CONSULTATION

PHARMAC
Pharmaceutical Management Agency

**19 July 2013**

# Proposal to list boceprevir and amending the listing of pegylated interferon and ribavirin

PHARMAC is seeking feedback on a proposal to list boceprevir (Victrelis) as a result of a provisional agreement with Merck Sharp and Dohme (New Zealand) Limited (MSD), and to amend the listing of pegylated interferon with/without ribavirin (Pegasys and Pegasys RBV Combination Pack) as a result of a provisional agreement with Roche Products (New Zealand) Limited. The provisional agreements were reached as a result of a Request for Proposals issued by PHARMAC on 30 April 2013, which can be found at the following link:

http://www.pharmac.health.nz/news/item/supply-of-pegylated-interferon-pegylated-interferon-with-ribavirin-boceprevir-and-telaprevir

In summary, this proposal would result in:

- boceprevir (Victrelis) being funded, under Special Authority, from 1 September 2013 for treatment of patients living with chronic hepatitis C:
    - with IL-28 gene CT or TT allele; and
    - who have previously been treated with pegylated interferon and ribavirin who were partial responders, responder relapsers or were treated prior to 2005;
- Victrelis being the only funded protease inhibitor for the treatment of hepatitis C in the community until 30 June 2016;
- the funded access criteria for pegylated interferon with/without ribavirin being widened from 1 September 2013 to cover retreatment of patients living with chronic hepatitis C who have previously been treated with pegylated interferon and ribavirin who were partial responders, responder relapsers or were treated prior to 2005 in combination with boceprevir; and
- Pegasys being the only funded brand of pegylated interferon with/without ribavirin in the community until 30 June 2017.

**Feedback sought**

PHARMAC welcomes feedback on this proposal. To provide feedback, please submit it in writing by **4.00pm** on **Friday, 2 August 2013** to:

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All feedback received before the closing date and time will be considered by PHARMAC's Board (or its delegate) prior to making a decision on this proposal.

Feedback we receive is subject to the Official Information Act 1982 (OIA) and we will consider any request to have information withheld in accordance with our obligations under the OIA. Anyone providing feedback, whether on their own account or on behalf of an organisation, and whether in a personal or professional capacity, should be aware that the content of their feedback and their identity may need to be disclosed in response to an OIA request.

We are not able to treat any part of your feedback as confidential unless you specifically request that we do, and then only to the extent permissible under the OIA and other relevant laws and requirements. If you would like us to withhold any commercially sensitive, confidential proprietary, or personal information included in your submission, please clearly state this in your submission and identify the relevant sections of your submission that you would like it withheld. PHARMAC will give due consideration to any such request.

**Details of the proposal**

*Boceprevir (Victrelis)*

Boceprevir would be listed in Section B and Part II of Section H, of the Pharmaceutical Schedule from 1 September 2013 at the following price and subsidy (ex-manufacturer, excluding GST):

| Chemical | Presentation | Brand | Pack size | Price and subsidy |
|---|---|---|---|---|
| Boceprevir | Capsule | Victrelis | 336 | $5,015.00 |

- A confidential rebate would apply to all subsidised dispensings in the community (for the avoidance of doubt, the rebate would not apply to purchase by DHB hospitals).

- Victrelis would be the only protease inhibitor funded (Sole Subsidised Supply) in the community for the treatment of hepatitis C until 30 June 2016.

- Victrelis would be subject to the following restrictions in Section B and Part II of Section H:

  Initial application - (chronic hepatitis C - genotype 1, first-line) from any specialist. Approvals valid for 18 months for applications meeting the following criteria:
  All of the following:
  1 Patient has chronic hepatitis C, genotype 1; and
  2 Patient has not received prior pegylated interferon treatment; and
  3 Patient has IL 28B genotype CT or TT; and
  4 Patient is to be treated in combination with pegylated interferon and ribavirin; and
  5 Patient is hepatitis C protease inhibitor treatment naive; and
  6 Maximum of 44 weeks therapy.

  Initial application - (chronic hepatitis C - genotype 1, second-line) from any specialist. Approvals valid for 18 months for applications meeting the following criteria:
  All of the following:
  1 Patient has chronic hepatitis C, genotype 1; and
  2 Patient has received pegylated interferon treatment; and

3 Any one of:
   3.1. Patient was a responder relapser; or
   3.2. Patient was a partial responder; or
   3.3. Patient received pegylated interferon prior to 2004; and
4 Patient is to be treated in combination with pegylated interferon and ribavirin; and
5 Maximum of 44 weeks therapy.

*Pegylated Interferon with/without ribavirin (Pegasys and Pegasys RBV Combination Pack)*

The price and subsidy for the following presentations of the Pegasys brands of pegylated interferon with/without ribavirin would be amended in Section B and listed in Part II of Section H of the Pharmaceutical Schedule from 1 September 2013 as follows (expressed ex-manufacturer, excluding GST):

| Chemical | Presentation | Brand | Pack size | Current price and subsidy | Proposed price and subsidy |
|---|---|---|---|---|---|
| Pegylated interferon alpha-2a | Prefilled syringe | Pegasys | 4 injections | $1,800.00 | $900.00 |
| Pegylated interferon alpha-2a with ribavirin | Prefilled syringe with tablets | Pegasys RBV Combination Pack | 4 injections with 112 tablets | $2,059.84 | $1,159.84 |
| Pegylated interferon alpha-2a with ribavirin | Prefilled syringe with tablets | Pegasys RBV Combination Pack | 4 injections with 168 tablets | $2,190.00 | $1,290.00 |

- A confidential rebate would apply to all subsidised dispensings in the community (for the avoidance of doubt, the rebate would not apply to purchase by DHB hospitals).

- Pegasys would be the only pegylated interferon alpha with/without ribavirin funded (Sole Subsidised Supply) in the community until 30 June 2017.

- Pegasys would be subject to the following restrictions in Section B and Part II of Section H (additions to current criteria in **bold**):

  Initial application - (chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV or genotype 2 or 3 post liver transplant) from any specialist. Approvals valid for 18 months for applications meeting the following criteria:
  Both:
  1. Any of the following:
     1.1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or
     1.2 Patient has chronic hepatitis C and is co-infected with HIV; or
     1.3 Patient has chronic hepatitis C genotype 2 or 3 and has received a liver transplant; and
  2. Maximum of 48 weeks therapy
  Note

Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure.
Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline serum HCV RNA is less than 400,000IU/ml

**Renewal application (Chronic Hepatitis C – genotype 1 infection) from Gastroenterologist, infectious disease physician or general physician. Approvals valid for 18 months for patients meeting the following criteria:**
**All of the following**
1. **Patient has chronic hepatitis C, genotype 1; and**
2. **Patient has had previous treatment with pegylated interferon and ribavirin; and**
3. **Either:**
    - **3.1. Patient has responder relapsed; or**
    - **3.2. Patient was a partial responder; and**
4. **Patient is to be treated in combination with boceprevir and;**
5. **Maximum of 48 weeks therapy**

**Initial application (Chronic Hepatitis C – genotype 1 infection treatment more than 4 years prior) from Gastroenterologist, infectious disease physician or general physician. Approvals valid for 18 months for patients meeting the following criteria:**
**All of the following**
1. **Patient has chronic hepatitis C, genotype 1; and**
2. **Patient has had previous treatment with pegylated interferon and ribavirin; and**
3. **Either:**
    - **3.1. Patient has responder relapsed; or**
    - **3.2. Patient was a partial responder; or**
    - **3.3. Patient received interferon treatment prior to 2005**
4. **Patient is to be treated in combination with boceprevir and;**
5. **Maximum of 48 weeks therapy**

Initial application - (chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV) from any specialist. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1. Patient has chronic hepatitis C, genotype 2 or 3 infection; and
2. maximum of 6 months therapy

Initial application - (Hepatitis B) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for 18 months for applications meeting the following criteria:
All of the following:
1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
2 Patient is Hepatitis B treatment-naïve; and
3 ALT > 2 times Upper Limit of Normal; and
4 HBV DNA < 10 log10 IU/ml; and
5 Either:
    5.1 HBeAg positive; or
    5.2 serum HBV DNA = 2,000 units/ml and significant fibrosis (>= Metavir Stage F2 or moderate fibrosis); and
6 Compensated liver disease; and
7 No continuing alcohol abuse or intravenous drug use; and
8 Not co-infected with HCV, HIV or HDV; and
9 Neither ALT nor AST > 10 times upper limit of normal; and
10 No history of hypersensitivity or contraindications to pegylated interferon; and

11 maximum of 48 weeks therapy

Notes:
Approved dose is 180 mcg once weekly.
The recommended dose of Pegylated Interferon-alpha 2a is 180 mcg once weekly.
In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Pegylated Interferon-alpha 2a dose should be reduced to 135 mcg once weekly.
In patients with neutropaenia and thrombocytopaenia, dose should be reduced in accordance with the datasheet guidelines.
Pegylated Interferon-alpha 2a is not approved for use in children.

**Background**

The protease inhibitors (telaprevir and boceprevir) were considered by PTAC at its 19 October 2012 meeting and the relevant minutes can be found at the following link:
http://pharmac.govt.nz/2012/10/19/2012-08%20PTAC%20Minutes.pdf

PTAC recommended that telaprevir and boceprevir be listed with a high priority and recommended that the Anti-Infective Subcommittee of PTAC consider the applications with a view to constructing Special Authority criteria for both products.

The Anti-Infective Subcommittee reviewed the protease inhibitors at its 13 December 2012 meeting and recommended (accepted by PTAC at its February 2013 meeting) that either telaprevir or boceprevir would be an appropriate agent to fund as both pharmaceuticals were the same, or similar, in efficacy. The full minute can be found at the following link:

http://www.pharmac.health.nz/ckeditor_assets/attachments/303/anti-infective-subcommittee-minutes-2012-12-13.pdf

The Anti-Infective Subcommittee further recommended that the following indications be considered for funding, with the following priorities:

- treatment of naive hepatitis C genotype 1 patients with cirrhosis or advanced fibrosis who do not have the IL-28 genotype CC – high priority;
- treatment-experienced hepatitis C genotype 1 patients regardless of fibrosis stage, who were responder relapsers or partial responders – high priority;
- treatment of hepatitis C genotype 1 patients who were treated with standard or pegylated interferon and ribavirin prior to 2004 who did not achieve an SVR but for whom early on treatment responses are not available – low priority;
- treatment naïve hepatitis C genotype 1 patients with either Il-28 TC or TT allele - low priority; and
- treatment naïve hepatitis C genotype 1 patients – low priority (price dependent).

This proposal would provide funded access for the first four of the indications PHARMAC would retain the option to widen access to all treatment naïve hepatitis C patients in the future.

For the avoidance of doubt, if accepted, this proposal would result in the current funding application for telaprevir being closed.

The proposed changes to the funded access criteria for pegylated interferon with/without ribavirin are intended to allow access to a fully funded treatment, in combination with

boceprevir, for responder relapsers, partial responders and those who were treated with pegylated interferon and ribavirin prior to 2005, as per the Anti-Infective Subcommittee's recommendation.

Roche Products (New Zealand) Limited, the supplier of Pegasys, has alerted PHARMAC that it intends to discontinue the 135 mcg presentation of Pegasys when stocks are exhausted. A 135 mcg dose may still be delivered if required, as the 180 mcg PFS barrel is marked with a 135 mcg dose point. After removal of the needle cap, the patient can be instructed to depress the plunger to the 135 mcg dose point (expelling a portion of the dose as waste), and then to self-inject from there. Further information would be provided to the market about this option prior to discontinuation. For the avoidance of doubt the presentations of Pegasys and Pegasys RBV containing the 135 mcg pegylated interferon injection would remain listed at the current price and subsidy.