Seirbhís Aisíoca Príomhchúraim
Bealach amach 5 an M50, Án Bóthar Thuaidh, Fionnghlas, Baile Átha Cliath 11, D11 XKF3
Guthán: 01 8647100

Primary Care Reimbursement Service
Exit 5, M50, North Road, Finglas, Dublin 11, D11 XKF3
Tel: 01- 8647100

John Lahart, T.D.
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.

7th May, 2021

PQ: 18632/21

To ask the Minister for Health the status of the reimbursement of CAR T-cell therapy by the HSE; the reason for the delay regarding a decision on the reimbursement of same; if he is considering plans for the development of facilities to allow for the availability of CAR T-cell therapy in Ireland; and if he will make a statement on the matter. -John Lahart

Dear Deputy Lahart,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question (Reference 18632/21), which you submitted to the Minister for Health for response.

The HSE is committed to providing access to as many medicines as possible, in as timely a fashion as possible, from the resources available (provided) to it.

The HSE robustly assesses applications for pricing and reimbursement to make sure that it can stretch available resources as far as possible and to deliver the best value in relation to each medicine and ultimately more medicines to Irish citizens and patients.

HSE decisions on which medicines are reimbursed by the taxpayer are made on objective, scientific and economic grounds.

There are formal processes which govern applications for the pricing and reimbursement of medicines, and new uses of existing medicines, to be funded and / or reimbursed.

The HSE considers the following criteria prior to making any decision on pricing / reimbursement in line with the Health (Pricing and Supply of Medical Goods) Act 2013:
(1) The health needs of the public,
(2) The cost effectiveness of meeting health needs by supplying the item concerned rather than providing other health services,
(3) The availability and suitability of items for supply or reimbursement,

(4) The proposed costs, benefits, and risks of the item or listed item relative to therapeutically similar items or listed items provided in other health service settings and the level of certainty in relation to the evidence of those costs, benefits and risks,
(5) The potential or actual budget impact of the item or listed item,
(6) The clinical need for the item or listed item,
(7) The appropriate level of clinical supervision required in relation to the item to ensure patient safety,
(8) The efficacy (performance in trial), effectiveness (performance in real situations) and added therapeutic benefit against existing standards of treatment (how much better it treats a condition than existing therapies) and
(9) The resources available to the HSE

In terms of the specific details of the application for pricing and reimbursement of Tisagenlecleucel (Kymriah®):

The HSE received an application for pricing / reimbursement of Tisagenlecleucel (Kymriah®) on the 18th September 2018 for the treatment of paediatric and young adult patients up to and including 25 years of age with B-cell acute lymphoblastic leukaemia (ALL) that is refractory, in relapse post-transplant or in second or later relapse and adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) after two or more lines of systemic therapy.

- The first step in the process is the submission of a rapid review dossier. The HSE commissioned a rapid review report for both indications on the 19th September 2018. Following receipt of a rapid review dossier, the National Centre for Pharmacoeconomics (NCPE) advised the HSE (18th & 19th October 2018) that a full Health Technology Assessment (HTA) was required for this medicine (two separate reports with identical recommendations for both indications)

- The HSE commissioned a full Health Technology Assessment for the ALL indication and a full Health Technology Assessment for the DLBCL indication on the 22nd of October 2018 as per agreed processes

- The NCPE Health Technology Assessment report (http://www.ncpe.ie/wp-content/uploads/2018/10/Summary-Tisa-cel-pALL.pdf) for the ALL indication was received by the HSE on the 27th August 2019 . The NCPE recommended that Tisagenlecleucel should not be reimbursed for ALL unless cost-effectiveness can be improved relative to existing treatments

- The NCPE Health Technology Assessment report (http://www.ncpe.ie/wp-content/uploads/2018/10/Summary-Tisa-Cel-DLBCL.pdf) for the DLBCL indication was received by the HSE on the 20th September 2019. The NCPE recommended that Tisagenlecleucel should not be reimbursed for DLBCL unless cost-effectiveness can be improved relative to existing treatments

- The HSE Corporate Pharmaceutical Unit (CPU) is the interface between the HSE and the Pharmaceutical Industry in relation to medicine pricing and reimbursement applications. CPU engaged in commercial negotiations for Tisagenlecleucel in February and June 2020

- The Drugs Group is the national committee which the HSE has in place to make recommendations on the pricing and reimbursement of medicines. The membership of the HSE Drugs Group includes public interest members

- At its October 2020 meeting, the Drugs Group reviewed Tisagenlecleucel (Kymriah®) for the ALL indication. The final HTA report was reviewed by the HSE Drugs Group, along with the outputs of commercial negotiations. In October 2020 the Drugs Group concluded that it did not have sufficient information to proceed in making a recommendation for this indication and requested that the CPU re-engage with the applicant (Novartis) on a managed entry agreement for this medicine with a view to addressing the uncertainty in both the clinical and cost-effectiveness evidence. Further detail on the considerations of the Group for this application is available from the minutes published online: https://www.hse.ie/eng/about/who/cpu/drugs-group-minutes/hse-drugs-group-minutes-october-2020.pdf

- At its November 2020 meeting, the Drugs Group reviewed Tisagenlecleucel (Kymriah®) for the DLBCL indication. The final HTA report was reviewed by the HSE Drugs Group, along with the outputs of commercial negotiations. Following extensive deliberations the Drugs Group (in the majority) was unable to support reimbursement on its review of all of the criteria it had a responsibility to consider. Further detail on the considerations of the Group for this application is available from the minutes published online: https://www.hse.ie/eng/about/who/cpu/drugs-group-minutes/hse-drugs-group-minutes-november-2020.pdf

- Additional information for both indications (including revised commercial offers and more mature clinical data from the pivotal studies) was subsequently submitted by the applicant for review by the Drugs Group. The final updated information was received by the CPU in March 2021

- The HSE Drugs Group considered both applications in detail (as two separate agenda items) at its April 2021 meeting, including the additional information and revised commercial offers. The HSE Drugs Group recommendations in relation to these applications have now been progressed to the HSE Executive Management Team

- The decision making authority in the HSE is the HSE Executive Management Team. The HSE Executive Management Team decides on the basis of all the demands it is faced with (across all services) whether it can fund a new medicine, or new uses of an existing medicine, from the resources that have been provided to it in line with the Health (Pricing and Supply of Medical Goods) Act 2013

The application remains under consideration with the HSE. The HSE cannot make any comment on possible outcomes from the ongoing process.

In terms of the specific details of the application for pricing and reimbursement of Axicabtagene ciloleucel (Yescarta®):

The HSE received an application for pricing / reimbursement of Axicabtagene ciloleucel (Yescarta®) on the 6th September 2018 for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) and primary mediastinal large B-cell lymphoma (PMBCL), after two or more lines of systemic therapy.

- The first step in the process is the submission of a rapid review dossier. The HSE commissioned the rapid review process on the 10th September 2018. Following

receipt of a rapid review dossier, the National Centre for Pharmacoeconomics (NCPE) advised the HSE (18th October 2018) that a full Health Technology Assessment (HTA) was required for this medicine

- The HSE commissioned a full Health Technology Assessment on the 22nd of October 2018 as per agreed processes

- The NCPE Health Technology Assessment report (http://www.ncpe.ie/wp-content/uploads/2020/02/Summary-Axi-Cel-Final.pdf) was received by the HSE on the 25th of February 2020. The NCPE recommended that Axicabtagene ciloleucel should not be considered for reimbursement unless cost-effectiveness can be improved relative to existing treatments

- The HSE Corporate Pharmaceutical Unit (CPU) is the interface between the HSE and the Pharmaceutical Industry in relation to medicine pricing and reimbursement applications. CPU engaged in commercial negotiations for Axicabtagene ciloleucel in July 2020

- The Drugs Group is the national committee which the HSE has in place to make recommendations on the pricing and reimbursement of medicines. The membership of the HSE Drugs Group includes public interest members. Axicabtagene ciloleucel was included on the October 2020 and November 2020 Drugs Group agendas. The endpoint of extensive deliberations by the Drugs Group at the meeting in November 2020 required the CPU to re-engage in further discussions with the applicant

- Additional information (including a revised commercial offer) was subsequently submitted by the applicant for review by the Drugs Group. The final updated information was received by the CPU in February 2021

- The HSE Drugs Group considered Axicabtagene ciloleucel (Yescarta®) in detail at its April 2021 meeting. The Drugs Group have requested that the CPU re-engage with the applicant company on the commercial offering prior any recommendation being advanced to the HSE Executive Management Team

- The decision making authority in the HSE is the HSE Executive Management Team. The HSE Executive Management Team decides on the basis of all the demands it is faced with (across all services) whether it can fund a new medicine, or new uses of an existing medicine, from the resources that have been provided to it in line with the Health (Pricing and Supply of Medical Goods) Act 2013

The application remains under consideration with the HSE. The HSE cannot make any comment on possible outcomes from the ongoing process.

In terms of the specific details of the application for pricing and reimbursement of Tecartus® (autologous anti-CD19-transduced CD3+ cells):

The HSE received an application for pricing / reimbursement of Tecartus® on the 2nd March 2021 for the treatment of adult patients with relapsed or refractory mantle cell lymphoma (MCL) after two or more lines of systemic therapy including a Bruton's tyrosine kinase (BTK) inhibitor

- The first step in the process is the submission of a rapid review dossier. The HSE commissioned the rapid review process on the 3rd March 2021. Following receipt of

a rapid review dossier, the National Centre for Pharmacoeconomics (NCPE) advised the HSE (22nd March 2021) that a full Health Technology Assessment (HTA) was required for this medicine

- The HSE commissioned a full Health Technology Assessment on the 31st of March 2021 as per agreed processes

The application remains under consideration with the HSE. The HSE cannot make any comment on possible outcomes from the ongoing process.

Although licensed as a medicine by the EMA, there are technical processes required to support the use of CAR-T therapy which are more multifaceted than standard drug administration. These involve a complex supply chain, laboratory accreditation and other specific supports to be in place in addition to the drug reimbursement approval. As a result, CAR-T can only be carried out at designated, accredited centres which have been assessed and accredited from a quality control and a process management perspective. The designated site would not manufacture the CAR-T, which is a separate process that occurs off-site. The production of CAR-T with the insertion of molecular constructs into patient T-lymphocytes is carried out by the commercial manufacturing units. CAR-T programs have been established internationally in allogeneic stem cell transplant (SCT) units, which are recognised as having the appropriate infrastructure and skills to deliver this treatment safely.

To establish a CAR-T service in Ireland, the NCCP identified that there were a number of considerations including the reimbursement of CAR-T products and the technical/ service readiness of hospitals.

In preparation for a CAR-T service in Ireland the NCCP has:

1. Formally designated the National Stem Cell Transplantation unit at St James's Hospital (SJH) and the Haematopoietic Stem Cell Transplant unit at CHI at Crumlin as the initial sites to develop/deliver this service for adult and paediatric patients on the island of Ireland.
2. Supported SJH and CHI at Crumlin in progressing the technical/service readiness elements required over the last 18 months
3. Agreed a service specification and a patient pathway for adults and paediatrics whereby all patients to be considered for CAR-T must be discussed at the appropriate MDM in the designated CAR-T centre. This was agreed with the NCCP established CAR-T Advisory group. This agreed pathway will ensure there is a clear clinical governance structure in place for these services.
4. Agreed the basis of a national CAR-T Review group whose role will be to consider all patients who have been referred for discussion at the designated CAR-T centre MDM and to prioritise patients for treatment based on assessment of information regarding patient fitness, patient disease severity and available capacity. This ensures equitable availability of CAR-T when the service will be available in Ireland.
5. Included the CAR-T service in 2021 service plan discussions which are on-going.

Yours sincerely,

Suzanne Doyle
Primary Care Eligibility & Reimbursement Service