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21 March 2019

Professor Andrew Wilson

Chair

Pharmaceutical Benefits Advisory Committee

Department of Health

CANBERRA ACT 2601

Dear Professor Wilson

Thank you for the Pharmaceutical Benefits Advisory Committee’s (PBAC) report ‘Options for listing PD(L)-1 checkpoint inhibitors for multiple cancer indications on the PBS’.

I am grateful for the considerable time and effort the PBAC took in considering options for improving access to medicines for Australians. I also acknowledge the extensive input from the many stakeholders who contributed to the PBAC’s consultations during 2018.

As demonstrated in your advice, the information provided via these consultations was tremendously valuable, represented a broad range of opinions and demonstrated a shared commitment from the Australian community to improve access to subsidised medicines for all Australian patients, not only checkpoint inhibitors.

I am pleased to note the PBAC advice that the current system for evaluating medicines for PBS reimbursement is generally working well. The PBAC’s analysis shows that Australian timelines from submission to subsidy for the consideration of checkpoint inhibitors are largely consistent with other international bodies. However, as noted in the report, we must always look for opportunities to improve the current processes.

I welcome the options that the PBAC has proposed for further investigation and support the intent and general scope of the Committee’s recommendations. I note these recommendations could provide system-wide improvements, and therefore benefit Australians with cancer and other equally devastating conditions.

The Liberal National Government is already expanding clinical trial capability in Australia, especially in the area of rare diseases and cancers. I am confident that this will provide opportunities for evidence collection in these rare condition populations. The landmark Medical Research Future Fund is providing record funding for clinical trials for rare and less common cancers and diseases and in the emerging area of genomics. The evidence generated through this investment will, in turn, support consideration of broader access to new and existing therapies.

Following receipt of your committee’s advice, I have asked my Department to:

* support the PBAC in its work to develop an Appendix to its guidelines to provide information on possible approaches to multi-indication submissions within the existing legislative framework;
* undertake preliminary investigations of legislated options for, and provide advice to Government within six months on:
	+ subsidised access to Therapeutic Goods Administration (TGA) registered medicines that offer a therapeutic advance for conditions where there is a high and unmet clinical need, while the PBAC is considering an application, and
	+ conditional funding arrangements that use the current Managed Access Program arrangements and establish transparent, robust and enforceable criteria for reviewing existing funding arrangements for medicines and for managing exit from subsidy.

Such options could complement the priority and provisional medicine pathways used by the TGA which are intended to improve patient access times for such medicines; and

* work with you on the remaining recommendations which require further development.

In the meantime, I note that the PBAC is progressing further specific deliberation and consideration of a possible broad PBS subsidy listing for checkpoint inhibitors for non small cell lung cancer. I look forward to receiving further advice from you in due course.

I welcome your offer to provide public briefings on the PBAC’s report and encourage stakeholders to continue to engage with you on this matter. The Government recognises that continued engagement and collaboration with the community is essential to the ongoing improvement of our already world class health system.

Finally, the Liberal National Government is committed to listing, without fear or favor, all new medicines on the PBS that have been recommended by your committee. The work of the PBAC and your ongoing leadership in this area is greatly valued.

Yours sincerely

Greg Hunt