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News Release

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Australians need fast forward button for access to cancer medicines

Research reveals 800 more patients per year could be treated with PBS-listed immuno-oncology medicines

Approximately 800 more cancer patients could be treated with immuno-oncology medicines per year if reimbursement process timelines were accelerated[1], reveals research released today at the 2020 Annual Scientific Meeting of the Clinical Oncology Society of Australia.

Health modelling has further revealed that an expedited Pharmaceutical Benefits Scheme (PBS) reimbursement process – 9 months from first submission to PBS listing - could lead to an increase in patient life years by approximately 19 per cent; and an increase in patients' progression-free survival (where the cancer does not progress any further in the body) by 22 per cent[1].

The health modelling research, commissioned by biopharmaceutical company MSD, also predicted that a delay of 12 months, in addition to the current timelines, for reimbursed access of immuno-oncology medicines restricted access to immuno-oncology anti-PD-1/PD-L1 treatments for more than 5000 patients, over a five-year period.[1]

The research, *"Modelling the health outcomes of immuno-oncology therapies in cancer care in Australia - Reimbursement scenario analysis"* was based on a projected 35,700 patients[2] treated with anti-PD-1/PD-L1 immuno-oncology medicine over five years for melanoma, first and second line non-small cell lung cancer (NSCLC), urothelial, head and neck cancer, and renal cell carcinoma[1]. It concluded that the amount of time for drugs to receive national reimbursement has a significant impact on clinical health outcomes for Australian patients and highlighted the importance of policy work to provide faster access to potentially life-saving treatments[1].

The research, conducted by Adelphi Values, a global healthcare value consultancy, identified that research has shown that immuno-oncology medicines have changed survival outcomes in several oncology indications[1], and that the current process for reimbursing

these treatments in Australia is long and complex, with timelines from approval to listing ranging from 9 months to 24.3 months.[1]

As the majority of Australian oncology patients cannot access these medications until they receive a PBS listing, the study aimed to examine the effects of different reimbursement timelines of select immuno-oncology medicines on the health outcomes of Australian cancer patients[1].

The Health Impact Projection model, of which this research is founded, estimates the key clinical outcomes of patients receiving PD-1/PD-L1 inhibitors compared to standard of care over five years. Six high-incidence cancers were assessed (*real-world actual reimbursement timelines from PBAC submission to listing in brackets)*: melanoma (14.8 months); first line NSCLC (21.8 months); second line NSCLC (16.9 months); urothelial (20.4 months); head and neck (18 months); and renal cell carcinoma (19.3 months)[1]. These real-world scenarios were compared to two other scenarios – where timelines are either accelerated to nine months or delayed by 12 months. An additional scenario was conducted to assess the clinical outcomes gained due to the special PBAC meeting to consider a broad PBS listing for PD-1/PD-L1 inhibitors for NSCLC[1].

Mr Michael Azrak, Managing Director of MSD Australia and New Zealand, said that the special PBAC lung cancer meeting held in August 2019 was an example of pragmatic and flexible Health Technology Assessment (HTA) decision making that enabled accelerated access for patients. “This forward-thinking process led to early access to immuno-oncology medicines for Australian lung cancer patients, which, according to this modelling, contributed to an improvement in overall survival, progression-free survival and quality of life for these patients.”

“We strongly believe that streamlined pathway reforms for assessing and accelerating reimbursement submissions will improve treatment access for Australian patients, while also improving health outcomes[1]. We will continue to work with the Australian Department of Health to realise the potential of an improved assessment system for patients that benefits those who need PBS access to medicines as soon as possible,” said Mr Azrak.

The Health Impacts Projection (HIP) model was first presented at COSA 2019 and compared two worlds - with and without anti-PD-1/PD-L1’s - in order to determine the impact of introducing the class on health outcomes in numerous cancers. Across both analyses in

2019 and 2020, experts were consulted to provide insight, validation and credibility to the model's methodology and assumptions.

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References

[1] Sabbah R et al: *Modelling the health outcomes of immuno-oncology therapies in cancer care in Australia - Reimbursement scenario analysis;* COSA 2020.
[2] Adephi Values and PROVE, *Health impact projection in Australia – reimbursement scenario analysis (HIP 1.5),* June 2020