NCCP Technology Review Committee (TRC)

Meeting Notes

Date of Meeting:	**August 29th 2022 at 4.30pm**
Venue :	**Teleconference / NCCP Offices**
Assessment:	Cabozantinib (Cabometyx®)
	Lorlatinib (Lorviqua®)
	Pomalidomide (Imnovid®)

TEXT FOR REDACTION DUE TO DELIBERATIVE PROCESS HIGHLIGHTED IN YELLOW

TEXT FOR REDACTION DUE TO COMMERCIAL SENSITIVITY IS HIGHLIGHTED IN PINK

TEXT FOR REDACTION DUE TO CONFIDENTIALITY IS HIGHLIGHTED IN BLUE

Attendance:

Members present		
NCPE representative	National Centre for Pharmacoeconomics (NCPE)	By 'phone
Dr Oscar Breathnach	Medical Oncologist, Beaumont: ISMO nominee	By 'phone
Prof Michaela Higgins	Medical Oncologist, St. Vincent's University Hospital: ISMO nominee	By 'phone
Ms Patricia Heckmann	NCCP AND - Chair	By 'phone
Ms Ellen McGrath	PCRS representative	By 'phone
Dr Dearbhaile O'Donnell	Medical Oncologist, St. James's Hospital: ISMO nominee	By 'phone
Dr Derville O'Shea	Consultant Haematologist, Cork University Hospital: IHS representative	By 'phone
Susan Spillane	HTA Directorate: HIQA nominee	By 'phone
Non-member invited specialists present		

Apologies (members)	
Dr Ronan Desmond	Consultant Haematologist, Tallaght University Hospital: IHS representative
Dr Michael Fay	Consultant Haematologist, Mater Hospital: IHS representative
Observers present	
Ms Elizabeth Breen	Chief 2 Pharmacist, NCCP
Ms Helena Desmond	Senior Pharmacist, NCCP

Item	Discussion	Actions
1	**Introduction & reminder re. conflict of interest & confidentiality**	
	Members were reminded to raise any conflicts of interest that they had in relation to any drug for discussion prior to the commencement of the discussion of that item. Dr O'Shea noted that in her new role as NCCP National Clinical Lead for Haemato-Oncology should her membership status change to observer. The chair was happy for Dr O'Shea to attend the meeting as a voting member with membership status to be reviewed. Members will be circulated with conflict of interest forms for 2022 where applicable.	NCCP
2	**Notes of previous meeting and matters arising**	
	The notes of the previous meeting on June 27th 2022 were agreed. It was noted that meeting minutes are usually published on the website; however, this has not been done for the past year. All unpublished meeting minutes will be published in the next week or so.	NCCP
3	**Drugs/Technologies for consideration**	
	Cabozantinib Cabometyx® **(Ref. TRC 119)** *In combination with nivolumab for the first line treatment of advanced Renal Cell Carcinoma (RCC) in adults* The clinical aspects of this indication were discussed, noting that both cabozantinib and nivolumab are already approved for reimbursement as monotherapy in the second line treatment for advanced RCC so clinicians are well experienced with this medicine. The supporting evidence for this indication is the phase III CheckMate 9ER study, which evaluated the efficacy and safety of cabozantinib in combination with nivolumab versus suntinib in patients with advanced or metastatic RCC. The study showed an overall improvement in progression free survival (PFS) with a median duration of treatment of 14 months in the cabozantinib/nivolumab arm versus 9 months on sunitinib arm. The study also demonstrated an overall response rate (ORR) of 55% in the cabozantinib/nivolumab arm versus 27% months on sunitinib arm. The safety profile was discussed, the side effects are predictable with the known side effects of both cabozantinib and nivolumab and clinicians are experienced in the management of these. From a clinical perspective, there is a desire among the clinicians to have this treatment option available, as cabozantinib in combination with nivolumab is now considered the international standard of care (SOC) for the first line treatment of advanced RCC. The pharmacoeconomic aspects as outlined in the rapid review assessment carried out by the NCPE were discussed, noting that a full HTA was recommended, but not completed. It was noted that there are other combinations of vascular endothelial growth factor (VEGF) inhibitors and immunotherapy (I-O) in the assessment process for this indication. It was noted that the international SOC in the treatment of aRCC is a combination of a VEGF + I-O first line. In Ireland, these treatments are currently approved for reimbursement as monotherapy in addition to an I-O combination of ipilimumab/nivolumab for first line treatment of adult patients with intermediate/poor risk advanced RRC. Considering the list price, the cost of cabozantinib in combination with nivolumab is more expensive relative to the comparator regimens, noting that the existing monotherapy comparators are not on par with current SOC of an (VEGF) inhibitor in combination with immunotherapy i.e. there is an increased PFS and O/S, which is to be	

welcomed. Commercial negotiations have not yet commenced, it was noted that should a HTA be required, this indication could be brought back for further discussion with the committee members. If approved for reimbursement it is expected that the patient populations with cardiovascular (CV) disease, those with a high burden of disease and symptomatic disease would have options available to them with the I-O doublet and VEGF + I-O combinations.

It was also noted that sunitinib would soon lose patent decreasing the cost of this treatment if approved.

Having considered the clinical efficacy of the indication in this patient cohort the committee members agreed by majority to recommend approval of this indication to the HSE Drugs Group, subject to an improvement in cost.

One member was absent from voting, quorum still in place
(Decision:TRC119)

Pomalidomide Imnovid® **(Ref. TRC 120)**

In combination with bortezomib and dexamethasone is indicated in the treatment of adult patients with multiple myeloma (MM) who have received at least one prior treatment regimen including lenalidomide.

The clinical aspects of this indication were discussed, noting that pomalidomide is already approved for reimbursement as a doublet regimen in combination with dexamethasone post two lines of treatments and so clinicians are well experienced with this medicine. The supporting evidence for this indication is the phase III OPTIMISMM trial which evaluated the efficacy and safety of pomalidomide in combination with bortezomib and dexamethasone, a triplet regimen versus bortezomib and dexamethasone, a doublet regimen in previously treated adult patients with MM who had received at least one prior treatment regimen including lenalidomide. The study showed a significant improvement in progression free survival (PFS) 11.2 months in the triplet arm vs 7.1 months in the doublet arm, the trial also showed a significantly better overall response rate (ORR) of 82.2% in the triplet arm vs 50% in the doublet arm. There was a significant improvement in complete response (CR) of 35% vs 9% and a big difference in VGPR. The study showed an overall survival (OS) difference of 40 vs 30 months at a median follow up duration of just over 2 years, noting OS data is immature.it was also noted that 70% of the trial population was refractory to lenalidomide. The safety profile was discussed, noting that that on the OPTIMISMM trial there was manageable safety profile side effects seen on the trial were that the clinicians are used to mainly peripheral neuropathy, cytopenia, GI toxicity and fatigue. The future of myeloma is with triplet or quadruplet regimens, and there is a desire among the clinicians to have this treatment option available for second line treatment for MM patients who are lenalidomide refractory.

The pharmacoeconomic aspects as outlined in the rapid review assessment carried out by the NCPE were discussed, noting that a full HTA was recommended, but not completed. While the supporting evidence, the OPTIMISMM trial, demonstrated a 39% relative improvement in PFS, however the OS data was quite immature based on the median of 26 months, which did not demonstrate a significant difference in OS. The review group noted concerns regarding the immature OS and uncertainty over cost effectiveness. It was noted that the final OS data was due in July 2022. Considering the budget impact (BI) the review group noted that there is uncertainty regarding the population of eligible patients. [redacted] Commercial negotiations with the company are ongoing.

	Having considered the clinical efficacy of the indication in this patient cohort the committee members agreed unanimously to recommend approval of this indication to the HSE Drugs Group, subject to an improvement in cost. *(Decision:TRC120)* Lorlatinib Lorviqua® *As monotherapy for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive advanced non-small cell lung cancer (NSCLC) previously not treated with an ALK inhibitor.* This indication was not discussed as it is expected that it will be progressed on a cost minimisation basis by the PCRS.	
4	**Update on other drugs in the reimbursement process**	
	An update had been shared with the group in the documentation for the meeting	
5	**Next meeting**	
	The proposed date for the next meeting is September 26th	
6	**Any other business / Next meeting**	
	There was no other business.	

The meeting concluded at 5.10pm.

Actions arising from meeting:

Ref.	Date of meeting	Details of action	Responsible	Update
22/06	29.08.2022	NCCP to communicate recommendations to HSE Drugs Group.	NCCP	Complete
22/06	29.08.2022	Publication of agreed meeting minutes on the website.	NCCP	Complete
22/06	29.08.2022	Circulation of Conflict of Interest Forms to member were applicable.	NCCP	Complete