

Ein cyf/Our ref: AWMSG to Oct 2013 [3]
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DATE 28.11.13

BY EMAIL

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**TO: All prescribers
County lead pharmacists
Assistant Director of Nursing (Practice)
Hywel Dda Health Board global email**

Dear Colleague

The appraisals listed below have been published by the All Wales Medicines Strategy Group (AWMSG). They have been assessed for local implementation and their place in therapy established as described.

Please ensure that your teams are fully aware of this information.

In accordance with the provisions of Welsh Ministerial Letter ML/009 /09 (see EH/ML/009/09: <http://www.wales.nhs.uk/documents/EH-ML-009-09.pdf>, 19.3.09), these drugs are being added to the Health Board's formulary, <http://hywelddahb.inform.wales.nhs.uk/>, and will be available for prescribing in accordance with the guidance.

Please ensure that the appropriate audit forms are completed for all initiations on these therapies in the next 12 months. You will find the audit forms on the Clinical Systems (NICE / TA AWMSG appraisal audits) pages of the Health Board's Intranet: <http://howis.wales.nhs.uk/sitesplus/862/page/43199>

Pharmacy has been notified of the guidance and you should be aware that prescriptions that fall outside the recommendations of AWMSG guidance will be discussed with prescribers before dispensing. Please note that failure to complete the appropriate audit form may result in a delay in dispensing.

AWMSG 2712/763 Eplerenone (Inspra®)
<http://www.awmsg.org/awmsgonline/app/appraisalinfo/763>

Approved for use in NYHA Class II (chronic) Heart Failure with LVEF<30%.

AWMSG 0613/1715 Aztreonam lysine (Cayston®)
<http://www.awmsg.org/awmsgonline/app/appraisalinfo/1715>

Approved for use by Consultants specialising in treating Cystic Fibrosis (Hospital Only).

AWMSG 0713/1455 Glycopyrronium bromide (Seebr Breezhaler®)

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/1455>

Approved for adding to formulary as an alternative to tiotropium. Position to be determined in the Respiratory review.

AWMSG 0813/938 Acridinium bromide (Eklira® Genuair®)

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/938>

Approved for adding to formulary as an alternative to tiotropium. Position to be determined in the Respiratory review

AWMSG 0913/145 Ferumoxytol (Rienso®)

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/145>

Approved for Specialist and Hospital Use only as advised by ABMU Renal Unit and Consultants

AWMSG 1013/1392 Ingenol mebutate (Picato®)

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/1065>

Approved for Dermatology consultants and GPwSI use only. Second line use after Fluorouracil cream. GPwSI Dermatology only may prescribe using WP10.

AWMSG 1113/1681 Linagliptin/metformin (Jentadueto®)

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/1681>

Approved for 2nd line including GP use as per Linagliptin.

AWMSG 1213/1383 Darunavir (Prezista®)

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/1383>

Approved for Specialist and Hospital use only.

AWMSG 1313/1219 Perampanel (Fycompa®)

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/1219>

Approved for Specialist and Hospital use only for complex seizures in patients with epilepsy.

AWMSG 1413/1065 Ceftaroline fosamil (Zinforo®)

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/1065>

Approved for use on Consultant Microbiologist advice only. Hospital or ART use only.

AWMSG 1513/1381 Adalimumab (Humira®)

[Adults with severe axial spondyloarthritis]

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/1381>

Approved for Specialist and Hospital use only.

AWMSG 1613/1425 C1-Esterase inhibitor (Berinert®)

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/1425>

Approved for Specialist use for the treatment of acute treatment of acute episodes of hereditary angioedema type I and II. NB Berinert® is not recommended for the pre-procedure prevention of acute episodes of hereditary angioedema type I and II (HAE) in the absence of a submission from the manufacturer.

AWMSG 1713/178 Lapatinib (Tyverb®)

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/178>

Approved for Specialist use (Hospital only) in line with the South Wales Cancer Network Breast Cancer treatment Guidelines May 2013 ABMU and Hywel Dda accessed at

<http://howis.wales.nhs.uk/sites3/Documents/983/Breast%20Cancer%20Treatment%20Guidelines%20%20ABMU%20and%20Hywel%20Dda%20May%2020131.pdf>

AWMSG 1913/1575 Ulipristal acetate (Esmya®)

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/1575>

Approved for Specialist and Hospital use only. Full 3 month course to be supplied from hospital.

AWMSG 2013/749 Adalimumab (Humira®)

[Crohn's disease in paediatric patients (6 to 17 yrs of age)]

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/749>

Approved for Specialist and Hospital use only

AWMSG 2113/1977 Adalimumab (Humira®)

[Polyarticular juvenile idiopathic arthritis, in children aged 2 to 4 years]

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/1977>

Approved for Specialist and Hospital use only

AWMSG 2213/1643 Tenofovir disoproxil fumarate (Viread®)

[HIV-1-infected adolescent and paediatric patients]

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/1643>

Approved for Specialist and Hospital use only

AWMSG 2313/1880 Tenofovir disoproxil fumarate (Viread®)

[Chronic hepatitis B in adolescents 12 to < 18 years of age]

<http://www.awmsg.org/awmsgonline/app/appraisalinfo/1880>

Approved for Specialist and Hospital use only

If you have any questions relating to the guidance or this process, please contact Sue Beach, Lead Clinical Development Pharmacist, on 01554 783084; email sue.beach@wales.nhs.uk.



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