The Thoracic Society of Australia and New Zealand response to the PHARMAC Consultation

The Society operates in compliance the Medicines Code of Australia. Please see the TSANZ Sponsorship Policy for more information.

Introduction

The Thoracic Society of Australia and New Zealand (TSANZ) is a health promotion charity whose mission is to lead, support and enable all health workers and researchers who aim to prevent, cure, and relieve disability caused by lung disease. TSANZ is the only Peak Body in Australia that represents all health professionals working in all fields of respiratory health.
The TSANZ has a membership base of over 1800 individual members from a wide range of health and research disciplines. The TSANZ is a leading provider of evidence-based guidelines for the treatment of respiratory disease in Australia and New Zealand and undertakes a large amount of professional education and training. The TSANZ is also responsible for significant research administration and coordinates an accredited respiratory laboratory program.
As the leaders in lung health, we promote the:

- highest quality and standards of patient care
- development and application of knowledge about respiratory health and disease
- highest quality air standards including a tobacco smoke free society and effective regulation of novel nicotine delivery systems
- collaboration between all national organisations whose objects are to improve the wellbeing of individuals with lung disease and to promote better lung health for the community
- professional and collegiate needs of the Membership

The TSANZ are grateful for the invitation to provide feedback to the proposal to fund new treatments for lung cancer and severe refractory eosinophilic asthma. Such treatments would help improve access for patients and assist in effectively managing respiratory disease in New Zealand. We will continue to advocate through evidence-based practice and policy to improve respiratory health for all.

Consultation Topic

Pharmaceutical Management Agency of New Zealand (PHARMAC) is seeking stakeholder views on a proposal to fund new treatments for lung cancer and severe refractory eosinophilic asthma, and widen access to a treatment for ovarian cancer.

TSANZ Feedback

The TSANZ are supportive of the proposal made by PHARMAC. This proposal sets to improve accessibility to treatment to those who need it.

The TSANZ strongly support the proposal to fund Durvalumab for patients with non-small cell lung cancer. We have no changes to suggest to the proposed special authority criteria. The TSANZ note that there is very good evidence for immunotherapies for wider indications including in stage 4 disease, combined with chemotherapy, first line monotherapy, and second line for disease that has progressed. Outcomes of patients with advanced lung cancer will continue to lag behind other OECD countries until this lack of funding is addressed.

The TSANZ support the proposal to fund Benralizumab for patients with severe refractory eosinophilic asthma. We believe this treatment to be beneficial to those who live with severe asthma and would remove some barriers for families of lower social and economic status and to Māori and Pacific people, who have both higher rates and poorer outcomes from asthma. Studies have shown Benralizumab's ability to reduce exacerbation frequency, while not increasing incidence of adverse effects. Benralizumab also significantly reduced oral corticosteroid use.[1] We recommend alteration of four of the proposed criteria, criteria 4, 8, 9.2.2 and renewal criteria 1.

Criterion 4: There is very strong evidence of benefit in patients with blood eosinophil counts ≥0.3 $x10^9$/L and therefore we recommend changing the blood eosinophil count criterion to ≥0.3 $x10^9$/L for both Benralizumab and Mepolizumab.

Criterion 8: While the majority of patients with frequent exacerbations will have an ACT score of 10 or less there are some that will not. For example patients who are maintained on oral prednisone may have an ACT of greater than 10 but would derive the same benefit from treatment with Benralizumab. Given the primary benefit of Benralizumab is exacerbation reduction it is inappropriate to have an asthma control criterion.

Criterion 9.2.2: 3 months is too short a time period to assess response to Mepolizumab and make the decision to switch to Benralizumab. In addition there will be a small number of patients already treated with Mepolizumab who will have failed to fully suppress their eosinophilia and who would benefit from being switched to Benralizumab. As until now there has been no alternative to Mepolizumab so these patients would have been continued on Mepolizumab with a partial response. We recommend removal of this criterion and substitution of a criterion requiring that a respiratory physician or clinical immunologist believes that it is likely that the patient will benefit from switching from the previous anti-IL5 medication to Benralizumab. If this recommendation is not acceptable then we would recommend increasing the time period to 12 months, in line with the initial approval period on the special authority.

Renewal criterion 1: As stated above the primary benefit of anti-IL5 agents is exacerbation reduction. There are patients who could have an appropriate reduction in exacerbations but due to the severity of their disease still have day to day symptoms and an ACT of less than 15. Those patients have still benefited from the medication and renewal would be appropriate. We recommend removal of this criterion.
Notwithstanding the changes suggested above, we welcome the proposal to list Benralizumab. There is the potential for significant benefit for some patients with the longer dosing interval after

[1] Clinical Recommendations For The Use Of Benralizumab In Severe Asthma, Accessible at: <https://www.severeasthma.org.au/benralizumab/>

the third dose (every 8 weeks rather than every 4). This will improve equity for those who have limited access to medical facilities providing the injections.

TSANZ are not specialists in ovarian cancer treatment and will not comment on this aspect of the proposal. However, inequities in cancer death rates between Māori and non-Māori remains a concern at a 72% higher cancer death rate for Māori people[2]. We advocate to remove barriers for patients to equable access to appropriate medications.

Concluding Remarks

Lung cancer and asthma continue to be big issues in respiratory health field. Lung cancer is the biggest cancer killer with more than 1600 deaths every year[3] and asthma now affects 1 in every 7 children in New Zealand[4]. With 48% of the inequity between Māori and non-Māori people attributable to lung cancer[5], it is clear more work is needed in this space to close the gap. The TSANZ are pleased to see this proposal from PHARMAC, and we hope to continue to work together to tackle respiratory health issues and to improve respiratory health for all New Zealanders.

[2] Robson B, Purdie G, Cormack, D. 2010. Unequal Impact II: Māori and Non-Māori Cancer Statistics by Deprivation and Rural–Urban Status, 2002–2006. Wellington: Ministry of Health.
[3] Lung Health, Lung Foundation NZ, Accessible at: <https://lungfoundation.org.nz/lung-health/>
[4] Asthma, Health Quality and Safety Commission New Zealand, Accessible at: <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/asthma/>
[5] Teng AM, et al. Ethnic inequalities in cancer incidence and mortality: census-linked cohort studies with 87 million years of person-time follow-up. BMC Cancer. 2016;16(1):755.