HSE Drugs Group – March 2021 Minutes

Meeting 2021.03: Tuesday 9th March 2021, 14.00 – 16.00
Via videoconference

1. Draft Minutes for Consideration

The minutes of the February 2021 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

The National Service Plan (NSP) made a provision of €50m for new drugs in 2021. 19 applications have now been supported by the HSE Executive Management Team (EMT) from this allocation. These applications have an estimated additional cost to the HSE of €30m in 2021 and an estimated five year cost amounting to €260m.

Talazoparib for the treatment of advanced or metastatic breast cancer with a germline BRCA1/2-mutation was considered by the Drugs Group in February 2021. The applicant (Pfizer) submitted an updated commercial offer that met the conditions required by the Drugs Group to support a positive recommendation. A recommendation to support reimbursement was therefore progressed to the HSE EMT for a decision.

Updates / reports from TRCs

The National Cancer Control Programme Technology Review Committee's (NCCP TRC) recommendations in relation to Pembrolizumab, Lenvatinib and Apalutamide were available for the HSE Drugs Group and considered in the discussions for these medicines.

4. Declaration of Interests / Nil Interest

One member declared a potential conflict of interest related to the application for Lenvatinib for HCC. This member abstained from all deliberations for this application on that basis.

5. Medicines for Consideration

i. 20021 Pembrolizumab for adjuvant melanoma

The application for Pembrolizumb for adjuvant melanoma had been reviewed on two occasions by the Drugs Group in 2020. The Drugs Group did not support reimbursement on these occasions. Reimbursement under the Oncology Drug Management System (ODMS) was not supported [redacted]. This position was supported by Irish clinical experts whose advice to the Group was that Pembrolizumab and Nivolumab for adjuvant melanoma can be considered to be equally efficacious, both in terms of clinical outcomes and safety, for this cohort of patients.

In response to the Drugs Group recommendation not to support reimbursement the applicant submitted a further improved commercial offer for adjuvant melanoma [redacted]. The Drugs Group, in the majority, were satisfied that the commercial offer [redacted]. In addition the Drugs Group noted that reimbursing Pembrolizumab will confer other advantages in terms of a reduction in the number of outpatient attendances required for patients to receive the 1 year

course of immunotherapy for the adjuvant treatment of melanoma if they are prescribed Pembrolizumab and the patient is administered the recommended dose of 400mg every 6 weeks.

ii. 21003 Lenvatinib for hepatocellular carcinoma (HCC)

The Drugs Group unanimously recommended reimbursement of Lenvatinib under the High Tech arrangements for the treatment of advanced or unresectable hepatocellular carcinoma (HCC).

The pivotal PIII study (REFLECT) that supported the market authorisation demonstrated that Lenvatinib was non-inferior for overall survival (primary endpoint) to Sorafenib with hazard ratio (HR) of 0.92 [95% CI of (0.79, 1.06)] and a median OS of 13.6 months versus 12.3 months.

The positive recommendation was on the basis of the HSE [redacted]. Sorafenib is the only 1st line treatment for advanced HCC that the HSE is currently reimbursing. The addition of Lenvatinib would expand the treatment options that are available in the 1st line setting for this patient population.

iii. 21004 Apalutamide for non-metastatic castration-resistant prostate cancer (nmCRPC)

Apalutamide is an orally administered selective androgen receptor (AR) inhibitor that is indicated for the treatment of men with non-metastatic castration-resistant prostate cancer (nmCRPC) who are at high risk of developing metastatic disease. Although high-risk non-metastatic CRPC is a recognised disease state, current treatment options are limited. However it was noted by the Drugs Group that a number of applications for alternative orally administered AR inhibitors indicated for nmCRPC were currently being progressed through the HSE assessment process.

The clinical evidence available from the pivotal PIII SPARTAN double-blind, placebo-controlled study conducted in men diagnosed with high risk nmCRPC who had rapidly rising PSA (PSA doubling time $\leq$10 months) was reviewed by the Drugs Group. A statistically significant improvement in metastasis free survival (MFS) was observed in favour of Apalutamide (HR: 0.297; 95% CI: 0.244, 0.362).

Clinical effectiveness data for Apalutamide (plus androgen deprivation therapy; ADT) and the comparison with ADT in the cost-effectiveness model base case was obtained from the SPARTAN trial. ADT was the comparator the Drugs Group considered to be the most relevant for HSE decision making given that no other AR inhibitor has been approved by the HSE for the treatment of castrate resistant prostate cancer (CRPC) outside of the metastatic setting to date.

The Drugs Group agreed that it could not support reimbursement of Apalutamide at the confidential price proposed as it was of insufficient magnitude for Apalutamide to be considered cost-effective compared with ADT. The Drugs Group unanimously agreed that it would support funding if [redacted]

iv. 21005 Fremanezumab for migraine prophylaxis

The Drugs Group recommended reimbursement of Femanezumab under High Tech arrangements for a defined patient subgroup of the full licensed indication i.e. the prophylaxis of chronic migraine in adults who have failed 3 or more prophylactic treatments. The Drugs Group recommendation aligned with the applicant's proposed place in therapy for Fremanezumab. This positive recommendation is conditional on a managed access programme being implemented that would enable individual reimbursement approval for this subgroup only, for whom treatment with Fremanezumab was demonstrated to be a cost-effective intervention (compared with best supportive care).

In addition to being a cost-effective intervention the Drugs Group recommendation also took into consideration that there would be [redacted] if it

displaces Erenumab, an alternative CGRP inhibitor that has been approved for reimbursement by the HSE for this same subgroup of chronic migraine sufferers.

v. 21006 Ravulizumab for paroxysmal nocturnal haemoglobinuria (PNH) and atypical haemolytic uraemic syndrome (aHUS)

Eculizumab is a complement inhibitor for which funding support on an individual basis is provided through the Primary Care Reimbursement Service (PCRS) for the long term treatment of patients diagnosed with paroxysmal nocturnal haemoglobinuria (PNH) or atypical haemolytic uraemic syndrome (aHUS). Ravulizumab is a longer acting complement inhibitor allowing administration in the maintenance phase once every 8 weeks, compared to every 2 weeks for Eculizumab. The Drugs Group understood that Ravulizumab would displace Eculizumab as the only other treatment that has been licensed to date for the treatment of PNH and aHUS.

The applicant submitted a commercial proposal that [redacted] in the event that Ravulizumab displaced Eculizumab. However this did not take into account the likelihood of biosmiliars becoming available over this timeframe. This was an important consideration of the Drugs Group [redacted] were subject to a large degree of uncertainty. The Group considered there to be a possibility that the HSE would be exposed to additional drug acquisition costs for the provision of complement inhibitor therapy for PNH or aHUS over a longer term if competition from a biosimilar entering the market wasn't adequately accounted for. In addition the Drugs Group noted that Eculizumab is a very high cost treatment for which there has been no health technology assessment (HTA) for either indication conducted for the Irish health services to date. When the cost-effectiveness of Eculizumab as an intervention is an unknown then no meaningful determination on the likely cost-effectiveness of Ravulizumab compared with all relevant comparators could be postulated by the Group.

The Drugs Group did not recommend reimbursement of Ravulizumab. The Group instead concluded that a full Health Technology Assessment should be conducted to assess the clinical effectiveness and cost effectiveness of Ravulizumab compared with standard of care for both indications. The Group unanimously agreed that a robust deliberation for either indication could not take place in its absence.

vi. 21007 Atezolizumab for triple negative breast cancer (TNBC)

There was insufficient time for the Drugs Group to conclude deliberations on this application. This will be carried forward to the April 2021 meeting.

vii. 21008 Atezolizumab for extensive stage small cell lung cancer (SCLC)

There was insufficient time for the Drugs Group to conclude deliberations on this application. This will be carried forward to the April 2021 meeting.

viii. 21009 Atezolizumab for 1L urothelial carcinoma (UC)

There was insufficient time for the Drugs Group to conclude deliberations on this application. This will be carried forward to the April 2021 meeting.

Appendix 1: Members Present on Microsoft Teams

Member	Title	Attendance
Prof. Áine Carroll	Chair, Medical Consultant	In attendance
Mr Shaun Flanagan	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
Ms Patricia Heckmann for Professor Risteárd Ó Laoide	Chief Pharmacist, National Cancer Control Programme for 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)	Apologies received
Dr Roy Browne	Mental Health Division (Consultant Psychiatrist)	In attendance
Dr Cliona McGovern	Public Interest Member / Ethicist	In attendance**
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	Apologies received
Dr Lisa Cogan	Consultant in Medicine for the Elderly, Medical Director, Royal Hospital Donnybrook	In attendance

*from 2pm-3pm
** from 2pm-3.30pm

In attendance (non-voting):
Ms Kate Mulvenna
Professor Michael Barry (NCPE)

Secretariat:
Ms Jennifer McCartan, Chief II Pharmacist, CPU PCRS
Ms Fiona Mulligan, Senior Pharmacist, CPU PCRS
Ms Ellen McGrath, Chief II Pharmacist, CPU PCRS