

6.15 SACUBITRIL WITH VALSARTAN,

**Tablet containing sacubitril 24.3 mg with valsartan
25.7 mg**

**Tablet containing sacubitril 48.6 mg with valsartan
51.4 mg**

**Tablet containing sacubitril 97.2 mg with valsartan
102.8mg,**

Entresto[®],

**NOVARTIS PHARMACEUTICALS AUSTRALIA PTY
LIMITED**

1 Purpose of Submission

- 1.1 The Category 4 submission requested an amendment to the Pharmaceutical Benefits Scheme (PBS) listings of sacubitril with valsartan (Entresto[®]) to allow nurse practitioners (NPs) to initiate Entresto for the treatment of chronic heart failure (HF).

2 Background

- 2.1 Entresto is currently listed on the PBS as Authority Required (STREAMLINED) listing for the treatment of chronic HF.
- 2.2 NPs can currently prescribe Entresto for the treatment of chronic HF as continuing therapy only (CTO). CTO by a NP may include dose titrations/changes, but only after therapy has been initiated by a medical practitioner.

Registration status

- 2.3 Entresto is Therapeutic Goods Administration (TGA) registered for the treatment of chronic HF (New York Heart Association (NYHA) Class II-IV) with reduced ejection fraction in adult patients.

Previous PBAC consideration

- 2.4 There were no previous PBAC considerations for inclusion of NPs for initiating therapy for Entresto.
- 2.5 At its August 2016 meeting, the PBAC recommended the listing of Entresto for the treatment of patients with chronic HF and a reduced left ventricular ejection fraction on the basis of acceptable cost effectiveness compared to enalapril (August 2016 PBAC Outcomes).

Nurse practitioner prescribing on the PBS

- 2.6 NP prescribing under the PBS is currently restricted by the NP's scope of practice, adherence to professional practice standards as set by the Nursing and Midwifery Board of Australia (NMBA), and state or territory prescribing rights. Prescribing of PBS medicines is also contingent on a prescriber being an authorised NP as required by the *National Health Act 1953*. From 1 November 2024, the legislated requirement for NPs to be in a specified collaborative arrangement with a medical practitioner to provide MBS services or prescribe PBS medicines was removed.
- 2.7 The submission noted that the Department is currently undertaking a review of PBS medicines that may be suitable for prescribing by NPs and endorsed midwives (the Review), for consideration by the PBAC. In May 2023, the Nurse Practitioner Workforce Plan was released and included a recommended action to 'review NP prescribing of medicines on the PBS with the aim to 'align the medicines authorised NPs can prescribe through the PBS and the Repatriation PBS (RPBS) with their full scope of practice'. The Department is working with stakeholders to understand gaps within the PBS that may prevent NPs and midwives from prescribing subsidised medicines within their scope of practice. The sponsor was advised by the Department that that Entresto would be considered as part of that the Review, however it confirmed its preference was for this submission to proceed separately.

3 Requested listing

- 3.1 The submission requested changes to the existing listings of Entresto to allow treatment initiation by NPs for the treatment of chronic HF.
- 3.2 The TGA Product Information (PI) stated that Entresto should be initiated, and up-titration conducted, by a physician experienced with the treatment of heart failure (pg 2, Entresto TGA PI). The requested change to NP allowing for initiation by a NP would not align with the requirement for prescribing by a physician. The pre-PBAC response stated that this is in line with the PI due to the current shared care model in which NPs can currently prescribe Entresto for the treatment of chronic HF. CTO by a NP may include dose titration/changes, but only after therapy has been initiated by a medical practitioner. The pre-PBAC response reaffirmed that this model will not change with the addition of NPs initiating treatment with Entresto.
- 3.3 At the November 2020 PBAC meeting, the ESC considered it may be reasonable to allow NPs to prescribe Entresto for CTO and during dose titration, however it did not consider it was appropriate for NPs to initiate therapy (paragraph 3.8, Entresto Public Summary Document [PSD], November 2020 PBAC meeting).
- 3.4 At its November 2020 meeting, the PBAC considered it was reasonable to clarify that NP prescribing arrangements for CTO includes prescribing Entresto in circumstances where therapy had been commenced by a medical practitioner, but a stable dose had yet to be achieved. The Committee reaffirmed that initiating treatment should

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continue to be restricted to medical practitioners. The PBAC considered it was reasonable to include an additional administrative note in the restriction clarifying that CTO only provisions for NPs are intended to include any dose titration patients may require (paragraph 7.7, Entresto PSD, November 2020 PBAC meeting).

3.5 At its March 2024 meeting, the PBAC recommended the amendment of NP prescribing arrangements of empagliflozin for the treatment of chronic HF from CTO to a Shared Care Model (SCM). The PBAC recommended the restriction changes to the NP prescribing arrangements could flow-on to dapagliflozin for chronic HF (paragraph 5.1 and 5.4, empagliflozin (Jardiance), PSD, March 2024 PBAC meeting). At its July 2024 meeting, the PBAC recommended the SCM note be removed for empagliflozin and dapagliflozin listings for the treatment of chronic HF which was effective from 1 November 2024.

3.6 Suggested additions are in italics and deletions are in strikethrough.

| MEDICINAL PRODUCT medicinal product pack | PBS item code | Max. qty pack s | Max. qty units | No.of Rpts | Available brands |
|--|---------------------|--------------------------|----------------------|---------------|------------------|
| SACUBITRIL + VALSARTAN | | | | | |
| sacubitril 24.3 mg + valsartan 25.7 mg tablet, 56 | 11123K | 1 | 56 | 5 | Entresto |
| sacubitril 48.6 mg + valsartan 51.4 mg tablet, 56 | 11131W | 1 | 56 | 5 | |
| sacubitril 97.2 mg + valsartan 102.8 mg tablet, 56 | 11122J | 1 | 56 | 5 | |
| Restriction Summary [new] / Treatment of Concept: [new] | | | | | |
| Category / Program: <input checked="" type="checkbox"/> 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"/> Authority Required (Streamlined) [new/existing code] | | | | | |
| Administrative Advice: Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners. | | | | | |
| Administrative Advice: Continuing therapy by a nurse practitioner may include dose titrations/changes, but only after therapy was initiated by a medical practitioner. | | | | | |
| Administrative Advice: Special Pricing Arrangements apply. | | | | | |
| Indication: Chronic heart failure | | | | | |
| Clinical criteria: Patient must be symptomatic with NYHA classes II, III or IV | | | | | |
| AND | | | | | |
| Clinical criteria: Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40% | | | | | |
| AND | | | | | |
| Clinical criteria: | | | | | |

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|--|--|
| | Patient must receive concomitant optimal standard chronic heart failure treatment, which must include a beta-blocker, unless at least one of the following is present in relation to the beta-blocker: (i) a contraindication listed in the Product Information, (ii) an existing/expected intolerance, (iii) local treatment guidelines recommend initiation of this drug product prior to a beta-blocker |
| | AND |
| | Clinical criteria: |
| | Patient must have been stabilised on an ACE inhibitor at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated; or |
| | Patient must have been stabilised on an angiotensin II antagonist at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated |
| | AND |
| | Clinical criteria: |
| | The treatment must not be co-administered with an ACE inhibitor or an angiotensin II antagonist |

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|--|---------------------|----------------------|----------------------|----------------|------------------|
| SACUBITRIL + VALSARTAN | | | | | |
| sacubitril 24.3 mg + valsartan 25.7 mg tablet, 56 | 13570F | 2 | 112 | 5 | Entresto |
| sacubitril 48.6 mg + valsartan 51.4 mg tablet, 56 | 13511D | 2 | 112 | 5 | |
| sacubitril 97.2 mg + valsartan 102.8 mg tablet, 56 | 13445P | 2 | 112 | 5 | |

Restriction Summary [new] / Treatment of Concept: [new]

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|--|--|
| | Category / Program: <input checked="" type="checkbox"/> GENERAL - General Schedule (Code GE) |
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| | Administrative Advice: Continuing therapy by a nurse practitioner may include dose titrations/changes, but only after therapy was initiated by a medical practitioner. |
| | Administrative Advice: Special Pricing Arrangements apply. |
| | Indication: Chronic heart failure |
| | Clinical criteria: |
| | The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient |
| | AND |
| | Clinical criteria: |
| | Patient must be symptomatic with NYHA classes II, III or IV |
| | AND |
| | Clinical criteria: |
| | Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40% |
| | AND |

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| | Clinical criteria: |
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| | AND |
| | Clinical criteria: |
| | Patient must have been stabilised on an ACE inhibitor at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated; or |
| | Patient must have been stabilised on an angiotensin II antagonist at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated |
| | AND |
| | Clinical criteria: |
| | The treatment must not be co-administered with an ACE inhibitor or an angiotensin II antagonist |

4 Consideration of the evidence

Sponsor hearing

4.1 There was no hearing for this item.

Consumer comments

4.2 The PBAC noted and welcomed the input from five health care professionals and one organisation via the Consumer Comments facility on the PBS website. The comments from health care professionals stated that allowing NPs to initiate treatment with Entresto is within NP’s scope of practice, promotes the use of guideline directed medical therapy and would be advantageous to patients. The hearts4heart organisation stated that allowing NPs to prescribe Entresto would optimise use of skilled healthcare workers to provide more efficient care and help reduce the burden on doctors.

Basis of the request

4.3 The submission stated the proposed amendment to the listing of Entresto would streamline the patient’s journey with HF, resulting in more timely access to treatment and minimising the risk of delays in HF management.

4.4 The submission stated NPs are responsible for much of the management and treatment of patients presenting to hospital with a HF diagnosis, and for managing outpatient transitional care from hospital back to the community setting. Patients are often referred to the HF NP clinic for discharge with cardiologist instructions to initiate Entresto. The submission stated NPs often rely on the referring cardiologist or other clinic doctors to issue the initial prescription, or refer the patient to their general practitioner to obtain the prescription on their behalf. The patient is then referred back to the NP for titration management of guideline-directed medical therapy (GDMT) after initiation of Entresto. The submission contended that this duplication of

effort is inefficient, resulting in additional appointments and costs for the patient, and potential delay to treatment.

- 4.5 The pre-PBAC response reiterated that NPs play a vital role in the healthcare of patients with HF and the requested change to allow NPs to initiate treatment of Entresto supports the Nurse Practitioner Workforce Plan and the Department's review to enable NPs to utilise their specialist knowledge to prescribe to their full scope of practice.

Estimated PBS usage and financial implications

- 4.6 The submission stated chronic HF is a well understood disease with strict PBS and diagnostic criteria; thus, the amendment to the listing is not expected to increase the diagnosis of the disease beyond what would otherwise be expected. The submission anticipated there to be no change to the utilisation of Entresto and therefore estimated a nil to financial impact to the PBS and RPBS.

5 PBAC Outcome

- 5.1 The PBAC recommended the amendment to the PBS listings of Entresto to allow nurse practitioners (NPs) to initiate sacubitril + valsartan (Entresto) for the treatment of chronic heart failure (HF).
- 5.2 The PBAC noted the TGA Product Information (PI) stated Entresto should be initiated, and up-titration conducted, by a physician experienced with the treatment of HF. The PBAC also noted the pre-PBAC response stated that this is in line with the PI as NPs currently prescribe Entresto for the treatment of chronic HF as continuing therapy only (CTO) within a shared care model. CTO by a NP may include dose titration/changes, but only after therapy has been initiated by a medical practitioner. The PBAC further noted the pre-PBAC response reaffirmed that this shared care model will not change with the addition of NPs initiating treatment with Entresto.
- 5.3 The PBAC noted the submission's proposed amendment to the listing of Entresto is not expected to increase the diagnosis of the disease beyond what would otherwise be expected as chronic HF is a well understood disease with strict PBS and diagnostic criteria. The PBAC considered that allowing NPs to initiate treatment with Entresto on the PBS could potentially lead to an increase in the treated population due to improved access. However, it considered that the increase in utilisation would be expected to align with the intended population estimates when Entresto was first listed for chronic HF. The PBAC therefore considered the change was likely to result in a nil financial impact to the PBS and RPBS.
- 5.4 The PBAC noted the submission's proposed amendment to the listing of Entresto would reduce the administrative burden for prescribers and patients receiving treatment under NP's and provide continuity of care for patients with their NP.
- 5.5 The PBAC considered the other PBS listed medicines indicated for HF that are subject to a CTO administrative note for NP prescribing as a separate agenda item at the

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November 2024 meeting.

- 5.6 The PBAC found 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 for amendment to the NP prescribing arrangements of Entresto for the treatment of chronic HF, the amendment is not expected to address a high and urgent unmet clinical need.
- 5.7 The PBAC noted this submission is not eligible for an Independent Review as it received a positive recommendation.

Outcome:

Recommended

6 Recommended listing

6.1 Amend Nurse Practitioner prescribing arrangements:

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| Administrative Advice: Special Pricing Arrangements apply. | | | | | |
| Indication: Chronic heart failure | | | | | |
| Clinical criteria: | | | | | |
| Patient must be symptomatic with NYHA classes II, III or IV | | | | | |
| AND | | | | | |
| Clinical criteria: | | | | | |
| Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40% | | | | | |
| AND | | | | | |

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| | Clinical criteria: |
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| | AND |
| | Clinical criteria: |
| | The treatment must not be co-administered with an ACE inhibitor or an angiotensin II antagonist |

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.