

**July 2017 PBAC OUTCOMES – 1<sup>ST</sup> TIME DECISIONS NOT TO RECOMMEND**

DRUG NAME, FORM(S), STRENGTH(S), SPONSOR, TYPE OF SUBMISSION	DRUG TYPE AND USE	LISTING REQUESTED BY SPONSOR / PURPOSE OF SUBMISSION	PBAC OUTCOME
<p>ANAKINRA</p> <p>Injection 100 mg in 0.67 mL single use pre-filled syringe</p> <p>Kineret®</p> <p>A.Menarini Australia Pty Ltd</p> <p>Change to listing</p> <p>(Minor Submission)</p>	<p>Moderate to severe cryopyrin associated periodic syndromes</p>	<p>To request the current Authority Required (STREAMLINED) listing be changed to Authority Required.</p> <p align="center">Sponsor Response</p>	<p>The PBAC did not recommend amending the Authority Required (STREAMLINED) listing of anakinra for treatment of patients with moderate to severe cryopyrin associated periodic syndromes (CAPS) to be an Authority Required listing. In making its decision, the PBAC did not consider that there was a clinical basis on which to change the restriction level. The PBAC considered the current restriction level is appropriate.</p> <p>The sponsor had no comment.</p>
<p>ASFOTASE ALFA</p> <p>Injection 18 mg in 0.45 mL, vial</p> <p>Injection 28 mg in 0.7 mL, vial</p> <p>Injection 40 mg in 1 mL, vial</p> <p>Injection 80 mg in 0.8 mL, vial</p> <p>Strensiq®</p> <p>Alexion Pharmaceuticals Australasia Pty Ltd</p> <p>New listing</p> <p>(Major Submission)</p>	<p>Hypophosphatasia (HPP)</p>	<p>To request a Section 100 (Highly Specialised Drugs Program) listing for the treatment of patients with paediatric-onset HPP who meet certain conditions.</p>	<p>The PBAC did not recommend the requested Section 100 (Highly Specialised Drugs Program) listing of asfotase alfa rch for the treatment of patients with paediatric-onset Hypophosphatasia (HPP). The PBAC accepted that there is likely to be a survival benefit associated with treatment with asfotase alfa rch for children with perinatal- or infantile-onset (i.e. up to 6 months of age) HPP, but noted that the persistence of survival gains beyond 5 years of age was uncertain. The PBAC considered that the claim of superior comparative effectiveness over best supportive care in the broader paediatric-onset population (i.e. up to 18 years of age) was not adequately supported by the submission.</p> <p>The incremental cost-effectiveness ratio (ICER) presented by the submission was considered by the PBAC to be unacceptably high and very uncertain, especially in patients other than the perinatal and infantile-onset group. The PBAC also considered there was substantial uncertainty around the size of the patient population and financial estimates, and that both were likely to be considerably higher than estimated by the submission.</p>

**July 2017 PBAC OUTCOMES – 1<sup>ST</sup> TIME DECISIONS NOT TO RECOMMEND**

DRUG NAME, FORM(S), STRENGTH(S), SPONSOR, TYPE OF SUBMISSION	DRUG TYPE AND USE	LISTING REQUESTED BY SPONSOR / PURPOSE OF SUBMISSION	PBAC OUTCOME
		Sponsor Response	Alexion looks forward to working with the Government to expedite availability of Strensiq on LSDP for patients with perinatal-/infantile-onset HPP. Alexion is also committed to addressing the PBAC's concerns to make Strensiq available for patients suffering the debilitating effects of juvenile-onset HPP as soon as possible.
<p>BUDESONIDE</p> <p>Tablet 9 mg</p> <p>Cortiment®</p> <p>Ferring Pharmaceuticals Pty Ltd</p> <p>New listing</p> <p>(Major Submission)</p>	Unrestricted	To request an unrestricted listing. The main indication for which listing is sought is for the treatment of patients with mild to moderate active ulcerative colitis.	The PBAC did not recommend the listing of budesonide colonic release (CR) tablets on the PBS for the treatment of ulcerative colitis, as the clinical data did not support a claim of non-inferior effectiveness against the budesonide foam enema. The PBAC noted that the indirect comparison did not meet the non-inferiority margin previously accepted by PBAC for budesonide foam enema, and there was a trend toward inferior outcomes.
		Sponsor Response	Ferring is disappointed that the PBAC decided not to recommend CORTIMENT® (budesonide) for the treatment of active ulcerative colitis. Patient bodies and HCPs have indicated that there is a clinical need for additional (orally delivered) therapies, such as CORTIMENT, that have demonstrated to be effective and well tolerated. Ferring will therefore continue to work with the PBAC to ensure that Australian patients with active ulcerative colitis have access to CORTIMENT.
<p>BUDESONIDE with EFORMOTEROL</p> <p>Powder for oral inhalation in breath actuated device containing budesonide 200 micrograms with eformoterol fumarate dihydrate 6 micrograms per dose, 120 doses Powder for oral inhalation in breath actuated device containing budesonide 400 micrograms with eformoterol fumarate dihydrate 12</p>	Asthma and chronic obstructive pulmonary disease (COPD)	To request a Restricted Benefit listing for a new brand of budesonide with eformoterol (DuoResp® Spiromax) for the treatment of patients with asthma and COPD aged 18 years and over.	The PBAC decided not to recommend a Restricted Benefit listing of a new brand of budesonide with eformoterol, DuoResp Spiromax®, for the treatment of asthma and COPD due to the inability to back titrate the dose with a similar device. The PBAC also noted that the delivery device for DuoResp Spiromax® was different to the delivery device for Symbicort® Turbuhaler® which would require additional patient training in its use which may be confusing to the consumer and compromise patient compliance.

**July 2017 PBAC OUTCOMES – 1<sup>ST</sup> TIME DECISIONS NOT TO RECOMMEND**

DRUG NAME, FORM(S), STRENGTH(S), SPONSOR, TYPE OF SUBMISSION	DRUG TYPE AND USE	LISTING REQUESTED BY SPONSOR / PURPOSE OF SUBMISSION	PBAC OUTCOME
micrograms per dose, 120 doses  DuoResp® Spiromax  Teva Pharma Australia Pty Ltd  New listing  (Minor Submission)		Sponsor Response	The Sponsor will continue to work with the department to resolve the identified issues.
FEBUXOSTAT  Tablet 80 mg  Adenuric®  A.Menarini Australia Pty Ltd  Change to listing  (Minor Submission)	Chronic gout	To request the current Authority Required listing be changed to Authority Required (STREAMLINED).	The PBAC did not recommend amending the current Authority Required listing of febuxostat for treatment of chronic gout to Authority Required (STREAMLINED). The PBAC considered an Authority Required restriction remained appropriate to prevent the risk of prescribing behaviour outside of the current PBS restriction.
		Sponsor Response	A.Menarini remains committed to working with the PBAC to streamline access to febuxostat for all patients who qualify under the previously agreed clinical criteria.
GLATIRAMER  Injection containing glatiramer acetate 20 mg in 1 mL single dose pre-filled syringe Injection containing glatiramer acetate 40 mg in 1 mL single dose pre-filled syringe  Copaxone®  Teva Pharma Australia Pty Ltd  Change to listing	Clinically isolated syndrome (CIS)	To request an Authority Required (STREAMLINED) listing for the treatment of patients with CIS under certain conditions.	The PBAC did not recommend the listing of glatiramer acetate for the treatment of patients with clinically isolated syndrome (CIS), on the basis of uncertainty regarding the clinical benefit and resulting cost-effectiveness, concerns about the plausibility of assumptions used in the economic model, and uncertainty with the utilisation estimates associated with difficulties in defining the target PBS population.  The PBAC noted the consumer comments and acknowledged that there was a need to address the current PBS criteria for treatments for relapsing remitting multiple sclerosis (RRMS). However, the PBAC considered that this was an issue applicable for all PBS listed medicines for RRMS, and not isolated to glatiramer acetate.

**July 2017 PBAC OUTCOMES – 1<sup>ST</sup> TIME DECISIONS NOT TO RECOMMEND**

<b>DRUG NAME, FORM(S), STRENGTH(S), SPONSOR, TYPE OF SUBMISSION</b>	<b>DRUG TYPE AND USE</b>	<b>LISTING REQUESTED BY SPONSOR / PURPOSE OF SUBMISSION</b>	<b>PBAC OUTCOME</b>
(Major Submission)			<p>The PBAC considered that the requested restriction, which included only patients with clinically isolated syndrome at high risk of developing clinically definite multiple sclerosis, was narrowly defined and may exclude patients likely to benefit from treatment. The PBAC was concerned that there was insufficient clinical evidence to determine whether the treatment effect of glatiramer acetate in the overall trial population would be the same in the proposed high risk group.</p> <p>The PBAC accepted placebo as the appropriate main comparator.</p> <p>The PBAC considered that the claim of superior comparative effectiveness of glatiramer acetate compared to placebo was reasonable only for the primary outcome of extension of time to diagnosis with clinically definite multiple sclerosis as defined by the Poser criteria (not the McDonald criteria) within the placebo-controlled phase of the supporting trial. The PBAC considered the claims of superior comparative effectiveness for the outcomes of disability progression and quality of life outcomes were not adequately supported. The PBAC considered the claim of inferior, but tolerable, comparative safety of glatiramer acetate versus placebo was adequately supported.</p> <p>The PBAC considered that the incremental cost effectiveness ratio (ICER) presented in the submission's base case analysis was highly uncertain and was likely to be significantly underestimated.</p>
		Sponsor Response	The Sponsor will continue to work with the department to resolve the identified issues.

**July 2017 PBAC OUTCOMES – 1<sup>ST</sup> TIME DECISIONS NOT TO RECOMMEND**

<b>DRUG NAME, FORM(S), STRENGTH(S), SPONSOR, TYPE OF SUBMISSION</b>	<b>DRUG TYPE AND USE</b>	<b>LISTING REQUESTED BY SPONSOR / PURPOSE OF SUBMISSION</b>	<b>PBAC OUTCOME</b>
<p>MIGALASTAT</p> <p>Capsule containing migalastat hydrochloride 150 mg</p> <p>Galafold®</p> <p>Amicus Therapeutics</p> <p>New listing</p> <p>(Minor Submission)</p>	<p>Fabry disease</p>	<p>Resubmission to request a Section 100 (Highly Specialised Drug Program) Authority Required listing for the treatment of Fabry disease.</p>	<p>The PBAC did not recommend the Section 100 (Highly Specialised Drug Program) Authority Required listing of migalastat for the treatment of Fabry disease.</p> <p>Agalsidase alfa and agalsidase beta are available for patients for Fabry Disease via the Life Saving Drugs Program. The PBAC recognised that these enzyme replacement therapies (ERT) are not listed on the PBS and have not been considered to be cost-effective for listing on the PBS, but accepted that these two treatments were the appropriate comparators.</p> <p>In making this decision, the PBAC did not accept the clinical claim that migalastat would provide a similar extent of benefit as ERT in either treatment naïve patients or in treatment experienced or patients switching from one treatment to another. Accordingly, the PBAC did not accept the submission's request for migalastat to be cost-minimised against ERT.</p>
		<p align="center">Sponsor Response</p>	<p>Amicus Therapeutics is disappointed with the PBAC's decision, but will continue to work with the Department of Health to make migalastat available to eligible Australian patients diagnosed with Fabry Disease.</p>

**July 2017 PBAC OUTCOMES – 1<sup>ST</sup> TIME DECISIONS NOT TO RECOMMEND**

DRUG NAME, FORM(S), STRENGTH(S), SPONSOR, TYPE OF SUBMISSION	DRUG TYPE AND USE	LISTING REQUESTED BY SPONSOR / PURPOSE OF SUBMISSION	PBAC OUTCOME
<p>RIBOCICLIB</p> <p>Tablet 200 mg</p> <p>Kisqali®</p> <p>Novartis Pharmaceuticals Australia Pty Ltd</p> <p>New listing</p> <p>(Major Submission)</p>	<p>Hormone receptor-positive (HR+), human epidermal growth factor receptor-2 negative (HER2-) advanced or metastatic breast cancer</p>	<p>To request an Authority Required listing for ribociclib in combination with letrozole for the treatment of patients with HR+, HER2-advanced or metastatic breast cancer who are not premenopausal.</p>	<p>The PBAC did not recommend the listing of ribociclib on the PBS as initial endocrine-based therapy for patients with non premenopausal, hormone receptor positive (HR+), human epidermal growth factor receptor 2 negative (HER2-) advanced breast cancer on the basis of unfavourable and uncertain cost-effectiveness, and uncertainties regarding the effect of ribociclib on overall survival based on the data presented in the submission. The PBAC considered that the incremental cost-effectiveness ratio (ICER) was unacceptably high, noting that this was largely driven by the high cost of ribociclib.</p> <p>The PBAC considered that although ribociclib treatment resulted in slower disease progression, this was not associated with better quality of life or proven extension of life expectancy, and the addition of ribociclib resulted in a significant increase in treatment-related toxicity. Additionally, the PBAC considered that the likely net cost of listing ribociclib on the PBS would be more than \$100 million in each of the first six years of listing and as such, there would be a significant opportunity cost to the Commonwealth. The PBAC further noted there is a strong clinical benefit of endocrine-based therapy alone as first-line therapy in many patients, and a number of effective and well-tolerated second-line therapies (including oral treatments) are currently available for patients who progress after first-line endocrine-based therapy.</p> <p>The PBAC advised that while the submission's claim of superior efficacy against letrozole alone was likely to be reasonable for progression-free survival (PFS), the immaturity of the overall survival data presented resulted in a high degree of uncertainty in terms of the magnitude of the long-term benefit. On the basis of direct evidence presented by the submission, there would be approximately nine months difference in median PFS (based on median follow up of around 26 months) in patients treated with ribociclib + letrozole in comparison with letrozole alone. A trend towards improved overall survival was observed, but it was not statistically significant.</p>

**July 2017 PBAC OUTCOMES – 1<sup>ST</sup> TIME DECISIONS NOT TO RECOMMEND**

DRUG NAME, FORM(S), STRENGTH(S), SPONSOR, TYPE OF SUBMISSION	DRUG TYPE AND USE	LISTING REQUESTED BY SPONSOR / PURPOSE OF SUBMISSION	PBAC OUTCOME
		Sponsor Response	The sponsor had no comment.
<p>SECUKINUMAB</p> <p>Injection 150 mg in 1 mL pre-filled pen</p> <p>Cosentyx®</p> <p>Novartis Pharmaceuticals Australia Pty Ltd</p> <p>Change to listing</p> <p>(Minor Submission)</p>	Severe chronic plaque psoriasis	<p>To request a change in the maximum quantity of packs per script for severe chronic plaque psoriasis continuing treatment to provide 8 weeks of treatment.</p>	<p>The PBAC did not recommend the request to change the maximum quantity and number of repeats per prescription of secukinumab for the continuing treatment of severe chronic plaque psoriasis. The PBAC noted that the current maximum quantity of secukinumab for the continuing treatment of severe chronic plaque psoriasis provides for one months' treatment which is usual practice for drugs listed under the general schedule. The PBAC therefore considered that the current maximum quantity of one injection with five repeats for the secukinumab for this indication and treatment phase should remain unchanged.</p> <p>The PBAC recommended amending the maximum quantity PBS listing of ixekizumab for the continuing treatment of severe chronic plaque psoriasis from two to one injection to align the ixekizumab listing for severe chronic plaque psoriasis with the PBS listings of other bDMARDs, and with usual practice to supply one months' treatment per script.</p>
<p>SOFOSBUVIR with VELPATASVIR</p> <p>Tablet containing 400 mg sofosbuvir with 100 mg velpatasvir</p> <p>Epclusa®</p> <p>Gilead Sciences Pty Ltd</p>	Chronic hepatitis C virus (HCV) infection	<p>To request that the PBAC review its advice that sofosbuvir with velpatasvir should be treated as interchangeable on an individual patient basis with other direct-acting antiviral regimens under Section 101(3BA) of the National Health Act 1953.</p>	<p>The PBAC decided to confirm its previous advice to the Minister under Section 101(3BA) of the <i>National Health Act 1953</i> regarding the interchangeability of sofosbuvir with velpatasvir with other PBS-listed direct-acting antiviral (DAA) treatment regimens for chronic hepatitis C (CHC) infection.</p>
		Sponsor Response	The sponsor had no comment.

**July 2017 PBAC OUTCOMES – 1<sup>ST</sup> TIME DECISIONS NOT TO RECOMMEND**

DRUG NAME, FORM(S), STRENGTH(S), SPONSOR, TYPE OF SUBMISSION	DRUG TYPE AND USE	LISTING REQUESTED BY SPONSOR / PURPOSE OF SUBMISSION	PBAC OUTCOME
Change to recommended listing  (Minor Submission)		Sponsor Response	The submission sought to understand on what evidence the PBAC made the original determination and to request that the determination be reconsidered based on information provided in the minor submission. Gilead remains unclear as to the evidentiary basis and criteria on which this determination was been made. Gilead maintains that the determination is not supportable on all the evidence.
TIOTROPIUM  Solution for oral inhalation 2.5 micrograms (as bromide monohydrate) per actuation (60 actuations)  Spiriva® Respimat®  Boehringer Ingelheim Pty Ltd  Change to listing  (Minor Submission)	Severe asthma	To request the current Restricted Benefit listing to be changed to Authority Required (STREAMLINED).	The PBAC did not recommend amending the Restricted Benefit listing of tiotropium for severe asthma to an Authority Required (STREAMLINED) listing. The PBAC did not consider that the use of different restriction levels to manage a Risk Sharing Arrangement was appropriate and may lead to confusion for consumers and prescribers. Further, the PBAC considered that this approach may not adequately address the sponsors concerns, which could be met by other approaches.
		Sponsor Response	The sponsor had no comment.