5.16 ARIPIPRAZOLE

Powder for injection, 400 mg (as monohydrate) with diluent pre-filled dual chamber syringe, Abilify Maintena®, Lundbeck Australia Pty Ltd

1 Purpose of Application

1.1 The minor submission requested an Authority Required (STREAMLINED) listing for a new presentation of the currently listed aripiprazole 400 mg modified release injection.

2 Requested listing

2.1 The submission sought the same listing as the currently listed 300 mg and 400 mg modified release injection forms of aripiprazole.

2.2 The new presentation for which listing is sought is a pre-filled dual chamber syringe (PFS). The requested listing is for the 400 mg strength only.

Name, Restriction, Manner of administration and form	Max. Qty	№.of Rpts	Dispensed Price for Max. Qty	Proprietary Name and Manufacturer	
ARIPIPRAZOLE					
Aripiprazole 400 mg injection: modified release [1 x 400 mg pre-filled dual chamber syringe], 1 pack	1	5	$373.70	Abilify Maintena®	Lundbeck Australia Pty Ltd

3 Background

3.1 The new presentation of aripiprazole 400 mg PFS was TGA registered on 7 May 2018 for the acute and maintenance treatment of schizophrenia in adults and for maintenance treatment to prevent the recurrence of manic or mixed episodes of bipolar I disorder in adult patients as monotherapy.

3.2 In July 2014, the PBAC recommended the PBS listing of aripiprazole for the treatment of schizophrenia.

4 Current Situation

4.1 Aripiprazole injection is currently available as either a pre-filled dual chamber syringe (PFS) or a therapeutic kit (containing powder vial and diluent). Both presentations contain a sterile, single-dose, lyophilised powder for reconstitution with water to give a prolonged-release suspension for injection to deliver 300 mg or 400 mg of aripiprazole.

4.2 The pre-filled dual chamber syringe consists of a front chamber that contains the lyophilised powder of aripiprazole monohydrate and a rear chamber that contains sterile water for injections. The minor submission indicated that because the PFS presentation does not support dose titration, the sponsor will maintain the current PBS listings for both the 300 mg and 400 mg therapeutic kits to support dose titration in certain patients.

4.3 The minor submission requested PBS listing for the 400 mg PFS presentation only as there is currently no supply of the 300 mg PFS presentation in Australia.

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 that no consumer comments were received for this item.

Clinical trials

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

5.4 The minor submission stated that in clinical practice, the PFS form of aripiprazole will be easier to administer than the vial kit form as both the powder and solvent are supplied within the syringe, eliminating the need to transfer them from vial to syringe. In its Pre-PBAC response, the sponsor acknowledged that no clinical evidence was provided to support this claim. However, the sponsor maintained that the PFS is intuitively simpler than the currently listed vial kit.

5.5 Both presentations of aripiprazole injection are administered by a healthcare professional, monthly, as a single injection.

Economic analysis

5.6 As this was a minor submission, there was no economic comparison presented.

Estimated PBS usage & financial implications

5.7 The minor submission estimated there to be no financial implications to the PBS from listing the 400 mg PFS form, as the proposed price is the same as that of the 400 mg therapeutic kit currently listed on the PBS.

5.8 The minor submission maintained it was unlikely that clinicians would switch from the 300 mg vial (therapeutic kit) to the 400 mg PFS solely for preference of simpler drug administration as this would compromise patient safety.

5.9 Whilst not a matter for PBAC, the Secretariat notes the new presentation of aripiprazole may trigger a statutory price reduction per Section 99ACB of *The National Health Act 1953*.

5.10 The table below summarises the net costs to the PBS over the first 5 years of listing. The Department has not evaluated the utilisation and financial estimates presented in the submission.

Table 1: Total estimated use and financial impact of the proposed PBS listing for ARI-LAI 400 mg PFS

Year of PBS listing	Year 0 (2018)	Year 1 (2019)	Year 2 (2020)	Year 3 (2021)	Year 4 (2022)	Year 5 (2023)	Year 6 (2024)
Estimated use of ARI-LAI 400 mg PFS on the PBS							
Total scripts	5,090	18,529	36,677	42,830	49,332	56,174	63,348
Costs at DPMQ, with no co-payment adjustment							
PBS/RPBS total	$[redacted]	$[redacted]	$[redacted]	$[redacted]	$[redacted]	$[redacted]	$[redacted]
Cost offsets							
PBS/RPBS total	$[redacted]	$[redacted]	$[redacted]	$[redacted]	$[redacted]	$[redacted]	$[redacted]
Net costs							
PBS/RPBS total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Costs at DPMQ, with co-payment adjustment							
PBS/RPS total	$[redacted]	$[redacted]	$[redacted]	$[redacted]	$[redacted]	$[redacted]	$[redacted]
Cost offsets							
PBS/RPBS total	$[redacted]	$[redacted]	$[redacted]	$[redacted]	$[redacted]	$[redacted]	$[redacted]
Net costs							
PBS/RPBS total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

ARI-LAI: Aripiprazole long acting injection; DPMQ: Dispensed price for maximum quantity; PBS: Pharmaceutical Benefits Schedule; PFS: Pre-filled dual chamber syringe; RPBS: Repatriation Pharmaceutical Benefits Schedule
Source: Table 5, p17 of the minor submission

5.11 At year 5, the estimated number of scripts was 63,348, and the net cost to the PBS would be $0.

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

6 PBAC Outcome

6.1 The PBAC recommended the listing of aripiprazole 400 mg pre-filled dual-chamber syringe as an Authority Required (STREAMLINED) benefit for the treatment of schizophrenia.

6.2 The PBAC considered that the listing of the PFS form of aripiprazole was unlikely to

have financial implications for the PBS as the overall utilisation of aripiprazole 400 mg would remain unchanged.

6.3 The PBAC noted the restriction is unchanged from the currently listed form of aripiprazole.

6.4 The PBAC has previously recommended that aripiprazole LAI should be treated as interchangeable on an individual patient basis with paliperidone LAI and risperidone LAI according to Section 101(3BA) of the *National Health Act 1953*, but not with olanzapine LAI.

6.5 The PBAC advised, under Section 101 (4AACD) of the National Health Act, that aripiprazole 400 mg pre-filled dual-chamber and aripiprazole 400 mg therapeutic kits are not to be considered equivalent for the purposes of substitution as the PBAC noted that the 400 mg PFS cannot be titrated to a lower dose as there are no graduated markers on the syringe.

6.6 The PBAC acknowledged that the PBS listing for the 300 mg PFS dose is not being sought in this submission as the current 300 mg vial kit provides greater flexibility around dosing required for certain patients.

6.7 The PBAC has previously advised that the Early Supply Rule should apply to aripiprazole.

6.8 The PBAC has previously advised that this form of aripiprazole is suitable for prescribing by nurse practitioners within a shared care model.

Outcome:
Recommended

7 Recommended listing

7.1 Add new item:

Name, Restriction, Manner of administration and form	Max Qty	№.of Rpts	Proprietary Name and Manufacturer	
ARIPIPRAZOLE Aripiprazole 400 mg injection: modified release [1 x 400 mg pre-filled dual chamber syringe], 1 pack	1	5	Abilify Maintena®	Lundbeck Australia Pty Ltd

Category / Program	GENERAL – General Schedule (Code GE)
Prescriber type:	☐Dental ☒Medical Practitioners ☒Nurse practitioners ☐Optometrists ☐Midwives
Condition:	Schizophrenia
PBS Indication:	Schizophrenia
Treatment phase:	Initial or continuing
Restriction Level / Method:	☒Streamlined
Administrative Advice	**Shared Care Model:** For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8 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.

9 Sponsor's Comment

Lundbeck Australia welcomes the decision of the PBAC which is further recognition of the need for reimbursed access to treatments for Australians living with mental illness.