN ATTENDANCE:**

Dr Saad Al-Ismael, NMG Chairman  
Mrs Karen Samuels, Head of HTA, AWTTTC  
Mrs Ruth Lang, Head of Liaison & Administration, AWTTTC

### **AWTTC APPRAISAL LEADS:**

Mrs Sue Cervetto, Senior Appraisal Pharmacist  
Dr Claire Davis, Senior Appraisal Scientist  
Dr Stephanie Francis, Senior Appraisal Scientist  
Mrs Sabrina Rind, Senior Appraisal Pharmacist

## **WELSH GOVERNMENT:**

No representation.

### **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
SmPC	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

### **1. Welcome and introduction**

The Chairman opened the meeting and welcomed members.

### **2. Apologies**

Dr Catherine Bale (Hospital Consultant)

Professor John Watkins and Professor Stephen Monaghan (Public Health Wales)

Mrs Louise Williams and Mrs Julie Smith (Senior Nurse)

Mr Alun Morgan and Mr Scott Cawley (Other professions eligible to prescribe)

Dr Geoffrey Carroll, Welsh Health Specialised Services Committee

### 3. **Declarations of interest**

The Chairman invited declarations of interest pertinent to the agenda. Mr Bill Malcolm declared an interest in appraisals 1 beclometasone dipropionate/formoterol fumarate (Fostair<sup>®</sup>) and 3 pomalidomide (Imnovid<sup>®</sup>) in that his employer manufactures competitive products. The Chairman confirmed that Mr Malcolm would not be able to participate or vote in these appraisals.

### 4. **Chairman's report**

The Chairman highlighted that AWMSG's new policy for appraising orphan, ultra-orphan and medicines developed specifically for rare diseases had been tabled for members' information. He confirmed that the document had been discussed at recent AWMSG Steering Committee and TDA Partnership Group meetings and also AWMSG's Patient and Public Involvement Group. The Chairman reminded members that the pilot is underway and applications for appraisal of medicines which fall into the categories of orphan or ultra-orphan medicines, or medicines developed specifically for rare diseases, would be included in the pilot where appropriate. The Chairman stated that the policy document would be shared more widely with the pharmaceutical industry and patient organisations, and uploaded to the AWMSG website.

The Chairman confirmed that the Minister for Health and Social Services had ratified AWMSG's recommendations announced in March. Members were informed that AWTTTC is in the process of informing applicant companies and uploading the final appraisal recommendations to the AWMSG website. Confirmation of receipt of Welsh Government ratification will be emailed to the Service over the next few days.

The Chairman announced the appraisals scheduled for the next meeting on Wednesday, 17<sup>th</sup> June 2015 (in Abergavenny):

Full Submission (WPAS)

**Regorafenib (Stivarga<sup>®</sup>)** for the treatment of adult patients with unresectable or metastatic gastrointestinal stromal tumours (GIST) who progressed on or are intolerant to prior treatment with imatinib and sunitinib

Applicant Company: Bayer Healthcare Pharmaceuticals

Full Submission

**Peginterferon beta-1a (Plegridy<sup>®</sup>)** in adult patients for the treatment of relapsing remitting multiple sclerosis

Applicant Company: Biogen Idec Ltd

Full Submission

**Avanafil (Spedra<sup>®</sup>)** for the treatment of erectile dysfunction in adult men

Applicant Company: A. Menarini Farmaceutica Internazionale SRL

Full Submission

**Levonorgestrel (Jaydess<sup>®</sup>)** for contraception for up to 3 years

Applicant Company: Bayer Healthcare Pharmaceuticals

Limited Submission

**Darunavir (Prezista<sup>®</sup>)** co-administered with low dose ritonavir is indicated in combination with other antiretroviral medicinal products for the treatment of human immunodeficiency virus (HIV-1) infection in paediatric patients from the age of 3 years and at least 15 kg body weight

Applicant Company: Janssen-Cilag Ltd

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 AWTTTC in relation to medicines scheduled for appraisal.

The Chairman drew members' attention to a Confidentiality Statement and asked all members to sign the document and return to AWTTTC.

**5. Minutes of previous meeting**

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

**6. All Wales Choose Pharmacy Formulary**

The Chairman invited Mrs Fiona Woods, Director of the Welsh Medicines Information Centre, to present Enc 2/AWMSG/0515 – the updated All Wales Choose Pharmacy Formulary document. Mrs Woods provided the background and explained that the All Wales Choose Pharmacy Formulary, previously called the Common Ailments Formulary, aims to improve patient access to consistent, evidence-based advice for the management of common ailments. Members were informed that the formulary was developed using recognised resources and involved multi-professional consultation. The document provides consistent evidence-based advice to be used by pharmacists and GPs. It was noted that a patient information leaflet for each condition would be offered, whenever possible, to further support consistency in approach. Having highlighted the updates, Mrs Woods sought endorsement by AWMSG of the formulary.

The Chairman opened discussion. It was suggested that the document could be shared with nurses. Clarification was sought in relation to the pilot and whether the document would be rolled-out nationally. Mrs Woods confirmed that the formulary had been piloted in two health boards and a review is underway. There was discussion regarding the education and training provided to the community pharmacists who participated in the pilot.

The Chairman concluded the discussion by confirming AWMSG's endorsement of the All Wales Choose Pharmacy Formulary.

**7. Appraisal 1: Full Submission**

**Beclometasone dipropionate/formoterol fumarate (Fostair<sup>®</sup>)** for the symptomatic treatment of patients with chronic obstructive pulmonary disease (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

Mr Bill Malcolm left the meeting.

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 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 Mrs Sue Cervetto, AWTTTC appraisal lead, to set the context of the appraisal.

Mrs Cervetto presented an overview of the submission as detailed in the ASAR and highlighted the key aspects of the clinical expert summary. Members were informed that no patient 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 beclometasone dipropionate/formoterol fumarate (Fostair<sup>®</sup>) should be recommended as an option for use within NHS Wales for the indication being appraised.

The Chairman opened the discussion in relation to clinical effectiveness. Clarification was sought in relation to exacerbation and hospitalisation rates. Delegates from the applicant company responded to the issues raised. The Chairman drew attention to the clinical expert summary. There were no outstanding 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 that he had no involvement in compiling the ASAR or in discussions at NMG. Professor Cohen summarised 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 company delegates accepted the summary and had no further comments. The Chairman drew members' attention to the budget impact evidence in the ASAR. 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:

**Beclometasone dipropionate/formoterol fumarate (Fostair<sup>®</sup>) is recommended as an option for use within NHS Wales for the symptomatic treatment of patients with chronic obstructive pulmonary disease, 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.**

Mr Malcolm joined the meeting.

**8. Appraisal 2 - Limited Submission**

**Brentuximab vedotin (Adcetris<sup>®</sup>)** 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)

The Chairman welcomed representation from the applicant company, Takeda 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 Mrs Sabrina Rind, AWTTTC appraisal lead, to set the context of the appraisal.

Mrs Rind presented an overview of the submission as detailed in the ASAR and highlighted that the medicine had been licensed under a conditional approval scheme which was granted in circumstances where a medicinal product fulfils an unmet medical need when the benefit to public health of immediate availability outweighs the risk inherent in the fact that additional data are still required. It was noted that the applicant company had not provided evidence to support use of the medicine for the whole of the licensed indication and had excluded evidence for relapsed or refractory systemic anaplastic large cell lymphoma (sALCL).

Mrs Rind highlighted key aspects of the clinical expert summary. Experts suggested that the medicine would be used in patients fit enough for an allograft who have chemo refractory disease (Hodgkin lymphoma or sALCL) following at least one line of salvage chemotherapy where an autologous transplant would offer a slim chance of long-term cure. In this setting it was suggested that brentuximab vedotin would be used as a bridge to a potentially curative allogeneic bone marrow transplant. Mrs Rind confirmed that three patient organisation questionnaires had been received.

The Chairman invited Dr Al-Ismaïl to provide feedback from NMG's preliminary appraisal. Dr Al-Ismaïl confirmed that NMG were satisfied that the application met AWMSG's criteria for ultra orphan status. He explained that NMG could only consider use in a restricted patient population as Takeda UK had not provided clinical or cost-effectiveness evidence to support the use of brentuximab vedotin in patients with relapsed or refractory sALCL. He concluded his presentation by confirming that NMG had supported the restricted use of brentuximab vedotin 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. Dr Al-Ismaïl confirmed that in the absence of any evidence NMG had not supported use of the medicine for the treatment of adult patients with relapsed or refractory stemtemic anaplastic large cell lymphoma (sALCL).

The Chairman opened the discussion in relation to clinical effectiveness. There was discussion over the safety data and treatment related adverse reactions. Clarification was sought in relation to the treatment pattern of the two patient groups and tolerability levels of the medicine compared to other treatment options. The applicant company informed members of a follow-up study and requirement for annual review by the regulatory agency in relation to emerging evidence. The Chairman referred members to the clinical expert summary and there were no outstanding 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 that he had no involvement in compiling the ASAR or in discussions at NMG. Professor Cohen summarised the case presented, as summarised in the ASAR, and offered the company delegates the opportunity to correct or comment on any aspect of his summary. The applicant company delegates accepted the summary and had no further comments. Members considered the budget impact and clarification was sought in relation to the mean number of cycles. The number of likely eligible patients in Wales was noted.

The Chairman invited Mr Chris Palmer, lay members, to provide an overview of the patient organisation submissions. Members were informed that patient groups welcomed the

medicine and had commented that use of brentuximab represented a step-change in the treatment and management of Hodgkin lymphoma for a small group of patients whose treatment options would otherwise be limited. The advantages to patients were highlighted. These included ease of administration, improved tolerability, limited side effect profile, speed, overall impact and efficiency of treatment, improved quality of life - not just for the patient but also for the patient's immediate and extended family, improvement in long-term survival prospects and improved symptom control. One disadvantage highlighted by a patient group related to the adverse effects; though it was stated the patients would be prepared to accept this given the effect of the treatment. All three patient organisations reiterated the importance of having treatment options available for patients and their clinicians. There were no additional societal issues of note.

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:

**Brentuximab vedotin (Adcetris<sup>®</sup>▼) is recommended for restricted use within NHS Wales 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.**

**Brentuximab vedotin (Adcetris<sup>®</sup>▼) is not recommended for use within NHS Wales for the treatment of adult patients with relapsed or refractory systemic anaplastic large cell lymphoma (sALCL).**

The Chairman announced that confirmation of AWMSG's recommendations 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 took agenda items 9-11 at the end of the meeting.

**9. National Prescribing Indicators 2015-2016: Slide Set**

The Chairman invited Mrs Karen Samuels to present Enc 5/AWMSG/0505. Mrs Samuels informed members that in the absence of the Head of WAPSU, Ms Kath Haines, she had been asked to highlight a slide set that had been produced by WAPSU to support the implementation of the National Prescribing Indicators (NPIs) 2015-2016. It was noted that the document had been provided for information.

**10. National Prescribing Indicators 2014-2015: Analysis of Prescribing Data to Dec 2014**

In the absence of Ms Haines, Mrs Samuels referred members to Enc 6/AWMSG/0515 - a summary of prescribing data for the quarter ending December 2014. It was confirmed that the document had been provided for information. There was a brief discussion relating to presentation and uniformity of information.

## 11. All Wales Homecare Committee

Mrs Samuels asked members to consider Enc 7/AWMSG/0515 – an update report on the All Wales Medicines Homecare Committee (AWMHC) and proposal in relation to the way forward. It was noted that the AWMHC had been established as an AWMSG task and finish group in 2012 to tackle evolving issues linked with homecare medicines and ensure high-level sign off for any guidance and recommendations. The paper being presented to AWMSG set out a proposal that a new group be established by the All Wales Chief Pharmacists Committee and Directors of Finance with membership from each health board/trust to progress implementation, monitoring and the development of a business case to improve efficiencies in service delivery across NHS Wales. This group would continue to work closely with the Homecare Medicines Procurement Team. The AWMHC committee would continue up until the new group had been established, and would then be disestablished. The Chairman opened discussion and Mr Bill Malcolm asked whether a representative from ABPI Wales could be retained on the new group. Mr Stuart Davies agreed to highlight the proposal with the Chair of the Directors of Finance. The Chairman requested that an update report be made to AWMSG in six months. Mrs Samuels agreed to feed back comments to Mrs Jenny Pugh Jones, Chair of the AWMHC. The Chairman closed the discussion and confirmed AWMSG's endorsement of the proposal.

The Chairman announced that the Appraisal 3 and 4 contained commercially sensitive information relating to a patient access scheme and the meeting was closed to the public. The order of the appraisals was changed. Mr Bill Malcolm left the meeting as he had declared an interest in the appraisal of pomalidomide.

## 12. Appraisal 3: 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 AWTTTC or Celgene Ltd and there were no outstanding issues in relation to confidentiality. Having received confirmation, the appraisal commenced.

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 and invited Dr Claire Davis, AWTTTC appraisal lead, to set the context of the appraisal.

Dr Davis clarified that a decision had been made to appraise the medicine following a negative recommendation by NICE on the grounds that additional information, not included in the NICE submission, had been provided. It was noted that AWMSG had previously appraised pomalidomide (Imnovid®) for the same indication and had not recommended its use within NHS Wales. Members were informed that the marketing authorisation holder had subsequently provided additional evidence of cost-effectiveness, which included a Wales

Patient Access Scheme. Dr Davis presented an overview of the submission as detailed in the ASAR. It was noted that consideration of the AWMSG policy on appraising life-extending, end-of-life (EoL) medicines was required.

Dr Davis highlighted the unmet need identified by both patient organisations and clinical experts. Members were informed that two patient organisation questionnaires had been received. Dr Davis noted that clinical experts highlighted the complexity of the disease and the fact that all patients will relapse with no curative treatment currently available. Dr Davis highlighted that clinical experts emphasised difficulties in accessing treatment across Wales, as well as the use of off-label medicines and the lack of access and resources for clinical trials. Dr Davis informed members that the medicine is available via health technology appraisal (HTA) in Scotland and via the National Commissioning route in England.

The Chairman invited Dr Saad Al-Ismael to provide feedback from the preliminary appraisal by the NMG. Dr Al-Ismael relayed the view of NMG that pomalidomide should be recommended as an option for use within NHS Wales for the indication being appraised. In making this decision NMG had applied EoL criteria.

The Chairman opened the discussion in relation to clinical effectiveness. Clarification was sought in relation to patient response rates. Members asked the company delegates to comment on clinical outcomes compared with the comparator. Clarification was sought in relation to how progression-free survival translated to quality of life. There was some discussion regarding patient numbers. Dr Al-Ismael concurred with the clinical expert estimates.

The Chairman invited Professor Cohen to comment on the case for cost-effectiveness. Professor Cohen confirmed his role as AWMSG health economist and confirmed that he had no involvement in compiling the ASAR or in discussions at NMG. Professor Cohen summarised the case presented, as summarised in the ASAR, and offered the company delegates opportunity to correct or comment on any aspect of his summary. It was noted that a Wales Patient Access Scheme would be applied. The company delegates were asked to provide clarity on how the evidence translated clinically and the personal social services costs. It was suggested that the information in Table 2 was not in line with that in Table 4 of the ASAR and members explored the reasons for this. Members were asked to consider wider societal issues and it was noted that pomalidomide is an oral treatment which could be administered at home.

The Chairman invited Mr Chris Palmer, the lay member, to highlight salient aspects of the patient organisation submissions. Mr Palmer referred members to the comprehensive questionnaire responses received from Myeloma UK and Leukaemia Care. The patient organisations highlighted that treatment options are limited and survival prospects poor. Mr Palmer read extracts from the patient organisation submissions. The reduced side-effect profile and patient preference to have a treatment that could be administered at home was conveyed. Mr Palmer highlighted the unmet need.

The Chairman referred to the company response to the preliminary recommendation and invited the company delegates to highlight aspects of their response. 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<sup>®</sup>) is not recommended for use within NHS Wales in combination with dexamethsone 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. The case for cost-effectiveness has not been proven.**

**13. Appraisal 4: Full Submission (PAS)**

**Enzalutamide (Xtandi<sup>®</sup>)** 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 AWTTTC or Astellas Pharma Ltd and there were no outstanding issues in relation to confidentiality. Having received confirmation, the appraisal commenced.

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, AWTTTC appraisal lead, to set the context of the appraisal.

Dr Francis presented an overview of the submission as detailed in the ASAR. Members were informed that the applicant company had requested an appraisal by AWMSG ahead of NICE even though it was anticipated that there may be limited time between publication of AWMSG's recommendation and a NICE final appraisal determination. Members were informed that the urology oncologists had strongly supported the proposal to appraise ahead of NICE. Dr Francis highlighted the unmet need and confirmed that the two alternative treatments licensed for use in the same chemotherapy-naive indication are not currently recommended for use within NHS Wales. Dr Francis stated that three patient organisation questionnaires and one individual patient questionnaire had been received.

The Chairman invited Dr Saad Al-Ismael, the NMG Chairman, to provide a brief overview of the relevant issues identified in the preliminary appraisal. Dr Al-Ismael relayed the view of NMG that enzalutamide should be recommended as an option for use in NHS Wales for the indication being appraised.

The Chairman opened the discussion in relation to clinical effectiveness. Clarification was sought in relation to the patient groups most likely to benefit from treatment. There was discussion in relation to the adverse drug reactions. The Chairman referred members to the clinical expert 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 that he had no involvement in compiling the ASAR or in discussions at NMG. Professor Cohen summarised the case presented, as summarised in the ASAR. He referred to the two areas of concern that had been highlighted by the AWTTTC health economist in the ASAR and offered the company delegates opportunity to provide further clarification in relation to these. The company delegates responded accordingly.

The Chairman drew members' attention to the budget impact evidence in the ASAR. There was discussion in relation to 'other costs' in Table 2 on page 7, and members sought clarification in relation to the significant additional cost of best supportive care compared to enzalutamide. It was noted that no evidence had been provided of what comprised 'other costs'. The monitoring costs were discussed. There was uncertainty expressed in relation to the number of eligible patients. 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:

**Enzalutamide (Xtandi<sup>®</sup>) is not recommended 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. The case for cost-effectiveness has not been proven.**

The Chairman announced that confirmation of AWMSG's recommendations 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, 17<sup>th</sup> June in Abergavenny** and closed proceedings.