HSE Drugs Group – June 2021 Minutes

Meeting 2021.06: Tuesday 29th June 2021, 14.00 – 18.00
Via videoconference

1. Draft Minutes for Consideration

There was a delay in sending out the draft minutes of the May 2021 meeting due to the HSE cyberattack. The minutes will be reviewed for finalisation at the next Drugs Group meeting in September.

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 following pricing and reimbursement applications previously included on the Drugs Group agenda [redacted]

i. Ozanimod indicated for the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) with active disease
ii. Atezolizumab indicated for the treatment of adult patients with locally advanced or metastatic urothelial carcinoma (UC) who are considered cisplatin ineligible, and whose tumours have a PD-L1 expression ≥ 5%

Both of these applications were therefore approved for reimbursement [redacted]

Updates / reports from TRCs

The National Cancer Control Programme Technology Review Committee's (NCCP TRC) recommendations in relation to Atezolizumab for the treatment of small cell lung cancer (SCLC) and Midostaurin for the treatment of acute myeloid leukaemia (AML) were available for the HSE Drugs Group and considered in the discussions for these medicines.

4. Declaration of Interests / Nil Interest

No potential conflicts were raised.

5. Medicines for Consideration assessed under the Beneluxa initiative

i. Onasemnogene abeparvovec for spinal muscular atrophy (SMA)

The Drugs Group considered the clinical and cost-effectiveness evidence available for Onasemnogene abeparvovec along with the patient group submission received during the HTA process. The Drugs Group, in the majority, were in favour of reimbursement, if the specific terms set out in a proposed joint mandate were to emerge. This positive recommendation is conditional on the applicant company (Novartis Gene Therapies) agreeing to these terms, which will be sought by the HSE in conjunction with the equivalent Dutch and Belgian health authorities via the Beneluxa initiative. The terms were based on the recommendations arising from the HTA report conducted on a collaborative basis by HTA bodies in Ireland, the Netherlands and Belgium.

6. Medicines for Consideration

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

The Drugs Group considered the clinical and cost-effectiveness evidence available for Atezolizumab (Tecentriq®) in combination with carboplatin and etoposide, for the first-line treatment of adult

patients with extensive-stage small cell lung cancer (ES-SCLC). The addition of Atezolizumab to standard of care chemotherapy achieved a net gain of approximately 1 month in median progression free survival (PFS) and 2 months in median overall survival (OS) as demonstrated in the pivotal phase III IMpower133 study. Although ES-SCLC was recognised to have an associated unmet need, overall the Group did not consider it could support reimbursement for such modest improvements in clinical benefits when the final approximated ICERs vs standard of care chemotherapy remained much higher than conventional willingness to pay thresholds. The Group consensus was that this would represent a substantial opportunity cost to the HSE and therefore, in the majority, did not support reimbursement.

ii. 21010 Tafamidis for the treatment of wild-type or hereditary transthyretin amyloidosis in adult patients with cardiomyopathy (ATTR-CM)

Tafamidis is the first licensed pharmacologic treatment specifically for ATTR-CM, noted by the Drugs Group as a rare life-threatening condition with a high unmet need.

The main clinical evidence supporting the clinical efficacy of Tafamidis derives from ATTR-ACT, a multicentre, international, double-blind, placebo-controlled, phase III trial. In the primary analysis, all-cause mortality and rates of cardiovascular-related hospitalisations were lower among the 264 patients who received Tafamidis meglumine (pooled data) than among the 177 patients who received placebo ($P<0.001$).

Tafamidis is a high cost medicine with an incremental cost-effectiveness ratio (ICER) of €241,754/QALY versus standard of care (SoC) at list price. Notwithstanding a submission by the applicant of a proposed commercially confidential [redacted] on the list price, the Drugs Group was of the view that it could not support reimbursement of Tafamidis on the basis of the ICER still far exceeding conventional willingness to pay thresholds.

The Drugs Group unanimously agreed that it would recommend reimbursement of Tafamidis under the High Tech arrangements if [redacted] This would result in an acceptable ICER vs SoC given the evidence of clinical benefit in terms of improved survival and the current unmet need for effective treatment options for ATTR-CM. The Drugs Group could only support a positive recommendation on this basis provided a managed access programme was also put in place by the HSE that would ensure appropriate prescribing of this medicine.

iii. 21012 Midostaurin for FLT3 mutation-positive acute myeloid leukaemia

Midostaurin is an orally administered multi-target inhibitor of FLT3 and other receptor tyrosine kinases. When administered as an adjunctive treatment it has been shown to improve survival when compared with current standard of care, as demonstrated in the overall population from the pivotal phase III RATIFY study. At the April 2015 cut-off (median follow-up of 60.2 months), the overall survival hazard ratio (HR) was 0.77 (95% CI 0.63 to 0.95); p=0.0078. Probabilities of survival at 5 years were 51% (95% CI 0.45 to 0.56) for Midostaurin treated patients versus 43% (95% CI 0.38 to 0.49) for those who were otherwise randomised to receive placebo.

The Drugs Group, in the majority, supported reimbursement of Midostaurin (Rydapt®) within its marketing authorisation, for adult patients with newly diagnosed acute myeloid leukaemia (AML) who are FLT3 mutation-positive. During the course of deliberations several members of the group noted that there was significant uncertainty remaining in relation to cost-effectiveness, after duly considering the impact of the proposed commercial offer submitted by the applicant company to mitigate this

uncertainty. In respect of this CPU were to establish with the applicant whether the offer could be enhanced with the view to further addressing the concerns in relation to the cost-effectiveness.

iv. 21013 Delafloxacin antibiotic therapy for the treatment of acute bacterial skin and skin structure infections (ABSSSI)

The Drugs Group unanimously supported hospital pricing approval (IV/oral formulations) and reimbursement of Delafloxacin (oral formulation) under the High Tech arrangements on the basis of the confidential price proposed by the applicant company being acceptable when compared with other novel antibiotics approved by the HSE. The Group noted the anticipated limited role of Delafloxacin in certain circumstances in clinical practice that will be overseen by HSE AMRIC (Antimicrobial Resistance and Infection Control).

v. 21014 Amikacin inhaled for the treatment of non-tuberculous mycobacterial (NTM) lung infections caused by Mycobacterium avium complex (MAC)

Arikayce® liposomal nebuliser dispersion (ALND) is indicated for the treatment of non-tuberculous mycobacterial (NTM) lung infections caused by *Mycobacterium avium* Complex (MAC) in adults with limited treatment options who do not have cystic fibrosis. The applicant proposed place in Irish clinical practice was that ALND will be added to guideline based therapy (GBT) for the treatment of patients with MAC pulmonary disease who have failed therapy after at least 6 months of GBT. The estimated number of individuals who would require treatment in this setting was less than 5 patients per annum based on Irish clinical expert opinion.

The treatment duration of Arikayce® liposomal is not expected to exceed 18 months and not expected to continue to be prescribed to patients beyond 6 months if sputum culture conversion (SCC) has not been confirmed by then. In CONVERT, the main phase III, randomised, open-label study supporting the clinical efficacy of Arikayce® liposomal, 65/224 (29.0%) patients achieved SCC by month 6 on treatment in the group who received Arikayce® liposomal in combination with a multiple drug regimen (MDR) compared with 10/112 (8.9%) in the MDR only group ($p<0.0001$). Of these, based on the primary analysis, durable SCC at 3 months off treatment was achieved by 36/224 (16.1%) in the Arikayce® liposomal group + MDR compared to 0/112 (0%) in the MDR only group, $p<0.0001$.

While the overall budget impact over 5 years may be considered relatively modest, the Drugs Group noted that Arikayce® liposomal is a high cost treatment, that would amount to a very significant cost per patient treated, which will vary depending on whether the patient responds to treatment (i.e. achieves a SCC) or not. The Drugs Group considered there was insufficient evidence presented to support a positive recommendation. The Group concluded that a full Health Technology Assessment should be conducted to assess the clinical effectiveness and cost effectiveness of Arikayce® liposomal compared with standard of care. The Group in the majority agreed that a robust deliberation could not take place in its absence.

vi. 21015 Nivolumab 2L oesophageal cancer

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

vii. 21016 Dabrafenib + Trametinib for adjuvant treatment of adult patients with Stage III melanoma with a BRAF V600 mutation, following complete resection

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

viii. 21017 Polatuzumab vedotin for the treatment of relapsed/refractory diffuse large B-cell lymphoma (DLBCL)

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

ix. 21018 Liraglutide for obesity

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

x. 21019 Oral Semaglutide for type II diabetes mellitus

There was insufficient time for the Drugs Group to conclude deliberations on this application. This will be carried forward to the September 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)	Apologies received
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)	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
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)	In attendance*
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

*Parts of meeting and voting not attended

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

Secretariat:
Ms Ellen McGrath, Chief I Pharmacist, CPU PCRS
Ms Fiona Mulligan, Senior Pharmacist, CPU PCRS