

14.2 ESCITALOPRAM, 20 mg/mL oral liquid, 15 mL, Lexapro[®], Lundbeck Australia Pty Ltd

1 Purpose of Application

- 1.1 To request listing of a new strength as a Restricted benefit for major depressive disorders, generalised anxiety disorders and social anxiety disorder. The submission also requested delisting the existing listed 10 mg/mL strength.
- 1.2 The submission requested exempt item status and sought the PBAC's advice under subsection 101(4AB) of the *National Health Act 1953* regarding Section 84AH exemption criteria.
- 1.3 The submission also requested amendments to the Medicare item numbers for alignment with the Medicare Benefits Schedule.

2 Requested listing

- 2.1 The submission requested listing of the new strength formulation with similar restrictions as those applying to the current 10 mg/mL formulation as detailed in the table below.

	Current listing	Proposed listing
Aust approved name	Escitalopram oxalate	Escitalopram oxalate
Brand name	Lexapro [®]	Lexapro [®]
Pharmaceutical form	Oral liquid	Oral liquid
Strength	10 mg/mL	20 mg/mL
Pack size (mL)	28	15
Pack size (mg)	280	300
Maximum quantity	1	1
Number of repeats	5	5
PBS code	8849R	To be confirmed
DPMQ	\$34.51	\$ 36.50 (requested)
PBS restriction	<p>Restricted benefit Major depressive disorders</p> <p>Restricted benefit Moderate to severe generalised anxiety disorder (GAD), as defined by Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria, in a patient who has not responded to non-pharmacological therapy and for whom a GP Mental Health Care Plan, as described under item 2710 of the Medicare Benefits Schedule, has been prepared.</p> <p>Restricted benefit Moderate to severe generalised anxiety disorder (GAD), as defined by Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria, in a patient who has not responded to non-pharmacological therapy and who has been assessed by a psychiatrist</p> <p>Restricted benefit Continuing PBS-subsidised treatment, for</p>	<p>Restricted benefit Major depressive disorders</p> <p>Restricted benefit Moderate to severe generalised anxiety disorder (GAD), as defined by Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria, in a patient who has not responded to non-pharmacological therapy and for whom a GP Mental Health Care Plan, as described under item 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.</p> <p>Restricted benefit Moderate to severe generalised anxiety disorder (GAD), as defined by Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria, in a patient who has not responded to non-pharmacological therapy and who has been assessed by a psychiatrist</p> <p>Restricted benefit* Continuing PBS-subsidised treatment, for</p>

	<p>moderate to severe generalised anxiety disorder (GAD), of a patient commenced on escitalopram prior to 1 November 2008</p> <p>Restricted benefit Moderate to severe social anxiety disorder (social phobia, SAD), as described by Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria, in a patient who has not responded to non-pharmacological therapy and for whom a GP Mental Health Care Plan, as described under item 2710 of the Medicare Benefits Schedule, has been prepared</p> <p>Restricted benefit Moderate to severe social anxiety disorder (social phobia, SAD), as described by Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria, in a patient who has not responded to non-pharmacological therapy and who has been assessed by a psychiatrist</p> <p>Restricted benefit Continuing PBS-subsidised treatment, for moderate to severe social anxiety disorder (social phobia, SAD), of a patient commenced on escitalopram prior to 1 November 2008</p>	<p>moderate to severe generalised anxiety disorder (GAD), of a patient commenced on escitalopram prior to 1 November 2008</p> <p>Restricted benefit Moderate to severe social anxiety disorder (social phobia, SAD), as described by Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria, in a patient who has not responded to non-pharmacological therapy and for whom a GP Mental Health Care Plan, as described under item 2715 or 2717 of the Medicare Benefits Schedule, has been prepared</p> <p>Restricted benefit Moderate to severe social anxiety disorder (social phobia, SAD), as described by Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria, in a patient who has not responded to non-pharmacological therapy and who has been assessed by a psychiatrist</p> <p>Restricted benefit* Continuing PBS-subsidised treatment, for moderate to severe social anxiety disorder (social phobia, SAD), of a patient commenced on escitalopram prior to 1 November 2008</p>
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- 2.2 The main differences between the new and existing listings are outlined as follows:
- Medicare item 2710 for the preparation of a GP mental health treatment plan, as referred to in two of the current listings, was removed from the Medicare Benefits Schedule (MBS) in 2011 and replaced with two new time-tiered items, 2715 (for a consultation of between 20 and 39 minutes) or item 2717 (for a consultation of 40 minutes or more). The sponsor requested that the listing reflect these two new item numbers;
 - Those who commenced treatment before 1 November 2008 for generalised anxiety disorder or social anxiety disorder. The sponsor sought PBAC advice on whether the restrictions applying for patients who commenced escitalopram prior to 1 November 2008 would still be relevant to the new listing.
- 2.3 The Secretariat proposed that the current ‘grandfather’ restrictions for generalised anxiety disorder (GAD) and social anxiety disorder (SAD) indications could be removed as they are more than 12 months old.

For more detail on PBAC’s view, see section 7 “PBAC outcome”

3 Background

- 3.1 The PBAC recommended listing escitalopram 10 mg/mL oral solution for major depressive disorders in March 2005 and recommended extending the listing to include use in moderate to severe generalised anxiety disorder (GAD) and social anxiety disorder (SAD) in November 2008. The PBAC considered that there was a

clinical need for the oral formulation, particularly for elderly patients and patients who are unable to swallow tablets. Listing of the oral solution for SAD and GAD was not expected to significantly increase costs to the PBS due to the small number of patients requiring the oral solution.

- 3.2 Escitalopram oxalate 20 mg/mL formulation was registered by the TGA on 27 March 2014.

4 Clinical place for the proposed therapy

- 4.1 Escitalopram is listed on the PBS for the treatment of major depressive disorders, moderate to severe generalised anxiety disorder and moderate to severe social anxiety disorder.
- 4.2 The submission proposed that escitalopram 20mg/mL liquid will replace the current listing for escitalopram 10mg/mL, and requested the removal of the lower strength from the PBS.

For more detail on PBAC's view, see section 7 "PBAC outcome"

5 Comparator

- 5.1 The submission did not nominate a comparator.

For more detail on PBAC's view, see section 7 "PBAC outcome"

6 Consideration of the evidence

- 6.1 The new strength contains 300 mg escitalopram compared to 280 mg in the 10 mg/mL formulation. The product is therefore not bioequivalent for the purposes of the National Health Act. The TGA has accepted this justification for the sponsor's not conducting a bioequivalence study.

Consumer comments

- 6.2 No consumer comments were received

For more detail on PBAC's view, see section 7 "PBAC outcome"

Clinical trials

- 6.3 No clinical data were presented in the submission.

For more detail on PBAC's view, see section 7 "PBAC outcome"

Comparative effectiveness

- 6.4 No data on comparative effectiveness were presented.

For more detail on PBAC's view, see section 7 "PBAC outcome"

Comparative harms

- 6.5 No data on comparative harms were presented.

Benefits/harms

6.6 No analysis of benefits and harms was conducted.

For more detail on PBAC's view, see section 7 "PBAC outcome"

Clinical claim

6.7 The submission did not make a formal clinical claim.

Economic analysis

6.8 The submission did not present a formal economic analysis.

For more detail on PBAC's view, see section 7 "PBAC outcome"

Estimated PBS usage & financial implications

6.9 The submission requested a minor price increase to reflect the larger pack size and number of treatment days (28 to 30 days). There was no difference in cost per day. The submission claimed a small savings to the PBS and potential savings in dispensing fees to the Commonwealth for concessional/repat patients.

For more detail on PBAC's view, see section 7 "PBAC outcome"

7 PBAC Outcome

7.1 The PBAC recommended the listing of escitalopram 20mg/mL. The PBAC recommended that the restriction be consistent and refer to definitions in Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) instead of DSM-IV. The PBAC recommended the removal of the grandfather restrictions as suggested by the Secretariat.

7.2 The PBAC noted the sponsor's intention for a period of overlap between the availability of the new product, with a requested listing date of 1 December 2014 and de-listing of the old product on 1 April 2015. The PBAC agreed that the overlap would not be expected to have any financial implications. The PBAC had no objection to the delisting of the 10mg/mL formulation on or about 1 April 2015.

7.3 The PBAC noted the following circumstances specified under Section 101 (4AB) of the National Health Act with regard to exempt items:

- (a) The listed drug in the pharmaceutical item represents suitable therapy for a particular patient population;
- (b) The pharmaceutical item is suitable for use by a particular subgroup of that population because of either or both of the form and manner of administration of the drug in the item;
- (c) No other pharmaceutical item that has the drug is suitable for use by that subgroup because of either or both of the form and manner of administration of the drug in that other item.

7.4 The PBAC advised in relation to the pharmaceutical item escitalopram 20mg/mL that parts (a) and (b) would be met in that escitalopram would be suitable therapy for a patient population unable to use solid dosage forms, due to the form and manner of administration. However, the PBAC advised that while both the 10mg/mL and 20mg/mL formulations of escitalopram are listed on the PBS, part (c) is not met.

- 7.5 The PBAC considered that a minor submission following the delisting of the 10mg/mL formulation would be appropriate to seek advice under subsection 101(4AB) regarding the 20mg/mL formulation.
- 7.6 The PBAC advised that escitalopram 20mg/mL is suitable for prescribing by nurse practitioners, consistent with the current listing for the 10mg/mL formulation.
- 7.7 The PBAC recommended that escitalopram 20mg/mL should not be treated as interchangeable on an individual patient basis with any other drugs.
- 7.8 The PBAC recommended that the Safety Net 20 Day Rule should not apply, noting that it currently does not apply to the 10mg/mL formulation of escitalopram.
- 7.9 The PBAC noted that this submission is not eligible for an Independent Review, as it was a positive recommendation.

Outcome:

Recommended

8 Recommended listing

8.1 Add new item:

Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
ESCITALOPRAM				
escitalopram 20 mg/mL oral liquid, 15mL	1	5	Lexapro	LU
escitalopram 10 mg/mL oral liquid, 28mL	1	5	Lexapro	LU
escitalopram 10 mg tablet, 28	1	5	^a Lexapro ^a Esipram	LU UA
escitalopram 20 mg tablet, 28	1	5	^a Lexapro ^a Esipram	LU UA

Condition:	Major depressive disorder
Restriction:	Restricted benefit

Severity:	Moderate to severe
Condition/Indication:	generalised anxiety disorder (GAD)
Restriction:	Restricted benefit
Clinical criteria:	The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria. AND

	<p>Patient must not have responded to non-pharmacological therapy</p> <p>AND</p> <p>Patient must be one for whom a GP Mental Health Care Plan, as described under <i>items 2715 or 2717</i> of the Medicare Benefits Schedule, has been prepared.</p>
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Severity:	Moderate to severe
Condition/Indication:	generalised anxiety disorder (GAD)
Restriction:	Restricted benefit
Clinical criteria:	<p>The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria.</p> <p>AND</p> <p>Patient must not have responded to non-pharmacological therapy</p> <p>AND</p> <p>Patient must have been assessed by a psychiatrist.</p>

Severity:	Moderate to severe
Condition/Indication:	social anxiety disorder (social phobia, SAD)
Restriction:	Restricted benefit
Clinical criteria:	<p>The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria.</p> <p>AND</p> <p>Patient must not have responded to non-pharmacological therapy</p> <p>AND</p> <p>Patient must be one for whom a GP Mental Health Care Plan, as described under <i>items 2715 or 2717</i> of the Medicare Benefits Schedule, has been prepared.</p>

Severity:	Moderate to severe
Condition/Indication:	social anxiety disorder (social phobia, SAD)
Restriction:	Restricted benefit

Clinical criteria:	The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria. AND Patient must not have responded to non-pharmacological therapy AND Patient must have been assessed by a psychiatrist.
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9 Context for Decision

The PBAC helps decide whether and, if so, how medicines should be subsidised in Australia. It considers submissions in this context. A PBAC decision not to recommend listing or not to recommend changing a listing does not represent a final PBAC view about the merits of the medicine. A company can resubmit to the PBAC or seek independent review of the PBAC decision.

10 Sponsor's Comment

The sponsor had no comment.