

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2010-2011, 23 February 2011

Question: E11-130

OUTCOME 2: Access to Pharmaceutical Services

Topic: ERBITUX

Written Question on Notice

Senator Fierravanti-Wells:

- a) What measures are being put in place to ensure that Australian patients with metastatic colorectal cancer have access to treatments considered globally to be the standard of care?
- b) Has the government considered the advice from the PBAC meeting in July 2010 recommending the PBS listing of Erbitux for the treatment of K-ras wild type metastatic colorectal cancer?
- c) Has the government received advice from MSAC regarding the listing of K-ras testing as an MBS item?
- d) With respect to the listing of Erbitux for the treatment of K-ras wild type metastatic colorectal cancer on the PBS, will the government meet its commitment for Cabinet consideration within six months of reaching price agreement as specified in the 2010 MoU with Medicines Australia?

Answer:

- a) The Australian Government is committed to reducing the burden of cancer and improving support for people living with cancer. Fighting cancer through prevention, early detection and evidence-based treatment and care is a key Government priority.

In the 2009-10 Federal Budget the Government announced a record \$2 billion to build a world-class cancer care system in Australia to address the burden of disease attributed to cancer. This includes investing \$1.3 billion over six years in improving Australia's cancer infrastructure through, among other initiatives, investing in two integrated cancer centres and in building a national network of best-practice regional cancer centres and associated accommodation facilities.

The \$2 billion investment also includes around \$600 million for cancer medicines, research and support for patients and families, with the following elements:

- \$314.1 million for Avastin® (bevacizumab) on the Pharmaceutical Benefits Scheme (PBS), for people with bowel cancer.
- \$131.0 million for Sutent® (sunitinib) on the PBS, for people with kidney cancer.
- \$168 million for Herceptin® (trastuzumab) under the Herceptin® program, for metastatic breast cancer.
- \$2.6 million for the Building Cancer Support Networks Program to fund up to 24 new support groups for people with cancer in the first year.
- \$15.1 million to support clinicians, consumers and health organisations collaborate through cancer care networks.
- \$6.8 million to improve lung cancer care through research and improving clinical practice.
- \$4.2 million in a national cancer monitoring centre to understand risk patterns and treatment outcomes.

These investments build on the Government cancer initiatives announced in the 2008-09 Federal Budget, which include support for women with breast cancer, funding for prostate cancer research centres, the National Bowel Screening Program and for radiation oncology services.

The Government currently subsidises over 3,800 medicines through the PBS, one of the most accessible and affordable medicine subsidy schemes in the world. This includes medicines which are specifically listed on the PBS to treat patients with metastatic colorectal cancer, such as:

Capecitabine (Xeloda®);
Oxaliplatin (among other brands including Eloxatin®);
Bevacizumab (Avastin®);
Irinotecan (including Camptosar® among other brands); and
Raltitrexed (Tomudex®).

There are also other chemotherapy agents listed on the PBS which can be used for colorectal cancer as well as other types of cancer.

- b) The PBAC made a positive recommendation at its July 2010 meeting. MSAC considered the K-ras test associated with this drug at its December 2010 meeting. The Government has received and is currently considering the advice from both PBAC and MSAC.
- c) Yes.
- d) The Memorandum of Understanding with Medicines Australia provides that for those submissions required to be approved by the Cabinet, the Commonwealth will use its best endeavours to implement a maximum time frame of six months for consideration and decision by Cabinet, commencing from the date pricing was agreed between the sponsor of medicine and the Department of Health and Ageing.

However, as the medicine is co-dependent on the diagnostic test, the Government must consider the recommendations of both the PBAC and MSAC before making a decision and will do so as quickly as possible.