

**5.22 MORPHINE,
Tablet containing morphine sulfate pentahydrate
30 mg,
Anamorph[®],
ARROW PHARMA PTY LTD**

1 Purpose of Submission

- 1.1 The Category 2 submission requested a General Schedule Restricted Benefit listing of morphine sulfate pentahydrate tablet 30 mg (Anamorph[®]) for the treatment of severe pain and cancer pain, and a Palliative Care Authority Required (Telephone/Online) listing for the treatment of severe disabling pain.

2 Background

- 2.1 Anamorph was previously listed on the Pharmaceutical Benefits Scheme (PBS) as a General Schedule Restricted Benefit listing for the treatment of severe pain from 1 December 1987 until 1 August 2023, when it was delisted at the sponsor's request due to commercial viability.
- 2.2 Morphine sulfate pentahydrate 10 mg tablet and 20 mg tablet (Sevredol[®]) are currently listed on the PBS as General Schedule Restricted Benefit listings for the treatment of cancer pain, and as Palliative Care Schedule Authority Required (Telephone/Online) listings for the treatment of severe disabling pain.
- 2.3 All forms of Sevredol have been discontinued in Australia; the last form was deleted from the market on 10 May 2024. Anamorph remains the only solid oral immediate release (IR) form of morphine registered on the Australian Register of Therapeutic Goods (ARTG).
- 2.4 The submission requested relisting of Anamorph under the same restrictions as previously listed, as well as new listings to cover the additional populations eligible under the listings for Sevredol.

Registration status

- 2.5 Morphine sulfate pentahydrate tablet 30 mg (Anamorph) was TGA registered on 11 December 1991 for the short-term management of severe pain for which other treatment options have failed, are contraindicated, not tolerated or are otherwise inappropriate to provide sufficient management of pain.

Previous PBAC consideration

- 2.6 At its March 2023 meeting, the PBAC considered a delisting request from the sponsor to remove morphine sulfate pentahydrate tablet 30 mg (Anamorph) from the PBS. In

its delisting request, the sponsor requested an increase to the approved ex-manufacturer price (AEMP) from \$| to \$| (% increase).

- 2.7 At that time, the PBAC noted that there were multiple alternatives available on the PBS, including other strengths of morphine, and advised the delisting of this product would not result in an unmet clinical need (Explanatory Statement, *National Health Act 1953, National Health (Listing of Pharmaceutical Benefits) Amendment Instrument 2023 (No. 7)*).

Committee-In-Confidence information

2.8 [Redacted]

2.9 [Redacted]

End Committee-In-Confidence information

3 Requested listing

- 3.1 The submission requested the following new listing. Suggested additions are in italics and deletions are in strikethrough.
- 3.2 The requested listings are identical to the previously listed Anamorph item codes indicated for severe pain on the general schedule, and Sevredol item codes indicated for cancer pain on the general schedule and severe disabling pain on the palliative care schedule.

Add new medicinal product pack as follows:

Severe pain

MEDICINAL PRODUCT medicinal product pack		PBS item code	Max. qty packs	Max. qty units	№.of Rpts	Available brands
MORPHINE						
Morphine sulfate pentahydrate 30 mg tablet, 20		NEW	0.5	10	0	Anamorph
Restriction Summary 10757 / Treatment of Concept: 10758						
Prescribing rule level	Concept ID (for internal Dept. use)	Category / Program: GENERAL – General Schedule (Code GE)				
		Prescriber type: <input checked="" type="checkbox"/> Medical Practitioners <input checked="" type="checkbox"/> Nurse practitioners				
		Restriction type: <input checked="" type="checkbox"/> Restricted benefit				
	Caution: The risk of drug dependence is high.					
	Administrative Advice: No increase in the maximum quantity or number of units may be authorised.					
	Administrative Advice: No increase in the maximum number of repeats may be authorised.					
Indication: Severe pain						
Clinical criteria:						

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	The treatment must be for short term therapy of acute severe pain
	AND
	Clinical criteria:
	Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or
	Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance

MEDICINAL PRODUCT medicinal product pack	PBS item code	Max. qty packs	Max. qty units	No. of Rpts	Available brands
MORPHINE					
Morphine sulfate pentahydrate 30 mg tablet, 20	NEW	1	20	0	Anamorph

Restriction Summary 10763 / Treatment of Concept: 10777

Concept ID (for internal Dept. use)	Category / Program: GENERAL – General Schedule (Code GE)
	Prescriber type: <input checked="" type="checkbox"/> Medical Practitioners <input checked="" type="checkbox"/> Nurse practitioners
	Restriction type: <input checked="" type="checkbox"/> Restricted benefit
Prescribing rule level	Caution: The risk of drug dependence is high.
	Administrative Advice: Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.
	Administrative Advice: Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos). Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333. Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to: Pharmaceutical Benefits Scheme Reply Paid 9857 [Your capital city]
	Indication: Severe pain
	Treatment phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months
	Clinical criteria:
	Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or
	Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance
	Prescribing Instructions: Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.
	Prescribing Instructions: Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia. Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

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Restriction Summary 10776 / Treatment of Concept: 10770	
	Indication: Severe pain
	Treatment phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months
	Clinical criteria:
	Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or
	Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance
	<p>Prescribing Instructions: Authorities for increased maximum quantities and/or repeats must only be considered for: (i) severe disabling pain associated with proven malignant neoplasia; or (ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or (iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or (iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.</p>
	<p>Prescribing Instructions: Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.</p>
	<p>Prescribing Instructions: Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia. Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).</p>
Restriction Summary 10764 / Treatment of Concept: 10764	
	Indication: Severe pain
	Treatment phase: Continuing PBS treatment after 1 June 2020
	Clinical criteria:
	Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020

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	<p>Prescribing Instructions: Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for: (i) severe disabling pain associated with malignant neoplasia; or (ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or (iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or (iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or (v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.</p>
	<p>Prescribing Instructions: Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.</p>
	<p>Prescribing Instructions: Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia. Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).</p>

Dental

MEDICINAL PRODUCT medicinal product pack	PBS item code	Max. qty packs	Max. qty units	No. of Rpts	Available brands
MORPHINE					
Morphine sulfate pentahydrate 30 mg tablet, 20	NEW	0.5	10	0	Anamorph
Restriction Summary 10757 / Treatment of Concept: 10758					
Concept ID (for internal Dept. use)	Category / Program: GENERAL – General Schedule (Code GE)				
	Prescriber type: <input checked="" type="checkbox"/> Dental				
	Restriction type: <input checked="" type="checkbox"/> Restricted benefit				
Prescribing rule level	Caution: The risk of drug dependence is high.				
	Administrative Advice: Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.				
	Indication: Severe pain				
	Clinical criteria:				
	The treatment must be for short term therapy of acute severe pain				
	AND				
	Clinical criteria:				
	Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or				
	Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance				

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MEDICINAL PRODUCT medicinal product pack		PBS item code	Max. qty packs	Max. qty units	No. of Rpts	Available brands
MORPHINE						
Morphine sulfate pentahydrate 30 mg tablet, 20		NEW	1	20	0	Anamorph
Restriction Summary 10815/ Treatment of Concept: 10859						
Concept ID (for internal Dept. use)	Category / Program: GENERAL – General Schedule (Code GE)					
	Prescriber type: <input checked="" type="checkbox"/> Dental					
	Restriction type: <input checked="" type="checkbox"/> Restricted benefit					
Prescribing rule level	Caution: The risk of drug dependence is high.					
	Administrative Advice: Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.					
Indication: Severe pain						
Clinical criteria:						
Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or						
Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance						

Cancer pain

MEDICINAL PRODUCT medicinal product pack		PBS item code	Max. qty packs	Max. qty units	No. of Rpts	Available brands
MORPHINE						
Morphine sulfate pentahydrate 30 mg tablet, 20		NEW	1	20	0	Anamorph
Restriction Summary 10774 / Treatment of Concept: 10891						
Concept ID (for internal Dept. use)	Category / Program: GENERAL – General Schedule (Code GE)					
	Prescriber type: <input checked="" type="checkbox"/> Medical Practitioners <input checked="" type="checkbox"/> Nurse practitioners					
	Restriction type: <input checked="" type="checkbox"/> Restricted benefit					
Prescribing rule level	Caution: The risk of drug dependence is high.					
	Administrative Advice: Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.					
	Administrative Advice: Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos). Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333. Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to: Pharmaceutical Benefits Scheme Reply Paid 9857 [Your capital city]					
Indication: Cancer pain						

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	Treatment phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months
	Clinical criteria:
	Patient must have cancer pain
	AND
	Clinical criteria:
	Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or
	Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance
	Prescribing Instructions: Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.
	Prescribing Instructions: Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia. Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).
Restriction Summary 10775 / Treatment of Concept: 10775	
	Indication: Cancer pain
	Treatment phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months
	Clinical criteria:
	Patient must have cancer pain
	AND
	Clinical criteria:
	Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or
	Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance
	Prescribing Instructions: Authorities for increased maximum quantities and/or repeats must only be considered for: (i) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or (ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or (iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.
	Prescribing Instructions: Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

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	<p>Prescribing Instructions: Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia. Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).</p>
Restriction Summary 10837 / Treatment of Concept: 10837	
	Indication: Cancer pain
	Treatment phase: Continuing PBS treatment after 1 June 2020
	Clinical criteria:
	Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020
	<p>Prescribing Instructions: Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment: (i) is less than 12 months; or (ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or (iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or (iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.</p>
	<p>Prescribing Instructions: Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.</p>
	<p>Prescribing Instructions: Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia. Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).</p>

Severe disabling pain

MEDICINAL PRODUCT medicinal product pack	PBS item code	Max. qty packs	Max. qty units	No. of Rpts	Available brands
MORPHINE					
Morphine sulfate pentahydrate 30 mg tablet, 20	NEW	1	20	2	Anamorph
Restriction Summary 6168 / Treatment of Concept: 6168					
Concept ID (for internal Dept. use)	Category / Program: Palliative Care (Code PL)				
	Prescriber type: <input checked="" type="checkbox"/> Medical Practitioners <input checked="" type="checkbox"/> Nurse practitioners				
	Restriction type: <input checked="" type="checkbox"/> Authority Required (telephone/online PBS Authorities system)				
	Indication: Severe disabling pain				
	Clinical criteria:				
	Patient must be receiving palliative care				

	AND
	Clinical criteria:
	The condition must be unresponsive to non-opioid analgesics
	Caution: The risk of drug dependence is high.
	Administrative advice: Telephone approvals are limited to 1 month's therapy.

- 3.3 The Secretariat noted that Sevredol is available in strengths of 10 mg or 20 mg with a quantity of 20 tablets, however, Anamorph is only available in a higher strength of 30 mg for the same quantity.
- 3.4 From 1 October 2012 to the point of delisting in August 2023, the AEMP of Anamorph was \$3.96. Anamorph had not been subject to any price reductions since 2012 up to the time of its delisting.
- 3.5 In March 2023, the sponsor requested delisting due to commercial viability, stating the AEMP rendered the listing financially unfeasible. At that time, the sponsor requested an AEMP of \$1 (1% increase). The department did not negotiate any price increase after the March 2023 meeting as the PBAC considered there would be no unmet clinical need if the product was delisted at that time (refer to paragraph 2.7). The current submission has requested relisting at an AEMP of \$1 (1% increase).

4 Consideration of the evidence

Sponsor hearing

- 4.1 There was no hearing for this item.

Clinical trials

- 4.2 As stated in the TGA approved Product Information (PI), no clinical trial data is available.
- 4.3 The submission's clinical evidence was based on a review article on the use of oral morphine in chronic cancer pain¹, a Cochrane Review on 'Oral Morphine for Cancer Pain'², the monograph on morphine from 'Martindale, the Medicines Complete Reference'³, and the Therapeutic Guidelines⁴ for the treatment of pain.
- 4.4 The submission noted that the comprehensive review article stated that morphine is a very effective analgesic when given orally with an individualised dose¹. Similar information was provided in a Cochrane Review where morphine was shown to be an

¹ Walsh TD. Oral morphine for chronic cancer pain. 1984 Pain 18 (1):1-11

² Wiffen PJ, McQuay HJ. Oral morphine for cancer pain. 2007 Cochrane Database of Systematic Reviews, Issue 4. Art. No.: CD003868. DOI: 10.1002/14651858.CD003868.

³ Morphine monograph. Martindale, the Medicines Complete Reference

⁴ Opioids in pain management. Therapeutic Guidelines. Melbourne: Therapeutic Guidelines Limited; accessed 14 Feb 2024. <https://www.tg.org.au>

effective analgesic whether it was administered as IR or modified released (MR) formulations². In addition, morphine is the opioid of choice for moderate to severe cancer pain as recommended in guidelines such as the European Association for Palliative Care.

- 4.5 According to the Therapeutic Guidelines⁴, morphine, when indicated, is recommended to be used for moderate to severe: acute nociceptive pain; and chronic pain.

Economic analysis

- 4.6 The submission justified the higher requested price by noting the clinical need for an IR morphine formulation, particularly for concession card holders and patients in palliative care; noting the advantages of a permanent PBS listing over a section 19A listing; and providing calculations of their cost of goods and profit margins.

- 4.7 The submission stated that an analysis of PBS codes for both Anamorph and Sevredol from July 2021 to June 2022 revealed that 91% of processed PBS scripts were supplied to concession holders. The submission stated that the reintroduction of Anamorph into the PBS would alleviate financial burdens for these patients, stating that non-PBS products often result in significantly higher expenses for patients and particularly concession holders.

- 4.8 The submission also considered that section 19A (s19A) applications may increase due to the Sevredol discontinuation. The submission noted that s19A alternatives are typically significantly higher priced than the PBS listed products that are in shortage or discontinued. The submission cited Ordine[®] (morphine oral solution) as an example, where the price per milligram of s19A products were at least 10 times greater than the PBS listing.

- 4.9 The submission estimated the cost of goods sold and estimated earnings in Table 1.

Table 1: Sponsor estimated earnings for PBS-listing of Anamorph

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Units	1	1	1	1	1	1
Revenue*						
Cost of Goods Sold						
Gross Profit						
Admin Expenses						
QA and Regulatory Fees						
Freight						
Anamorph Estimate Earnings						

Source: Submission main body

*Based on a proposed approved ex-manufacturer price of \$

The redacted values correspond to the following ranges:

1 10,000 to < 20,000

Drug cost/patient/course

- 4.10 The estimated drug cost/patient/course would be \$, based on 1-month’s supply (1 x proposed dispensed price for maximum quantity (DPMQ) of \$).

Estimated PBS usage and financial implications

4.11 The submission used a market share approach to estimate the PBS usage and financial implications. The submission assumed that Anamorph would regain 100% percent of its previous PBS volume and gain all the PBS volume for Sevredol.

Table 2: Key inputs for financial estimates

Data		Value	Source	Comment
Treatment utilisation				
Uptake rate				
Tablet containing morphine sulfate pentahydrate 10 mg	8669G	Yr 1: 113% Yr 2: 113% Yr 3: 107% Yr 4: 103% Yr 5: 100% Yr 6: 100%	Assumption by the Sponsor.	As Sevredol will be discontinued, Anamorph will be the only IR solid oral form of morphine. It is expected to replace all Sevredol scripts.
	5393W	Yr 1: 120% Yr 2: 120% Yr 3: 110% Yr 4: 103% Yr 5: 103% Yr 6: 101%	The submission assumed uptake of 100% of the current PBS Sevredol market. The submission anticipated current Sevredol PBS scripts will continue to increase at the current rate next year. For Year 2, the submission applied the same high growth rate to account for private patients switching to PBS due to the increase in DPMQ.	
Tablet containing morphine sulfate pentahydrate 20 mg	8670H	Yr 1: 111% Yr 2: 111% Yr 3: 106% Yr 4: 103% Yr 5: 101% Yr 6: 101%	Assumption by the sponsor. The submission anticipated Anamorph PBS scripts to go back to the previous level prior to PBS delisting. The submission assumed continued growth in the next 4 years to account for private patients switching to PBS due to the increase in DPMQ.	
	5394X	Yr 1: 160% Yr 2: 160% Yr 3: 110% Yr 4: 107% Yr 5: 101% Yr 6: 101%		
Tablet containing morphine sulfate pentahydrate 30 mg	1646P	Yr 1: 130% Yr 2: 120% Yr 3: 115% Yr 4: 105% Yr 5: 101% Yr 6: 101%	Assumption by the sponsor. The submission anticipated Anamorph PBS scripts to go back to the previous level prior to PBS delisting. The submission assumed continued growth in the next 4 years to account for private patients switching to PBS due to the increase in DPMQ.	
	12009C	Yr 1: 160% Yr 2: 160% Yr 3: 130% Yr 4: 110% Yr 5: 105% Yr 6: 101%		
Estimated scripts				
Scripts (quantity / packs) dispensed		Yr 1: ██████ 1 Yr 2: ██████ 1 Yr 3: ██████ 2 Yr 4: ██████ 2 Yr 5: ██████ 2 Yr 6: ██████ 2	Based on the assumed uptake rates and varying script equivalence between strengths. Based on services Australia PBS statistics	The financial estimates are sensitive to the uptake from the private market.

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Data	Value	Source	Comment
		for item numbers 8669G, 5393W, 8670H, 5394X (Sevredol), and 1646P, 5163R, 12009C, 12067D (Anamorph). Sevredol 10 mg conversion to Anamorph 30 mg: Sevredol units were multiplied by 0.333. Sevredol 20 mg conversion to Anamorph 30 mg: Sevredol units were multiplied by 0.666. The assumption is Anamorph will take on all the Sevredol PBS volume.	
Costs			
Anamorph 30 mg tablet, 20	AEMP: \$█	Requested price	Anamorph was previously listed at an AEMP of \$3.96
Alternative IR morphine brands: • Sevredol (to be discontinued 2024)	<ul style="list-style-type: none"> Sevredol 10 mg tablet = \$4.11 Sevredol 20 mg tablet = \$4.86 Anamorph 30 mg tablet (previously listed) = \$3.96 	Schedule of Pharmaceutical Benefits <ul style="list-style-type: none"> 8669G, 5393W, 8670H, 5394X (Sevredol) 1646P, 5163R, 12009C, 12067D (Anamorph – previously listed) 	
Patient copayment	General ordinary: \$31.60 General safety net: \$7.70 Concessional ordinary: \$7.70 RPBS ordinary: \$7.70	PBS website.	The submission stated that concession holders represent 91% of the PBS script share.

Source: Utilisation and Cost Model workbook, submission main body - compiled during evaluation

AEMP = approved ex-manufacturer price, DPMQ =dispensed price for maximum quantity, IR = immediate release, PBS = pharmaceutical benefits scheme

The redacted values correspond to the following ranges:

1 5,000 to < 10,000

2 10,000 to < 20,000

- 4.12 The submission noted that both Sevredol and Anamorph have a significant portion of their market volume supplied outside the PBS. The submission stated that the share of PBS annual scripts versus total volume sold annually is 27% for Sevredol and was 50% for Anamorph when previously listed.
- 4.13 The submission assumed a 100% uptake of the previous PBS volume of Anamorph as well as patients switching from the private market. The submission estimated that by year 6, the PBS is expected to supply 72% of Anamorph of the total market.
- 4.14 The submission also assumed a 100% uptake of Anamorph from the current PBS volume of Sevredol as well as patients switching from the private market. The

submission estimated that by year 6, the PBS is expected to supply 59% of Sevredol of the total market (based on the assumption that 50% of patients switching from the Sevredol private market to the PBS). The submission expected the remaining Sevredol patients to be prescribed with alternative products for the treatment of severe pain or MR formulations.

Table 3: Market Split

Medicine		Market split	
		PBS	Private
Anamorph	Previous (before delisting)	50%	50%
	Assumption (by year 6)	72%	28%
Sevredol	Current	27%	63%
	Assumption* (by year 6)	59%	42%

Source: Extracted from sponsor submission.

*Based on submission assumption of 50% of private Sevredol patients switching to PBS and the remained patients of the market will be prescribed with alternative severe pain products or modified-release formulations.

- 4.15 The Secretariat noted that the sponsor provided market projection based on the assumptions in Table 3. The derivation and methods have not been independently evaluated.
- 4.16 The submission noted a significant proportion of PBS scripts of morphine IR tablets are supplied to concession card holders. The submission noted that the proposed pricing would increase the DPMQ significantly and would be close to the co-payment amount of \$31.60, and much higher than the concession co-payment of \$7.70. The submission expected the pricing would lead to more patients switching from the private market to the PBS. The Secretariat noted that the financial estimates are sensitive to the proposed uptake rates from the private market.
- 4.17 Table 4 presents the estimated extent of use and financial implications of Anamorph, and the net financial implications to the PBS/RPBS. The financial impact to Services Australia will be determined by that agency as part of the post PBAC process.
- 4.18 The submission estimated that 60,000 to < 70,000 scripts of Anamorph would be supplied over the first six years of listing (5,000 to < 10,000 in Year 1 to 10,000 to < 20,000 in Year 6).
- 4.19 The submission stated that the estimated net financial impact to the PBS/RPBS for the listing of Anamorph is \$0 to < \$10 million over six years (Year 1: \$0 to < \$10 million to Year 6: \$0 to < \$10 million).

Table 4: Estimated use and financial implications

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Estimated extent of use						
Number of scripts dispensed ^a	1	1	2	2	2	2
Estimated financial implications of Anamorph (tablet containing morphine sulfate pentahydrate 30 mg)						
Cost to PBS/RPBS less co-payment	3	3	3	3	3	3
Estimated financial implications of Sevredol (tablet containing morphine sulfate pentahydrate 10 mg + 20 mg)						
Cost to PBS/RPBS less co-payment	4	4	4	4	4	4
Net financial implications						
Net cost to PBS/RPBS	3	3	3	3	3	3

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

Source: Submission Utilisation and Cost Model Workbook with Secretariat amendments:

2e. Scripts – market, row 78: update the patient co-payment to \$31.60 and \$7.70.

4b. Impact – affected (pub), H278 to H282: update the DPMQs to zero. This is to remove the offset for 30 mg morphine tablets. Since 30 mg morphine was delisted from the PBS, the 30 mg market was only incorporated as a proxy to forecast the 30 mg market. No save should be anticipated from these pharmaceutical items because they are not currently listed on the PBS.

The redacted values correspond to the following ranges:

1 5,000 to < 10,000

2 10,000 to < 20,000

3 \$0 to < \$10 million

4 net cost saving

5 PBAC Outcome

- 5.1 The PBAC recommended the General Schedule Restricted Benefit listing of morphine sulfate pentahydrate tablet 30 mg (Anamorph[®]) for the treatment of severe pain and cancer pain, and a Palliative Care Authority Required (Telephone/Online) listing for the treatment of severe disabling pain.
- 5.2 The PBAC noted the unmet clinical need caused by recent morphine discontinuations and that Anamorph remains the only solid oral IR form of morphine registered on the ARTG.
- 5.3 The PBAC considered the proposed restrictions, maximum quantities and number of repeats were appropriate. The PBAC noted the proposed restriction for severe pain was identical to its previous listing, and the additional listings for cancer pain and severe disabling pain are consistent with the Sevredol brand of morphine.
- 5.4 The PBAC considered that the estimated annual growth rate and the estimated uptake rates were appropriate, though were potentially underestimated in the outer years of the forward estimates.
- 5.5 The PBAC advised that listing at the price (AEMP \$██████) requested by the submission would be acceptable in the context of the clinical need as an essential medicine, that it is the only solid oral IR form of morphine that is registered on the ARTG, and that the estimated financial impact is modest.
- 5.6 The PBAC found that the criteria prescribed by the *National Health (Pharmaceuticals and Vaccines – Cost Recovery) Regulations 2022* for Pricing Pathway A were not met.

Specifically, the PBAC found that in the circumstances of its recommendation as the treatment is not expected to provide a substantial and clinically relevant improvement in efficacy, or reduction of toxicity, over alternative therapies.

- 5.7 The PBAC noted that this submission is not eligible for an Independent Review because it received a positive recommendation.

Outcome:

Recommended

6 Recommended listing

- 6.1 Add new medicinal product pack:

Severe pain

MEDICINAL PRODUCT medicinal product pack		PBS item code	Max. qty packs	Max. qty units	No. of Rpts	Available brands
MORPHINE						
Morphine sulfate pentahydrate 30 mg tablet, 20		NEW	0.5	10	0	Anamorph
Restriction Summary 10757 / Treatment of Concept: 10758						
Concept ID (for internal Dept. use)	Category / Program: GENERAL – General Schedule (Code GE)					
	Prescriber type: <input checked="" type="checkbox"/> Medical Practitioners <input checked="" type="checkbox"/> Nurse practitioners					
	Restriction type: <input checked="" type="checkbox"/> Restricted benefit					
Prescribing rule level	Caution: The risk of drug dependence is high.					
	Administrative Advice: No increase in the maximum quantity or number of units may be authorised.					
	Administrative Advice: No increase in the maximum number of repeats may be authorised.					
Indication: Severe pain						
Clinical criteria:						
The treatment must be for short term therapy of acute severe pain						
AND						
Clinical criteria:						
Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or						
Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance						

MEDICINAL PRODUCT medicinal product pack		PBS item code	Max. qty packs	Max. qty units	No. of Rpts	Available brands
MORPHINE						
Morphine sulfate pentahydrate 30 mg tablet, 20		NEW	1	20	0	Anamorph
Restriction Summary 10763 / Treatment of Concept: 10777						
Category / Program: GENERAL – General Schedule (Code GE)						

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Concept ID (for internal Dept. use)	Prescriber type: <input checked="" type="checkbox"/> Medical Practitioners <input checked="" type="checkbox"/> Nurse practitioners
	Restriction type: <input checked="" type="checkbox"/> Restricted benefit
Prescribing rule level	Caution: The risk of drug dependence is high.
	Administrative Advice: Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.
	Administrative Advice: Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos). Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333. Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to: Pharmaceutical Benefits Scheme Reply Paid 9857 [Your capital city]
	Indication: Severe pain
	Treatment phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months
	Clinical criteria:
	Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or
	Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance
	Prescribing Instructions: Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.
	Prescribing Instructions: Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia. Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).
Restriction Summary 10776 / Treatment of Concept: 10770	
	Indication: Severe pain
	Treatment phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months
	Clinical criteria:
	Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or
	Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance

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	<p>Prescribing Instructions: Authorities for increased maximum quantities and/or repeats must only be considered for: (i) severe disabling pain associated with proven malignant neoplasia; or (ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or (iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or (iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.</p>
	<p>Prescribing Instructions: Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.</p>
	<p>Prescribing Instructions: Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia. Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).</p>
Restriction Summary 10764 / Treatment of Concept: 10764	
	Indication: Severe pain
	Treatment phase: Continuing PBS treatment after 1 June 2020
	Clinical criteria:
	Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020
	<p>Prescribing Instructions: Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for: (i) severe disabling pain associated with malignant neoplasia; or (ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or (iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or (iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or (v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.</p>
	<p>Prescribing Instructions: Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.</p>

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	<p>Prescribing Instructions: Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia. Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).</p>
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Dental

MEDICINAL PRODUCT medicinal product pack	PBS item code	Max. qty packs	Max. qty units	No.of Rpts	Available brands
MORPHINE					
Morphine sulfate pentahydrate 30 mg tablet, 20	NEW	0.5	10	0	Anamorph
Restriction Summary 10757 / Treatment of Concept: 10758					
Concept ID (for internal Dept. use)	Category / Program: GENERAL – General Schedule (Code GE)				
	Prescriber type: <input checked="" type="checkbox"/> Dental				
	Restriction type: <input checked="" type="checkbox"/> Restricted benefit				
Prescribing rule level	Caution: The risk of drug dependence is high.				
	Administrative Advice: Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.				
Indication: Severe pain					
Clinical criteria:					
The treatment must be for short term therapy of acute severe pain					
AND					
Clinical criteria:					
Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or					
Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance					

MEDICINAL PRODUCT medicinal product pack	PBS item code	Max. qty packs	Max. qty units	No.of Rpts	Available brands
MORPHINE					
Morphine sulfate pentahydrate 30 mg tablet, 20	NEW	1	20	0	Anamorph
Restriction Summary 10815/ Treatment of Concept: 10859					
Concept ID (for internal Dept. use)	Category / Program: GENERAL – General Schedule (Code GE)				
	Prescriber type: <input checked="" type="checkbox"/> Dental				
	Restriction type: <input checked="" type="checkbox"/> Restricted benefit				
Prescribing rule level	Caution: The risk of drug dependence is high.				
	Administrative Advice: Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.				
Indication: Severe pain					
Clinical criteria:					
Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or					

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	Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance
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Cancer pain

MEDICINAL PRODUCT medicinal product pack	PBS item code	Max. qty packs	Max. qty units	No. of Rpts	Available brands
MORPHINE					
Morphine sulfate pentahydrate 30 mg tablet, 20	NEW	1	20	0	Anamorph
Restriction Summary 10774 / Treatment of Concept: 10891					
Concept ID (for internal Dept. use)	Category / Program: GENERAL – General Schedule (Code GE)				
	Prescriber type: <input checked="" type="checkbox"/> Medical Practitioners <input checked="" type="checkbox"/> Nurse practitioners				
	Restriction type: <input checked="" type="checkbox"/> Restricted benefit				
Prescribing rule level	Caution: The risk of drug dependence is high.				
	Administrative Advice: Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.				
	Administrative Advice: Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos). Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333. Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to: Pharmaceutical Benefits Scheme Reply Paid 9857 [Your capital city]				
Indication: Cancer pain					
Treatment phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months					
Clinical criteria:					
Patient must have cancer pain					
AND					
Clinical criteria:					
Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or					
Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance					
Prescribing Instructions: Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.					
Prescribing Instructions: Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia. Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).					

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Restriction Summary 10775 / Treatment of Concept: 10775	
	Indication: Cancer pain
	Treatment phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months
	Clinical criteria:
	Patient must have cancer pain
	AND
	Clinical criteria:
	Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or
	Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance
	Prescribing Instructions: Authorities for increased maximum quantities and/or repeats must only be considered for: (i) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or (ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or (iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.
	Prescribing Instructions: Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.
	Prescribing Instructions: Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia. Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).
Restriction Summary 10837 / Treatment of Concept: 10837	
	Indication: Cancer pain
	Treatment phase: Continuing PBS treatment after 1 June 2020
	Clinical criteria:
	Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020

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	<p>Prescribing Instructions: Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment: (i) is less than 12 months; or (ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or (iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or (iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.</p>
	<p>Prescribing Instructions: Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.</p>
	<p>Prescribing Instructions: Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia. Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).</p>

Severe disabling pain

MEDICINAL PRODUCT medicinal product pack	PBS item code	Max. qty packs	Max. qty units	No. of Rpts	Available brands
MORPHINE					
Morphine sulfate pentahydrate 30 mg tablet, 20	NEW	1	20	2	Anamorph
Restriction Summary 6168 / Treatment of Concept: 6168					
Concept ID (for internal Dept. use)	Category / Program: Palliative Care (Code PL)				
	Prescriber type: <input checked="" type="checkbox"/> Medical Practitioners <input checked="" type="checkbox"/> Nurse practitioners				
	Restriction type: <input checked="" type="checkbox"/> Authority Required (telephone/online PBS Authorities system)				
	Indication: Severe disabling pain				
	Clinical criteria:				
	Patient must be receiving palliative care				
	AND				
	Clinical criteria:				
	The condition must be unresponsive to non-opioid analgesics				
	Caution: The risk of drug dependence is high.				
	Administrative advice: Telephone approvals are limited to 1 month's therapy.				

These restrictions 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.