

6.14 NIVOLUMAB,

**Injection concentrate for I.V. infusion 40 mg in 4 mL,
Injection concentrate for I.V. infusion 100 mg in 10 mL,
Opdivo[®],
Bristol-Myers Squibb Australia Pty Ltd**

1 Purpose of Submission

- 1.1 The Category 3 submission requested the PBAC to reconsider its July 2021 recommendation for a Section 100 (Efficient Funding of Chemotherapy), Authority Required (STREAMLINED) listing for the second-line treatment of oesophageal squamous cell carcinoma (OSCC) after fluoropyrimidine and platinum (FP) based chemotherapy.

2 Background

- 2.1 Nivolumab is currently PBS listed for non-small lung cancer, renal cell carcinoma, malignant melanoma, and carcinoma of the oral cavity, pharynx or larynx.

Registration status

- 2.2 Nivolumab was TGA registered on 22 February 2021 for the following indication:

OPDIVO, as monotherapy, is indicated for the treatment of patients with unresectable advanced, recurrent or metastatic oesophageal squamous cell carcinoma after prior FP-based chemotherapy.

Previous PBAC consideration

- 2.3 The PBAC recommended the listing of nivolumab for OSCC at its July 2021 meeting. However, the PBAC considered that the incremental cost effectiveness ratio (ICER) was high at the proposed price and a price reduction would be required to ensure nivolumab was cost-effective in this population.
- 2.4 In July 2021, the PBAC noted the ICER using its preferred economic model assumptions and an ex-manufacturer price (EMP) of \$| per 100 mg vial was \$115,000 to < \$135,000/QALY. The PBAC considered nivolumab would be cost-effective in this population with an ICER less than \$55,000 to < \$75,000/QALY. The submission stated the sponsor was unable to meet the parameters of the July 2021 recommendation, and therefore had made a resubmission with an adjusted pricing proposal, as outlined in Table 1.

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Table 1. Comparison of July 2021 PBAC PSD and March 2021 submission

	July 2021 PBAC PSD	March 2022 Submission
Economic Assumptions	<p>Model</p> <p>PBAC revised assumptions:</p> <ul style="list-style-type: none"> Time horizon - 5 years Convergence of OS from 3-5 years Treatment specific utilities in the pre-progression health state only 	<ul style="list-style-type: none"> Time horizon - 5 years No convergence of OS Treatment specific utilities to median follow-up
ICER	<ul style="list-style-type: none"> PBAC noted ICER of \$█²/QALY at requested price (EMP \$█ per 100 mg vial) PBAC considered cost effective ICER < \$█¹/QALY 	<ul style="list-style-type: none"> Submission proposed adjusted economic model and ICER of \$█¹/QALY (EMP \$█ per 100 mg vial)
Patient numbers	█ ³ over 6 years	█ ³ over 6 years
RSA	No	Yes (█% rebate on expenditure)
Financial estimates	\$█ ⁴ over 6 years (at requested price)	\$█ ⁴ over 6 years

ICER = incremental cost-effectiveness ratio; M = million; mg = milligram; QALY = quality adjusted life year; RSA= Risk Sharing Arrangement; OS = overall survival; EMP = ex-manufacturer price

Source: Submission main body (p2).

The redacted values correspond to the following ranges:

¹ \$55,000 to < \$75,000

² \$115,000 to < \$135,000

³ 500 to < 5000

⁴ \$10 million to < \$20 million

2.5 Between its November 2021 and March 2022 meetings, the PBAC recommended the listing of nivolumab in combination with chemotherapy for the first line treatment of advanced or metastatic gastro-oesophageal cancers as defined by the specific tumour types included in the approved TGA indications.

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

3 Requested listing

3.1 The requested listing for nivolumab is provided below. Suggested additions are in italics and deletions are in strikethrough.

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Table 2: Proposed PBS pricing for nivolumab

Drug	Form/Strength	Ex-manufacturer price
Nivolumab	40 mg/4 mL injection, 4 mL vial	\$830.70 (Published) █ (Effective)
Nivolumab	100 mg/10 mL injection, 10 mL vial	\$2,076.75 (Published) █ (Effective)

mg = milligrams; mL = millilitres

MEDICINAL PRODUCT Form	PBS item code	Maximum amount	No. of Repeats
NIVOLUMAB Injection	New (Public) New (Private)	480 mg	8
Available brands			
Opdivo (nivolumab 40 mg/4 mL injection, 4 mL vial)			
Opdivo (nivolumab 100 mg/10 mL injection, 10 mL vial)			
Restriction Summary [New 1] / Treatment of Concept: [New 2]			
Category / Program: Section 100 – Efficient Funding of Chemotherapy Public/Private hospitals			
Prescriber type: <input checked="" type="checkbox"/> Medical Practitioners			
Restriction type: <input checked="" type="checkbox"/> Authority Required – Streamlined [New 2]			
Episodicity: [blank]			
Severity: Advanced or metastatic			
Condition: Squamous cell carcinoma of oesophagus			
Indication: Advanced or metastatic squamous cell carcinoma of oesophagus			
Treatment Phase: Initial treatment			
Clinical criteria:			
Patient must have/have had a WHO performance status no greater than 1 at treatment initiation			
AND			
Clinical criteria:			
Patient must not have received prior treatment with a PBS-subsidised be/have been untreated with all of the following at treatment initiation with this drug: (i) programmed cell death-1 (PD-1) inhibitor, (ii) or a programmed cell death ligand-1 (PD-L1) inhibitor for this condition			
AND			
Clinical criteria:			
The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition			
Treatment criteria:			
Patient must be undergoing treatment with this drug only after having disease progression/recurrence following treatment with chemotherapy that contains at least each of: (i) a platinum drug, (ii) a fluoropyrimidine drug			
AND			
Treatment criteria:			
Patient must be undergoing treatment with this drug as the sole PBS-subsidised therapy for this PBS indication			
Administrative Advice: Special Pricing Arrangements apply.			
Administrative Advice:			

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Up to 17 repeats may be sought if dosing at 240 mg every 2 weeks. Where an increase is sought, the benefit is no longer a Streamlined benefit. Seek authority approval prior to issuing the prescription.

MEDICINAL PRODUCT Form	PBS item code	Maximum amount	No. of Repeats
NIVOLUMAB Injection	New (Public) New (Private)	480 mg	11
Available brands			
Opdivo (nivolumab 40 mg/4 mL injection, 4 mL vial)			
Opdivo (nivolumab 100 mg/10 mL injection, 10 mL vial)			
Category / Program: Section 100 – Efficient Funding of Chemotherapy Public/Private hospitals			
Prescriber type: <input checked="" type="checkbox"/> Medical Practitioners			
Restriction type: <input checked="" type="checkbox"/> Authority Required – Streamlined [New 4]			
Indication: Advanced or metastatic squamous cell carcinoma of oesophagus			
Treatment Phase: Continuing treatment			
Clinical criteria:			
Patient must have stable or responding disease			
AND			
Clinical criteria:			
<i>The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition</i>			
Treatment criteria:			
Patient must be undergoing continuing treatment with this drug for this PBS-indication, with PBS subsidised treatment having commenced under the 'Initial treatment' phase listing – do not commence PBS subsidised treatment through this treatment phase			
AND			
Treatment criteria:			
Patient must be undergoing treatment with this drug as the sole PBS-subsidised therapy for this PBS indication			
Administrative Advice: Special Pricing Arrangements apply.			
Administrative Advice:			
Up to 23 repeats may be sought if dosing at 240 mg every 2 weeks. Where an increase is sought, the benefit is no longer a Streamlined benefit. Seek authority approval prior to issuing the prescription.			

- 3.2 The resubmission identified approximately < 500 patients who had accessed nivolumab through either the sponsor’s compassionate supply program or privately. The Secretariat suggested amendments to the initial treatment listing to recognise such patients – the use of present tense (i.e. ‘Patient must have.../Patient must be...’) was aimed at treatment-naïve patients while the past tense (i.e. ‘Patient must have had.../Patient must have been...’) was aimed at ‘grandfathered’ patients. This was in place of a separate, dedicated ‘grandfather’ listing.

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

4 Comparator

- 4.1 The previous submission considered by the PBAC in July 2021 nominated single agent chemotherapy (paclitaxel, docetaxel or irinotecan). This remained unchanged. The PBAC was previously satisfied that nivolumab provided, for some patients, a significant improvement in efficacy and reduction in toxicity over the nominated comparator (paragraph 7.2, nivolumab PSD, July 2021 PBAC meeting).

5 Consideration of the evidence

Sponsor hearing

- 5.1 There was no hearing for this item.

Consumer comments

- 5.2 The PBAC noted and welcomed input from the Medical Oncology Group of Australia (MOGA) via the Consumer Comments facility on the PBS website. The MOGA expressed its strong support for nivolumab in second-line OSCC, categorising it as one of the therapies of “highest priority for PBS listing” on the basis of the ATTRACTION-3 trial. The PBAC noted that the MOGA presented a European Society for Medical Oncology Magnitude of Clinical Benefit Scale (ESMO-MCBS) for nivolumab, which was limited to 4 (out of a maximum of 5, where 5 and 4 represent the grades with substantial improvement)¹, based on a comparison with taxane therapy.

Economic model

- 5.3 In July 2021, the PBAC noted the base case ICER presented in the submission was \$55,000 to < \$75,000 per QALY gained. The PBAC considered this ICER was of low certainty with the economic model sensitive to time horizon and utility assumptions. The PBAC noted the base case ICER assumed a modelled time horizon of 7 years and applied treatment-specific utilities in the pre-progression and post-progression health states. The PBAC considered a 5 year time horizon was appropriate in this patient population and that applying curve convergence between 3 and 5 years was appropriate. The PBAC considered it was reasonable to use treatment-specific utilities in the pre-progression health state but not in the post-progression health state as that would substantially overestimate the utility gain over the time horizon of the model. The PBAC noted the revised ICER applying these assumptions to the economic model was \$115,000 < \$135,000 and considered this was a more reliable estimate of the ICER. The PBAC considered nivolumab would be cost-effective in this population with an ICER less than \$55,000 to < \$75,000 (paragraph 7.6, nivolumab PSD, July 2021 PBAC meeting).

¹ Cherny NI, Dafni U, Bogaerts J, et al: ESMO-Magnitude of Clinical Benefit Scale version 1.1. *Annals of Oncology* 28:2340-2366, 2017

- 5.4 The submission noted that implementation of PBAC’s respecifications in the economic model do not accurately reflect the most appropriate inputs for determining the cost-effectiveness of nivolumab in this setting, with further context below.
- The submission did not agree that the time horizon should be limited to 5 years. The submission noted that previously presented data from SEER and Kato et al (2019) demonstrated that the relative 5-year survival rate for patients with metastatic disease was approximately 8%. At 4.35 years, the Kaplan Meier data from the ATTRACTION-3 trial indicated that 9.1% of patients were alive in the nivolumab treatment arm. As such, the submission noted that a 5-year time horizon would result in a failure to capture the incremental survival benefit of nivolumab over investigator’s choice of chemotherapy (IC).
 - The submission noted that converging the survival curves between 3 and 5 years did not adequately rely on observed data to inform the modelled benefit of nivolumab over IC. The submission noted that data from ATTRACTION-3 was mature with median follow-up of 40.2 months (calculated via the reverse Kaplan-Meier method). Therefore, by applying convergence directly from 36 months, the model replaced observed data (from the full cohort of patients) with converged data which assumed there was zero ongoing treatment effect for nivolumab. The submission considered this respecification presented an unreasonable use of convergence that biased against nivolumab.
 - The submission stated that application of treatment-specific utilities in the base case economic model represented the most fulsome use of available data in order to derive a cost-effective price of nivolumab in 2L OSCC. The submission acknowledged the PBAC’s rationale for using an overall utility in the post-progression state, but stated it was reasonable to apply treatment-specific utilities until the median length of follow-up (40.2 months), followed by an overall utility for the post-progression health state thereafter. The submission stated that applying treatment-specific utilities until median follow-up ensured that the utility values used were supported directly by the clinical evidence, yet accounted for the inherent uncertainty beyond this state with an overall utility. The submission noted this approach had been accepted by the PBAC for previous nivolumab submissions, including second-line treatment of squamous cell carcinoma of the head and neck (paragraph 6.8, nivolumab PSD, March 2018 PBAC meeting) and first-line treatment of renal cell carcinoma (paragraph 5.14, nivolumab and ipilimumab PSD, November 2018 PBAC meeting).
- 5.5 Notwithstanding the comments above, the submission accepted the PBAC’s consideration of a 5-year time horizon; however, it did not accept convergence of the OS curve and considered it was appropriate to apply treatment-specific utilities until median follow-up for overall survival (40.2 months). The ICER presented in the submission is provided in the table below, with sensitivity analyses provided to assess the impact of these changes.

Table 3: Results of economic model

	EMP per 100 mg vial	\$			
		Incremental Cost	Incremental QALY	ICER	ICER
A.	(i) no convergence of OS and (ii) treatment specific utilities until median follow up (base case presented in submission)	\$ ¹	0.255	\$ ²	\$ ²
B.	(i) convergence of OS and (ii) treatment specific utilities until median follow up	\$ ¹	0.233	\$ ³	\$ ²
C.	(i) no convergence of OS and (ii) treatment specific utilities for pre-progression health state only	\$ ¹	0.213	\$ ³	\$ ²
D.	(i) convergence of OS and (ii) treatment specific utilities for pre-progression health state only (respecified economic model as recommended in July 2021 PBAC PSD)	\$ ¹	0.191	\$ ³	\$ ³

EMP = ex-manufacturer price; mg = milligram; QALY = quality adjusted life year; OS = overall survival; ICER = incremental cost-effectiveness ratio

The redacted values correspond to the following ranges:

¹ \$15,000 to < \$25,000

² \$55,000 to < \$75,000

³ \$75,000 to < \$95,00

5.6 The submission acknowledged that this economic evaluation did not fully comply with the July 2021 PBAC PSD and to facilitate PBS listing, the submission proposed an indirect price reduction through a Risk Share Arrangement (RSA) in the form of subsidisation caps, discussed in the financial section below.

5.7 The PBAC noted the ICER using the respecified economic model (as recommended in the July 2021 PBAC PSD) and an EMP of \$ per 100 mg vial, as proposed in the resubmission that was recommended out of session (see paragraph **Error! Reference source not found.**), was \$75,000 to < \$95,000 / QALY (Scenario D above). The PBAC noted the ICER using this EMP under Scenario A, B and C was \$55,000 to < \$75,000 / QALY, \$55,000 to < \$75,000 / QALY and \$55,000 to < \$75,000 / QALY, respectively.

Estimated PBS utilisation and financial implications

5.8 The submission included a bolus of patients in the first year who may have been diagnosed with disease in the preceding two years, as noted previously by the PBAC (paragraph 6.58, nivolumab PSD, July 2021 PBAC meeting), leading to higher patient estimates in year 1 of the proposal. The submission also noted < 500 patients currently receiving nivolumab for the second-line treatment of OSCC through either the sponsor’s compassionate use program (< 500), or self-funding medicine via private purchase (< 500). The PBAC noted these patients have not been included separately in the financial estimates.

Table 4: Proposed patient estimates

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Patients treated with nivolumab (July 2021 PBAC PSD)	¹	¹	¹	¹	¹	¹
Sponsor proposed reduction	%	%	%	%	%	%
Proposed patient estimates	¹	¹	¹	¹	¹	¹

Source: Submission financial model workbook

The redacted values correspond to the following ranges:

¹ < 500

5.9 Table 5 presents the estimated extent of use, cost of nivolumab to the PBS/RPBS and the net financial implications to the PBS/RPBS and MBS. The financial impact to Services Australia will be determined by that agency as part of the post PBAC process.

5.10 The submission stated that the estimated net financial impact to the PBS/RPBS for the listing of nivolumab was \$10 million to < \$20 million over six years (Year 1 \$0 to < \$10 million to Year 6 \$0 to < \$10 million).

Table 5: Estimated use and financial implications

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Proposed patient estimates	1	1	1	1	1	1
Estimated total nivolumab scripts	2	2	2	2	1	1
Estimated cost of nivolumab (effective price) to the PBS/RPBS less co-payments	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3
Estimated impact of affected medicines to the PBS/RPBS (paclitaxel, docetaxel, irinotecan) less co-payments	-\$ 4	-\$ 4	-\$ 4	-\$ 4	-\$ 4	-\$ 4
Estimated financial implications for the PBS/RPBS						
Net cost PBS/RPBS, nivolumab listing	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3
Net cost to MBS	-\$ 4	-\$ 4	-\$ 4	-\$ 4	-\$ 4	-\$ 4
Net impact to PBS/RPBS/MBS	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3

Source: Submission financial model workbook

Abbreviations: MBS = Medical Benefits Scheme; PBS = Pharmaceutical Benefits Scheme; RPBS = Repatriation Pharmaceutical Benefits Scheme.

The redacted values correspond to the following ranges:

¹ < 500

² 500 to < 5,000

³ \$0 to < \$10 million

⁴ net cost saving

5.11 The PBAC recalled the average number of doses for patients treated with 240 mg nivolumab Q2W was 13.01 and for patients treated with 480 mg Q4W was 6.51 (Table 15, nivolumab PSD, July 2021 PBAC meeting).

Financial management – Risk Sharing Arrangement

5.12 The submission proposed to indirectly reduce the EMP per 100 mg vial of nivolumab from \$| to \$| though a |% reduction in overall patient estimates over the first six years of PBS listing. The submission reduced the number of patients in Year 1 by |%, in Year 4 and 5 by |% and in Year 6 by |%. The PBAC considered that, despite inadequate details provided in the submission to fully assess this proposal, this was unlikely to be a reasonable approach, given its previously stated preference for an aligned restriction criteria for all patients with gastro-oesophageal cancers.

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

6 PBAC Outcome

- 6.1 The PBAC recommended the listing of nivolumab for the second-line treatment of advanced or metastatic oesophageal squamous cell carcinoma who have failed one fluoropyrimidine and platinum-based chemotherapy treatment regimen and considered it would be cost-effective at the same price per 100 mg vial recommended for the first line treatment of gastro-oesophageal cancers. The PBAC considered it would be appropriate to implement a single listing for gastro-oesophageal cancers with the financial estimates for the second-line population added to the expenditure caps for the first line population.
- 6.2 The PBAC reiterated its previous consideration that there is a moderate need for more effective treatments in advanced or metastatic OSCC, given the poor prognosis for patients and the poor efficacy and high toxicity of current treatments.
- 6.3 The PBAC noted that the submission provided a revised economic model that incorporated some (but not all) of the assumptions in the PBAC's respecified economic model, as noted in paragraph 5.4. The PBAC noted the sponsor's comments that some of the assumptions in the respecified economic model were conservative and biased against nivolumab. The PBAC noted the ICER using an EMP of \$█ per vial (as recommended for the first line treatment of gastro-oesophageal cancers) resulted in an ICER of \$55,000 to < \$75,000 / QALY using the economic model provided in the submission and \$75,000 to < \$95,000 / QALY using the respecified economic model, with sensitivity analyses resulting in ICERs of \$55,000 to < \$75,000 / QALY and \$55,000 to < \$75,000 / QALY (refer to Table 3). The PBAC noted that this range of ICERs broadly accommodated its previous recommendation that the ICER should be less than \$55,000 to < \$75,000 /QALY and considered nivolumab would be cost-effective at the price recommended for the first line treatment gastro-oesophageal cancers.
- 6.4 The PBAC recalled that as part of its recommendation for nivolumab for the first line treatment of patients with gastro-oesophageal cancers, it foreshadowed that if nivolumab was recommended for the second line treatment of OSCC, it may be appropriate to amend the restriction (by removing reference to 'first line') to allow access for these patients. The PBAC advised the following amendments to the restriction criteria recommended out of session for the first line gastro-oesophageal cancer population (see Section 12, nivolumab PSD, November 2021 PBAC meeting with March 2022 addendum).
- Amend maximum amount to 480 mg;
 - Remove clinical criteria: The condition must be metastatic disease (Stage IV disease) that is untreated with drug therapy at treatment initiation with this drug; or The condition must be, at treatment initiation with this drug, locally advanced disease (Stage III disease) that is either: (i) untreated with drug therapy, (ii) treated with

systemic neoadjuvant/adjuvant therapy, but the cancer has recurred after more than 6 months from the last dose of systemic therapy.

- Remove clinical criteria: Patient must be undergoing concomitant treatment with chemotherapy, at least at treatment initiation with this drug, containing a minimum of: (i) a platinum agent, plus (ii) a fluoropyrimidine agent.
- Add clinical criteria: The treatment must be prescribed in accordance with the drug's 'Indications' section of the approved Australian Production Information with respect to each of: (i) concomitant drugs/therapies, (ii) line of therapy (i.e. prior drug treatments).

- 6.5 The PBAC noted that if the listing for the first line treatment of patients with gastro-oesophageal cancers does not proceed, a separate restriction criteria for the second line treatment of patients with OSCC would be needed.
- 6.6 The PBAC noted that the submission identified approximately < 500 patients who have accessed nivolumab through either the sponsor's compassionate supply program or privately and will require transitioning to PBS supply. The PBAC considered these additional patients could be added to the financial estimates, accounting for a reduced treatment duration. The PBAC noted a separate restriction criteria is not required for these patients as they would meet the criteria proposed in Section 7.
- 6.7 The PBAC considered it would be appropriate to base the financial estimates for this population on the patient numbers in the July 2021 PSD (as outlined in Table 4 above) with the addition of the grandfathered patients (as per paragraph above). For the purposes of determining expenditure caps for the risk share arrangement, these estimates (using the revised price of nivolumab) could be added to the estimates for the first line gastro-oesophageal cancers.
- 6.8 The PBAC reaffirmed its July 2021 advice that the criteria prescribed by the *National Health (Pharmaceuticals and Vaccines – Cost Recovery) Regulations 2009* for Pricing Pathway A were not met (refer to paragraph 7.9, nivolumab PSD, July 2021 PBAC meeting).
- 6.9 The PBAC noted that this submission is not eligible for an Independent Review as it received a positive recommendation.

Outcome:

Recommended

7 Recommended listing

- 7.1 Add indication as follows on the condition that both this March 2022 recommendation (oesophageal squamous cell carcinoma) and the November 2021 recommendation for item 6.10 (metastatic gastric cancer, gastro-oesophageal junction cancer and oesophageal adenocarcinoma) proceed simultaneously:

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MEDICINAL PRODUCT	PBS item code	Maximum amount	No. of Repeats
Form NIVOLUMAB Injection	New (Public) New (Private)	480 mg	13
Available brands			
Opdivo (nivolumab 40 mg/4 mL injection, 4 mL vial)			
Opdivo (nivolumab 100 mg/10 mL injection, 10 mL vial)			
Restriction Summary / Treatment of Concept: [New 1]			
	Category / Program: Section 100 – Efficient Funding of Chemotherapy Public/Private hospitals		
	Prescriber type: <input checked="" type="checkbox"/> Medical Practitioners		
	Restriction type: <input checked="" type="checkbox"/> Authority Required – Streamlined [New 1]		
	Episodicity: [blank]		
	Severity: Advanced or metastatic		
	Condition: gastro-oesophageal cancers		
	Indication: Advanced or metastatic gastro-oesophageal cancers		
	Treatment Phase: [blank]		
	Clinical criteria:		
	The condition must be a gastro-oesophageal cancer type as specified in the drug's 'Indications' section of the approved Australian Product Information		
	AND		
	Clinical criteria:		
	The treatment must be prescribed in accordance with the drug's 'Indications' section of the approved Australian Production Information with respect to each of: (i) concomitant drugs/therapies, (ii) line of therapy (i.e. prior drug treatments)		
	AND		
	Clinical criteria:		
	Patient must have/have had, at the time of initiating treatment with this drug, a WHO performance status no higher than 1		
	AND		
	Clinical criteria:		
	The condition must be unsuitable for each of: (i) surgical resection, (ii) chemoradiation		
	Treatment criteria:		
	Patient must not be undergoing treatment with this drug as a PBS-benefit where the treatment duration extends beyond the following, whichever comes first: (i) disease progression despite treatment with this drug, (ii) 24 months from treatment initiation; annotate any remaining repeat prescriptions with the words 'cancelled' where this occurs		
	CAUTION:		
	In the first few months after starting immunotherapy, a transient tumour flare may occur that may be mistaken as disease progression despite an overall positive response to treatment.		
	Administrative Advice:		
	The stated maximum amount in this listing is based on this drug's approved Product Information recommended dosing for specific cancer types – the drug may be prescribed in a quantity up to this		

	amount, but need not be this amount for every cancer type. Refer to this drug's approved Product Information for the recommended dosing for the patient's particular condition.
	Administrative Advice: No increase in the maximum number of repeats may be authorised.
	Administrative Advice: Special Pricing Arrangements apply.

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

8 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.

9 Sponsor's Comment

Bristol-Myers Squibb Australia looks forward to continuing to work with the PBAC and the Department of Health to provide access to nivolumab ± chemotherapy for the treatment of patients with advanced or metastatic gastro-oesophageal cancers.