PBAC March meeting outcomes

At their March meeting the Pharmaceutical Benefits Advisory Committee (PBAC) made two positive recommendations to list or change the listing of respiratory therapies on the Pharmaceutical Benefits Scheme (PBS).

Once a positive recommendation is made, further negotiations occur between the pharmaceutical company and the Department of Health. An announcement is made when the therapy is available at the subsidised price at the pharmacy.

Positive recommendation to list Opdivo® (nivolumab) and Yervoy ® (ipilimumab) for malignant pleural mesothelioma (MPM).

The PBAC recommended that nivolumab and ipilimumab be listed on the PBS to treat patients as initial (or first-line) therapy for non-resectable (not-suitable for surgery) MPM, and as an option (or second-line treatment) for people who have previously received chemotherapy for non-resectable and resectable MPM and the MPM has continued to get worse (progressed). The PBAC also recommended the therapies for treatment of non-plural mesothelioma.

The PBAC considered that there was a high clinical need for effective therapies for MPM.

Positive recommendation to broaden the use of the lung cancer chemotherapy Mvasi® (bevacizumab) – a generic.

The PBAC recommended that bevacizumab be listed as an unrestricted benefit for use in a broader range of patients. An unrestricted listing means that bevacizumab can be used in combination treatment with atezolizumab so that no patients are be disadvantaged.

Rejections

Lung cancer therapies

The PBAC did not recommend subsidising nivolumab as a first-line treatment for non-small cell lung cancer (NSCLC) for patients 75 years of age or older.

Therapies for progressive fibrosing Interstitial Lung Disease (PF-ILD)

The PBAC did not recommend the listing of Ofev® (nintedanib) for the treatment of patients with PF-ILD. The PBAC considered that the available data indicated a benefit in terms of slowing decline in lung function compared with best supportive care (BSC); however, the PBAC considered that although an overall survival benefit was plausible, the magnitude of any such benefit was uncertain. In this context, the PBAC considered that for nintedanib to be cost-effectiveness the pharmaceutical company would need to reduce the price of nintedanib. The PBAC nominated the Early Resolution resubmission pathway for this item.

Lung Foundation Australia is deeply disappointed by this outcome and we will encourage and support the pharmaceutical company to make a resubmission to the PBAC and continue to provide a compassionate means of access to this life-extending drug to Australians living with PF-ILD.

Thank-you to all patients and carers who completed surveys or provided information to assist in compiling compelling submissions in support of respiratory therapies. The PBAC appreciates the comprehensive patient submissions provided by Lung Foundation Australia. Supporting early and equitable access to the right respiratory medications for Australians experiencing lung disease is fundamental to our mission.

July PBAC meeting agenda items

The PBAC will consider two major respiratory therapy submissions at their March meeting. These are:

- Lorviqua® (lorlatinib) – requesting a listing for first line treatment for patients who have locally advanced (Stage IIIB) or metastatic (Stage IV) ALK positive NSCLC.
- Aerosphere® (brextri) – a triple therapy delivering 3 medicines, or active ingredients, (budesonide, formoterol fumarate dihydrate and glycopyrronium) via a pressure metered dose inhaler ("puffer") device for people with moderate to severe Chronic Obstructive Pulmonary Disease.

Please keep an eye out for our communications if you wish to provide information regarding these therapies.