



Llywodraeth Cymru
Welsh Government



Chief Medical Officer for Wales

Update 95: April 2019



Welcome to this CMO Update. My aim with this update will be to provide health professionals in Wales with concise summaries of current news, guidance, and developments on a broad range of issues relevant to health service quality and population health improvement. I hope that you will find them useful. If you have any comments on the content or suggestions for inclusion/topics then please feel free to e-mail me at: PS.ChiefMedicalOfficer@gov.wales

Thank you for your continued work in supporting the health and wellbeing of everyone in Wales.

Frank Atherton
Chief Medical Officer for Wales

Inside this issue:

AWMSG Review	02
Anti-psychotic prevalence in care homes – Report of the Short Life Working Group	02
The 2nd anniversary of the New Treatment Fund	03
Dental Digest	04
Update on Dental e-Referral Management System	04
Healthy Weight: Healthy Wales	05
The Shingles Vaccination Programme	06
Introducing a Medical Examiner Service in Wales	07
Health and Care Research Wales Specialty Leads	08
GP Professional Indemnity scheme for GPs in Wales	09
POWYS Teaching Health Board	09
Queens New Years Honours List	10
Certificate of Excellence for the Sensory Policy Branch	10
SPECS	11
The NHS(Paramedic Independent Prescriber and Paramedic Supplementary Prescriber)(Wales)(Miscellaneous Amendments) Regulations 2019	11
All Wales Medicines Strategy Group (AWMSG) update (attached)	12

AWMSG Review

The All Wales Medicines Strategy Group (AWMSG) was established in 2002 to provide advice on medicines management and prescribing to Welsh Government in an effective, efficient and transparent manner. In the 17 years since its inception, the AWMSG has been at the centre of improving the availability of innovative, cost effective medicines for patients in Wales. In the light of the significant changes in the landscape and in terms of good governance and funding process, the Welsh Government has announced there will be an independent review of AWMSG.

The terms of the review are to consider, review and report on:

- the role of AWMSG in supporting the future delivery of Welsh Government and NHS Wales' priorities

- the current relationship between AWMSG and National Institute for Health and Care Excellence (NICE) in light of plans to expand NICE's appraisal role
- the balance between various functions carried out by the AWMSG, for example between appraisal of new medicines and optimising medicine use
- an understanding of how current funding reflects the balance of functions and whether this reflects priorities now and for the future.

Review findings will be considered following its conclusion in May 2019.

Anti-psychotic prevalence in care homes – Report of the Short Life Working Group

Anti-psychotics are a group of medications usually used in the treatment of mental health conditions such as schizophrenia. There have been increasing concerns over recent years about the use of antipsychotics to treat the behavioural and psychological symptoms of dementia (BPSD).

This report makes recommendations in relation to the use of routinely collected data to help understand

the use of antipsychotic medicines amongst older people who are resident both in their own homes and in care homes, and more importantly to understand variation in use that, without prejudging its appropriateness, would warrant further investigation.

The report and its recommendations can be found at: www.assembly.wales/laid%20documents/cr-ld11556/cr-ld11556-e.pdf

The 2nd anniversary of the New Treatment Fund

Introduced in January 2017, the New Treatment Fund speeds up access to medicines recommended by the National Institute for Health and Care Excellence (NICE) and the All Wales Medicines Strategy Group (AWMSG).

The Welsh Government is providing £16 million annually to health boards and Velindre NHS Trust over the five years of this Government – £80m in total – for the New Treatment Fund. This substantial investment in NHS Wales demonstrates the Welsh Government's commitment to ensuring that patients receive the latest recommended treatments quickly, no matter where they live in Wales.

The Fund has shortened the timeframe in which new medicines must be made

available from 90 days to 60. Due to its success, the average time taken to make medicines available has fallen to an average of 17 days. This is making a real difference to patients' lives.

One of the new drugs that has been made available thanks to the New Treatment Fund is the breast cancer drug Palbociclib, which was recommended by NICE for routine use in November 2017. The drug blocks the growth and spread of the cancer and is widely considered to be a game-changer in the treatment and management of metastatic breast cancer.

Our press notice provides further information: <https://gov.wales/newsroom/health-and-social-services/2019/treatment-fund/?lang=en>

Dental Digest

The Winter issue of the Dental Digest was published in February. The purpose of the Dental Digest is to keep practitioners informed of current issues in NHS dentistry:

<https://gov.wales/nhs-dental-services>

Update on Dental e-Referral Management System

A contract to establish a Dental e-Referral Management System (eRMS) was awarded to FDS Consultants and commenced on 1 June 2018 for an initial 3 year period. eRMS will allow for dental triage into specialist dental services for use across NHS Wales primary and secondary dental care. The system will improve the quality of referrals and reduce patient waiting times for treatment. It is expected that between 45,000 and 50,000 referrals will go through the e-referral system each year. Once operational, Wales will be the first country in the UK to implement a fully electronic system for dental referrals.

eRMS is planned to go live in the first two early adopter health boards (Hywel Dda and Abertawe Bro Morgannwg) during the spring. It will then be rolled out to all health boards by the summer. All the Information needed to access the eRMS web site for training resources and guides on how to use the system will be going out this month to the early adopter health board dental teams.

Key benefits this system will bring include:

- Improving patient outcomes – the patient will get the right treatment in the most appropriate setting in a timely way;
- The new system will replace the current paper process used by dentists to send referrals which can take up to four days to be delivered by post;
- Reduce waiting times for treatment by improving visibility of available services and a more robust referrals pathway where clinicians and patients can track their progress within the system;
- A more robust referral process will make it easier to identify local service delivery needs and practice level training needs; and
- Dental referrals will have consistent information that all specialists can interpret quickly and accurately, including the ability to view high quality radiograph images digitally.

Healthy Weight: Healthy Wales

The Healthy Weight: Healthy Wales consultation was launched on the 17 January at the Marriott Hotel, Cardiff alongside the Minister for Health and Social Services, Vaughan Gething AM. The consultation highlights our national ambition to address one of the greatest public health challenges of our generation – obesity.

On the day, Evie Morgan from Ysgol Y Pant Comprehensive, gave her detailed and exceedingly articulate opinions on the challenges that face young people when making decisions.

The development of the consultation has been driven by a Strategy Development Board where there has been expert advice and input from a range of dedicated stakeholders to help shape the range of proposals which are identified. The proposals set out in the consultation have a strong focus on prevention and are supported by research and international evidence from Public Health Wales into what can help people to maintain a healthy weight.

Tackling the root causes of why people become overweight is complex; it will require intervention at every level. We are under no illusion – there is no quick fix or easy solution to this problem. But we have a real chance in Wales to help shape a range of proposals and solutions which can begin to turn the tide. The consultation has been split into four main themes:

- Leadership and Enabling Change
- Healthy Environments
- Healthy Settings
- Healthy People

The consultation is open for 12 weeks until the 12 April. A number of events will take place across Wales, which includes consultation and engagement events. Feedback from the public gathered during the consultation will be used to help inform the final Healthy Weight: Healthy Wales strategy, due to be published in October 2019.

To engage with us and feed back on the proposals, please access <https://beta.gov.wales/healthy-weight-healthy-wales>.

The Shingles **Vaccination** Programme

The annual incidence of shingles for those aged 70 to 79 years is estimated to be around 790 to 880 cases per 100,000 people in England and Wales. Data from GP based studies in England and Wales suggest that over 50,000 cases of shingles occur in people aged 70 years and over annually, with around 4% of the cases resulting in complications including long term pain (postherpetic neuralgia).

A national shingles vaccination programme was introduced on 1 September 2013. Since that time people aged 70 years on 1 September of each year have been offered vaccination as part of the routine programme. There has also been a phased "catch up" programme for people aged 71 to 79 years. The aim of the shingles immunisation programme is to lower the incidence and severity of shingles in older people. Uptake information can be found on the Public Health Wales web site.

From April 2019 eligibility for the shingles vaccination programme will be simplified.

From 1 April 2019, shingles vaccination may be offered to individuals aged 70 years. Vaccination can be offered on or after they reach their 70th birthday but not before. In addition shingles vaccine should be offered to all unvaccinated individuals in their 70s who have not yet reached their 80th birthday.

It is hoped that simplifying the eligibility criteria will help practices identify eligible patients, including those that have previously missed the opportunity to be vaccinated. You are asked to consider what more can be done in your practice to maximise uptake. Examples of good practice may include a personal invitation by telephone or text or adopting a call-recall system, for eligible patients. Public Health Wales have developed a range of supporting material which you may find useful at practice level in helping to publicise the programme

www.wales.nhs.uk/sitesplus/888/page/43922/

Introducing a **Medical Examiner Service** in Wales

The UK Government has confirmed plans for a two stage approach to the introduction of medical examiners. Initially a non-statutory medical examiner arrangement will be introduced from April 2019 in England and Wales. Medical Examiner offices will generally be hosted by NHS acute provider organisations in England and the NHS Wales Shared Services Partnership (NWSSP) in Wales.

The non-statutory medical examiner arrangement will mean the current death certification process will run concurrently with the medical examiner system. Specifically trained medical examiners and their staff will work within the standards and guidelines set by the National Medical Examiner for England and Wales who will provide professional and strategic leadership.

It is anticipated that the roll-out of the service will commence initially within acute hospitals but work is underway on a solution for medical examiners to scrutinise all non-coronial deaths including deaths in the community.

The UK Government has agreed that until the required legislation is introduced, the running costs of the system will be funded through a combination of the existing fee paid for the Confirmatory Medical Certificate for Cremation (Cremation Form 5) and top-up funding provided by the government. Medical Examiners will take on responsibility for the confirmatory function of Cremation Form 5.

NWSSP has been commissioned through its Partnership Committee (made of

Executive representatives acting on behalf of all Health Boards in Wales) to lead on the implementation of the new arrangements and will take on responsibility for developing a service model for NHS Wales. This will introduce an additional layer of independence to the medical examiner role in Wales.

Mirroring arrangements in England, NWSSP will also shortly recruit a Lead ME and Medical Examiner Officer (MEO) for Wales to provide a separate line of professional accountability. The recruitment of locally, hospital based MEs and MEOs will follow.

The Royal College of Pathologists will be the host college for medical examiners and will be the main conduit of information in relation to the development of the medical examiner service and will run the required training programmes.

For all detail on the proposed implementation arrangements, model job descriptions, pre-appointment training and information on who can apply, to be a medical examiner or a medical examiner officer, the Royal College of Pathologists' website is hyperlinked below:

Face to face training events run by the Royal College are now open for application on the website. The 26 core e-learning modules must be completed before attending a face-to-face training. www.rcpath.org/

If you are interested in finding out more information about these new roles please contact Gareth Hardacre at: gareth.hardacre2@wales.nhs.uk

Health and Care Research Wales Specialty Leads

The 2019 recruitment process for Health and Care Research Wales Specialty Leads has now been completed.

Specialty Leads in Wales provide important strategic support as part of the Health and Care Research Wales Support & Delivery Service, building

networks of principal investigators within their specialty and supporting the uptake of studies throughout Wales. They map onto the 30 National Institute for Health Research (NIHR) therapeutic areas and provide strong UK-level engagement for Wales.

Specialty Leads will complete a three year tenure commencing 1 April 2019.

Anaesthesia, peri-operative medicine and pain management – Dr Tamas Szakmany	Cardiovascular disease – Dr Richard Anderson
Children – Dr Philip Connor	Critical care – Dr Matthew Morgan
Dermatology – Dr John Ingram	Diabetes – Professor Stephen Bain
Gastroenterology – Dr Sunil Dolwani	Haematology – Dr Raza Alikhan
Hepatology – Dr Chin Lye Ch'ng	Injuries and emergencies – Dr Ceri Battle & Mr Nigel Rees (shared role)
Mental health – Professor Jon Bisson	Metabolic and endocrine disorder – Dr Aled Rees
Musculoskeletal disorders – Dr Kate Button	Neurology – Dr Khalid Hamandi
Primary Care – Dr Andrew Carson-Stevens	Renal – Dr Sian Griffin
Reproductive health and childbirth – Dr Julia Sanders	Respiratory – Professor Keir Lewis
Stroke – Dr Jonathan Hewitt, deputy: Dr Manju Krishnan	Surgery – Professor Iain Whittaker

For further information please contact SpecialtyLeadsSupport@wales.nhs.uk

GP Professional Indemnity scheme for GPs in Wales

In February 2019, the Minister for Health and Social Services announced that NHS Wales Shared Service Partnership – Legal and Risk Services will operate the state backed scheme for GPs in Wales in relation to clinical negligence claims arising from 1 April 2019.

The scheme, which will come into force on 1 April 2019, will cover the NHS activities of all contracted GPs and other health professionals working in NHS General Practice.

This decision follows substantial and ongoing stakeholder engagement, involving the Medical Defence Organisations (MDOs), GPC Wales and other key professionals. The decision for NHS Wales Shared Service Partnership – Legal and Risk Services (SSP L&RS) to operate the state backed scheme for GPs in Wales is supported by GPC Wales and NHS Wales.

A stakeholder reference group has been established to represent the interests of colleagues across Welsh Government, GPC Wales and NHS Wales, as well as practices themselves, and work is now underway to fully develop the detail of the scheme, with continued engagement a core principle of this work.

Welsh Government and SSP (L&RS) will shortly issue a guidance document that sets out the detail of the scheme and how it will operate.

A set of FAQs has been published and will continue to be revised as appropriate.

For further information, and to see written statements from the Minister for Health and Social Services and the FAQs, please visit the GMS Contract Website www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=96345

POWYS Teaching Health Board

For the first time in Wales, an optometrist in Powys is using a FP10(W) prescription pad to prescribe certain ocular medicines.

Queens New Years Honours List

Welsh Government is delighted that colleagues in the eye care sector have been recognised in the New Year Honours list.

Barbara Ryan was given a Member of the British Empire (MBE) award. Her work as a co-founder of WOPEC, clinical lead for the Low Vision Service in Wales, and former Chief Optometric Adviser has been invaluable in the development and delivery of the Eye Health Care Delivery Plan; as has her continuing engagement with both Welsh Government and eye health clinicians across Wales.

Jane Latham and Sharon Beckett were each awarded a British Empire Medal

(BEM). Jane's leadership of theatre company UCAN Productions has helped hundreds of visually impaired young people in Wales to reach their full creative potential and has demonstrated that visual impairment does not need to be a bar to success.

As Chief Executive of Sight Cymru, Sharon has established her organisation as a strong presence in the South Wales third sector. Her work has helped many people with visual impairments to remain safe, independent and healthy. She has also helped tackle the loneliness and social isolation that can often develop in people suffering from sight loss.

Certificate of Excellence for the Sensory Policy Branch

The Sensory Policy Branch received a Certificate of Excellence from John Manzoni, Permanent Secretary – Cabinet Office and Chief Executive of the Civil Service at a celebration event in London.

The category was for operational excellence in the delivery of public services – placing customer needs and

feedback at the heart of the design and/or implementation of policy development/project management; being open to new ways of working and new delivery models; establishing effective partnerships between civil servants and delivery staff; sharing best practice to significantly improve the quality, value for money and productivity of services to the public.

SPECS

WHC (2015) 011 Children's Vision Wales Pathway for 4-5 year olds issued in 2015 directs health boards to develop an orthoptist-led service for the school nurse to deliver a screen of children's eyes for sight problems. For equity, work is underway to revise the WHC to include all children regardless of their school setting i.e. attending a special school or a special school unit in a mainstream school.

An annex with set criteria has been developed to include with the current WHC to act as a lever to refer children that meet the set criteria to a proposed

new service model, to receive a vision test regardless of their school setting.

Welsh Government funded a Project Manager and Project Board for one year to develop a new service model. The proposed service specification and supporting documents are nearing completion with a view to being signed off by the National Eye Care Steering Board.

It is envisaged that the service will be led by a host health board on behalf of all health boards to lead on a phased roll-out of the service nationally over the next three years.

The NHS (Paramedic Independent Prescriber and Paramedic Supplementary Prescriber)(Wales) (Miscellaneous Amendments) Regulations 2019

The Regulations came into force on 22 February 2019 which allows advanced paramedics to prescribe medicines to patients. A copy of the Regulations can be found here: www.legislation.gov.uk/wsi/2019/149/contents/made

Introducing independent prescribing and supplementary prescribing for paramedics will enable them to maximise their ability to improve the

patients care, experience and safety. For patients it will mean more timely access to appropriate treatment, care closer to home and will support patients to continue to self-manage a condition within the home. It would also avoid unnecessary trips to hospital or additional appointments with other health professionals such as a GP to access the treatment and medicines they need.

The NHS (Paramedic Independent Prescriber and Paramedic Supplementary Prescriber)(Wales)(Miscellaneous Amendments) Regulations 2019 will allow Paramedics who undertake training in independent and supplementary prescribing to prescribe in Wales.

Paramedics who undertake and successfully complete an approved prescribing programme will have their HCPC registration annotated to record their ability to practice as a prescriber. Prescriptions issued by paramedics

will remain free of charge to the patient in line with Welsh Government policy. As with all other NHS prescriptions for medicines and medical devices these prescriptions will also be exempt from the single-use bag charge when they are dispensed by a pharmacist.

Guidance on Non-Medical Prescribing in Wales will be updated shortly in line with current legislation and will be issued via a Welsh Health Circular by the Chief Therapies (AHP) for Wales.

All Wales Medicines Strategy Group (AWMSG) update



All Wales Guide to Prescribing Gluten-free Products (update)

[www.awmsg.org/docs/awmsg/medman/All Wales Guide to Prescribing Gluten-Free Products.pdf](http://www.awmsg.org/docs/awmsg/medman/All%20Wales%20Guide%20to%20Prescribing%20Gluten-Free%20Products.pdf)

Gluten-free products are an essential part of the clinical treatment of coeliac disease. The All Wales Guide to Prescribing Gluten-free Products aims to support general practitioners and other healthcare professionals in the management of patients with coeliac disease, and aid the decision-making process in relation to prescribing Advisory Committee on Borderline Substances (ACBS)-approved gluten-free foods. Appendices detailing gluten-free products considered suitable for prescribing in Wales were updated in November 2018 to reflect changes to the latest 'Prescribable products list' produced by Coeliac UK.

CEPP National Audit – Antipsychotics in Dementia

[www.awmsg.org/docs/awmsg/medman/CEPP National Audit - Antipsychotics in dementia.pdf](http://www.awmsg.org/docs/awmsg/medman/CEPP%20National%20Audit%20-%20Antipsychotics%20in%20dementia.pdf)

The aim of this audit is to ensure appropriate prescribing of antipsychotics in patients aged 65 years and over with a diagnosis of dementia. This will be achieved by measuring the degree to which prescribing of antipsychotics to patients aged 65 years and over is in line with current NICE guidance, and supporting the identification of patients where it may be appropriate to reduce or discontinue their antipsychotic prescription. This document was endorsed by AWMSG in December 2018.

Medicines Identified as Low Priority for Funding in NHS Wales – Paper 2

[www.awmsg.org/docs/awmsg/medman/Medicines Identified as Low Priority for Funding in NHS Wales - Paper 2.pdf](http://www.awmsg.org/docs/awmsg/medman/Medicines%20Identified%20as%20Low%20Priority%20for%20Funding%20in%20NHS%20Wales%20-%20Paper%202.pdf)

The aim of this document is to minimise the prescribing of medicines that offer low clinical effectiveness to patients or where more cost-effective treatments are available. Four medicines/medicine groups have been identified for the purposes of this document: omega-3 fatty acid compounds, oxycodone and naloxone combination product, paracetamol and tramadol combination product and perindopril arginine. This document was endorsed by AWMSG in December 2018.

National Prescribing Indicators 2018–2019: Analysis of Prescribing Data

These papers report on the progress of health boards against each of the National Prescribing Indicators (NPIs) 2018–2019, for the quarters ending June 2018 and September 2018. National Prescribing Indicators (NPIs) for 2018–2019 include indicators for primary and secondary care, and have been categorised as safety, stewardship or efficiency indicators.

– National Prescribing Indicators 2018–2019: Analysis of Prescribing Data to June 2018

[www.awmsg.org/docs/awmsg/medman/National Prescribing Indicators 2018-2019 Analysis of Prescribing Data to June 2018.pdf](http://www.awmsg.org/docs/awmsg/medman/National%20Prescribing%20Indicators%202018-2019%20Analysis%20of%20Prescribing%20Data%20to%20June%202018.pdf)

The majority of NPIs with a threshold showed improvement in line with the aim of each indicator, compared with the equivalent quarter of the previous year (quarter ending June 2017). The NPIs that did not show an improvement nationally were gabapentin and pregabalin (7.51% increase), Yellow Cards in secondary care (42% reduction), surgical prophylaxis (5% decrease) and long-acting insulin in secondary care (0.41% increase). This document was presented to AWMSG for information in December 2018.

– National Prescribing Indicators 2018–2019: Analysis of Prescribing Data to September 2018

[www.awmsg.org/docs/awmsg/medman/National Prescribing Indicators 2018-2019 Analysis of Prescribing Data to September 2018.pdf](http://www.awmsg.org/docs/awmsg/medman/National%20Prescribing%20Indicators%202018-2019%20Analysis%20of%20Prescribing%20Data%20to%20September%202018.pdf)

The majority of NPIs with a threshold showed improvement in line with the aim of each indicator, compared with the equivalent quarter of the previous year (quarter ending September 2017). The NPIs that did not show an improvement nationally were gabapentin and pregabalin (5.19% increase), Yellow Cards from secondary care, health boards and members of the public (reductions of 14%, 2% and 5% respectively) and surgical prophylaxis (4% decrease). This document was presented to AWMSG for information in February 2019.

National Prescribing Indicators 2019–2020

[www.awmsg.org/docs/awmsg/medman/National Prescribing Indicators 2019-2020.pdf](http://www.awmsg.org/docs/awmsg/medman/National%20Prescribing%20Indicators%202019-2020.pdf)

This paper details the NPIs that will be monitored for the 2019–2020 financial year. The NPIs for 2019–2020 have a focus on safety, stewardship and efficiency and have therefore been categorised as such. A new NPI has been developed, to monitor overall opioid burden and encourage the appropriate use and review of opioids in primary care. Alongside this addition, three NPIs have been retired and two NPIs have been amended.

A concise summary of the NPIs has also been published, entitled *National Prescribing Indicators 2019–2020: Supporting Information for Prescribers and Healthcare Professionals*

[www.awmsg.org/docs/awmsg/medman/National Prescribing Indicators 2019-2020 Supporting Information for Prescribers and Healthcare Professionals.pdf](http://www.awmsg.org/docs/awmsg/medman/National%20Prescribing%20Indicators%202019-2020%20Supporting%20Information%20for%20Prescribers%20and%20Healthcare%20Professionals.pdf). The document contains a brief overview of each NPI, including: purpose, unit of measure, brief rationale and prescribing points, with links to useful resources. These documents were endorsed by AWMSG in February 2019.

All Wales Medicines Strategy Group advice

The All Wales Medicine Strategy Group (AWMSG) has recently provided advice on a number of medicines, which the Welsh Government has ratified. If a medicine is recommended by AWMSG and approved by Welsh Government, funding must be made available by health boards within two months of notification of ratification. If a medicine is not recommended it should not be prescribed routinely within NHS Wales for the indication stated. The following AWMSG recommendations are available in full on the AWMSG website: www.awmsg.org.

AWTTC reference number	Medicine	Indication
Recommended medicines		
786	conestat alfa (Ruconest) 2,100 units powder for solution for injection and powder and solvent for solution for injection	Treatment of acute angioedema attacks in adults and adolescents with hereditary angioedema (HAE) due to C1 esterase inhibitor deficiency www.awmsg.org/awmsgonline/app/appraisalinfo/786
2850	dolutegravir/rilpivirine (Juluca) 50 mg/25 mg film-coated tablet	Treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults who are virologically suppressed (HIV-1 RNA <50 copies/ml) on a stable antiretroviral regimen for at least six months with no history of virological failure and no known or suspected resistance to any non-nucleoside reverse transcriptase inhibitor or integrase inhibitor www.awmsg.org/awmsgonline/app/appraisalinfo/2850

AWTTC reference number	Medicine	Indication
3789	fosaprepitant (IVEMEND) 150 mg powder for solution for infusion	Prevention of nausea and vomiting associated with highly and moderately emetogenic cancer chemotherapy in patients aged 6 months to less than 18 years of age www.awmsg.org/awmsgonline/app/appraisalinfo/3789
3604	ipilimumab (Yervoy) 5 mg/ml concentrate for solution for infusion	Monotherapy for the treatment of advanced (unresectable or metastatic) melanoma in adolescents 12 years of age to <18 years of age www.awmsg.org/awmsgonline/app/appraisalinfo/3604
1882	tiotropium (Spiriva Respimat) 2.5 microgram inhalation solution	As add-on maintenance bronchodilator treatment in patients aged 6 years and older with severe asthma who experienced one or more severe asthma exacerbations in the preceding year www.awmsg.org/awmsgonline/app/appraisalinfo/1882
Recommended with restrictions		
3414	bictegravir/ emtricitabine/ tenofovir alafenamide (Biktarvy) 50 mg/200 mg/25 mg film- coated tablet	Treatment of adults infected with human immunodeficiency virus 1 (HIV-1) without present or past evidence of viral resistance to the integrase inhibitor class, emtricitabine or tenofovir www.awmsg.org/awmsgonline/app/appraisalinfo/3414

AWTTC reference number	Medicine	Indication
3387	brivaracetam (Briviact) 10 mg, 25 mg, 50 mg, 75 mg and 100 mg film-coated tablet, 10 mg/ ml oral solution and 10 mg/ ml solution for injection/infusion	As adjunctive therapy in the treatment of partial onset seizures with or without secondary generalisation in adults, adolescents and children from 4 years of age with epilepsy www.awmsg.org/awmsgonline/ app/appraisalinfo/3387
1842	semaglutide (Ozempic) 1.34 mg/ml solution for injection	Treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise: as monotherapy when metformin is considered inappropriate due to intolerance or contraindications; in addition to other medicinal products for the treatment of diabetes www.awmsg.org/awmsgonline/ app/appraisalinfo/1842

In the absence of a submission from the holder of the marketing authorisation, the following medicines cannot be endorsed for use within NHS Wales.

AWTTC reference number	Statements of Advice	Company
3588	allopurinol/lesinurad (Duzallo) 200 mg/200 mg and 300 mg/200 mg film-coated tablet www.awmsg.org/awmsgonline/app/appraisalinfo/3588	Grunenthal Ltd
1372	brexpiprazole (Rexulti) 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg film-coated tablet www.awmsg.org/awmsgonline/app/appraisalinfo/1372	Otsuka Pharmaceutical (UK) Ltd
3386	buprenorphine/naloxone (Zubsolv) 0.7 mg/0.18 mg, 1.4 mg/0.36 mg, 2.9 mg/0.71 mg, 5.7 mg/1.4 mg, 8.6 mg/2.1 mg and 11.4 mg/2.9 mg sublingual tablet www.awmsg.org/awmsgonline/app/appraisalinfo/3386	Mundipharma Corporation Ltd
3733	glibenclamide (Amglidia) 0.6 mg/ml and 6 mg/ml oral suspension www.awmsg.org/awmsgonline/app/appraisalinfo/3733	Amring Pharmaceuticals
2473	rucaparib (Rubraca) 250 mg and 300 mg film-coated tablet www.awmsg.org/awmsgonline/app/appraisalinfo/2473	Clovis Oncology Inc

AWTTC reference number	Statements of Advice	Company
2707	sirolimus (Rapamune) 0.5 mg, 1 mg and 2 mg tablet and 1 mg/ml oral solution www.awmsg.org/awmsgonline/app/appraisalinfo/2707	Pfizer Ltd
3885	sufentanil (Dzuveo) 30 microgram sublingual tablet www.awmsg.org/awmsgonline/app/appraisalinfo/3885	FGK Representative Service GmbH
3970	tapentadol (Palexia) 20 mg/ml oral solution www.awmsg.org/awmsgonline/app/appraisalinfo/3970	Grunenthal Ltd

The next AWMSG meeting will be on 10 April 2019. All meeting documentation is available on the AWMSG website www.awmsg.org/awmsgonline/meetings_awmsg_2019.html prior to the meeting.

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