

**6.15 UMECLIDINIUM + VILANTEROL  
umeclidinium (as bromide) 62.5 microgram/actuation +  
vilanterol (as trifenate) 25 microgram/actuation, inhalation:  
powder for, 30 actuations;  
Anoro<sup>®</sup> Ellipta<sup>®</sup>; GlaxoSmithKline Australia Pty Ltd.**

**1 Purpose of Application**

- 1.1 The minor submission seeks to amend the recommended restriction for umeclidinium with vilanterol (UMEC/VI) to also include patients who have symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA) and/or long acting beta-2 agonist (LABA) in addition to those already stabilised on a combination of a LAMA and LABA.

**2 Requested listing**

- 2.1 The submission seeks the following changes to the existing listing, being expanded to include patients who have symptoms that persist despite regular bronchodilator treatment with a LAMA and/or LABA in individual devices.

Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
UMECLIDINIUM + VILANTEROL Inhalation: powder for, umeclidinium (as 1 bromide) 62.5 microgram + vilanterol (as trifenate) 25 microgram	1	5	Anoro <sup>®</sup> Ellipta <sup>®</sup>	GSK

**Authority required** (STREAMLINED)

Patient must have symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist and/or long acting beta2 agonist;

OR

Patient must have been stabilised on a combination of long-acting muscarinic antagonist and long acting beta2 agonist.

The treatment must not to be used in combination with an ICS/LABA, or LAMA or LABA monotherapy.

A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

A LABA includes indacaterol, salmeterol or eformoterol.

This product is not PBS-subsidised for the treatment of asthma.

This product is not indicated for the initiation of bronchodilator therapy in COPD.

- 2.2 The proposed restriction is not consistent with the other LAMA/LABA combination, indacaterol/glycopyrronium which was also recommended for listing in July 2014 with the same restriction as the current UMEC/VI restriction.
- 2.3 At the July 2014 meeting, the PBAC recommended that under Section 101 (3BA) of the Nation Health Act, umeclidinium/vilanterol and indacaterol/glycopyrronium should be treated as interchangeable on an individual patient basis.
- 2.4 The proposed revision to the restriction does not address PBAC concern about the quality use of medicine issues associated with i) proliferation of FDC treatments for COPD; and ii) use of a FDC prior to a patient trialling combination therapy via separate inhalers.

*For more detail on PBAC's view, see section 6 "PBAC outcome"*

### **3 Background**

- 3.1 UMEC/VI is TGA registered for long-term once daily maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD).
- 3.2 UMEC/VI was initially considered by the PBAC in March 2014 but rejected on the basis of insufficient evidence to demonstrate a significant incremental benefit of combination therapy over monotherapy to justify the price proposed. This benefit was also unable to be translated into clinically relevant measures of effect. While these concerns were not adequately addressed in the July 2014 resubmission, the Committee accepted that there are both benefits and cost savings for patients who are already using individual LAMA and LABA in separate devices, and considered that the cost-effectiveness of UMEC/VI was likely to be acceptable if priced using an alternative methodology.

### **4 Current situation**

- 4.1 The current submission does not address the primary concerns of the PBAC in relation to fixed dose LAMA/LABAs for COPD as the value of a combination product over monotherapy in terms of an incremental, clinically relevant benefit is still not known.
- 4.2 There still remains a risk that patients will move to fixed dose combinations earlier than clinically appropriate. DUSC has noted emerging trends with some FDC products, such as a higher proportion of patients commencing them de novo and FDCs increasing the market rather than substituting within current markets (DUSC Outcome Statement February 2013).
- 4.3 While the combination product is cheaper than individual components used concomitantly, it is still significantly more expensive than an individual agent. Therefore, it is essential that only patients requiring and achieving benefits from dual therapy are treated with an FDC and those who do not derive benefit from adding an

additional agent remain on monotherapy as this may be the most appropriate treatment in some patients.

- 4.4 As vilanterol as an individual agent is not currently listed on the PBS, patients are unable to be stabilised on the individual components before switching to the UMEC/VI FDC.

*For more detail on PBAC's view, see section 6 "PBAC outcome"*

## **5 Consideration of the evidence**

### **Sponsor hearing**

- 5.1 There was no hearing for this item as it was a minor submission.

### **Consumer comments**

- 5.2 The PBAC noted the advice received from The Thoracic Society of Australia and New Zealand (TSANZ) clarifying the likely use of combination LAMA/LABAs including umeclidinium/vilanterol in clinical practice. The PBAC specifically noted the advice that the use of umeclidinium/vilanterol as proposed (i.e. requiring that patients be stabilised on a combination of a LAMA and LABA in separate devices before initiating the FDC) may lead to patient confusion regarding correct inhaler use if patients have to use multiple inhaler types. The PBAC noted that this advice was supportive of the evidence provided in the submission.

*For more detail on PBAC's view, see section 6 "PBAC outcome"*

## **6 PBAC Outcome**

- 6.1 The PBAC rejected the submission to extend the current listing for umeclidinium with vilanterol (UMEC/VI) to include patients with chronic obstructive pulmonary disease (COPD) who have symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA) and/or a long acting beta-2 agonist (LABA).
- 6.2 The PBAC considered that the proposed restriction does not address the concerns previously raised by the PBAC when initially recommending UMEC/VI for listing, in that patients may initiate a FDC before clinically appropriate. No new data were presented in the submission to justify amending the current listing. The PBAC noted that the magnitude of the potential synergistic effects of using the combination of a LAMA and LABA are still unclear.
- 6.3 The PBAC noted that the requested restriction is not consistent with the other currently listed LAMA/LABA combination product, indacaterol with glycopyrronium. The PBAC recalled that the PBAC recommended that under Section 101 (3BA) of the Nation Health Act, UMEC/VI and indacaterol/glycopyrronium should be treated as

interchangeable on an individual patient basis and considered that any changes to the restriction of UMEC/VI should apply to both products.

- 6.4 The PBAC noted that the current listing for UMEC/VI is consistent with clinical guidelines for the treatment of COPD.
- 6.5 The PBAC noted input from the Thoracic Society of Australia and New Zealand (TSANZ) describing the benefits for patients in having fewer inhaler devices in order to limit technique errors. The PBAC also noted that TSANZ agree that initial bronchodilator therapy should be with a LAMA or a LABA rather than a combination.
- 6.6 The PBAC considered that individual components should be initially prescribed to determine whether the two therapies are beneficial before prescribing a FDC.
- 6.7 The PBAC noted that this submission is not eligible for an Independent Review as this is not available in response to a request to modify or extend an existing listing.

**Outcome:**  
Rejected

## **7 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.

## **8 Sponsor's Comment**

GSK is disappointed with this outcome for COPD patients and considers the current restriction requiring stabilisation on a combination of a LABA and LAMA in separate inhalers prior to initiation of a fixed dose combination (FDC) to be unnecessarily burdensome on patients. The restriction may lead to patient confusion regarding correct inhaler use if patients have to use multiple inhaler types. Inhaler usage confusion may reduce patient adherence resulting in adverse efficacy and safety related consequences.

Furthermore COPD patients, many of whom are pensioners, will be required to pay two separate co-payments as opposed to one, had initiation of the FDC post monotherapy LABA or LAMA been permitted.

GSK will continue to engage with the PBAC to understand and address the issues raised.