6.10 GRAZOPREVIR WITH ELBASVIR
Tablet containing grazoprevir 100 mg with elbasvir 50 mg
Zepatier®, Merck, Sharp and Dohme Australia Pty Ltd

1 Purpose of Application

1.1 The minor submission sought to amend the current listing of grazoprevir with elbasvir from Authority Required (In Writing or Telephone) to Authority Required (STREAMLINED).

2 Requested listing

2.1 The submission requested the following changes to the existing restriction. Changes proposed by the sponsor are shown in *italics* and ~~strikethrough~~.

Name, Restriction, Manner of administration and form	Max. Qty	№.of Rpts	Dispensed Price for Max. Qty	Proprietary Name and Manufacturer	
GRAZOPREVIR/ELBASVIR Tablet 100 mg/50mg	28	2	$21,149.52 (published)	ZEPATIER®	Merck, Sharp and Dohme Australia Pty Ltd

Category / Program	GENERAL – General Schedule (Code GE)
Prescriber type:	☐Dental ☒Medical Practitioners ☐Nurse practitioners ☐Optometrists ☐Midwives
Condition:	Chronic Hepatitis C Virus infection – *Genotype 1*
PBS Indication:	Chronic Hepatitis C Virus infection – *Genotype 1*
Restriction Level / Method:	☐~~Authority Required - In Writing~~ ☐~~Authority Required - Telephone~~ ☒*Streamlined*
Clinical criteria:	Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C *for Genotype 1*, AND Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype (*genotype 1)*, patient history and cirrhotic status, AND The treatment must be limited to a maximum duration of 12 weeks.
Prescriber Instructions	No increase in the maximum quantity or number of units may be authorised. Note: No increase in the maximum number of repeats may be authorised. Note: The treatment must be limited to a maximum duration of 12 weeks.

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Category / Program	GENERAL – General Schedule (Code GE)
Prescriber type:	☐Dental ☒Medical Practitioners ☐Nurse practitioners ☐Optometrists ☐Midwives
Condition:	Chronic Hepatitis C Virus infection – *Genotype 1*
PBS Indication:	Chronic Hepatitis C Virus infection – *Genotype 1*
Restriction Level / Method:	☐~~Authority Required - In Writing~~ ☐~~Authority Required - Telephone~~ ☒*Streamlined*
Clinical criteria:	Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C *for Genotype 1*, AND Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype (*genotype 1)*, patient history and cirrhotic status, AND The treatment must be limited to a maximum duration of 16 weeks.
Prescriber Instructions	No increase in the maximum quantity or number of units may be authorised. Note: No increase in the maximum number of repeats may be authorised. Note: The treatment must be limited to a maximum duration of 16 weeks.

Name, Restriction, Manner of administration and form	Max. Qty	№.of Rpts	Dispensed Price for Max. Qty	Proprietary Name and Manufacturer	
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Category / Program	GENERAL – General Schedule (Code GE)
Prescriber type:	☐Dental ☒Medical Practitioners ☐Nurse practitioners ☐Optometrists ☐Midwives
Condition:	Chronic Hepatitis C Virus infection – *Genotype 4*
PBS Indication:	Chronic Hepatitis C Virus infection – *Genotype 4*
Restriction Level / Method:	☐~~Authority Required - In Writing~~ ☐~~Authority Required - Telephone~~ ☒*Streamlined*

Clinical criteria:	Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C *for Genotype 4*, AND Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype (*genotype 4)*, patient history and cirrhotic status, AND The treatment must be limited to a maximum duration of 12 weeks.
Prescriber Instructions	No increase in the maximum quantity or number of units may be authorised. Note: No increase in the maximum number of repeats may be authorised. Note: The treatment must be limited to a maximum duration of 12 weeks.

Name, Restriction, Manner of administration and form	**Max. Qty**	**№.of Rpts**	**Dispensed Price for Max. Qty**	**Proprietary Name and Manufacturer**	
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Category / Program	GENERAL – General Schedule (Code GE)
Prescriber type:	☐Dental ☒Medical Practitioners ☐Nurse practitioners ☐Optometrists ☐Midwives
Condition:	Chronic Hepatitis C Virus infection – *Genotype 4*
PBS Indication:	Chronic Hepatitis C Virus infection – *Genotype 4*
Restriction Level / Method:	☐~~Authority Required - In Writing~~ ☐~~Authority Required - Telephone~~ ☒*Streamlined*
Clinical criteria:	Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C *for Genotype 4*, AND Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype (*genotype 4)*, patient history and cirrhotic status, AND The treatment must be limited to a maximum duration of 16 weeks.
Prescriber Instructions	No increase in the maximum quantity or number of units may be authorised. Note: No increase in the maximum number of repeats may be authorised. Note: The treatment must be limited to a maximum duration of 16 weeks.

Name, Restriction, Manner of administration and form	Max. Qty	№.of Rpts	Dispensed Price for Max. Qty	Proprietary Name and Manufacturer	
GRAZOPREVIR/ELBASVIR Tablet 100 mg/50mg	28	3	$21,000 (public) (published) $21,047.15 (private) (published)	ZEPATIER®	MSD (Australia) Pty Ltd

Category / Program	Section 100 – Highly Specialised Drugs Program
Prescriber type:	☐Dental ☒Medical Practitioners ☐Nurse practitioners ☐Optometrists ☐Midwives
Condition:	Chronic Hepatitis C Virus infection – *Genotype 1*
PBS Indication:	Chronic Hepatitis C Virus infection – *Genotype 1*
Restriction Level / Method:	☐~~Authority Required - In Writing~~ ☐~~Authority Required - Telephone~~ ☒*Streamlined*
Clinical criteria:	Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C *for Genotype 1*, AND Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype (*genotype 1)*, patient history and cirrhotic status, AND The treatment must be limited to a maximum duration of 16 weeks.
Prescriber Instructions	No increase in the maximum quantity or number of units may be authorised. Note: No increase in the maximum number of repeats may be authorised. Note: The treatment must be limited to a maximum duration of 16 weeks.

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Category / Program	Section 100 – Highly Specialised Drugs Program
Prescriber type:	☐Dental ☒Medical Practitioners ☐Nurse practitioners ☐Optometrists ☐Midwives
Condition:	Chronic Hepatitis C Virus infection – *Genotype 4*
PBS Indication:	Chronic Hepatitis C Virus infection – *Genotype 4*

Restriction Level / Method:	☐ ~~Authority Required - In Writing~~ ☐ ~~Authority Required - Telephone~~ ☒ *Streamlined*
Clinical criteria:	Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C *for Genotype 4*, AND Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype (*genotype 4)*, patient history and cirrhotic status, AND The treatment must be limited to a maximum duration of 12 weeks.
Prescriber Instructions	No increase in the maximum quantity or number of units may be authorised. Note: No increase in the maximum number of repeats may be authorised. Note: The treatment must be limited to a maximum duration of 12 weeks.

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Category / Program	Section 100 – Highly Specialised Drugs Program
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Condition:	Chronic Hepatitis C Virus infection – *Genotype 4*
PBS Indication:	Chronic Hepatitis C Virus infection – *Genotype 4*
Restriction Level / Method:	☐ ~~Authority Required - In Writing~~ ☐ ~~Authority Required - Telephone~~ ☒ *Streamlined*
Clinical criteria:	Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C *for Genotype 4*, AND Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype (*genotype 4)*, patient history and cirrhotic status, AND The treatment must be limited to a maximum duration of 16 weeks.
Prescriber Instructions	No increase in the maximum quantity or number of units may be authorised. Note: No increase in the maximum number of repeats may be authorised. Note: The treatment must be limited to a maximum duration of 16 weeks.

2.2 In addition, the submission requested the following changes to the treatment criteria in the General Statement for Drugs for the Treatment of Hepatitis C (the General Statement).

Treatment criteria: Must be treated by a medical practitioner or an authorised nurse practitioner experienced in the treatment of chronic hepatitis C infection; or in consultation with a gastroenterologist, hepatologist or infectious diseases physician experienced in the treatment of chronic hepatitis C infection.
The following information must be provided at the time of application: ~~a) the hepatitis C virus genotype; and~~ ~~b) the patient's cirrhotic status (non-cirrhotic or cirrhotic)~~ The following information must be documented in the patient's medical records: a) evidence of chronic hepatitis C infection (repeatedly antibody to hepatitis C virus (anti-HCV) positive and hepatitis C virus ribonucleic acid (HCV RNA) positive); and b) evidence of the hepatitis C virus genotype

2.3 The request to move to a streamlined authority was based on the assumption of increased prescriber experience with Direct Acting Antivirals (DAA) and assisting with the goals of increasing access to treatment, treatment rates and improving patient outcomes. The submission and pre-PBAC response also highlighted the continuing importance of genotyping in individualising patient treatment with the introduction of pan-genotypic therapies. The Pre-PBAC response further stated that parity between the DAAs should be maintained to ensure treatment options remain available for all patients.

2.4 The submission proposed that separate streamlined authority codes be used for each genotype.

2.5 The July 2017 submission to the PBAC for glecaprevir with pibrentasvir also requested a streamlined authority listing. In its consideration of glecaprevir with pibrentasvir, the PBAC noted the sponsor's request for a streamlined authority listing; however, it did not agree that it was appropriate at that time. The PBAC preferred an Authority Required (Telephone) listing on the basis of consistency with existing DAA PBS listings. Further, the PBAC considered that a telephone authority would ensure GP prescribing consistency across the different treatment durations of glecaprevir with pibrentasvir. Grazoprevir with elbasvir also has different treatment durations of 12 and 16 weeks. The pre-PBAC response acknowledged the approach taken by the PBAC when recommending glecaprevir with pibrentasvir, and noted that if a streamlined authority listing is implemented in the future, genotype-specific

streamlined authority codes for all DAAs currently listed for HCV should be considered.

3 Background

3.1 Grazoprevir with elbasvir is TGA registered for the treatment of Chronic Hepatitis C (CHC) genotype 1 or 4 infection in adults.

3.2 At its July 2016 meeting, the PBAC recommended the listing of Grazoprevir with elbasvir +/- ribavirin for the treatment of treatment naïve and treatment experienced genotypes 1, 4 and 6 CHC on a cost minimisation basis with ledipasvir/sofosbuvir for genotype 1 disease and on a cost minimisation basis with sofosbuvir and peg-ifn/rbv for GT 4 and 6 disease (paragraph 7.1, grazoprevir with elbasvir Public Summary Document (PSD), July 2016).

3.3 The July 2016 submission requested an Authority Required (STREAMLINED) listing; however, the PBAC recommended that the restriction be aligned with the existing DAA listings for CHC (paragraph 7.3, grazoprevir with elbasvir PSD, July 2016).

4 Consideration of the evidence

Sponsor hearing

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

Consumer comments

4.2 The PBAC noted and welcomed the input from organisations (1) via the Consumer Comments facility on the PBS website. The submission from Hepatitis Australia described a range of benefits of having an Authority Required (STREAMLINED) listing, including enhancing the roll-out of DAAs; maintaining support for the role of primary care and consistency in prescribing processes to ensure treatment options are available for all patients with CHC.

Clinical trials

4.3 As a minor submission, no clinical trials were presented in the submission.

Estimated PBS usage & financial implications

4.4 The minor submission estimated there to be no financial implications to the PBS, claiming that the proposed change to a streamlined authority is not expected to result in an increase in the treatment uptake rate of grazoprevir with elbasvir, nor change the usage of other DAAs listed on the PBS.

5 PBAC Outcome

5.1 The PBAC deferred making a recommendation on amending the listing of grazoprevir with elbasvir from Authority Required (In Writing or Telephone) to Authority

Required (STREAMLINED), without discussion. The PBAC considered that further consultation was required on the proposed changes to the HCV treatment matrix given the introduction of new DAA treatments since the general statement was developed.

5.2 The PBAC noted that this submission is not eligible for an Independent Review as it was deferred.

Outcome:
Deferred

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

MSD is committed to the pursuit of Hepatitis C elimination. We welcome further consultation on potential changes to the HCV treatment matrix to improve access for patients and retain the importance of genotyping to enable necessary individualised patient care.