AstraZeneca submission to the Post-Market Review of Authority Required PBS listings

AstraZeneca welcomes the opportunity to contribute to the Post-Market Review of Authority Required Pharmaceutical Benefits Schedule (PBS) listings. We support the objective of reducing the administrative burden on prescribers and dispensers of PBS listed medicines.

Our submission on the Draft Terms of Reference (TOR) for this Review highlighted the fact that Authority Required PBS listings play an important role in enabling access to medicines in Australia[1]. These listings can be used, for example, to manage identified quality use of medicines or safety issues; to facilitate positive PBAC recommendations by addressing residual uncertainties; and to enable equitable access to medicines in situations where there are Therapeutic Group or Special Pharmaceutical Benefit premiums (e.g. due to drug interactions, contraindications or adverse events). Other reasons for recommending that a medicine is listed under an Authority Required PBS listing are acknowledged in Section 1.3.5 of the '*Guidelines for preparing submissions to the Pharmaceutical Benefits Advisory Committee version 4.4'* (July 2013)[2].

This submission addresses each of the Final TOR, as approved by the Minister for Health[3].

TOR1: Review the criteria used by the Pharmaceutical Benefits Advisory Committee (PBAC) to determine if a medicine should be recommended as Authority Required or Authority Required (Streamlined) listing

Specific criteria for deciding whether a medicine should be listed under an Authority Required or Authority Required (Streamlined) PBS listing have not been disclosed as part of the public consultation process for this TOR. The lack of transparency means that it is not possible to assess whether the current criteria are appropriate, or to evaluate whether the criteria are consistently applied.

TOR2: Systematically review the current Authority Required listings according to the proposed criteria to ensure this is applied consistently to all PBS Authority medicines.

The list of medicines to be systematically reviewed under TOR2 includes five products that are sponsored by AstraZeneca. Details of these products are presented, by Tranche, in Table 1.

Table 1 AstraZeneca products included in the Post-Market Review of Authority Required PBS Listings

Tranche	ATC Code	PBS Item	Drug name, strength and form
Tranche 1	L01XE02	08769M	gefitinib 250 mg tablet, 30
	L02AE03	01454M	goserelin 3.6 mg implant, 1

[1] AstraZeneca Submission on Terms of Reference for the Post-Market Review of Authority Required PBS listings (June 2014). http://www.pbs.gov.au/reviews/authority-required-files/submission08.pdf

[2] Guidelines for preparing submissions to the Pharmaceutical Benefits Advisory Committee version 4.4 (July 2013), Section 1.3.5, page 6. http://www.pbac.pbs.gov.au/content/information/printable-files/pbacg-part-1.pdf

[3] http://www.pbs.gov.au/info/reviews/authority-required-medicines-public-consultation

Tranche	ATC Code	PBS Item	Drug name, strength and form
Tranche 2	A02BC05	03401B	esomeprazole 40 mg tablet: enteric, 30 tablets
	A10BX09	10011X	dapagliflozin 10 mg tablet, 28
	N02CC03	08266C	zolmitriptan 2.5 mg tablet, 2

Gefitinib

Gefitinib (Iressa, PBS item code 8769M) is a selective inhibitor of the epidermal growth factor receptor (EGFR) tyrosine kinase. It is listed as an Authority Required benefit for patients with Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer, who have evidence of an activating EGFR gene mutation that is known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors.

Prescribers understand the efficacy, safety and tolerability profile of gefitinib, and are familiar with the requirement for genetic testing to determine a patient's EGFR gene mutation status. We note, however, that there have been recent changes to the PBS listings for other members of the EGFR tyrosine kinase inhibitor class (erlotinib and afatinib).

It may be appropriate to maintain the current Authority Required PBS listing for gefitinib in the short-term, to ensure that use is limited to the appropriate patient population. The requirement to obtain pre-approval for access to gefitinib could then be re-assessed by the PBAC, twelve months after the completion of the current Review.

It will be important to consider potential implications on the terms of existing Risk Share Arrangements between Sponsors and the Commonwealth, when evaluating any proposed changes to the PBS listings for EGFR tyrosine kinase inhibitors.

Goserelin

Goserelin (Zoladex) is a gonadotrophin releasing hormone agonist. Two strengths are listed on the PBS, for different indications.

The goserelin 3.6 mg implant (PBS item code 01454M) is listed as an *Authority Required* benefit, for:

- Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate
- Hormone-dependent locally advanced (equivalent to stage III) or metastatic (equivalent to stage IV) breast cancer in pre-menopausal women
- Short-term treatment (up to 6 months) of visually proven endometriosis (only 1 course of not more than 6 months' therapy will be authorised)
- Hormone-dependent breast cancer as an alternative to adjuvant chemotherapy in peri- or pre-menopausal women

The goserelin 10.8 mg implant (PBS item code 8093Y) is listed as an *Authority Required (Streamlined)* benefit for:

- Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate (Streamline code 3229)

Three fixed-dose combination formulations of goserelin and bicalutamide are also available (ZolaCos, PBS Item codes 9064C, 9065D and 9066E). These are listed under *Authority Required (Streamlined)* benefits for:

- Metastatic (equivalent to stage D) prostatic carcinoma in patients for whom a combination of an antiandrogen and a GnRH (LH-RH) agonist is required (Streamline code 3239)

Given that goserelin is an established medicine, we do not anticipate that changing the PBS listing for the goserelin 3.6 mg implant from an Authority Required to an Authority Required (Streamlined) listing would result in any major safety or quality use of medicines issues. Such a change would help to relieve the administrative burden on prescribers, as per the objectives of the Review.

Esomeprazole

Esomeprazole (Nexium) is a proton pump inhibitor. Two strengths are listed on the PBS, under different types of restrictions.

The 40 mg strength (PBS item code 3401B) is listed as an *Authority Required* benefit for:

- Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion
- Scleroderma oesophagus.

The 20 mg strength (PBS item code 8600P) is listed as a *Restricted Benefit* for:

- Maintenance of healed gastro-oesophageal reflux disease
- Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion
- Scleroderma oesophagus.

Prior to the introduction of Price Disclosure, both strengths of esomeprazole were included in a Therapeutic Group with the proton pump inhibitors lansoprazole, omeprazole, pantoprazole and rabeprazole. Drugs listed within a Therapeutic Group are considered to be therapeutically interchangeable, with similar safety, efficacy and provide similar health outcomes[4]. It is appropriate for the same types of PBS restrictions to be applied to enable equal access to these medicines. AstraZeneca is supportive of initiatives to align the PBS listing for the 40mg strength of esomeprazole with that of other proton pump inhibitors.

Dapagliflozin

Dapagliflozin (Forxiga, PBS item code 100011X) is a sodium-glucose co-transporter 2 (SGLT2) inhibitor. It is currently listed as an Authority Required benefit for use in patients with type 2 diabetes, as restricted dual therapy, in combination with metformin or a sulfonylurea, where the condition must not be able to be adequately controlled by treatment with metformin and a sulfonylurea. This PBS listing is expected to be changed to an Authority Required (Streamlined) listing that aligns with that of the dipeptidyl peptidase-4 inhibitors

[4] http://www.pbs.gov.au/browse/therapeutic-group

(gliptins), as recommended by the PBAC at the July 2014 meeting[5]. Further detail regarding the current and proposed PBS restrictions for dapagliflozin can be provided to the Post-Market Review of Authority Required PBS listings on request.

Zolmitriptan

Zolmitriptan (Zomig, PBS item code 08266C) is listed on the PBS for the treatment of migraine attack, where the condition must have usually failed to respond to analgesics in the past. It was recently changed from an Authority Required PBS listing to an Authority Required (Streamlined) PBS listing, as recommended by the PBAC (effective 1 July 2014).

TOR3: Use the review to explore how to best use available secondary health data sources to provide information on the utilisation of Authority Required and/or Authority Required (Streamlined) PBS items.

No information has been disclosed, to date, regarding the type(s) of secondary health data sources to be explored under the scope of this TOR.

In order to maintain transparency, it is important that there are adequate opportunities for public consultation around:

- the type(s) of secondary health data sources to be considered; and
- the type(s) of methods to be employed.

Consideration should be given to the type(s) of data that are currently collected as part of the pre-approval process for medicines with an Authority Required PBS restriction. This may include clinically meaningful information about the disease, the clinical justification for using the item, the patient's age, or prescribed daily dose. Such information is useful for enabling detailed analyses of de-identified, patient-level utilisation data (e.g. to identify trends in the length of therapy, co-prescribed therapy, medicine history etc). The same level of detail is not currently available for medicines that are listed under Authority Required (Streamlined), restricted or general benefits, so there is a risk that some information could be lost.

[5] July 2014 PBAC Outcomes Statement, Positive Recommendations. http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/pbac-outcomes/2014-07