

**14.12 TENOFOVIR WITH EMTRICITABINE AND EFAVIRENZ,  
Tablet containing tenofovir disoproxil fumarate  
300 mg with emtricitabine 200 mg and efavirenz  
600 mg,  
Atripla<sup>®</sup>, Gilead Sciences Pty Limited**

**TENOFOVIR WITH EMTRICITABINE AND RILPIVIRINE,  
Tablet containing tenofovir disoproxil fumarate  
300 mg with emtricitabine 200 mg and rilpivirine  
25 mg (as hydrochloride),  
Eviplera<sup>®</sup>, Gilead Sciences Pty Limited**

**TENOFOVIR WITH EMTRICITABINE, ELVITAGREVIR  
AND COBICISTAT  
Tablet containing tenofovir disoproxil fumarate  
300 mg with emtricitabine 200 mg, elvitegravir  
150 mg and cobicistat 150 mg,  
Stribild<sup>®</sup>, Gilead Sciences Pty Limited**

## **1 Purpose of Item**

- 1.1 The Minister (Delegate) has requested the advice in writing of the Pharmaceutical Benefits Advisory Committee (PBAC) under section 101(4AAB) of the *National Health Act 1953* (the Act) in relation to the proposed revocation of the declarations that tenofovir with emtricitabine and efavirenz (Atripla), tenofovir with emtricitabine and rilpivirine (Eviplera) and/or tenofovir with emtricitabine, elvitegravir and cobicistat (Stribild) are drugs to which Part VII of the Act applies.
- 1.2 The Delegate requested that, in addition to any other matters that the PBAC may wish to address, the PBAC advise whether it considers that there are reasons why the Delegate should not revoke the declarations as proposed, and if so what those reasons are.
- 1.3 The Delegate requested this advice prior to making a decision on whether to delist Atripla, Eviplera and/or Stribild from the Schedule of Pharmaceutical Benefits.

- 1.4 The sponsor of Atripla, Eviplera and/or Stribild, Gilead Sciences Pty Limited, also made a submission in relation to the Minister's request at paragraph 1.1.

## **2 Background**

- 2.1 Under Section 101(4AAA) of the Act, the Minister may, by legislative instrument, revoke or vary a declaration under subsection 85(2) of the Act in relation to a drug or medicinal preparation.

Pursuant to s 101(4AAB) of the Act if:

(a) under subsection (4AAA), the Minister proposes to revoke or vary a declaration under subsection 85(2) in relation to a drug or medicinal preparation; and

(b) on and after the day the revocation or variation comes into force, the drug or medicinal preparation would cease to be a listed drug;

then, before making the revocation or variation, the Minister must obtain the advice in writing of the PBAC in relation to the proposed revocation or variation.

- 2.2 On 1 April 2019, all PBS-listed brands of tenofovir with emtricitabine were scheduled to be (and in fact were) subject to a price disclosure price reduction under the Act.
- 2.3 Under s 99ACC of the Act, the existing price agreement for a single brand combination item ceases when a component drug in the combination item takes a price disclosure price reduction. As tenofovir with emtricitabine is a component drug in each of Atripla, Eviplera and Stribild (each of which is a single brand combination item), the price agreements for Atripla, Eviplera and Stribild were scheduled to (and did) cease on 1 April 2019. New prices needed to be agreed for Atripla, Eviplera and Stribild to remain listed on the PBS.
- 2.4 The Department had written to the sponsor requesting that it offer reduced prices for Atripla, Eviplera and Stribild, with effect from 1 April 2019. The reduced prices requested are set out in Table 1.

**Table 1: Current and proposed AEMPs for Atripla, Eviplera and Stribild as at 13 March 2019**

Legal Instrument Drug	Legal Instrument Form	Brand Name	Current AEMP as at March 2019	Proposed AEMP as at April 2019
Tenofovir with emtricitabine and efavirenz	Tablet containing tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg and efavirenz 600 mg	Atripla	\$831.14	\$ [REDACTED]
Tenofovir with emtricitabine and rilpivirine	Tablet containing tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg and rilpivirine 25 mg (as hydrochloride)	Eviplera	\$868.55	\$ [REDACTED]
Tenofovir with emtricitabine, elvitegravir and cobicistat	Tablet containing tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg, elvitegravir 150 mg and cobicistat 150 mg	Stribild	\$868.55	\$ [REDACTED]

- 2.5 As at the date of the PBAC’s meeting, the sponsor had not offered the price reductions requested, and had instead offered to enter into new price agreements at the current prices of the three products.
- 2.6 On 29 January 2019 and 18 February 2019, the Department wrote to the sponsor, and requested that the sponsor offer the new prices for agreement as per table 1. In the correspondence of 18 February 2019, the Department noted that, should the sponsor not offer the prices for agreement, that the Minister (or Delegate) may seek the PBAC’s advice under s 101(4AAB) of the Act. The sponsor was also invited to make a submission to the PBAC should it wish to delist Atripla, Eviplera and/or Stribild.
- 2.7 The sponsor wrote to the Department on 8 February 2019 and again on 22 February 2019, and advised that it was not seeking to delist Atripla, Eviplera and/or Stribild, and that it would not be offering the reduced prices requested for these products. It offered to enter into new price agreements at the same price as the existing prices for those products.
- 2.8 On 28 February 2019, the Department again wrote to the sponsor and advised that the Minister’s delegate would now request advice from the PBAC under s 101(4AAB) of the Act in relation to Atripla, Eviplera and/or Stribild, and that this advice would be sought prior to making a decision on whether to delist Atripla, Eviplera and/or Stribild from the Schedule of Pharmaceutical Benefits. The sponsor was again invited to make a submission to the PBAC for consideration alongside the request for advice.
- 2.9 The sponsor made a submission to the PBAC on 7 March 2019 setting out matters which it wished the PBAC to consider alongside the Minister’s request for advice.
- 2.10 The sponsor’s submission stated that it estimates that there are less than 10,000 patients being treated with Atripla, Eviplera, or Stribild who have demonstrated a reluctance to switch to alternative therapies, in particular, to newer PBS listed therapies containing tenofovir alafenamide, unless necessary for the management of their disease. The submission stated these patients have been reluctant to switch

because many of these patients first started treatment prior to the listing of fixed dose combination regimens and experienced instability and treatment failures.

- 2.11 The submission cited the 'US Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV', which state that Eviplera is currently the preferred fixed dose combination regimen for treatment of HIV in pregnant patients, and one of a very limited choice of regimens for those patients.
- 2.12 The submission stated patients would need to be managed to enable a switch with minimal impact to their overall treatment plan, including managing their compliance to treatment. The submission also stated that transition arrangements could differ among patients.
- 2.13 The submission noted Atripla, Eviplera and Stribild are all available on the PBS with a maximum quantity of 60 tablets with five repeats, which provides for twelve months treatment. The submission claimed that while most patients treated with Atripla, Eviplera or Stribild will attend routine appointments every six months, some stable patients may only attend routine appointments every twelve months.
- 2.14 The submission contended that any delisting of these products should occur after nine to twelve months from the delisting decision to allow for patient counselling, clinician education and to avoid the risk of patients first becoming aware of the need to change treatment regime when they try to fill a prescription for Atripla, Eviplera or Stribild. It also contended that, if delisting was to occur, that the appropriate delisting date should be determined in consultation with the sponsor.

*For more detail on PBAC's view, see section 3 PBAC outcome.*

### **3 PBAC Outcome**

- 3.1 The PBAC considered each of the issues raised in the sponsor's submission dated 7 March 2019, as well as correspondence from the Department to the sponsor dated 29 January 2019, 18 February 2019 and 28 February 2019 and correspondence from the sponsor to the Department dated 8 February 2019 and 22 February 2019.
- 3.2 The PBAC advised there were no reasons why the Delegate should not revoke the declarations that Atripla, Eviplera and Stribild are drugs to which Part VII of the Act applies.
- 3.3 The PBAC noted the sponsor's submissions in relation to the patients currently being treated with Atripla, Eviplera or Stribild.
- 3.4 The PBAC noted the treatment of HIV with combination products containing tenofovir with emtricitabine has largely been replaced with combination products containing tenofovir alafenamide with emtricitabine. The PBAC considered this is confirmed by PBS dispensing data which shows that the volume of Atripla, Eviplera and Stribild has declined since listing of emtricitabine with tenofovir alafenamide (Descovy®) on 1 December 2016 and tenofovir alafenamide with emtricitabine, elvitegravir and cobicistat (Genvoya®) and emtricitabine with rilpivirine with tenofovir alafenamide

(Odefsey®) on 1 May 2017.

- 3.5 The PBAC considered that switching patients to regimens containing tenofovir alafenamide is consistent with current Australian guidelines.
- 3.6 The PBAC noted the claims in the sponsor's submission in relation to HIV treatment options for pregnant patients. The PBAC noted the PBS-listed medicines, lamivudine or abacavir are preferred for the treatment of HIV in pregnant patients. The PBAC further noted the US Department of Health and Human Services' *'Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States'* do not recommend Eviplera for the treatment of HIV in pregnant patients with a high viral load or low CD4 count.
- 3.7 The PBAC noted the comments in the submission that there should be a transitional period for patients to switch to alternative treatments, should Atripla, Eviplera and Stribild be delisted from the PBS. The PBAC considered it is usual for patients with HIV to follow up with their prescriber on a six monthly basis, and that it was therefore reasonable for transitional arrangements to align with this monitoring regimen.
- 3.8 The PBAC advised that the Minister or Delegate should take into account the potential for Quality Use of Medicine and safety issues to arise from any delisting of Atripla, Eviplera, or Stribild from the PBS.
- 3.9 The PBAC recommended that the Department work with NPS MedicineWise to allow notice to be given, with communication and guidance, to prescriber and consumer groups.
- 3.10 The PBAC advised that the Minister or Delegate may wish to consider the balance between the need to ensure an appropriate timeframe for mitigating the impact on patients of delisting and the fiscal impact of retaining Atripla, Eviplera, or Stribild on the PBS.
- 3.11 The PBAC recommended that Atripla, Eviplera and Stribild should remain listed on the PBS for six months, subject to consultation with clinical and community peak bodies.
- 3.12 There were no other matters that the PBAC considered the Minister should take into account when considering whether or not to delist Atripla, Eviplera, or Stribild from the PBS.

#### **4 Sponsor's Comment**

The sponsor had no comment.