HSE Drugs Group – September 2024 Minutes
Meeting 2024.08: Tuesday 10th September 2024, 14.00 – 16.00
Via videoconference

1. Draft Minutes for Consideration

i. The minutes of the August 2024 meeting were considered and approved.

ii. The Drugs Group reviewed a proposed minor amendment to the previously approved July 2024 Drugs Group minutes. The Group agreed to approve the revised minutes.

2. Matters arising / Update on Medicines considered at previous meeting

i. An update on items previously considered by the Drugs Group was provided. All relevant Drugs Group recommendations from the August 2024 meeting progressed to the HSE Senior Leadership Team (SLT) for consideration had been supported.

3. Declaration of Interests / Nil Interest

None declared

4. Medicines for Consideration

i. Defatted powder of Arachis hypogaea L., semen (peanuts) (Palforzia®) for peanut allergy (NCPE HTA ID: 22019)

The Drugs Group considered defatted powder of Arachis hypogaea L., semen (peanuts) (Palforzia®) for the treatment of patients aged 4 to 17 years with a confirmed diagnosis of peanut allergy. The Group recognised the impact of peanut allergy on patients and their families including the burden of avoidance, the fear of unintended exposure and the associated quality of life implications. It was acknowledged that Palforzia® represents the only licensed pharmacological therapy for peanut allergy in Ireland. Current standard of care for patients encompasses strict peanut avoidance and emergency use of medications in the case of accidental peanut exposure. The Group reviewed the posology noting that daily maintenance is required to maintain the tolerability and clinical effects of Palforzia®. The Group reviewed the available clinical evidence noting that Palforzia® demonstrated a clinically relevant treatment effect in improving tolerance to peanut protein in double-blind, placebo-controlled, food challenge tests. The Group noted limitations of the clinical evidence including that the efficacy data is currently available for up to 24 months of treatment with Palforzia® and that the effect of stopping treatment on maintenance of clinical efficacy has not been evaluated. The Group noted there was a high level of uncertainty associated with the cost effectiveness of Palforzia®. The Drugs Group considered that the commercial offer was of insufficient magnitude to address this uncertainty. The Drugs Group agreed that it could recommend Palforzia® for the licensed indication subject to [redacted]

ii. Dupilumab for severe atopic dermatitis (6 months to 5 years) (NCPE HTA ID: 23042)

The Drugs Group considered Dupilumab (Dupixent®) for the treatment of severe atopic dermatitis in children 6 months to 5 years old who are candidates for systemic therapy. The Group reviewed the clinical and economic evidence for this patient population, including the commercial offer. The Drugs Group noted the current reimbursement of Dupilumab with existing HSE MMP led managed access protocols in place for defined subpopulations of adults, adolescents (12 years +) and patients aged 6 to 11 years with atopic dermatitis. The Group agreed that Dupilumab represented a beneficial treatment option for a defined paediatric cohort. The Group recommended in favour of restricted reimbursement of Dupilumab (Dupixent®), under High Tech arrangements, for the

treatment of severe atopic dermatitis in children aged 6 months to 5 years old who have not or are not expected to adequately respond to existing systemic treatments, who cannot tolerate them, or when their use is not clinically advisable, subject to the establishment of a managed access protocol.

iii. Dupilumab for severe asthma (6 to 11 years) (NCPE HTA ID: 23044)

The Drugs Group considered Dupilumab (Dupixent®) for the treatment of children 6 to 11 years old as add-on maintenance treatment for severe asthma with type 2 inflammation characterised by raised blood eosinophils and/or raised fraction of exhaled nitric oxide (FeNO), who are inadequately controlled with medium to high dose inhaled corticosteroids (ICS) plus another medicinal product for maintenance treatment. The Group reviewed the clinical and economic evidence for this patient population, including the commercial offer. The Drugs Group noted the current reimbursement of Dupilumab with an existing HSE MMP led managed access protocol in place for adolescent (12 years +) and adult patients with severe asthma. The Group agreed that Dupilumab represented a beneficial treatment option for a defined paediatric cohort. The Drugs Group recommended in favour of restricted reimbursement of Dupilumab (Dupixent®), under High Tech arrangements, for the treatment of children 6 to 11 years old as add-on maintenance treatment for severe asthma with type 2 inflammation characterised by raised blood eosinophils and/or raised fraction of exhaled nitric oxide (FeNO), who are inadequately controlled with medium to high dose inhaled corticosteroids (ICS) plus another medicinal product for maintenance treatment, subject to the establishment of a managed access protocol.

iv. Dupilumab for prurigo nodularis (NCPE HTA ID: 23043)

The Drugs Group considered Dupilumab (Dupixent®) for the treatment of adults with moderate-to-severe prurigo nodularis (PN) who are candidates for systemic therapy. Following consideration of the unmet need for a licensed PN systemic therapy, the available clinical evidence and the proposed commercial offer, the Drugs Group recommended in favour of reimbursement of Dupilumab (Dupixent®), under High Tech arrangements, for the treatment of adults with moderate-to-severe prurigo nodularis who are candidates for systemic therapy, subject to the establishment of a managed access protocol.

5. AOB

i. The Group agreed to consider enhancing a conflict of interest policy for all members of the committee.

ii. The impending retirement of Catherine Clarke was acknowledged. The Chair and Drugs Group members warmly thanked Catherine Clarke for her commitment and valuable contributions. The Group acknowledged that Carol Ivory would attend Drugs Group meetings in an interim capacity.

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	Apologies received
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 Mary Ruth Hoban	Assistant Director of Nursing and Midwifery (Prescribing) HSE West	Apologies received
Position vacant	Mental Health Division (Consultant Psychiatrist)	N/A
Dr Cliona McGovern	Public Interest Member / Ethicist	In attendance
Position vacant	Public Interest Member	N/A
Dr Anne Dee	Specialist in Public Health Medicine	Apologies received
Ms Catherine Clarke	Strategy & Planning – Unscheduled Care (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

*Parts of meeting and/or some voting not attended

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

Secretariat:
Fiona Mulligan, Chief II Pharmacist, CPU PCRS
Mary Staunton, Chief II Pharmacist, CPU PCRS