HSE Drugs Group – September 2022 Minutes

Meeting 2022.08: Tuesday 13th September 2022, 14.00 – 16.00

Via videoconference

1. Draft Minutes for Consideration

The minutes of the July 2022 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 meeting

i. An update on items previously considered by the Drugs Group was provided. The positive recommendations for Avelumab (for urothelial carcinoma) and Voretigene neparvovec from the July 2022 meeting had been approved by the HSE EMT. The Group noted the referral of Voretigene neparvovec to the HSE Medicines Management Programme for the development of a managed access protocol to support hospital pricing approval.

ii. The Group were informed that the specified improved commercial offering required to support a positive recommendation for Larotrectinib (previously considered at the May 2022 meeting) had been achieved. A managed access protocol would now be developed for this medicine.

iii. An improved commercial offering for the three Brentuximab vedotin indications (previously considered at the June 2022 meeting) had been submitted by the applicant and was under review.

iv. The Drugs Group were asked to consider additional meeting capacity for 2022 due to the substantial number of applications scheduled for consideration at Drugs Group meetings out to December 2022.

4. Declaration of Interests / Nil Interest

No potential conflicts were raised.

5. Medicines for Consideration

i. 22019 Cholic acid for bile acid synthesis disorders

The Drugs Group considered Cholic acid (Orphacol®) for the treatment of inborn errors in primary bile acid synthesis due to 3β-Hydroxy-Δ5 -C27-steroid oxidoreductase deficiency or Δ4 -3-Oxosteroid-5β-reductase deficiency in infants, children and adolescents aged 1 month to 18 years and adults. The Group acknowledged the rarity of these deficiencies as well as the progressive and fatal nature if left untreated. Cholic acid represents the first and only licensed treatment option currently. The Drugs Group noted that the clinical literature supporting the submission had shown that Cholic acid postponed or obviated the need for liver transplantation, restored normal laboratory parameters, improved histological lesions of the liver, and significantly improved patient's symptoms. Whilst Ursodeoxycholic acid represents a less expensive comparator treatment, its use is limited as a temporary treatment measure only, due to its inability to stop the production of toxic bile acid

metabolites. The impact of the commercial offer and the associated budget impact were reviewed. The Drugs Group unanimously recommended in favour of reimbursement of Cholic acid for this indication, on the assurances that adequate controls are put in place via the PCRS High Tech hub that would restrict prescribing in line with the licensed indication only.

ii. 22020 Alpelisib for breast cancer with a PIK3CA mutation

The Drugs Group considered Alpelisib in combination with Fulvestrant for the treatment of postmenopausal women, and men, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer with a PIK3CA mutation after disease progression following endocrine therapy as monotherapy. Alpelisib represents the first medicine specifically licensed in patients with PIK3CA-mutated breast cancer. The Group reviewed evidence from the pivotal SOLAR-1 trial. The trial met its primary endpoint and demonstrated a significant improvement in progression-free survival for Alpelisib + Fulvestrant relative to the placebo + Fulvestrant arm in patients with PIK3CA mutant advanced breast cancer. However, the Group noted that a significant difference was not observed between treatment arms at the final overall survival analysis. The Group considered the anticipated place in therapy for Alpelisib, noting that CDK4/6 inhibitors now represent standard of care in this treatment setting, but there was limited evidence to support efficacy of Alpelisib + Fulvestrant post CDK4/6 inhibitors and use in this manner would also not be consistent with the current EMA licensed indication. The Group reviewed the pharmacoeconomic evidence for Alpelisib including the comprehensive commercial offer, noting the high degree of uncertainty in relation to the cost-effectiveness versus comparators. Following consideration of the totality of clinical and pharmacoeconomic evidence, the Drugs Group, by majority, did not recommend in favour of reimbursement of Alpelisib.

iii. 22021 Ketoconazole for Cushing's syndrome

The Drugs Group considered Ketoconazole (Ketoconazole HRA®) for the treatment of endogenous Cushing's syndrome in adults and adolescents above the age of 12 years. The Group noted that Cushing's syndrome is a rare and heterogeneous endocrine condition. Ketoconazole can be used in the treatment of all causes of endogenous hypercortisolism (regardless of aetiology). The Group considered the supporting clinical evidence for Ketoconazole for Cushing's syndrome, noting that European marketing authorisation for this treatment was based on well-established medicinal use. The Group considered Ketoconazole HRA® to be a non-innovative but relatively expensive medicine. The Group noted the proposed price, in light of the commercial proposal and associated budget impact, was in line with some relevant comparator therapies. On balance, following careful deliberation, the Drugs Group by majority recommended in favour of reimbursement of Ketoconazole HRA® under High Tech arrangements.

iv. 22022 Fedratinib for myelofibrosis

There was insufficient time for the Drugs Group to conclude deliberations on this application. This will be carried forward to the October 2022 meeting.

v. 22023 Apalutamide for mHSPC

There was insufficient time for the Drugs Group to conclude deliberations on this application. This will be carried forward to the October 2022 meeting.

vi. 22024 Dupilumab for severe asthma

There was insufficient time for the Drugs Group to conclude deliberations on this application. This will be carried forward to the October 2022 meeting.

6. AOB

i. 20001 Darvadstrocel for the treatment of complex perianal fistulas in Crohn's Disease

At the March 2022 meeting, to assist in their deliberations regarding next steps for this medicine, the Drugs Group requested that the NCPE review additional clinical evidence for Darvadstrocel (Alofisel®) submitted by the applicant.

Following this review and duly taking into account the previous deliberations in 2019, the current level of clinical evidence available as well, as that likely to become available in the near term, the Drugs Group agreed that Darvadstrocel (Alofisel®) should be referred to the Rare Diseases Technology Review Committee (RDTRC) for further patient and clinician engagement to assist the Group in making its recommendation to the HSE Executive Management Team.

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
Post Vacant	Office of Nursing & Midwifery Services (Director of Nursing)	n/a
Dr Roy Browne	Mental Health Division (Consultant Psychiatrist)	In attendance
Dr Cliona McGovern	Public Interest Member / Ethicist	Apologies received
Mr Michael Power	Public Interest Member	Apologies received
Dr Anne Dee	Specialist in Public Health Medicine	In attendance
Post Vacant	Acute Operations Division (Assistant National Director)	n/a
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

In attendance (non-voting):
Dr. Lesley Tilson (NCPE)

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