Drugs Group: 22nd Jan 2015 9am

In Attendance: Dr Susan Reilly, Dr Joe Clarke (by phone), Dr Roy Browne, Dr Áine Carroll, Dr Valerie Walsh, Mr Patrick Burke, Prof Michael Barry, Dr Helen Flint, Dr Kevin Kelleher (by phone), Ms. Angela Fitzgerald, Ms Kate Mulvenna, Mr Shaun Flanagan (Secretary)

Apologies: Dr Philip Crowley

1. Minutes of previous meeting were agreed
2. Matters arising

The Group was updated on the position around Abiraterone and Eculizumab both of which had progressed beyond the Group to HSE Leadership level.

3. New Drugs
    a. 1st Review: There were no new medicines for consideration

    b. 2nd+ Reviews:
        i. Fampridine

The Group returned to consideration of Fampridine. Some concerns remained about the average magnitude of effect and what it meant in real life terms (notwithstanding some of the personal experiences and accounts in the media which the Group were aware of).

The protocol(s) and reimbursement forms provided by the Neurology Programme to ensure reimbursement support was extended to responders were considered by the HSE Drugs Group. The group was very grateful for the input of the programme which it felt was helpful.

The group had some concerns related to the inclusion of the MSWS-12 test and asked that CPU seek clarification or a revision of the protocol / consent forms from the programme.

The revised budget impact was estimated as approximately €2m - €2.5m by CPU.

It was agreed that if the medicine was to be reimbursed ultimately that there would have to be a robust assessment of whether the protocol was successful in ensuring that only those patients who derived clear benefits received ongoing reimbursement support.

        ii. Trastuzumab Emtansine

The Group reviewed the commercial offering. The group discussed the clinical efficacy which seemed impressive. However concerns remained in relation to cost effectiveness. CPU was directed to re-engage with Roche to seek an improved offer. CPU was authorised to indicate to Roche that if an offer emerged which satisfied a cost effectiveness threshold versus the direct comparator, the Drugs group would be minded to recommend in favour.

The meeting concluded

Minute of Drugs Group, 26th March 2015, 9am, PCRS Boardroom

In Attendance: Dr Susan O'Reilly, Dr Joe Clarke (by phone), Dr Roy Browne, Dr Áine Carroll, Dr Valerie Walsh (by phone), Prof Michael Barry, Dr Helen Flint (by phone), Dr Kevin Kelleher, Ms Angela Fitzgerald, Dr Jerome Coffey (NCCP), Ms Kate Mulvenna, Mr Shaun Flanagan (Secretary)

Apologies: Dr Philip Crowley, Mr Patrick Burke

Dr O'Reilly was urgently called away to other business as the meeting started and the members agreed that Dr Áine Carroll would Chair the discussions.

Dr Coffey was welcomed as a new member to the Group.

1. The Minutes of the previous meeting were agreed with minor edits.
2. Consideration of New Drugs
    a. Bedaquiline (Tuberculosis) (NCPE advice attached)

The group agreed that Bedaquiline pricing as a hospital drug would be approved provided that the National TB committee had no concerns. CPU would follow up in relation to same.

b. Radium 223 (Prostate Cancer)

The group recommended reimbursement under the Oncology Drug Management System subject to use in line with the protocols and guidelines developed by the NCCP

c. Regorafenib (metastatic colorectal cancer (mCRC) and gastro-intestinal stromal tumour (GIST))

The overall median survival in mCRC was very small. The drug had significant side effects which might limit its use. The drug was likely to be used where all other options were exhausted, thereby arguably providing an additional option to patients with an unmet need. The group noted the [redacted] provided by Bayer which meant that the cost effectiveness evidence approached or was very near to the automatic €45,000 per QALY threshold in mCRC. Despite this there was still a significant budget impact. For the GIST indication, the medicine would be used 3rd line and the additional budget impact was expected to be modest. The group decided that it would support pricing and reimbursement under the High Tech Scheme as the company had provided a [redacted] which in some scenarios was below the €45,000 threshold for mCRC. Not all members supported reimbursement as they considered that reimbursement would result in opportunity costs for other services / other technologies.

3. Consideration of Medicines from previous meeting
    a. Fampridine (Multiple Sclerosis)

The Neurology Expert Advisory Group (EAP) had made revisions to the protocols and forms as requested. The group noted a number of changes which were still required (related to the editing process rather than any disagreement between Drugs / EAP). Members of the Group discussed the operational governance which would be required (online applications), assessment of the operation of the protocol and the reporting requirements to Drugs Group to allow it to progress a recommendation. The group also discussed again whether the reported outcomes were clinically meaningful. The group noted the budget impact remained significant (of the order of €2.5m per annum).

The Group agreed to recommend reimbursement because the patient contract, application forms, guidelines and proposed reporting arrangements provided increased reassurance that reimbursement would be targeted towards those patients who would be categorised as responders. The pharmaceutical company had provided a substantial discount which reduced the budget impact (but which was still substantial). The Drugs group required that if reimbursed it be provided with reports on the operation of the protocol at appropriate intervals.

b. Trastuzumab Emtansine (Breast Cancer)

Roche were unwilling to make any additional movements following on from direction from Drugs Group to CPU to re-engage in commercial negotiations. In such circumstances the Drugs Group could not support reimbursement.

4. Recommendations to Refuse – the Drugs group was provided with copies of the representations received for the following medicines which were still being worked on and would be considered at the next meeting (not discussed)
    a. Cannabinoid (Multiple Sclerosis)
    b. Mannitol inhaled (Cystic fibrosis)
    c. Lixisenatide (Diabetes Mellitus)

5. Recommendations for delisting - the Drugs group was provided with copies of the representations received for the following medicines which were still being worked on and would be forwarded to Leadership team (not discussed)
    a. PDE5 inhibitors

AOB: Prof Barry updated the Group in relation to the protocol for Eculizumab the reimbursement of which had been approved by the HSE Leadership Team / Director General.

Drugs Group – 1 July 2015 9am
PCRS Boardroom

In attendance
Dr Susan O'Reilly,
Dr Philip Crowley (by phone),
Mr Patrick Burke,
Dr Roy Browne,
Dr Áine Carroll (by phone),
Dr Valerie Walsh,
Dr Kevin Kelleher (by phone),
Ms Angela Fitzgerald,
Dr Jerome Coffey (NCCP),
Ms Kate Mulvenna,
Dr Roisin Adams (for Prof Michael Barry),
Mr Shaun Flanagan (Secretary)

Apologies:
Dr Joe Clarke,
Dr Helen Flint,
Prof Michael Barry

Matters Arising
PCRS confirmed it was working on the processes and procedures to implement a responder based reimbursement scheme for Fampridine with Neurology CAG

New Drugs – 1st time considered

- Pomalidomide for Multiple Myeloma
  The Group believed that there was great uncertainty around the economic modelling. It was difficult to support reimbursement at the price proposed given the reported magnitude of clinical benefit. The Group decided that a further round of negotiations with Celgene would be required before it could arrive at a decision.

- Insulin Degludec for Diabetes
  The information provided around hypoglycaemic benefit was insufficient to allow the Group to recommend in favour of the significant price premium over existing comparators (Lantus / Levemir)

- Nab-Paclitaxel for Pancreatic Cancer
  It was agreed that the group would recommend in approval but with the proviso that Celgene would be asked to match the [redacted] given that it wasn't absolutely certain that the medicine satisfied the €45,000 per QALY threshold.

- Enzalutamide for Prostate Cancer (pre Chemotherapy)
  The group recommended in favour as the commercial offer was similar to that for Abiraterone.

New Drugs – previously reviewed but for which Drugs group previous position has now been matched

- Trastuzumab emtansine for breast cancer
  The Group had reviewed this agent previously and had set out a threshold at which it would (albeit with some reluctance) recommend in favour. Roche had finally met that threshold. The Group therefore recommended in favour of pricing and reimbursement

Drugs for which prices changes have been offered post notice of proposal not to reimburse

- Cannabis (Sativex) : Multiple Sclerosis
  Further rounds of commercial negotiations had taken place and an improved offer was proposed. However the group was not convinced that reimbursement would be reasonable. Engagement with clinical experts would be required before the Drugs group could reconsider this drug. The group was not convinced around the magnitude of the clinical benefit.

- Lixisenatide: Diabetes – the offer on the table did not significantly change the issues to be weighed up.

Updates for Information

- Obinutuzmab for CLL – it was noted that this fell within CPU authority to approve
- Pixantrone for NHL – it was noted this fell within CPU authority to approve
- Hepatitis C update – a brief update was provided
- FOI Request around Minutes of the Drugs group – Concern was expressed in relation to the potential for information released under this FoI to impact on the commercial negotiations and the ability of the HSE to arrive at the best use of available resources due to the potential exposure of strategic advice to the HSE in relation to negotiations. SF confirmed that a lot of redaction was required to ensure no commercially confidential information around which commitments had been required by companies was revealed.

The meeting ended

Drugs Group Meeting 10th September 2015 9am

Members in attendance: Dr Susan O'Reilly (Chair), Dr Roy Browne, Dr Val Walshe, Prof Michael Barry, Dr Jerome Coffey,

By phone: Dr Aine Carroll, Dr Philip Crowley, Dr Kevin Kelleher, Dr Helen Flint

In attendance: Shaun Flanagan, Kate Mulvenna

Apologies: Angela Fitzgerald, Dr Joe Clarke, Patrick Burke

The Minutes of the meeting of 1 July 2015 were agreed.

1. New Drugs: Toujeo (Insulin Glargine 300 units / ml) for Diabetes

Not discussed as communication from Sanofi was still being examined by CPU

2. Returning Agents: Pomalidomide for multiple myeloma

The group noted that the 5 year survival rates for multiple myeloma are less than 50%. In the open-label MM-003 trial, Pomalidomide treatment had demonstrated a median overall survival advantage of 19 weeks, median progression free survival advantage of 8 weeks and trends towards advantages in quality of life scores when compared to high dose dexamethasone in treatment experienced patients with limited treatment options. Times to treatment failure and to treatment progression were also delayed.

Pomalidomide was priced at a significant premium to Lenalidomide but the group considered that all commercial opportunities to negotiate and seek improved terms had now been exhausted and no better offer was likely to emerge. Negotiations had reduced the asking price from the original asking price of in excess of €11,000 per pack (in 2013) to a net price [redacted]. The Group noted that had reimbursement progressed at the time of market authorisation in 2013 the price would have been [redacted] higher than now being considered - the assessment processes and commercial negotiations had delivered a significantly improved offering. The group noted that there was also a somewhat improved offer since July 2015 meeting.

Pomalidomide numerically satisfied the cost effectiveness threshold versus the most likely comparators in clinical practise (BOR+LEN+DEX, BOR+DEX and LEN+DEX) but the economic model was based on an indirect comparison which introduced significant uncertainty. The incremental cost effectiveness ratio versus high dose dexamethasone (a very inexpensive medicine) was of the order of [redacted] per QALY but clinical experts had confirmed this was unlikely to be the real world comparator.

The Drugs Group recommended in favour of reimbursement of Pomalidomide at the revised price offered. It was noted that Pomalidomide would be expected to be used 3rd line.

AOB:

PCRS confirmed that it had communicated with Neurology services in relation to the roll out of the Fampridine programme. Conditional reimbursement would commence from 1st October.

The Group asked that it be minuted that the analysis of both the NCPE and PCRS greatly assisted the Drugs Group in its deliberations.

Minutes of Drugs Group Meeting: 19th November 2015, Boardroom, PCRS

Members Present:
Dr Susan O'Reilly (Chair), Dr Aine Carroll, Prof Michael Barry, Dr Valerie Walshe, Ms Angela Fitzgerald, Dr Jerome Coffey, Ms. Anne-Marie Hoey

By telephone:
Dr Philip Crowley, Dr Kevin Kelleher, Dr Helen Flint,

Apologies
Dr Roy Browne

In Attendance
Mr Shaun Flanagan, Ms Kate Mulvenna

1. Minutes of last meeting
   The draft minutes had only been circulated that morning so it was agreed that requests for correction would be managed via email post meeting

2. Matters Arising

3. Update on previous recommendations
   SF updated the members in relation to position on Pomalidomide and Enzalutamide. The Drugs Group asked that a reminder be sent in relation to the 2 positive recommendations outstanding from previous meetings as it was difficult to manage communication in the absence of a final decision. The Group made clear that it understood and accepted its role was to provide recommendations and that there are multiple considerations for the Leadership team to balance when trying to come to a decision.

4. New medicines for review
   a. Ibrutinib for Chronic Lymphocytic Leukaemia, Mantle Cell Lymphoma (and Waldenstrom macroglobinaemia)
      The group considered the unmet need, the clinical effectiveness, the cost effectiveness evidence, the improved commercial offering, international treatment guidelines and the budget impact associated with this medicine. The group noted the various uncertainties around cost effectiveness models based on the clinical trial data. The budget impact was significant. The group asked that NCCP / CPU meet with Janssen to try to arrive at a solution to bridge the gap between the clinical / cost effectiveness evidence and the budget impact.

   b. Insulin Glargine 300 units / ml for Diabetes Mellitus
      The group discussed the implications of reimbursing a new strength of Insulin glargine i.e. 300 units/ml. The group noted that the existing brand of Insulin Glargine had reached the end of its exclusivity period. Biosimilar launch was imminent. The HSE had to consider whether approving a new strength of Insulin glargine was in the long term interest of most efficiently applying the resources of the HSE. The HSE decided that it would support reimbursement if Insulin glargine 300 units/ml was priced at the same price (after dose adjustments) as biosimilar Insulin glargine.

c. Lenvatinib for Thyroid carcinoma
The Group recommended in favour of pricing and reimbursement under the High Tech arrangements conditional on the ongoing availability of the improved commercial offering. Lenvatinib would be used in a relatively easily defined small patient cohort. The clinical trial results, comparator pricing indicated that the medicine was highly likely to be cost effective versus the comparator (sorafenib) and within the authority of the CPU to approve. Completion of a full HTA was unnecessary for this indication.

d. Secukinumab for Plaque Psoriasis
The Group reviewed the clinical evidence, the cost effectiveness evidence versus comparators etc. The Group considered that it had ongoing concerns around the potential for 1st line use, the cost effectiveness evidence and the budget impact (particularly if 1st line use emerged). The Group noted Novartis had not provided any evidence for 1st line use and indicated its view was that 1st line use was unlikely. The group also noted that Novartis offer was conditional on no pre-authorisation form being implemented. The Group requested that CPU re-engage with Novartis to address these concerns and it suggested that a discount in the range of [redacted] would be required in addition to a robust process to allay budget impact from 1st line use

5. Medicines returning
   a. Insulin degludec for Diabetes Mellitus (improved commercial offering)
   On the basis of the significantly improved commercial offering the Drugs Group recommended in favour of reimbursement. It noted that the Novo model suggested Insulin Degludec was now highly likely to satisfy the €45,000 threshold and in some instances dominate comparators (be less costly more effective than some comparators). This brought Insulin degludec within CPU authority to approve.

6. Issues for Information
   a. Fampridine update: PCRS gave a brief report on the challenges to date with the responder reimbursement protocol for Fampridine. A small but significant number of patients were on the basis of data submitted not satisfying the creatinine clearance test and could not be reimbursed to date. There was a significant administrative burden on both PCRS and centres (as flagged during the decision process) in trying to identify and reimburse responders.

   b. Hepatitis C update
7. Queries received
   a. Pre Exposure Prophylaxis for HIV

8. Next meetings

Minutes of Teleconference – 21st December 2015 – 12 midday

On call: Dr Susan O'Reilly, Dr Philip Crowley, Dr Áine Carroll, Dr Kevin Kelleher, Dr Valerie Walsh, Dr Jerome Coffey, Ms Anne Marie Hoey, Dr Helen Flint, Prof Michael Barry, Dr Roy Browne

Agenda Item: Ibrutinib

The Drugs Group reviewed the application, the health technology assessment (HTA) reports, the commercial offerings and the additional clinical information provided by Janssen between the November and December 2015 meetings.

The Drugs group agreed that due to the immature nature of the clinical trial data (16-18 months follow up in CLL, median overall survival not reached yet in either arm), the comparator in clinical trials (not necessarily the most frequently used alternative in Ireland) and the significant amount of crossover from comparator to Ibrutinib it was challenging to arrive at robust estimates of the median clinical and the economic impacts of Ibrutinib.

Notwithstanding those challenges, there was separation of the survival curves in CLL even with relatively immature efficacy data. 85% of patients on Ibrutinib (versus 78% on comparator) were alive at 18 months. Janssen argued that adjusting for crossover separation would increase this separation (to 85% v 65%). MCL is a rarer disease so clinical data less mature. The Group noted the challenges in modelling for the HTA in both indications. The ICERs were near the €45,000/QALY threshold in the CLL model i.e [redacted] and were below €45,000 /QALY for MCL albeit there was significant uncertainty given the immature efficacy data.

The Drugs Group noted that international treatment guidelines supported the use of Ibrutinib.

The Drugs group noted there would be a significant budget impact. The Group reviewed the commercial offering / outputs of negotiations. The group noted the improved offer between November and December 2015 and the data provided to try to enable additional assurance around efficacy. The Group believed that no better commercial offering was likely to be made. The commercial discounts achieved over the initial offer ranged [redacted] depending on the specific indication (use) and would reduce the net budget impact by almost [redacted] over 5 years.

The Drugs Group recommended in favour of reimbursement.