

**4.2 BUPRENORPHINE,  
Injection (modified release) 100 mg in 0.5 mL pre-filled  
syringe,  
Injection (modified release) 300 mg in 1.5 mL pre-filled  
syringe,  
Sublocade<sup>®</sup>,  
Indivior Pty Ltd**

**1 Purpose of Application**

- 1.1 To request a Section 100 (Opiate Dependence Treatment Program (ODTP)) listing of buprenorphine modified release injection (Sublocade<sup>®</sup>) for the treatment of opioid use disorder.
- 1.2 At its March 2019 meeting, the PBAC deferred making a recommendation regarding the Section 100 (Opiate Dependence Treatment Program) listing of buprenorphine modified release injection (Sublocade<sup>®</sup>) for the treatment of opioid use disorder, pending provision of a positive TGA Delegate’s overview.
- 1.3 The Sponsor subsequently provided the TGA approval letter and approved product information (PI) on 17 July 2019.

**2 Requested listing**

- 2.1 The March 2019 submission requested the following new listing.

*Suggestions and additions proposed by the Secretariat to the requested listing are in italics and deletions are in strikethrough.*

Name, Restriction, Manner of administration and form	Max. Qty	№.of Rpts	Dispensed Max. Qty	Price for	Proprietary Name and Manufacturer
BUPRENORPHINE 100mg/0.5 mL modified release injection, syringe	1	0	\$ [REDACTED]		Sublocade Indivior Pty Ltd
300mg/1.5 mL modified release injection, syringe					

<b>Category / Program:</b>	Section 100 – Opiate Dependence Treatment Program
<b>Prescriber type:</b>	<input type="checkbox"/> Dental <input checked="" type="checkbox"/> Medical Practitioners <input checked="" type="checkbox"/> Nurse practitioners <input type="checkbox"/> Optometrists <input type="checkbox"/> Midwives
<b>Condition:</b>	Opiate dependence
<b>PBS Indication:</b>	Opiate dependence
<b>Restriction Level / Method:</b>	<input checked="" type="checkbox"/> Restricted benefit

*Public Summary Document – November 2019 PBAC Meeting*

<b>Treatment criteria:</b>	<i>Must be treated by a health care professional.</i>
<b>Clinical criteria:</b>	<p>The treatment must be within a framework of medical, social and psychological treatment,</p> <p>AND</p> <p><i>The patient must be stabilised on sublingual buprenorphine or buprenorphine/naloxone prior to commencing treatment with this drug for this condition.</i></p> <p>AND</p> <p><del>The treatment must be administered by a health care professional</del></p>
<b>Administrative Advice:</b>	<p>Care must be taken to comply with the provisions of State/Territory law when prescribing <del>and administering</del> this drug.</p> <p>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.</p> <p><del>No increase in the maximum quantity or number of units may be authorised</del></p> <p><del>No increase in the maximum number of repeats may be authorised</del></p>

- 2.2 For consistency with the PBS listing for Buvidal, the treatment criterion, ‘Must be treated by a health care professional’ was added, the clinical criterion ‘The treatment must be administered by a health care professional’ was removed and the note stating that no increase in the maximum quantity or repeats may be authorised was removed.

*For more detail on PBAC’s view, see section 5 PBAC outcome.*

### 3 Background

#### **Registration status**

- 3.1 Sublocade was TGA registered on 18 July 2019 for the ‘treatment of opioid dependence, within a framework of medical, social and psychological treatment’.

#### **Previous PBAC considerations**

- 3.2 The PBAC deferred making a recommendation for this submission at its March 2019 meeting, however the PBAC ‘was of a mind to recommend Sublocade on a cost minimisation basis to sublingual buprenorphine/naloxone (BUP/NAL SL film, Suboxone®), pending provision of a positive TGA Delegate’s overview’ (paragraph 7.1, Sublocade Public Summary Document (PSD), March 2019 PBAC meeting).

- The PBAC considered the nominated comparator, BUP/NAL SL film, was appropriate, and that buprenorphine modified release injection (Buvidal®), was also an appropriate near market comparator.
- The PBAC acknowledged the limitations in the indirect comparisons presented between Sublocade and BUP/NAL SL film, and between Sublocade and Buvidal, and agreed with the Economics Sub-Committee (ESC) that, on balance, it was reasonable to accept that Sublocade was non-inferior in comparative efficacy and safety to the comparators.
- The PBAC considered that a listing of Sublocade would be acceptably cost-effective if it was cost minimised to BUP/NAL SL film based on drugs costs alone, excluding patient fees and GP costs, with a modest price premium of 10-15% to recognise the potential benefits of having a long-acting injectable treatment available. If Sublocade and Buvidal were both PBS-listed, the PBAC advised that the price of Sublocade should be no higher than the price of Buvidal on a drug cost per patient per day basis.

- 3.3 The PBAC recommended Buvidal in March 2019 (Buvidal PSD, March 2019 meeting). The PBAC advised that Buvidal 50 mg/mL weekly or Buvidal 356 mg/mL monthly is equi-effective to 18.34 mg sublingual buprenorphine/naloxone daily. Buvidal was listed on the PBS on 1 October 2019.

*For more detail on PBAC’s view, see section 5 PBAC outcome.*

### 4 Consideration of the evidence

#### **Economic analysis**

- 4.1 The March 2019 submission proposed the following equi-effective doses compared with BUP/NAL SL film: Sublocade 300mg monthly and Sublocade 100mg monthly was equi-effective to BUP/NAL SL film 19.6 mg daily. The ESC considered that this equi-effective dose (compared with BUP/NAL SL film) was overestimated, and that a more reasonable estimate of equi-effective dose is 14mg/day BUP/NAL SL Film to 300mg

monthly and 100mg monthly Sublocade (paragraph 6.42 Sublocade PSD, March 2019).

- 4.2 The March 2019 submission proposed the following equi-effective doses compared with Buvidal: Sublocade 300mg monthly and Sublocade 100mg monthly was equivalent to Buvidal 110.7mg monthly (paragraph 6.37 Sublocade PSD, March 2019). The submission stated that it based the Buvidal dose on the mean dose from Lofwall 2018 (i.e. HS-11-421 from the Buvidal submission).

*For more detail on PBAC's view, see section 5 PBAC outcome.*

## **5 PBAC Outcome**

- 5.1 The PBAC recommended the listing of buprenorphine modified release injection (Sublocade®) for the treatment of opioid use disorder (OUD) on the basis that it should be available only under special arrangements under Section 100 (Opiate Dependence Treatment Program).
- 5.2 The PBAC's recommendation was based on, among other matters, its assessment that the cost-effectiveness of Sublocade would be acceptable if it was cost-minimised to Buvidal on a cost per patient per day basis. The PBAC noted the submission claimed Sublocade 300mg monthly and 100mg monthly is equi-effective to 110.7mg of Buvidal monthly, and considered this to be reasonable.
- 5.3 The PBAC noted that since its previous consideration of Sublocade, the then near market comparator, Buvidal, is now PBS listed. Accordingly, the PBAC considered Buvidal to be the most appropriate main comparator for the purpose of this submission.
- 5.4 In its previous consideration of Buvidal, the PBAC acknowledged the clinical need for an alternative form of medication assisted treatment for opioid dependence, and that a prolonged release injection was likely to have both clinical and social advantages for some patients in this treatment setting (paragraph 7.1, Buvidal PSD, March 2019 meeting). The PBAC considered that while the clinical need for a second brand of buprenorphine modified release injection available on the PBS was low, there were potential advantages in terms of security of supply.
- 5.5 The PBAC recommended that in line with Buvidal, patients are to be initiated following stabilisation on sublingual buprenorphine or buprenorphine/naloxone prior to commencing treatment with this condition.
- 5.6 The PBAC agreed that the administration note on Buvidal 'In the first 6 months of supply, buprenorphine subcutaneous injections will only be available when prescribed within hospital and specialist drug rehabilitation clinics by physicians who have demonstrated that they have reviewed the relevant education materials' is not required on the Sublocade listing given the period of time between TGA registration and the time that Sublocade will be PBS-listed. The PBAC believed that it was appropriate to make a flow on change to Buvidal (PBS item numbers 11766G, 11774Q,

11767H, 11768J, 11754P, 11773P and 11759X) to remove this note from its listing.

- 5.7 The PBAC recalled its March 2019 advice that based on the evidence provided in the submission, Sublocade was non-inferior to buprenorphine/naloxone film and Buvidal in terms of comparative efficacy and safety. The PBAC recalled it previously considered the utilisation estimates in the March 2019 submission for Buvidal were reasonable but noted that there was some uncertainty as to the expected uptake of the modified release injection form of buprenorphine (paragraph 7.6, Buvidal PSD, March 2019). Buvidal was listed on 1 October 2019. While the expected uptake of the modified release injection form of buprenorphine remained uncertain, the PBAC considered that the market for buprenorphine modified release injection would not grow as a result of listing Sublocade and would therefore be cost neutral to Government.
- 5.8 The PBAC noted that quality use of medicines issues including difficulty in reversing prolonged release buprenorphine in emergency situations, difficulty in managing pain, difficulty in managing the risk of CNS depression in cases of poly drug use, safety in stopping (weaning off) treatment, and treatment effects of reducing regular visits to a healthcare providers were all relevant considerations for prescribers when choosing to prescribe Sublocade to patients.
- 5.9 The PBAC advised that, because Sublocade is not expected to provide a substantial and clinically relevant improvement in efficacy, or reduction of toxicity, over currently listed forms of buprenorphine, or address a high and urgent unmet clinical need, the criteria prescribed by the *National Health (Pharmaceuticals and Vaccines – Cost Recovery) Regulations 2009* for Pricing Pathway A were not met.
- 5.10 The PBAC advised that Sublocade is suitable for prescribing by nurse practitioners within a shared care model.
- 5.11 The PBAC recommended that the Early Supply Rule should apply.
- 5.12 The PBAC advised that buprenorphine should not be treated as interchangeable with any other drugs or medicinal preparations on an individual patient basis.
- 5.13 The PBAC noted that this submission is not eligible for an Independent Review as it received a positive recommendation.

**Outcome:**

Recommended

## 6 Recommended listing

### 6.1 Add new item:

Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
BUPRENORPHINE 100mg/0.5 mL modified release injection, syringe 300mg/1.5 mL modified release injection, syringe	1	0	Sublocade	Indivior Pty Ltd

<b>Category / Program:</b>	Section 100 – Opiate Dependence Treatment Program
<b>Prescriber type:</b>	<input type="checkbox"/> Dental <input checked="" type="checkbox"/> Medical Practitioners <input checked="" type="checkbox"/> Nurse practitioners <input type="checkbox"/> Optometrists <input type="checkbox"/> Midwives
<b>Condition:</b>	Opiate dependence
<b>PBS Indication:</b>	Opiate dependence
<b>Restriction Level / Method:</b>	<input checked="" type="checkbox"/> Restricted benefit
<b>Treatment criteria:</b>	Must be treated by a health care professional.
<b>Clinical criteria:</b>	The treatment must be within a framework of medical, social and psychological treatment  AND  The patient must be stabilised on sublingual buprenorphine or buprenorphine/naloxone prior to commencing treatment with this drug for this condition
<b>Administrative Advice:</b>	Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.  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.

Flow on changes to Buvidal (PBS item numbers 11766G, 11774Q, 11767H, 11768J, 11754P, 11773P and 11759X) to remove note 'In the first 6 months of supply, buprenorphine subcutaneous injections will only be available when prescribed within hospital and specialist drug rehabilitation clinics by physicians who have demonstrated that they have reviewed the relevant education materials'.

*This restriction may be subject to further review. Should there be any changes made to the restriction the Sponsor will be informed.*

## 7 Context for Decision

The PBAC helps decide whether and, if so, how medicines should be subsidised through the Pharmaceutical Benefits Scheme (PBS) in Australia. It considers applications regarding the

listing of medicines on the PBS and provides advice about other matters relating to the operation of the PBS in this context. A PBAC decision in relation to PBS listings does not necessarily represent a final PBAC view about the merits of the medicine or the circumstances in which it should be made available through the PBS. The PBAC welcomes applications containing new information at any time.

## **8 Sponsor's Comment**

The sponsor had no comment.