

#### **4.05 LENALIDOMIDE capsules, 5mg, 10mg, 15mg and 25mg, Revlimid®, Celgene Pty Ltd.**

##### **1 Purpose of Application**

- 1.1 To inform the PBAC of a new price offered by the sponsor for lenalidomide as a first line therapy in the treatment of patients with newly diagnosed symptomatic multiple myeloma (NDMM) who are ineligible for stem cell transplant.

##### **2 Background**

- 2.1 A major submission seeking a listing for lenalidomide on the basis of a cost-utility analysis comparing lenalidomide plus dexamethasone (Rd) against thalidomide plus melphalan plus prednisone (or prednisolone) (MPT) was considered at the November 2015 PBAC meeting.
- 2.2 The PBAC deferred making a recommendation for the submission seeking to list lenalidomide in combination with dexamethasone (Rd) as first line therapy for patients who are newly diagnosed with multiple myeloma (NDMM) due to the appropriate comparators, the inclusion of many favourable assumptions to Rd in the presented the model and a highly uncertain and high ICER for the requested treatment setting. (November 2015 Public Summary Document, paragraph 7.1)
- 2.3 Based on the adjustments made by the sponsors in the Pre-PBAC response and adjustments required following PBAC deliberations, a re-specified base case was constructed. This estimated a robust ICER of \$75,000-\$105,000. The PBAC considered that this approach reliably informed decision-making about cost-effectiveness. The PBAC considered that to be cost-effective, the price should be reduced to bring the ICER to less than \$45,000-\$75,000. Further, it recommended that a financial cap be implemented to mitigate the significant financial risk created by uncertainties surrounding use outside the restriction, with a rebate to the price of thalidomide beyond the cap. (November 2015 Public Summary Document, paragraph 7.21)
- 2.4 The sponsor had subsequently made an offer of ■% price reduction, including the legislated 5% price reduction to the ex-man price for lenalidomide as a first line setting for MM.
- 2.5 Lenalidomide was TGA registered on 11 November 2015 for the treatment of patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplantation.
- 2.6 Lenalidomide is currently listed on the PBS for the treatment of patients with multiple myeloma (MM) for whom thalidomide therapy has failed or in whom there is severe intolerance or toxicity to thalidomide.

### **3 PBAC discussion**

- 3.1 The PBAC noted the price offer for lenalidomide and considered it made lenalidomide acceptably cost effective for first line treatment of patients with multiple myeloma (MM).
- 3.2 The PBAC noted that an alternative approach of cost-minimisation against bortezomib in first-line treatment of multiple myeloma would also likely have been an appropriate approach.
- 3.3 As previously, the PBAC acknowledged there is a high clinical need for oral therapies in the treatment of multiple myeloma (MM). The PBAC recalled that input received from the Consumer Hearing at the November 2015 meeting indicated a strong preference for oral therapies for the treatment of MM.
- 3.4 The PBAC reiterated its concern of use beyond the proposed PBS restriction, in patients who are eligible for stem cell transplant. The PBAC recommended a financial cap be implemented to mitigate these uncertainties, including a rebate to the price of thalidomide should utilisation exceed the cap.

### **4 PBAC Outcome**

- 4.1 The PBAC recommended the listing of lenalidomide, in combination with dexamethasone as first line therapy for patients who are newly diagnosed with multiple myeloma (NDMM), under Section 100 (Highly Specialised Drugs), on the basis of acceptable cost effectiveness over thalidomide plus melphalan plus prednisone (or prednisolone) (MPT).
- 4.2 The PBAC recommended that restriction for lenalidomide, in combination with dexamethasone, for the treatment of MM as first line therapy should be aligned with that of bortezomib for first line therapy in the treatment of MM in the transplant-ineligible population.
- 4.3 The PBAC noted recent correspondence from clinical stakeholders regarding re-use of lenalidomide upon disease progression. The PBAC noted that under the current restriction for progressive disease, patients who cease treatment with lenalidomide after initial successful disease control and then experience disease progression are not eligible to resume treatment with lenalidomide. The PBAC considered that, based on the sponsor's proposal, lenalidomide would remain cost effective in that setting. The PBAC therefore advised that the PBS restriction should permit re-treatment with lenalidomide following disease progression, in patients who had discontinued earlier when the disease was controlled.
- 4.4 The PBAC noted that the sponsor requested the listing under Section 100 Highly Specialised Drugs (HSD) Programme. The PBAC recalled that at its April 2015 Special Meeting, the Committee considered the criteria applied by the former HSD Working Party and advised that the only criterion that differentiated HSD listings from General Schedule listings was that "the drug is highly specialised, making administration outside an institutional environment problematic and the patient target

group is clearly identifiable.” The PBAC noted that lenalidomide is currently listed under the Section 100 HSD Programme. The PBAC considered that this criterion was still satisfied by this proposed listing and advised that lenalidomide should remain listed under Section 100 (HSD).

- 4.5 The PBAC also considered that once lenalidomide is listed for first line use in patients with multiple myeloma who are ineligible for stem cell transplant, that changes to the bortezomib restriction should be enacted to enable use of bortezomib in patients with progressive disease after initial therapy with lenalidomide or thalidomide.
- 4.6 The PBAC advised that lenalidomide is not suitable for prescribing by nurse practitioners.
- 4.7 The PBAC recommended that the Early Supply Rule should not apply.

### ***PBS Reform issues***

#### ***Section 101 (3BA)***

- 4.8 In making its recommendation to list lenalidomide, the PBAC advised the Minister that under Section 101 (3BA) of the National Health Act, lenalidomide and thalidomide should not be treated as interchangeable on an individual patient basis.

### **Outcome:**

Recommended

## **5 Recommended listing**

- 5.1 Restrictions to be finalised.

## **6 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.

## **7 Sponsor’s Comment**

Celgene welcomes the positive recommendation for the listing of Lenalidomide for patients with newly diagnosed multiple myeloma and would like to acknowledge the contribution of clinical stakeholders, consumers in this process along with the receptivity of the PBAC to recognise their concerns and views.