HSE Drugs Group – January 2024 Minutes
Meeting 2024.01: Tuesday 16th January 2024, 14.00 – 16.30
Via videoconference

1. **Draft Minutes for Consideration**
   The minutes of the December 2023 meeting were considered and approved.

2. **Matters arising / Update on Medicines considered at previous meeting**
   i. The Drugs Group were provided with an update on the application for Atidarsagene autotemcel (Libmeldy®), a medicine being progressed via the Beneluxa initiative.

   ii. The Group previously reviewed Tezepelumab (Tezspire®) in December 2023 as add-on maintenance treatment in adults and adolescents 12 years and older with severe asthma, who are inadequately controlled despite high-dose inhaled corticosteroids (ICS) plus another medicinal product for maintenance treatment. The Group were apprised of a revised commercial offer for Tezepelumab (Tezspire®) for the T2-high population which would be subject to the establishment of a managed access protocol, and maintained their positive recommendation for reimbursement. The Group were advised that the applicant intends to submit a HTA to the NCPE for the T2-low population.

   iii. An update on items previously considered by the Drugs Group was provided. Six relevant recommendations had since been progressed to the HSE EMT for deliberation (including a positive recommendation for Romosozumab, previously reviewed by the Group in August 2023).

3. **Declaration of Interests / Nil Interest**
   None declared

4. **Medicines for Consideration**

   i. **23013 Pegvaliase (Palynziq®) for phenylketonuria (NCPE HTA ID: 21057)**
   The Drugs Group considered Pegvaliase (Palynziq®) for the treatment of patients with phenylketonuria aged 16 years and older who have inadequate blood phenylalanine control (blood phenylalanine levels greater than 600 micromol/L) despite prior management with available treatment options. Following Pegvaliase review by the Drugs Group in June 2023, the Group requested its referral to the HSE Rare Diseases Technology Review Committee (RDTRC) for further patient and clinician engagement to assist in their deliberations for this medicine. Upon completion of the RDTRC processes, the totality of clinical and economic evidence for Pegvaliase, including the statement from the RDTRC and the patient organisation submission of evidence, was comprehensively reviewed by the Drugs Group at their January 2024 meeting.

   The Group acknowledged the disease burden experienced by PKU patients, including the challenges in adhering to a phenylalanine restricted diet and limitations of currently available treatment options, as supported by the patient interest group submission and RDTRC statement. The PRISM clinical trial programme demonstrated sustained reductions in blood phenylalanine levels with Pegvaliase treatment. Limitations and uncertainties of the clinical data were noted by the Group including the open-label nature of the long-term extension phase of PRISM-2. The Group considered the magnitude of clinical benefit for Pegvaliase was unclear and that Pegvaliase was associated with a very high annual treatment cost per patient. The Group noted the cost-effectiveness estimates for Pegvaliase far exceeded conventional willingness to pay thresholds regardless of comparator and population considered under the NCPE preferred assumptions (incorporating commercially confidential arrangements for comparators).

On the basis of the entirety of the clinical and economic evidence presented, the Drugs Group, by majority, recommended against reimbursement of Pegvaliase.

ii. **23033 Anifrolumab (Saphnelo®) for active autoantibody-positive systemic lupus erythematosus (NCPE HTA ID: 23027)**

The Drugs Group considered Anifrolumab (Saphnelo®) as an add-on therapy for the treatment of adult patients with moderate to severe, active autoantibody-positive systemic lupus erythematosus (SLE), despite standard therapy. The Group acknowledged there was an unmet need for newer targeted therapeutic agents for SLE. Many of the currently available medicines used in the treatment of SLE are nonspecific in nature and are associated with poor tolerability and toxicity. A patient organisation submission of evidence was also reviewed. The Group noted some uncertainties in the clinical data including the failure of TULIP-1 to meet its primary endpoint. The magnitude of clinical benefit for Anifrolumab was considered as modest. Anifrolumab represents an expensive add-on therapy option for SLE patients relative to the current cost of standard of care treatments, despite the commercial proposal. A Health Technology Assessment (HTA) has not been conducted for a biological SLE therapy to date and as such the cost-effectiveness of Anifrolumab remains to be determined. The Group concluded that a full Health Technology Assessment should be conducted to assess the clinical effectiveness and cost effectiveness of Anifrolumab and that a robust deliberation could not take place in its absence.

iii. **24001 Belimumab (Benlysta®) for active autoantibody-positive systemic lupus erythematosus (NCPE HTA ID: 23022)**

The Drugs Group considered Belimumab (Benlysta®) as add-on therapy in patients aged 5 years and older with active, autoantibody-positive systemic lupus erythematosus (SLE) with a high degree of disease activity (e.g., positive anti-dsDNA and low complement) despite standard therapy. Belimumab for SLE was previously reviewed by the Drugs Group in 2013 whereby pricing approval could not be supported in the absence of a HTA. The Group noted the current SLE Belimumab application encompassed a wider licensed SLE population and a new subcutaneous formulation. The Group acknowledged the paucity of targeted treatment options for SLE. Following review of the clinical data, the Group considered that Belimumab plus standard of care demonstrated a modest clinical benefit relative to standard of care alone. Belimumab represents an expensive add-on therapy option for SLE patients relative to the current cost of standard of care treatments, despite the proposed commercial offer. The anticipated date of patent expiry was noted by the Group. The Group considered there to be significant uncertainty associated with the applicant's budget impact estimates. Based on the totality of clinical and economic evidence, the Group unanimously recommended against hospital pricing approval / reimbursement under High Tech arrangements of Belimumab.

iv. **24002 Belimumab (Benlysta®) for active lupus nephritis (NCPE HTA ID: 23021)**

The Drugs Group considered Belimumab (Benlysta®) in combination with background immunosuppressive therapies for the treatment of adult patients with active lupus nephritis. The Group acknowledged the unmet need for lupus nephritis with current treatment options relying on high dose corticosteroids and broad-spectrum immunosuppressive agents. The Group considered the totality of clinical and economic evidence. Belimumab is an expensive treatment option for lupus nephritis patients.The Group noted that the commercial offer reduced the cost of Belimumab considerably, however the cost remained considerably higher than the current standard of care. The Group acknowledged the significant uncertainty associated with the applicant's budget impact estimates and the potential underestimate therein. Based on the totality of clinical

and economic evidence, the Group by majority recommended against hospital pricing approval / reimbursement under High Tech arrangements of Belimumab.

v. **24003 Nivolumab (Opdivo®) for 1L treatment of HER2-negative advanced or metastatic gastric, gastro-oesophageal junction or oesophageal adenocarcinoma (NCPE HTA ID: 21049)**

The Group considered Nivolumab (Opdivo®) in combination with fluoropyrimidine- and platinum-based combination chemotherapy for the first-line treatment of adult patients with HER2-negative advanced or metastatic gastric, gastro-oesophageal junction or oesophageal adenocarcinoma whose tumours express PD-L1 with a combined positive score (CPS) ≥ 5. The Group reviewed the clinical evidence from the pivotal CheckMate 649 trial, in which Nivolumab plus chemotherapy demonstrated a statistically significant improvement versus chemotherapy for both co-primary endpoints (progression-free survival and overall survival). The Group noted the commercial offer reduced the cost-effectiveness [redacted] from the applicant's perspective but cost-effectiveness [redacted] The substantial budget impact and the affordability of Nivolumab for this indication was a significant consideration of the Drugs Group. In light of the magnitude of the budget impact, the Group considered the incremental overall survival benefit of Nivolumab plus chemotherapy versus chemotherapy (+3.3 months) did not represent an optimum use of limited HSE resources, and by majority did not recommend in favour of reimbursement.

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
Clare Mac Gabhann	Director of Nursing and Midwifery (Prescribing)	In attendance
Position vacant	Mental Health Division (Consultant Psychiatrist)	N/A
Dr Cliona McGovern	Public Interest Member / Ethicist	In attendance
Mr Michael Power	Public Interest Member	In attendance
Dr Anne Dee	Specialist in Public Health Medicine	In attendance
Catherine Clarke	Strategy & Planning – Unscheduled Care (Assistant National Director)	In attendance*
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

*Parts of meeting and/or some voting not attended

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

Secretariat:
Ellen McGrath, Head of CPU PCRS
Fiona Mulligan, Chief II Pharmacist, CPU PCRS
Mary Staunton, Chief II Pharmacist, CPU PCRS
Louise Walsh, Senior Pharmacist, CPU PCRS