HSE Drugs Group – January 2019 Minutes

Meeting 2018.11: Tuesday 8th January 2019, 14.00
Indigo Room, Dr Steevens Hospital, D8

Dr David Hanlon was agreed as Chair of the meeting in the absence of Dr Áine Carroll.

1. Draft Minutes for Consideration

This was the first meeting of the newly constituted membership. Previous minutes would be reviewed by the previous membership.

2. Introductions

Each of the Drugs Group members and those in attendance introduced themselves. The members provided a summary of their backgrounds and experiences.

SF provided a brief summary of the role of the Drugs Group. The members would over time receive a significant amount of material that was academic and commercial in confidence material owned by Pharmaceutical companies. It was agreed that SF would circulate individual confidentiality forms / declaration of interest forms and these would be returned to the Secretariat (the Corporate Pharmaceutical Unit i.e. "CPU"). The confidentiality declarations were important to assure applicant companies that their commercial material would be protected.

3. Declaration of Interests / Nil Interest

No conflicts of interest arose.

4. Matters arising / Update on Medicines considered at previous meetings

As this was the first meeting of the group no such matters/ updates were considered.

5. Updates:
   i. Rare Diseases Therapeutic Review Committee (RDTRC): material was circulated and discussed in relation to Nusinersen (under Medicines for Consideration)
   ii. National Cancer Control Programme Therapeutics Review Committee (NCCP TRC): no matter arose

6. Medicines for Consideration

   i. Nusinersen for Spinal Muscular Atrophy (all paediatric sub-types)

CPU (EMcG) presented a summary which covered details of the application received from Biogen, international treatment guidelines, the HTA process, the Rare Diseases TRC review, the commercial negotiations undertaken to date and international decisions to date.

MB outlined the Rare Disease TRC process. MB flagged the severity of the condition had been clearly outlined by the patient representatives and the expert clinician. MB also confirmed that not every patient will respond to treatment and as a consequence the RDTRC had drafted start / stop criteria to ensure appropriate selection of patients (and cessation of therapy) if approved. It was confirmed that the RDTRC is (was) not asked to consider economic issues.

The Group discussed unmet need, clinical evidence, duration covered by the evidence to date, evidence in relation to economics, budget impact, the commercial offer received (including the short duration of the budget cap), the RDTRC review including the start-stop criteria, opportunity costs that might arise if funding approved, international reimbursement decisions.

The Group agreed there was a significant unmet need. It was noted that Nusinersen was an Orphan medicine. It agreed that the evidence was more robust for Type I SMA. The group discussed whether start-stop criteria were feasible and it was agreed that whilst challenging to implement clinically it would be possible to implement same if an individual contract was agreed prior to treatment. The group noted that even with treatment patients with Type I SMA would face severe disabilities and this in itself presented ethical challenges.

The group discussed the evidence around longer term clinical effects in the context of the expected budget impact. The group also discussed the data around quality of life. The group discussed how they might best address the necessity to balance unmet needs for a patient group versus the challenge of maximising value for money so as to avoid opportunity costs for other patient groups. The group found this to be challenging. The group requested confirmation that any known cost offsets / savings were captured in the cost effectiveness modelling. MB confirmed same. The group noted the various international positions around reimbursement.

The group ultimately agreed unanimously (after a long discussion) that it could not recommend funding on the basis of the clinical evidence presented to date in the context of the current price offer and the short term certainty provided around [redacted] in the commercial offer which the company had confirmed (to date) it would not improve.

7. AOB: Proposed Dates for 2019: the dates for 2019 for the new Group had been circulated.

Appendix 1: Members Present

Member	Title	
Prof. Áine Carroll	Chair, Medical Consultant	Apologies received
Ms Anne Marie Hoey	Primary Care Reimbursement Service (Assistant National Director)	In attendance
Ms Aoife Kirwan	Public Interest Member	In attendance (from 230pm)
Dr David Hanlon	National Clinical Advisor and Group Lead Primary Care (General Practitioner)	In attendance (Chair for meet))
Dr Jerome Coffey	National Director of the National Cancer Control Programme (Medical Consultant)	In attendance
Dr Philip Crowley	National Director for Quality Improvement (Medical Doctor)	Apologies received
Dr Valerie Walshe	Office of the Chief Financial Officer (Economist, PhD)	In attendance
Ms Joan Donegan	Office of Nursing & Midwifery Services (Director of Nursing)	In attendance
Dr Roy Browne	Mental Health Division (Consultant Psychiatrist)	In attendance
Prof Deirdre Madden	Public Interest Member / Ethicist	Apologies received
Mr Michael Power	Public Interest Member	In attendance
Dr Kevin Kelleher	Health and Wellbeing Division (Assistant National Director – Public Health Physician)	In attendance
Ms Angela Fitzgerald	Acute Services Division (Assistant National Director)	In attendance
Prof Ellen Crushell	Consultant in Inherited Metabolic Disorders	In attendance
Dr Lisa Cogan	Consultant in Medicine for the Elderly, Medical Director, Royal Hospital Donnybrook	Apologies received

In attendance (non-voting):

Secretariat:
Mr Shaun Flanagan (SF), (CPU PCRS)
Ms Jennifer McCartan, (CPU PCRS)
Ms Ellen McGrath (EMcG), (CPU PCRS)

National Centre for Pharmacoeconomics:
Prof Michael Barry (MB), Medical Director, National Centre for Pharmacoeconomics

HSE Drugs Group – February 2019 Minutes

Meeting 2019.02: Tuesday 12th February 2019, 14.00
Indigo Room, Dr Steevens Hospital, D8

1. Draft Minutes for Consideration

The minutes of the January 2019 meeting were considered and approved

2. Introductions

Each of the Drugs Group members and those in attendance introduced themselves. The members provided a summary of their backgrounds and experiences.

3. Confidentiality / Declarations of Interest forms

It was agreed that CPU would circulate confidentiality forms and declaration of interest forms to non HSE staff. Industry had flagged the importance of signed undertakings of confidentiality to enable the sharing of companies commercially confidential offerings.

4. Matters arising / Update on Medicines considered at previous meetings

CPU confirmed that Nusinersen had been considered at the HSE Senior Leadership Team (HSE SLT) in February 2019

The Chair informed the members that Prof Deirdre Madden had resigned from the Drugs Group due to her appointment to the HSE Board of Directors as Deputy Chair.

5. Updates / reports from TRCs:
   i. Rare Diseases Therapeutic Review Committee (RD TRC): no matter arose
   ii. National Cancer Control Programme Therapeutics Review Committee (NCCP TRC): no matter arose

6. Declaration of Interests / Nil Interest

The group agreed individual members declarations of interest would be stated in advance of each medicine for consideration.

7. Medicines for Consideration
   i. Ocrelizumab for Multiple Sclerosis

One member declared a personal and professional interest and abstained from the discussion and deliberations.

The group noted that the 2018 Group membership had unanimously agreed that it would support funding of Ocrelizumab for PPMS if a commercial offering of a [redacted] emerged. Such a price reduction would reduce the significant impacts on other services that would arise from the funding of Ocrelizumab and would also open up the possibility that Ocrelizumab might be cost effective.

The group noted that the 2018 Group membership had unanimously agreed that it would support funding of Ocrelizumab for RRMS if a commercial offering of a [redacted] emerged.

The group noted that the commercial offers for consideration required approval of both indications at a net cumulative discount significantly less than that previously requested.

The group unanimously agreed it could not recommend the current offer.

ii. Sebelipase Alfa for LAL deficiency

Two members declared interests (1 professional, 1 personal) and abstained from the discussion and deliberations. One of the abstaining members answered specific technical questions asked of them (in their professional capacity) by other members.

The group agreed that the medicines could be lifesaving in a cohort of patients with infantile onset of this disease (despite this evidence being based on single arm trials with small patient numbers).

Evidence in relation to the older onset cohort was less robust but evidence from surrogate markers was continuing to develop.

The medicine even under the commercial offering was not cost effective. However the group considered that the clinical evidence although based on small numbers of patients in a single arm study was compelling for the infantile onset cohort.

The group on the basis of the commercial offer was unanimously minded to recommend in favour of funding both cohorts.

The later onset cohort recommendation would be conditional on the development of Start-Stop criteria by the Rare Diseases Therapeutic Review Committee (Rare Diseases TRC) which would have to be reviewed by the Drugs Group.

CPU was directed to progress the infantile onset recommendation to the HSE SLT and to request that the Rare Diseases TRC develop Start-Stop criteria which would be required before the Later Onset cohort recommendation would be progressed.

iii. Alectinib 1st line for ALK positive Non-Small Cell Lung Cancer

No declarations of interest arose.

The group unanimously recommended in favour of reimbursement under the High Tech arrangements of Alectinib (Alecensa®) as monotherapy for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC). Alectinib had demonstrated cost effectiveness versus the relevant comparator.

8. AOB: The date and venue for the next meeting was confirmed: 12th March Indigo Room.

Appendix 1: Members Present

Member	Title	Attendance
Prof. Áine Carroll	Chair, Medical Consultant	In attendance
Ms Anne Marie Hoey	Primary Care Reimbursement Service (Assistant National Director)	Apologies received
Ms Aoife Kirwan	Public Interest Member	In attendance
Dr David Hanlon	National Clinical Advisor and Group Lead Primary Care (General Practitioner)	In attendance
Dr Jerome Coffey	National Director of the National Cancer Control Programme (Medical Consultant)	In attendance
Dr Philip Crowley	National Director for Quality Improvement (Medical Doctor)	In attendance
Dr Valerie Walshe	Office of the Chief Financial Officer (Economist, PhD)	In attendance
Ms Joan Donegan	Office of Nursing & Midwifery Services (Director of Nursing)	In attendance
Dr Roy Browne	Mental Health Division (Consultant Psychiatrist)	In attendance
Prof Deirdre Madden	Public Interest Member / Ethicist	Resignation received, appointed to HSE Board
Mr Michael Power	Public Interest Member	Apologies received
Dr Kevin Kelleher	Health and Wellbeing Division (Assistant National Director – Public Health Physician)	By Teleconference
Ms Angela Fitzgerald	Acute Services Division (Assistant National Director)	Apologies received
Prof Ellen Crushell	Consultant in Inherited Metabolic Disorders	In attendance
Dr Lisa Cogan	Consultant in Medicine for the Elderly, Medical Director, Royal Hospital Donnybrook	In attendance

In attendance (non-voting):

Secretariat:
Mr Shaun Flanagan (SF), (CPU PCRS)
Ms Ellen McGrath (EMcG), (CPU PCRS)
Ms Fiona Mulligan (FM), (CPU PCRS)

National Centre for Pharmacoeconomics:
Prof Michael Barry (MB), Medical Director, National Centre for Pharmacoeconomics

HSE Drugs Group – March 2019 Minutes

Meeting 2019.03: Tuesday 12th March 2019, 14.00
Indigo Room, Dr Steevens Hospital, D8

1. Draft Minutes for Consideration

The minutes of the February 2019 meeting were considered and approved.

2. Confidentiality forms

It was agreed that all members (including public servants) should sign the confidentiality forms.

3. Matters arising / Update on Medicines considered at previous meetings

CPU confirmed that 4 medicines had been progressed to the HSE Senior Leadership Team (SLT).
CPU confirmed that SLT had decided to issue notices of proposals setting out it was minded not to reimburse 5 medicines.
CPU confirmed that 12 medicines had been approved by the HSE SLT at recent meetings.

4. Updates / reports from TRCs

No updates or reports received for consideration.

5. Declaration of Interests / Nil Interest

The members had no interests to declare relevant to the medicines under deliberation.

6. Medicines for Consideration

i. 19003 Cariprazine for Schizophrenia

The Drugs Group discussed this medicine in detail. Issues covered in the discussion included the:

- treatment challenges associated with negative symptoms of the disease and the costs to the health system and individuals of those symptoms
- the current treatment options and unmet needs
- the clinical evidence submitted to support reimbursement
- the commercially confidential offer and its format
- some uncertainties around the potential budget impact

The Drugs Group unanimously recommended reimbursement of this medicine (at the commercially confidential offer price).

ii. 19004 Blinatumomab for Paediatric Acute Lymphoblastic Leukaemia

The Drugs Group acknowledged that there was limited clinical data available to consider. The Group noted that there was relative certainty around the small number of patients for whom the medicine would be an option. The group noted that the medicine had been reviewed previously for the Adult population and that it had recommended in favour of reimbursement. The Group unanimously recommended reimbursement of this medicine (at the commercially confidential offer price).

7. AOB / Members Time

The Chair asked members whether they knew of any potential nominees to fill the position vacated by Prof Madden (who has resigned to take up a place on the HSE Board). Ideally any replacement would have a background in Ethics.

Appendix 1: Members Present

Member	Title	Attendance
Prof. Áine Carroll	Chair, Medical Consultant	In attendance
Ms Anne Marie Hoey	Primary Care Reimbursement Service (Assistant National Director)	In attendance
Ms Aoife Kirwan	Public Interest Member	Apologies received
Dr David Hanlon	National Clinical Advisor and Group Lead Primary Care (General Practitioner)	In attendance
Dr Jerome Coffey	National Director of the National Cancer Control Programme (Medical Consultant)	In attendance
Dr Philip Crowley	National Director for Quality Improvement (Medical Doctor)	By Teleconference (item 1 to 6(i) incl.)
Dr Valerie Walshe	Office of the Chief Financial Officer (Economist, PhD)	Apologies received
Ms Joan Donegan	Office of Nursing & Midwifery Services (Director of Nursing)	In attendance
Dr Roy Browne	Mental Health Division (Consultant Psychiatrist)	In attendance
Position Vacant	Public Interest Member / Ethicist	Position Vacant
Mr Michael Power	Public Interest Member	Apologies received
Dr Kevin Kelleher	Health and Wellbeing Division (Assistant National Director – Public Health Physician)	Apologies received
Ms Angela Fitzgerald	Acute Services Division (Assistant National Director)	Apologies received
Prof Ellen Crushell	Consultant in Inherited Metabolic Disorders	In attendance
Dr Lisa Cogan	Consultant in Medicine for the Elderly, Medical Director, Royal Hospital Donnybrook	In attendance

In attendance (non-voting):

Secretariat:
Mr Shaun Flanagan (SF), Chief I Pharmacist, CPU PCRS
Ms Ellen McGrath (EMcG), Chief II Pharmacist, CPU PCRS
Ms Fiona Mulligan (FM), Senior Pharmacist, CPU PCRS

HSE Drugs Group – April 2019 Minutes

Meeting 2019.03: Tuesday 16th April, 14.00
Indigo Room, Dr Steevens Hospital, D8

1. Draft Minutes for Consideration

The minutes of the March 2019 meeting were considered and approved.

2. Confidentiality forms

It had previously been agreed that all members (including public servants) should sign the confidentiality forms.

3. Matters arising / Update on Medicines considered at previous meetings

CPU confirmed that 6 Drugs Group positive recommendations had been accepted by the HSE Senior Leadership Team. There were no medicines decisions outstanding at the HSE SLT.

4. Updates / reports from TRCs

Prof Barry confirmed that the RD TRC was working on Teduglutide and the RDTRC expected to have a document in the near future.

5. Declaration of Interests / Nil Interest

One member declared a potential interest in relation to item 6.i (Nusinersen) and abstained.

One member declared a potential interest in relation to item 8.i (Pentosan) and abstained.

6. Medicines under representation process (SLT request for Drugs Group advice)

i. 18002 Nusinersen for SMA

The Drugs Group had previously agreed and reaffirmed that there was a significant unmet need for treatments for SMA. The Group reviewed the recent representations where Biogen had provided additional information detailing the impacts of SMA on families and caregivers. The Drugs Group reviewed in detail the information available in relation to the NURTURE, ENDEAR and CHERISH trials as well as other trials and extensions. The group also reviewed real world evidence submitted from a number of countries in relation to treatment of Type I SMA. The Group reviewed the most recent commercial offerings received during the representations and their impact on economic parameters such as cost effectiveness and budget impact. The Group noted the recommendation of the Rare Diseases TRC (RDTRC) which supported approval.

After a long discussion the HSE Drugs Group voted against reimbursement of Nusinersen for SMA. A number of Drugs Group members supported reimbursement and a number of the members who voted against reimbursement expressed significant difficulty despite coming to that position. A member abstained due to a potential conflict of interest.

7. Medicines for Consideration (Formal separation of applications by Roche)

i. 18023.1 Ocrelizumab for RRMS

The HSE Drugs Group unanimously recommended in favour of reimbursement of Ocrelizumab under the National Drug Management System for the treatment of adult patients with relapsing forms of multiple sclerosis (RMS) with active disease defined by clinical or imaging features on the basis of a revised application and a revised commercial offering.

ii. 18023.2 Ocrelizumab for PPMS

The HSE Drugs Group did not support reimbursement of Ocrelizumab under the National Drug Management System for the treatment of adult patients with primary progressive forms of multiple sclerosis. The Drugs Group recognised that there was an unmet need for market authorised therapies for PPMS but noted off label use of Rituximab. The group further noted the company submission relied on imputed data and involved the modelling of relatively short term data (with uncertainties) out for many years and therefore the evidence around cost effectiveness was poor. In the context of the cost effectiveness evidence the Drugs Group could not ignore opportunity costs for other services.

The Drugs Group agreed that it could not support funding of Ocrelizumab at the price proposed by Roche. 1 member supported reimbursement. The Drugs Group had previously unanimously agreed that it would support funding of Ocrelizumab for PPMS if a commercial offering of a [redacted] emerged.

8. Medicines for Consideration
   i. 19005 Pentosan for Painful Bladder Syndrome

The Drugs Group reviewed the evidence in relation to Pentosan. The Drugs Group unanimously agreed that it could only support reimbursement at price parity to the current price reimbursed on an individual patient basis under hardship arrangements.

9. AOB / Members Time
   i. Dr Coffey provided an update on deliberations at NCCP TRC in relation to Pertuzumab for Early Breast Cancer (adjuvant / neo-adjuvant use). CPU confirmed a commercial offer was awaited from Roche.
   ii. The Group were informed that an external consultancy company had been retained by the DOH to carry out a review of the new medicines assessment and decision processes
   iii. CPU provided the Drugs Group with some information in relation to the improved terms negotiated as a consequence of the assessment / decision making processes
      a. For medicines approved in 2017 avoided costs (i.e. the difference between initial price application and approved price) over 5 years were likely to exceed €400m
      b. For medicines approved in 2018 avoided costs over 5 years were likely to exceed €150m
      c. For medicines approved to date in 2019 avoided costs over 5 years were likely to exceed €198m
   iv. Members discussed a number of issues in relation to budgets for new medicines and new orphan medicines.

10. The date of the next meeting was confirmed to be 14th May 2019.

Appendix 1: Members Present

Member	Title	Attendance
Prof. Áine Carroll	Chair, Medical Consultant	In attendance
Ms Anne Marie Hoey	Primary Care Reimbursement Service (Assistant National Director)	In attendance
Ms Aoife Kirwan	Public Interest Member	Apologies received
Dr David Hanlon	National Clinical Advisor and Group Lead Primary Care (General Practitioner)	Apologies received
Dr Jerome Coffey	National Director of the National Cancer Control Programme (Medical Consultant)	In attendance
Dr Philip Crowley	National Director for Quality Improvement (Medical Doctor)	In attendance
Dr Valerie Walshe	Office of the Chief Financial Officer (Economist, PhD)	In attendance
Ms Joan Donegan	Office of Nursing & Midwifery Services (Director of Nursing)	In attendance
Dr Roy Browne	Mental Health Division (Consultant Psychiatrist)	Apologies received
Position Vacant	Public Interest Member / Ethicist	Position Vacant
Mr Michael Power	Public Interest Member	In attendance Item 1 to 7.i (incl.)
Dr Kevin Kelleher	Health and Wellbeing Division (Assistant National Director – Public Health Physician)	By Teleconference Item 6 on (incl.)
Ms Angela Fitzgerald	Acute Services Division (Assistant National Director)	Apologies received
Prof Ellen Crushell	Consultant in Inherited Metabolic Disorders	In attendance
Dr Lisa Cogan	Consultant in Medicine for the Elderly, Medical Director, Royal Hospital Donnybrook	In attendance Item 6 on (incl.)

In attendance (non-voting):

Prof Michael Barry (NCPE)
Ms Kate Mulvenna (PCRS)

Secretariat:
Mr Shaun Flanagan (SF), Chief I Pharmacist, CPU PCRS
Ms Ellen McGrath (EMcG), Chief II Pharmacist, CPU PCRS
Ms Fiona Mulligan (FM), Senior Pharmacist, CPU PCRS

HSE Drugs Group – May 2019 Minutes

Meeting 2019.05: Tuesday 14th May, 14.00
Indigo Room, Dr Steevens Hospital, D8

1. Draft Minutes for Consideration

The minutes of the April 2019 meeting were considered and approved.

2. Confidentiality forms

It had previously been agreed that all members (including public servants) would sign confidentiality forms (once off action).

3. Matters arising / Update on Medicines considered at previous meetings

There were no updates on medicines decisions.

4. Updates / reports from TRCs

   i. Teduglutide received from RDTRC (Documents in relation to Teduglutide from the RDTRC were provided for info – it was expected to an agenda item in June 2019 subject to completion of commercial negotiations).

5. Declaration of Interests / Nil Interest

No potential conflicts arose.

6. Medicines under representation process (SLT request for Drugs Group advice)

   i. 18013 Osimertinib for T790M mutation Non-Small Cell Lung Cancer

The Drugs Group carried out a full review of this medicines including the representations received from the pharmaceutical company (and others) following the issuance of a notice of proposal not to reimburse in Feb 2019. The Drugs Group noted the changes in relation to the budget impact due to the passage of time.

The Drugs Group members discussed concerns over the pricing position selected by the applicant company and the consequences for value for money and the opportunity costs for other services / patients if reimbursement was recommended and/or approved in the context of the unmet need and the clarity that the commercial proposal under consideration was the final offering.

After a long discussion, a majority of the Drugs Group members voted to support reimbursement.

7. Medicines for Consideration (Formal separation of applications by Roche)

   i. 19006 Carfilzomib Doublet for Multiple Myeloma (Carfilzomib-Dexamethasone)

The Drugs Group unanimously supported reimbursement of Carfilzomib doublet therapy on the basis of the confirmation of the availability of the existing commercially confidential offering previously considered for Triplet therapy.

   ii. 19007 Tofacitinib for Ulcerative Colitis

The Drugs Group deferred consideration of this therapy.

   iii. 19008 Daratumumab Combination (BOR-Dex) for Multiple Myeloma

The Drugs Group noted that Daratumumab monotherapy had previously received a positive recommendation. The Group noted the evolving developments in Multiple Myeloma and the increasingly complex therapeutic pathway. The Group noted the limitations of the Castor trial (i.e. comparison to a doublet when triplets are most likely the preferred pathway). The Drugs Group noted the uncertainty in the cost effectiveness and budget impact modelling due to the many available comparators. The Group noted that Janssen also held a marketing authorisation for a triplet regimen incorporating Lenalidomide and Dexamethasone.

On balance, the group unanimously recommended in favour of reimbursement of DAR-BOR-DEX whilst acknowledging that clinicians may strongly advocate for the availability of DAR-LEN-DEX also. The need for a robust control in relation to the restriction to DAR-BOR-DEX reimbursement in the absence of DAR-LEX-DEX reimbursement was flagged.

8. AOB / Members Time

9. The date of the next meeting was confirmed to be 11th June 2019.

Appendix 1: Members Present

Member	Title	Attendance
Prof. Áine Carroll	Chair, Medical Consultant	In attendance
Ms Anne Marie Hoey	Primary Care Reimbursement Service (Assistant National Director)	In attendance
Ms Aoife Kirwan	Public Interest Member	In attendance
Dr David Hanlon	National Clinical Advisor and Group Lead Primary Care (General Practitioner)	In attendance
Dr Jerome Coffey	National Director of the National Cancer Control Programme (Medical Consultant)	In attendance
Dr Philip Crowley	National Director for Quality Improvement (Medical Doctor)	Apologies received
Dr Valerie Walshe	Office of the Chief Financial Officer (Economist, PhD)	By teleconference
Ms Joan Donegan	Office of Nursing & Midwifery Services (Director of Nursing)	In attendance
Dr Roy Browne	Mental Health Division (Consultant Psychiatrist)	Apologies received
Position Vacant	Public Interest Member / Ethicist	Position Vacant
Mr Michael Power	Public Interest Member	In attendance
Dr Kevin Kelleher	Health and Wellbeing Division (Assistant National Director – Public Health Physician)	Apologies received
Ms Angela Fitzgerald	Acute Services Division (Assistant National Director)	Apologies received
Prof Ellen Crushell	Consultant in Inherited Metabolic Disorders	In attendance
Dr Lisa Cogan	Consultant in Medicine for the Elderly, Medical Director, Royal Hospital Donnybrook	Apologies received

In attendance (non-voting):
Kate Mulvenna

Secretariat:
Mr Shaun Flanagan (SF), Chief I Pharmacist, CPU PCRS
Ms Ellen McGrath (EMcG), Chief II Pharmacist, CPU PCRS
Ms Fiona Mulligan (FM), Senior Pharmacist, CPU PCRS