



**Public Consultation on Authority Required  
Medicines for the Post-market Review of Authority  
Required PBS Listings**

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## ***Introduction***

Icon Cancer Care is pleased to have the opportunity to provide stakeholder input on which of the Authority Required listings should be considered for movement to an Authority Required (Streamlined) listing or be unrestricted and the rationale for change. Our objective in providing this submission is to improve patient safety and care by reducing the regulatory and administrative burden for health professionals.

Icon Cancer Care currently manages more than 75,000 patient separations (visits) each year across our six facilities with the support of more than 75 visiting medical officers (VMOs). In addition to supporting the VMOs who refer patients to our day hospitals and other smaller private hospitals in regional Queensland, Icon Cancer Care directly employs more than 380 staff, including 32 pharmacists.

Our mission is to provide exceptional, personalised care to cancer patients and their families.

## ***Submission Details***

As with our original submission, Icon Cancer Care recommends that all Authority Required listings be moved to Authority Required (Streamlined) listings and that the Complex Authority process be reviewed in line with this to move to an online system that will enable a quicker turnaround time and tracking system in order to reduce the waiting time for these patients.

Fundamentally, Icon Cancer Care believes the requirement for traditional Authority Required listings should be abolished entirely because the Authority Required (Streamlined) approval has demonstrated an efficient solution whilst still ensuring the medications are only used in those patients who meet the requirements for subsidy. It is our belief that Complex Authority listings should only be reserved for exceptional circumstances as this is a significant burden on clinicians and can lead to unacceptable time delays in commencing treatment.

Table 1 provides a list of medicines with our rationale for change and the suggested new listing: Authority Required (Streamlined) or unrestricted. Our supporting rationale is based on a set of core reasons and these include whether the medicine is currently listed as a public hospital streamlined authority, whether an intravenous (or alternate) form is currently streamlined, whether there is minimal risk the medicine will be used for unapproved indications and whether there is generic or biosimilar competition. The first two are relatively self explanatory. Whilst we feel there is the same potential for off-indication use with Authority Required medicines or Authority Required (Streamlined) medicines, where there is minimal risk of the medicine being used for unapproved indications, this risk is further reduced and should therefore permit a change to streamlined. Generic and biosimilar competition exposes medicines to Simplified Price Disclosure and as such we believe should trigger a change to an Authority Required (Streamlined) listing.

**Table 1 – Rationale and listing recommendations by specific drug**

Drug Details	Public Hospital Streamlined Code	Intravenous or Other Formulation is Streamlined	Minimal risk this medicine will be used for unapproved indications	Generic Competition	Biosimilar Competition	Unrestricted	Authority Required (Streamlined)
Temozolomide			✓	✓		✓	
Pemetrexed (Alimta)	✓						✓
Fludarabine phosphate tabs		✓					✓
Capecitabine				✓		✓	
Vinorelbine caps		✓					✓
Cabazitaxel (Jevtana)	✓		✓				✓
Liposomal doxorubicin (Sun/Caelyx)	✓			✓			✓
Rituximab (Mabthera)	✓						✓
Trastuzumab (Herceptin)	✓						✓
Cetuximab (Erbix)	✓		✓				✓
Bevacizumab (Avastin)	✓						✓
Panitumumab (Vectibix)	✓		✓				✓
Ipilimumab (Yervoy)	✓						✓
Dabrafenib			✓				✓
Imatinib			✓				✓

Drug Details	Public Hospital Streamlined Code	Intravenous or Other Formulation is Streamlined	Minimal risk this medicine will be used for unapproved indications	Generic Competition	Biosimilar Competition	Unrestricted	Authority Required (Streamlined)
Gefitinib			✓				✓
Sunitinib			✓				✓
Lapatinib			✓				✓
Everolimus			✓				✓
Pazopanib			✓				✓
Arsenic trioxide (Phenasen)	✓		✓				✓
Bortezomib (Velcade)			✓				✓
Goserelin 3.6mg implant		✓					✓
Filgrastim	✓				✓		✓
Pegfilgrastim	✓						✓
Interferon alfa-2a	✓						✓
Thalidomide	✓						✓
Pamidronate disodium	✓			✓		✓	
Zoledronic acid	✓						✓

## ***Conclusion***

Icon Cancer Care believes that Authority Required (Streamlined) should be the only type of Authority listing. We strongly support the removal of any differences between public and private hospital listings and all medicines with a current public hospital streamlined code should also have a private hospital streamlined listing. We have also highlighted a number of other criteria which support the change to unrestricted and Authority Required (Streamlined) listings.

We are pleased to offer this submission and hope after making significant changes to Streamlined listings further consideration also be given to improvements in administrative processes for Complex Authority listings, freeing up valuable hours of our specialist workforce to provide personalised care to our cancer patients.