JULY 2014 PBAC MEETING – POSITIVE RECOMMENDATIONS

DRUG, SPONSOR, TYPE OF SUBMISSION	DRUG TYPE OR USE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION
ALEMTUZUMAB 10 mg/mL injection, 1 x 2 mL vial Lemtrada® Genzyme (A Sanofi company) Pty Ltd New listing (Major submission)	Multiple sclerosis	Section 100 (Highly Specialised Drugs Program) Authority required listing for the treatment of clinically definite relapsing-remitting multiple sclerosis in ambulatory patients aged 18 year or older who meet certain criteria.	The PBAC recommended the Authority Required Section 100 (Highly Specialised Drugs Program) listing of alemtuzumab for the treatment of multiple sclerosis, on the basis of non-inferior effectiveness and a different safety profile to fingolimod and natalizumab. The PBAC noted that the claim of durability was informed by the interim results of the CARE-MS extension study but was uncertain. The PBAC considered that cost minimisation listing with fingolimod and natalizumab was supported by the available data from the CARE-MS extension study. The PBAC recognised the clinical need for this treatment as a first-line therapy in patients with poor prognostic signs; and as escalation therapy in treatment experienced patients with ongoing disease activity.
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE oral liquid, 30 x 125 mL cans PKU Lophlex LQ 10® & PKU Lophlex LQ 20® Nutricia Australia Pty Ltd Change to listing (Minor submission)	Medicinal food	To inform the Nutritional Products Working Party and the PBAC of additional flavour variants and minor nutritional upgrades within the currently listed PKU Lophlex LQ 10 and 20 range for treatment of patients with phenylketonuria (PKU). No changes to the current PBS listings were requested.	The PBAC accepted the changes.

DRUG, SPONSOR, TYPE OF SUBMISSION	DRUG TYPE OR USE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION
AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE Powder for oral liquid, 30 x 6 g sachets MSUD amino5® Vitaflo Australia Pty Ltd New listing (Minor submission)	Medicinal food	Restricted Benefit listing for the treatment of maple syrup urine disease (MSUD).	The PBAC recommended the listing as requested by the submission.
ARIPIPRAZOLE 300 mg injection: modified release [1 x 300 mg vial] (&) inert substance diluent [2 x 3 mL syringe] 400 mg injection: modified release [1 x 400 mg vial] (&) inert substance diluent [2 x 3 mL syringe] Abilify Maintena® Lundbeck Australia Pty Ltd New listing (Major Submission)	Schizophrenia	Authority required (STREAMLINED) listing for the treatment of schizophrenia.	The PBAC recommended the listing of aripiprazole long acting injection (LAI) on a cost-minimisation basis compared to paliperidone LAI, as an Authority required (STREAMLINED) listing for the treatment of schizophrenia. Based on the indirect comparison provided with placebo as common reference, the PBAC accepted that treatment with aripiprazole LAI resulted in mean changes in PANSS scores that were comparable to those associated with paliperidone LAI noting a difference in the safety profiles. The trial-based equi-effective doses are aripiprazole LAI 390 mg every 28 and paliperidone 83 mg every 28 days. On the basis of the head to head trial presented in the submission, aripiprazole LAI appeared to have the same effect as aripiprazole tablet in the maintenance treatment of schizophrenia and the frequency of adverse effects appeared to be the same for the two treatments.

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BRENTUXIMAB VEDOTIN 50 mg injection, 1 x 50 mg vial Adcetris® Takeda Pharmaceuticals Australia Pty Ltd New listing (Major submission)	Systemic anaplastic large cell lymphoma (sALCL)	To propose a re-specified economic model following the March 2014 PBAC recommendation to list brentuximab for the treatment of adult patients with relapsed or refractory systemic anaplastic large cell lymphoma (sALCL) who are suitable for further systemic curative-intent salvage therapy. The re-submission also requested separate restrictions for initial and continuing treatment.	The PBAC recommended the listing of brentuximab vedotin for the treatment of relapsed or refractory systemic anaplastic large cell lymphoma (sALCL) in patients who are suitable for further systemic curative intent salvage therapy under the Section 100 Efficient Funding of Chemotherapy Program. The PBAC re-iterated its view from March 2014 that there is a high clinical need for treatments for sALCL. The PBAC accepted revised post-progression disease management costs for use in the base case of the economic evaluation. The PBAC considered that the most appropriate way to derive these costs from Lee et al 2008 was through the use of a single all-inclusive weighting across each treatment pathway. The PBAC considered that brentuximab vedotin was not acceptably cost-effective at the price proposed. The PBAC concluded that brentuximab vedotin would be cost-effective at a reduced price that produces an ICER, derived from the revised base case, that is lower than what was presented in the re-submission.

DRUG, SPONSOR, TYPE OF SUBMISSION	DRUG TYPE OR USE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION
COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 900 microgram injection [1 x 900 microgram vial] (&) inert substance [1 x 3 mL vial] Xiaflex® Actelion Pharmaceuticals Australia Pty Ltd New listing (Major submission)	Dupuytren's contracture	Authority required listing for the treatment of Dupuytren's contracture in patients with two or less rays affected who are unable to simultaneously place the affected finger and palm flat on a table due to a Dupuytren's contracture with a palpable cord and who would otherwise require surgery.	The PBAC recommended listing collagenase clostridium histolyticum as an Authority required benefit for the treatment of Dupuytren's contracture in patients meeting certain criteria, on a cost analysis basis that assumes equivalent overall treatment costs between CCH and surgical fasciectomy, but accounting for lower treatment success with CCH compared to surgical fasciectomy as well as higher retreatment and recurrent contracture rates for patients treated with CCH compared to surgical fasciectomy. The PBAC noted that, on the basis of the placebo-controlled trials presented in the re-submission, for every 100 patients treated with CCH in comparison to placebo: • approximately 57 additional patients would achieve clinical success (based on the results of the meta-analysis); • approximately 70 additional patients would have peripheral oedema; • approximately 52 additional patients would have a contusion; and • approximately 29 additional patients would have injection site haemorrhage.
DAPAGLIFLOZIN + METFORMIN XR (FDC), tablets, dapagliflozin 10 mg + metformin hydrochloride 500 mg, dapagliflozin 10 mg + metformin hydrochloride 1000 mg, dapagliflozin 5 mg + metformin hydrochloride 1000 mg, Xigduo®XR AstraZeneca Pty Ltd New listing (Major submission)	Type 2 diabetes	Authority required listing for the treatment of diabetes mellitus type 2 in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor, a thiazolidinedione or a glucagon-like peptide-1 or a sodium-glucose co-transporter, and where the condition is not able to be adequately controlled by treatment with metformin and a sulfonylurea.	The PBAC recommended an Authority required (STREAMLINED) listing of dapagliflozin/metformin XR FDC for the treatment of Type II diabetes on a cost-minimisation basis with dapagliflozin and metformin IR. The equi-effective doses of dapagliflozin/metformin XR FDC are the corresponding doses of dapagliflozin and metformin IR. The PBAC recommended, as proposed by the sponsor in its pre-PBAC response, that the PBS listing of dapagliflozin and dapagliflozin/metformin XR be aligned with that of the dipeptidyl peptidase-4 inhibitors (gliptins). It considered that with such an alignment of restrictions that dapagliflozin and dapagliflozin/metformin XR would be cost effective if their prices were also aligned with the gliptins, but noting the price would require adjustment to take into account the current dapagliflozin cost offset for adverse events.

DRUG, SPONSOR, TYPE OF SUBMISSION	DRUG TYPE OR USE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION
DOCETAXEL, all forms, all strengths, all brands, Pharmaceutical Evaluation Branch, Department of Health on behalf of Actavis Pty Ltd, Hospira Pty Ltd, Sandoz Pty Ltd, Sanofi-Aventis Australia Pty Ltd and Sun Pharmaceutical Industries (Australia) Pty Ltd Change to listing (Minor submission)	Anti-cancer drug	The Department requested the PBAC consider changing the listings for docetaxel and paclitaxel from Authority required (STREAMLINED) listings to unrestricted benefit listings for all indications following the substantial price reductions that these drugs have been subject to since the PBAC's original recommendations for listing.	The PBAC recommended amending the existing listings for all docetaxel and paclitaxel products from Authority required (STREAMLINED) listings to unrestricted benefit listings.
EMPAGLIFLOZIN, tablets, 10 mg and 25 mg, Jardiance® Boehringer Ingelheim Pty Ltd New listing (Major submission)	Type 2 diabetes	Authority required listing for the treatment of diabetes mellitus type 2 as dual therapy in combination with metformin or sulfonylurea in patients with inadequate glycaemic control despite treatment with a combination of metformin and a sulfonylurea.	The PBAC recommended the Authority required listing of empagliflozin for the third-line treatment of type II diabetes in combination with metformin or a sulfonylurea on a cost-minimisation basis with dapagliflozin and canagliflozin, with the PBS restriction based on the current listing of dapagliflozin and canagliflozin. The equi-effective doses are empagliflozin 25 mg to canagliflozin 300 mg and dapagliflozin 10 mg. On the basis of the indirect evidence presented in the submission, the comparison of empagliflozin resulted in: • A similar effect on HbA1c over 30 weeks compared to sitagliptin, dapagliflozin and canagliflozin. • Similar odds of discontinuing due to adverse events, genital infections and urinary tract infections at 18-30 weeks compared to sitagliptin, dapagliflozin and canagliflozin.

DRUG, SPONSOR, TYPE OF SUBMISSION	DRUG TYPE OR USE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION
ENZALUTAMIDE, capsule, 40 mg Xtandi® Astellas Pharma Australia Pty Ltd New listing (Major submission)	Prostate cancer	Authority required (Streamlined) listing for the treatment of patients with metastatic castration resistant prostate cancer who have previously received docetaxel and who meet certain criteria.	The PBAC recommended an Authority required listing for enzalutamide for the treatment of metastatic prostate cancer after treatment failure with docetaxel, on a cost-minimisation basis with abiraterone. The equi-effective doses are enzalutamide 160 mg and abiraterone 1000 mg. On the basis of indirect evidence presented by the submission, the comparison of enzalutamide and abiraterone suggested a similar benefit in overall survival. On the basis of indirect evidence presented by the submission, enzalutamide is well tolerated and appears to have a similar safety profile to abiraterone, but does not require monitoring of liver function and blood pressure, which is required with abiraterone.
EPOPROSTENOL, 500 microgram injection, vial 1.5 mg injection, vial Veletri® Actelion Pharmaceuticals Australia Pty Ltd New listing (Minor submission)	Pulmonary arterial hypertension	Section 100 Highly Specialised Drugs Program listing of a new presentation of epoprostenol for the treatment of patients with pulmonary arterial hypertension (PAH).	The PBAC recommended listing the new brand of epoprostenol under the Section 100 (Highly Specialised Drugs Program). The PBAC recommended that the same restriction, maximum quantity and number of repeats as apply to the currently listed brand of epoprostenol (Flolan) should also apply to Veletri.

DRUG, SPONSOR, TYPE OF SUBMISSION	DRUG TYPE OR USE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION
ESCITALOPRAM, oral liquid, 20 mg/mL, 15 mL Lexapro® Lundbeck Australia Pty Ltd New listing (Minor submission)	Major depressive disorders	Restricted benefit for major depressive disorders, generalised anxiety disorders and social anxiety disorder. The submission also requested delisting the existing listed 10 mg/mL strength.	The PBAC recommended the listing of escitalopram 20 mg/mL. The PBAC recommended that the restriction be consistent and refer to definitions in Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) instead of DSM-IV.
ETANERCEPT injection 50 mg in 1 mL single use auto-injector, injection 50 mg in 1 mL single use pre-filled syringe Enbrel® Pfizer Australia Pty Ltd New listing (Minor submission)	Juvenile idiopathic arthritis	To request PBS-listing of 50 mg presentations of etanercept for treatment of juvenile idiopathic arthritis in patients who have a body weight of 62.5 kg or greater.	The PBAC recommended etanercept 50 mg pre-filled syringe and auto-injector. The PBAC recommended the same circumstances as currently apply to the 25 mg presentation.

DRUG, SPONSOR, TYPE OF SUBMISSION	DRUG TYPE OR USE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION
EZETIMIBE + ROSUVASTATIN (FDC), tablets, ezetimibe 10 mg + rosuvastatin 5 mg, ezetimibe 10 mg + rosuvastatin 10 mg, ezetimibe 10 mg + rosuvastatin 20 mg, and ezetimibe 10 mg + rosuvastatin 40 mg, Rosuzet® Merck Sharpe & Dohme Australia Pty Ltd New listing (Major submission)	High cholesterol	Authority required (Streamlined) listing of a fixed dose combination (FDC) tablet formulation for the treatment of hypercholesterolemia.	The PBAC recommended an Authority Required (Streamlined) listing of ezetimibe + rosuvastatin FDC for hypercholesterolaemia in combination with dietary therapy and exercise where cholesterol levels are inadequately controlled by a statin and patients have hypertension, coronary heart disease (or a family history), diabetes, peripheral vascular disease, heterozygous familial hypercholesterolaemia or cerebrovascular disease on the basis that the ezetimibe + rosuvastatin FDC is equivalent to the ezetimibe + rosuvastatin co-pack in terms of efficacy and safety and should be priced the same.

DRUG, SPONSOR, TYPE OF SUBMISSION	DRUG TYPE OR USE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION
FLUTICASONE FUROATE + VILANTEROL TRIFENATATE (FDC), powder for inhalation, fluticasone furoate 100 microgram/actuation + vilanterol trifenatate 25 microgram/actuation, fluticasone furoate 200 microgram/actuation + vilanterol trifenatate 25 microgram/actuation, Breo® Ellipta® GlaxoSmithKline Australia Pty Ltd New listing (Minor submission)	Chronic obstructive pulmonary disease (COPD)	Restricted Benefit listing for the symptomatic treatment of chronic obstructive pulmonary disease (COPD), in patients where FEV1 is less than 50% of predicted normal, and where there is a history of repeated exacerbations with significant symptoms despite regular beta2-agonist bronchodilator therapy.	The PBAC recommended the listing of fluticasone furoate/vilanterol 100/25 as a restricted benefit for the treatment of COPD with a maximum quantity of one pack with five repeats. Listing was recommended a cost minimisation basis with aclidinium and with the existing ICS/LABAs for the treatment of COPD.
GLUCOSE INDICATOR BLOOD glucose indicator blood strip: diagnostic Medissentials Diabetic Test Strips® S.W.R International Pty Ltd New listing (Minor submission)	Diabetes	To request PBS-listing of a new brand of blood glucose test strips.	The PBAC recommended the PBS listing of Medissentials Diabetic Blood Glucose Test Strips under the same listing conditions as existing listed brands of glucose indicator strips, including suitability for inclusion in the PBS medicines for prescribing by nurse practitioners within collaborative arrangements.

DRUG, SPONSOR, TYPE OF SUBMISSION	DRUG TYPE OR USE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION
GLYCINE WITH CARBOHYDRATE glycine with carbohydrate containing 500 mg L-glycine oral liquid: powder for, 30 x 4 g sachets Glycine500® Vitaflo Australia Pty Ltd New listing (Minor submission)	Medicinal food	Restricted Benefit listing for the dietary management of isovaleric acidaemia (IVA).	The PBAC recommend listing as requested in the submission.

DRUG, SPONSOR, TYPE OF SUBMISSION	DRUG TYPE OR USE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION
INCOBOTULINUMTOXIN A 100 units injection, 1 x 100 units vial Xeomin® Merz Pharmaceuticals GmbH New listing (Major submission)	Dystonia, blepharospasm post-stroke spasticity of the upper limb	Section 100 (Botulinum Toxin Program) listing for treatment of: (i) cervical dystonia (spasmodic torticollis) in adults; (ii) blepharospasm in adults; and (iii) moderate to severe spasticity of the upper limb following a stroke in adults	The PBAC recommended the listing of incobotulinum toxin A (Xeomin®) 100LD50 units injection, on a cost-minimisation basis compared with Botox®. The PBAC agreed that it should be available only under special arrangements under Section 100 – Botulinum Toxin Program. The PBAC agreed that the prescribing of Xeomin® for cervical dystonia, blepharospasm and post-stroke spasticity of the upper limb should be restricted to medical practitioners who hold specialist qualifications and are registered to prescribe botulinum toxin. The PBAC accepted the cost-minimisation analysis for the three indications with equi-effective doses estimated as: cervical dystonia: 140.4U of Xeomin® over approximately 110 days and Botox® 140.4U over approximately 110 days; blepharospasm: 40.7U of Xeomin® over approximately 110 days and Botox® 40.7U over approximately 110 days; and post-stroke spasticity of the upper limb: 229U of Xeomin® over approximately 87 days and 229U Botox® over approximately 87 days. On the basis of the head to head trial, Xeomin® appeared to have the same effect as Botox® in the treatment of cervical dystonia and the frequency of adverse effects appeared to be the same. Also, Xeomin® appeared to have the same effect as Botox® in the treatment of blepharospasm and the frequency of adverse effects appeared to be the same. On the basis of the indirect comparisons, Xeomin® appeared to be no worse than Botox® in the treatment of post-stroke upper limb spasticity. While evidence comparing the safety of Xeomin® versus Botox® for treatment of post-stroke upper limb spasticity was not provided in the submission, it was considered that Xeomin® and Botox® are likely to have similar safety profile in the treatment of post-stroke upper limb spasticity as they are analogues of each other and direct evidence presented for the cervical dystonia and blepharospasm indications also showed non-inferiority in comparative safety at a 1:1 dose ratio.

DRUG, SPONSOR, TYPE OF SUBMISSION	DRUG TYPE OR USE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION
INDACATEROL + GLYCOPYRRONIUM (FDC), powder for inhalation, indacaterol 110 microgram + glycopyrronium 50 microgram, 30 capsules Ultibro Breezhaler 110/50® Novartis Pharmaceuticals Pty Ltd New listing (Minor submission)	Chronic obstructive pulmonary disease.	Restricted Benefit listing for once daily maintenance bronchodilation in patients with chronic obstructive pulmonary disease (COPD) currently on LABA or LAMA monotherapy and requiring additional relief from symptoms and in patients who have been stabilised on a combination of a LAMA and LABA in separate devices.	The PBAC recommended the listing of indacaterol/glycopyrronium FDC as an Authority required (STREAMLINED) benefit for the treatment of chronic obstructive pulmonary disease for patients already stabilised on concomitant LAMA and LABA therapy. The PBAC considered, amongst other matters, that the cost-effectiveness of indacaterol/glycopyrronium would be acceptable if it were cost-minimised against the umeclidinium/vilanterol FDC when used for COPD. The equi-effective doses are considered to be indacaterol 110 microgram with glycopyrronium 50 microgram to umeclidinium (as bromide) 62.5 microgram with vilanterol (as trifenatate) 25 microgram.
INFLIXIMAB 100 mg powder for injection Remicade® Janssen-Cilag Pty Ltd Change to listing (Minor submission)	Ulcerative colitis	To provide a revised best estimate of the ICER of infliximab versus best supportive care following the March 2014 PBAC recommendation to extend the listing of infliximab to include treatment of moderate to severe ulcerative colitis in patients who have failed to respond to conventional therapy and who meet certain criteria.	The PBAC recommended extending the current Section 100 (Highly Specialised Drugs Program) listing of infliximab to include an Authority required listing for the treatment of patients with moderate to severe ulcerative colitis, on the basis of acceptable cost-effectiveness compared to best supportive care.

DRUG, SPONSOR, TYPE OF SUBMISSION	DRUG TYPE OR USE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION
LISDEXAMFETAMINE, capsules, 30 mg, 50 mg and 70 mg Vyvanse® Shire Australia Pty Ltd New listing (Major submission)	Attention deficit hyperactivity disorder (ADHD)	Authority required listing for the treatment of attention deficit hyperactivity disorder (ADHD), in patients diagnosed between the ages of 6-18 years inclusive who meet certain criteria.	The PBAC recommended the Authority Required listing of lisdexamfetamine on a cost-minimisation basis with long acting methylphenidate. The PBAC did not accept the current price offer for initial PBS listing as it was not justified on the basis of the evidence presented. The PBAC recommended that lisdexamfetamine could initially be listed at the price that is cost-minimised to long acting methylphenidate, and that this price could be re-assessed based on any evidence of superiority presented in a future submission to PBAC. On the basis of direct comparative evidence presented by the submission, for every 100 patients treated for a median of 7 weeks with lisdexamfetamine in comparison to long acting methylphenidate: • Approximately 18 additional patients would meet the definition of a responder (defined as the proportion of subjects achieving at least 30% change from baseline ADHD-RS-IV AND a CGI-I score of 1 or 2 at endpoint). The clinical meaning of being a responder under this definition was unclear. • There would be an average reduction of 5.8 points in the ADHD-RS-IV Total score; it was considered that a reduction of 6.6 or 7.6 is clinically significant. • Approximately 22 additional patients would experience clinically significant weight loss of 7% or more.

DRUG, SPONSOR, TYPE OF SUBMISSION	DRUG TYPE OR USE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION
MIFEPRISTONE & MISOPROSTOL mifepristone 200 mg tablet [1 tablet] (&) misoprostol 200 microgram tablet [4 tablets], 1 pack MS-2 Step® MS Health Pty Ltd New listing (Minor submission)	Medical termination of an intra-uterine pregnancy	Authority Required listing for a composite pack containing mifepristone and misoprostol for the termination of an intra-uterine pregnancy of up to 63 days gestation. The listing of the composite pack is intended to replace the current listings of the components, with an amended restriction consistent with revised TGA indications.	The PBAC recommended the listing of mifepristone + misoprostol composite pack for termination of an intra-uterine pregnancy of up to 63 days' gestation on the basis of non-inferior effectiveness against surgical termination of pregnancy (STOP). The PBAC concluded that medical termination of pregnancy (MTOP) was non-inferior in terms of clinical effectiveness compared to STOP when used up to 63 days' gestation. The PBAC considered that in terms of comparative safety MTOP is on balance no worse when used up to 63 days' gestation compared with up to 49 days' gestation. The PBAC considered that MTOP would likely remain cost saving compared with STOP when used up to 63 days' gestation.
PACLITAXEL, all forms, all strengths, all brands, Pharmaceutical Evaluation Branch, Department of Health on behalf of Actavis Pty Ltd, Fresenius Kabi Australia Pty Ltd, Hospira Pty Ltd and Sandoz Pty Ltd Change to listing (Minor submission)	Anti-cancer drug	The Department requested the PBAC consider changing the listings for docetaxel and paclitaxel from Authority required (STREAMLINED) listings to unrestricted benefit listings for all indications following the substantial price reductions that these drugs have been subject to since the PBAC's original recommendations for listing.	The PBAC recommended amending the existing listings for all docetaxel and paclitaxel products from Authority required (STREAMLINED) listings to unrestricted benefit listings. This recommendation does not apply to paclitaxel nanoparticle albumin bound (nab-paclitaxel).

DRUG, SPONSOR, TYPE OF SUBMISSION	DRUG TYPE OR USE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION
PANITUMUMAB 100 mg/5 mL injection, 1 x 5 mL vial 400 mg/20 mL injection, 1 x 20 mL vial Vectibix® Amgen Australia Pty Ltd Change to listing (Major submission)	Metastatic colorectal cancer (mCRC)	1. Request to modify the existing later-line metastatic colorectal cancer (mCRC) panitumumab listing from eligibility based on wild type KRAS to wild type RAS. 2. Re-submission requesting Section 100 (Efficient Funding of Chemotherapy) Authority Required (+/- Streamlined) listing for use in combination with FOLFOX as first-line chemotherapy for wild type RAS metastatic colorectal cancer.	The PBAC recommended that, to align with their TGA-approved indications, the current PBS restrictions for panitumumab and cetuximab be amended urgently to include only patients with *RAS* WT mCRC in coordination with corresponding amendments to the related MBS item descriptor to extend mutation testing to cover all *RAS* mutations. However, the PBAC rejected the request to amend the current PBS restriction for panitumumab to include first-line treatment of patients with *RAS* WT mCRC due to uncertain extent of incremental clinical benefit over its comparators. On the basis of the head-to-head PRIME trial, the comparison of panitumumab + FOLFOX to FOLFOX alone resulted in: • approximately 2.2 months gain in median progression-free survival and 5.6 months gain in median overall survival, observed over a median duration of approximately 95 weeks of follow-up; • 20 additional patients experiencing a Grade 3 or higher drug-related adverse event for every 100 patients treated. On the basis of the head-to-head PEAK trial, the comparison of panitumumab + FOLFOX to bevacizumab + FOLFOX resulted in: • approximately 2.9 months gain in median progression-free survival and 12.4 months gain in median overall survival, observed over a median duration of approximately 90 weeks of follow-up; • 18 additional patients experiencing a Grade 3 or higher drug-related adverse event for every 100 patients treated.

DRUG, SPONSOR, TYPE OF SUBMISSION	DRUG TYPE OR USE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION
PERAMPANEL, tablets, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg and 12 mg Fycompa® Eisai Australia Pty Ltd New listing (Major submission)	Epilepsy	Authority required (Streamlined) listing for the adjunctive treatment of partial epileptic seizures.	The PBAC recommended listing perampanel as an Authority required (STREAMLINED) listing for the treatment of intractable partial epileptic seizures in patients meeting certain criteria on a cost-minimisation basis compared with lacosamide. The equi-effective doses were determined to be: - perampanel 2 mg once daily is equi-effective to lacosamide 50 mg twice daily; - perampanel 4 mg once daily is equi-effective to lacosamide 100 mg twice daily; - perampanel 6 mg once daily is equi-effective to lacosamide 150 mg twice daily; - perampanel 8 mg once daily is equi-effective to lacosamide 200 mg twice daily; - perampanel 10 mg once daily is equi-effective to lacosamide 200 mg twice daily; - perampanel 12 mg once daily is equi-effective to lacosamide 200 mg twice daily It was noted that on the basis of the indirect evidence presented by the submission, perampanel and lacosamide are comparable in effectiveness and safety. In terms of effectiveness, when compared to placebo, the addition of either of these drugs to an existing anti-epileptic drug regime will reduce seizure frequency.

RANIBIZUMAB 2.3 mg/0.23 mL injection, 1 x 0.23 mL vial Lucentis® Novartis Pharmaceuticals Australia Pty Ltd Change to listing (Major submission)	Diabetic macular oedema (DME)	Authority required listing for treatment of patients with visual impairment due to DME who meet certain criteria.	The PBAC recommended extending the listing of ranibizumab as Section 85 Authority required benefit to include treatment of visual impairment due to DME. The PBAC considered that authority applications through the PBS and Specialised Drugs Branch of the Department of Human Services would be appropriate for ranibizumab, similar to administrative arrangements for ranibizumab and aflibercept in AMD. The PBAC considered the issues in the economic model had been addressed as far as possible, in particular the relationship between the assessment of effects on the treated eye in the trials and the generation of utility consequences for the whole person, but noted that there were still some uncertainties about the best basis for estimating utilities. The PBAC agreed with the ESC that the econometric transformation undertaken in the evaluation was a reasonable basis for its revised base case ICER after further adjusting for costs of blindness, costs of falls and relative risk of mortality. The PBAC agreed that, at the submission's revised base case ICER in the range of $45,000 - $75,000, ranibizumab for DME was not acceptably cost-effective. The PBAC considered that ranibizumab would be cost-effective at a reduced price that produces an ICER, similar to that previously accepted for ranibizumab in the treatment of AMD. On the basis of the RESTORE trial, for every 100 patients treated with ranibizumab in comparison to laser: • approximately 22 additional patients would gain at least 10 letters in visual acuity in the studied eye (from baseline to 12 months) • approximately 9 fewer patients would experience a loss of at least 10 letters in visual acuity in the studied eye (from baseline to 12 months) • approximately 7 additional patients would experience conjunctival haemorrhage. On the basis of the DRCR.Net trial, for every 100 patients treated with ranibizumab in comparison to laser: • approximately 19 additional patients would gain at least 10 letters in visual acuity in the studied eye (from baseline to 12 months) • approximately 10 fewer patients would experience a loss of at least 10 letters in visual acuity in the studied eye (from baseline to 12 months) • approximately 20 additional patients would experience conjunctival haemorrhage.

RANIBIZUMAB 2.3 mg/0.23 mL injection, 1 x 0.23 mL vial Lucentis® Novartis Pharmaceuticals Australia Pty Ltd Change to listing (Major submission)	Macular oedema secondary to retinal vein occlusion (RVO)	Authority required listing for treatment of patients with visual impairment due to macular oedema secondary to RVO who meet certain criteria.	The PBAC recommended extending the listing of ranibizumab as Section 85 Authority required benefit to include treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (both branch retinal vein occlusion and central retinal vein occlusion). The PBAC considered that authority applications through the PBS and Specialised Drugs Branch of the Department of Human Services would be appropriate for ranibizumab, similar to administrative arrangements for ranibizumab and aflibercept in AMD. The PBAC considered the issues in the economic model had been addressed as far as possible, in particular the relationship between the assessment of effects on the treated eye in the trials and the generation of utility consequences for the whole person, but noted that there were still some uncertainties about the best basis for estimating utilities. The PBAC agreed with the ESC that the econometric transformation undertaken in the evaluation was a reasonable basis for its revised base case ICER, after further adjusting for costs of blindness, costs of falls and relative risk of mortality. The PBAC agreed that, at the submission's revised base case ICER, ranibizumab for RVO was not acceptably cost-effective. The PBAC considered that ranibizumab would be cost-effective at a reduced price that produced an ICER, similar to that previously accepted for ranibizumab in the treatment of AMD. The PBAC noted that it would need a substantial price reduction in order to reach this ICER. On the basis of the two trials presented by the re-submission, for every 100 patients treated with ranibizumab in comparison to laser/sham injection: • approximately 16 to 18 additional patients would gain at least 15 letters in visual acuity in the studied eye (from baseline to 12 months) • approximately 4 to 8 additional patients would experience a loss of less than 15 letters in visual acuity in the studied eye (from baseline to 12 months) • approximately 9 to 13 additional patients would experience conjunctival haemorrhage • approximately 5 to 11 additional patients would experience retinal exudates.

RITUXIMAB 100 mg/10 mL injection 500 mg/50 mL injection Mabthera® Roche Products Pty Ltd Change to listing (Minor submission)	Non-Hodgkin's lymphoma	Re-submission to review the cost-effectiveness of rituximab for maintenance therapy of follicular lymphoma in patients who have achieved a partial or complete response to induction treatment in first-line and relapsed treatment settings.	The PBAC reiterated its previous recommendation to extend the current listing for rituximab to include maintenance treatment of follicular lymphoma (FL). The PBAC also advised that a lower price than proposed by the sponsor be sought. There is currently no specific PBS listing for rituximab maintenance therapy in non-Hodgkin's lymphoma (NHL). This is an indication for which the sponsor has not previously sought subsidy and for which the PBAC has not previously assessed the medicine's cost effectiveness. Despite this, use of rituximab maintenance under the PBS appears to be widespread and is associated with significant costs, which are likely to be in the order of $100 million over 5 years. This use appears to be occurring under the current Authority Required (streamlined) restrictions intended for induction treatment in NHL. In light of this, the PBAC requested 'a review of the efficacy and cost-effectiveness of rituximab for maintenance therapy in lymphoma'. As a submission was not received from the sponsor, the review was commissioned by the Department. This review report was considered by the PBAC at its March 2014 meeting. In its consideration of the review, the March 2014 PBAC meeting concluded that rituximab maintenance treatment for follicular NHL has superior comparative effectiveness with regard to progression free survival and inferior comparative safety compared to observation. However, the PBAC concluded that rituximab was not cost effective in this indication at the current price.

			The minor submission proposed a lower price and a number of changes to the economic evaluation, and the PBAC accepted one of the changes. However, the PBAC concluded that even with the proposed price reduction the ICER/QALY was unacceptably high particularly given the uncertainty around the extent of survival benefit from the trial data. The PBAC considered that an additional price reduction would be required to reduce the financial risk to the Commonwealth. The PBAC considered this in the context of a medicine that has been widely used outside the intended restrictions, and the consequent large financial outlay that has already been spent through misuse of the streamlined restrictions. In the absence of a further price reduction, the PBAC considered that these risks must be addressed through the use of written Authorities for all of rituximab's PBS listings in NHL and clarification of the intent of these listings. The PBAC considered that this change to restriction level, if required, should be accompanied by a letter from the PBAC to affected prescribers outlining the reasons for this change. The PBAC considered that this amendment should occur as soon as practicable.

SIMEPREVIR, capsule, 150 mg Olysio® Janssen-Cilag Pty Ltd New Listing (Major submission)	Hepatitis C	Section 100 (Highly Specialised Drug Program) Private Hospital Authority required and Public Hospital Authority required (Streamlined) listing for the treatment of chronic genotype 1 hepatitis C infection in patients who meet certain criteria	The PBAC recommended the Section 100 (Highly Specialised Drugs Program) listing of simeprevir, in combination with PR, to treat hepatitis C virus (HCV) genotype 1 infection in treatment naïve and treatment experienced patients who meet certain criteria with a maximum quantity of 6 packs with 0 repeats. Listing was recommended at the price proposed in the submission. The trial-based equi-effective doses are simeprevir 150mg once daily and telaprevir 750mg three times per day. The PBAC considered that the submission supported the claim that simeprevir is non-inferior in terms of comparative effectiveness (in achieving an SVR) and superior in terms of safety when compared with boceprevir and telaprevir. The PBAC considered that a cost-minimisation analysis was the appropriate approach for valuing simeprevir at the present time. The PBAC noted that on the basis of indirect evidence presented by the submission, for every 100 treatment naïve patients treated with SMV12+PR24/48 in comparison to TVR12+PR24/48 or BOC24+PR28/48: • SMV appears to be no worse than TEL/BOC in the treatment of HCV Genotype 1 • Approximately 5 fewer patients would have SAEs during the treatment period • Approximately 2-8 fewer patients would have treatment discontinuations due to AEs during the treatment period • Approximately 20-22 fewer patients would have anaemia during the treatment period

STRONTIUM 2 g granules, 28 x 2 g sachets Protos® Servier Laboratories (Australia) Pty Ltd Change to listing (Minor submission)	Osteoporosis	To request a change to existing PBS listing for treatment of patients with established osteoporosis to reflect amended TGA indications following a review of safety.	With knowledge of the safety review by the TGA and the addition of a black box warning the product information, the PBAC recommended amending the listing of strontium to place it in a second line setting where the patient is unable to use other osteoporosis treatments due to contraindication or intolerance. The PBAC considered that in light of the safety concerns with strontium, returning the listing to a telephone Authority would be appropriate. The PBAC also recommended that prescribing be limited to medical practitioners. The PBAC considered that in light of the fact that superiority of strontium over alendronate had not been accepted, and that the cost-effectiveness of strontium in a second-line setting was unknown, there was no basis for strontium to retain its current higher price than alendronate. The PBAC was of a mind to recommend the delisting of strontium from the PBS under the current circumstances, however noted that the sponsor had not yet had the opportunity to respond to the Committee's concerns. The PBAC considered that it would be appropriate for the sponsor to have the opportunity to make a major submission to establish the cost-effectiveness of strontium in a second-line setting. The PBAC requested that a major submission be put to it for consideration by it at its July 2015 meeting. The PBAC noted that should the cost-effectiveness of strontium in second line not be established at that time, it may choose at that meeting to recommend the delisting of strontium from the PBS.
TRIGLYCERIDES LONG CHAIN with GLUCOSE POLYMER oral liquid, 27 x 200 mL cartons Sno-Pro® Nutricia Australia Pty Ltd New listing (Minor submission)	Medicinal food	Restricted Benefit listing for patients with proven inborn errors of protein metabolism who are unable to meet their energy requirements with permitted food and formulae.	The PBAC recommended listing with the same restriction wording as currently applies to the comparator ProZero®.

TRIGLYCERIDES MEDIUM CHAIN FORMULA Powder for oral liquid, 400 g Peptamen Junior® Nestle Health Science New listing (Minor submission)	Medicinal food	Restricted Benefit listing for fat malabsorption due to liver disease, short gut syndrome, cystic fibrosis and gastrointestinal disorders.	The PBAC recommend the listing of Peptamen Junior®.
TRIVALENT INFLUENZA VACCINE Office of Health Protection, Department of Heath Change to listing (Minor submission)	Influenza	Extension of the National Immunisation Program (NIP) schedule to include trivalent influenza vaccine (TIV) for all Aboriginal and Torres Strait Islander children aged between 6 months and 5 years.	The PBAC recommended extending the availability of trivalent influenza vaccine under the National Immunisation Program to include annual vaccination for all Aboriginal and Torres Strait Islander children aged 6 months to 5 years.
UMECLIDINIUM BROMIDE powder for inhalation, 62.5 microgram/actuation, 30 actuations Incruse® Ellipta® GlaxoSmithKline Australia Pty Ltd New listing (Major submission)	Chronic obstructive pulmonary disease (COPD)	Restricted Benefit listing for the treatment of adult patients with COPD.	The PBAC recommended listing of umeclidinium as a restricted benefit for the treatment of chronic obstructive pulmonary disease with a maximum quantity of one pack with five repeats on the basis of non-inferiority to tiotropium. The PBAC considered that the cost-effectiveness of umeclidinium would be acceptable if it were cost-minimised against aclidinium, which was recommended for listing by PBAC in March 2014 for the same indication, also on the basis of non-inferiority to tiotropium but at the lower price requested by the sponsor of aclidinium. Based on an indirect comparison using placebo as the common comparator, umeclidinium appeared to be no worse than tiotropium in the treatment of COPD. The outcomes assessed were airway function, breathlessness, and use of additional rescue medication. The frequency of adverse effects appeared to be the same between umeclidinium and tiotropium.

UMECLIDINIUM BROMIDE + VILANTEROL TRIFENATATE (FDC) powder for inhalation, umeclidinium bromide 62.5 microgram/actuation + vilanterol trifenatate 25 microgram/actuation Anoro ® Ellipta® GlaxoSmithKline Australia Pty Ltd New listing (Minor submission)	Chronic obstructive pulmonary disease (COPD)	Authority Required (Streamlined) listing for the treatment of adult patients with COPD where symptoms persist despite regular bronchodilator treatment with a long acting muscarinic agonist (LAMA) and/or long acting beta2-agonist (LABA); or for the treatment of adult patients who have been stabilised on a combination of a LAMA and a LABA in separate devices.	The PBAC recommended the listing of umeclidinium/vilanterol as an Authority required (STREAMLINED) benefit for the treatment of chronic obstructive pulmonary disease for patients already stabilised on concomitant LAMA and LABA therapy. The PBAC considered, amongst other matters, that the cost-effectiveness of UMEC/VI would be acceptable if it were priced using the methodology proposed by the submission but with the calculation based on the new lower aclidinium price in place of the current tiotropium price as proposed.
VITAMINS, MINERALS AND TRACE ELEMENTS WITH CARBOHYDRATE powder for oral liquid, 30 x 6 g sachets FruitiVits® Vitaflo Australia Pty Ltd New listing (Minor submission)	Medicinal food	Authority Required listing for children whose vitamin and mineral intake is insufficient due to a specific diagnosis requiring a highly restrictive therapeutic diet, and whose vitamin, mineral and trace element needs cannot be adequately met with other proprietary vitamin and mineral	The PBAC recommended the listing for FruitiVits® at the same price per gram of key nutrients as the main comparator, Paediatric Seravit®.