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6.12 ELEXACAFTOR WITH TEZACAFTOR AND WITH IVACAFTOR, AND IVACAFTOR
Pack containing 28 sachets elexacaftor 100 mg with tezacaftor 50 mg and with ivacaftor 75 mg and 28 sachets ivacaftor 75 mg
Trikafta®,
VERTEX PHARMACEUTICALS (AUSTRALIA) PTY LTD

1 Purpose of Submission

1.1 The Committee Secretariat submission requested a change to the existing listing of elexacaftor with tezacaftor and with ivacaftor, and ivacaftor (herein referred to as elexacaftor/ tezacaftor/ ivacaftor) for the treatment of cystic fibrosis (CF) to allow patients aged 6 to 11 years of age to use either a granule or tablet formulation of the same dose.

2 Background

2.1 Elexacaftor/ tezacaftor/ ivacaftor is currently listed on the PBS for the treatment of CF in patients over 2 years of age who have at least one mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene that is responsive to elexacaftor/ tezacaftor/ ivacaftor based on clinical and/or in vitro assay data. There are two strengths of tablets and two strengths of granules listed (see Table 1).

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Table 1: Summary of formulation and appropriate populations

Formulation	Appropriate population according to recommended dose in TGA PI	Population criteria for PBS listing
Granules		
Elexacaftor 80 mg + tezacaftor 40 mg + ivacaftor 60 mg granules [28] (&) ivacaftor 59.5 mg granules [28], 56	2 to < 6 years of age, weighing less than 14kg	Patient must be 2 to 5 years of age.
Elexacaftor 100 mg + tezacaftor 50 mg + ivacaftor 75 mg granules [28] (&) ivacaftor 75 mg granules [28], 56	2 to < 6 years of age, weighing more than 14 kg 6 to < 12 years of age, weighing less than 30 kg	Patient must be 2 to 5 years of age. Request to change to "Patient must be aged between 2 and 11 years inclusive"
Tablets		
Elexacaftor 50 mg + tezacaftor 25 mg + ivacaftor 37.5 mg tablet [56] (&) ivacaftor 75 mg tablet [28], 84	2 to < 6 years of age, weighing more than 14 kg 6 to < 12 years of age, weighing less than 30 kg	Patient must be aged between 2 and 11 years inclusive.
Elexacaftor 100 mg + tezacaftor 50 mg + ivacaftor 75 mg tablet [56] (&) ivacaftor 150 mg tablet [28], 84	6 to < 12 years of age, weighing more than 30 kg ≥ 12 years of age	Patient must be at least 6 years of age.

Source: based on information provided in TGA Product Information and PBS.gov.au

Registration status

2.2 Elexacaftor/ tezacaftor/ ivacaftor was approved by the TGA in April 2025 for the treatment of those who meet the diagnostic criteria of CF in patients aged 2 years and older who have at least one mutation in the CFTR gene that is responsive based on clinical or in vitro evidence.

3 Requested listing

3.1 The submission requested amendment of the population criterion for the elexacaftor 100 mg/ tezacaftor 50 mg/ ivacaftor 75 mg strength of the granules (PBS item codes 14228W and 14280N) from "Patient must be 2 to 5 years of age" to "Patient must be aged between 2 and 11 years inclusive".

3.2 This strength of granules would provide an appropriate dose for patients aged 6 to less than 12 years who weigh less 30 kg. Patients aged 6 to less than 12 years who weigh ≥ 30 kg would not be appropriate for the elexacaftor 100 mg/ tezacaftor 50mg/ ivacaftor 75 mg strength of granules. The Secretariat noted there is no reference to body weight in the restriction criteria; however, the criteria includes a note that no increase in maximum quantity will be authorised so the risk of these patients inappropriately using this strength of granules is unlikely.

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4 Consideration of the evidence

Sponsor hearing

4.1 There was no hearing for this item.

Consumer inputs

4.2 The PBAC noted and welcomed the input from two organisations via the Office of Health Technology Assessment Consultation Hub. Cystic Fibrosis Australia and CF Together were supportive of the requested change, stating it would improve access for younger CF patients who have difficulty taking tablets.

Financial implications

4.3 The submission stated there would be no change in the cost to government.

5 PBAC outcome

5.1 The PBAC recommended the population criteria for elexacaftor 100 mg/ tezacaftor 50 mg/ ivacaftor 75 mg strength of granules, be amended to allow prescribing for patients aged between 6 years to 11 years. The PBAC considered this change would provide an appropriate dose for younger patients that weigh less than 30 kg who have difficultly taking tablets.

5.2 The PBAC noted there was likely to be no net cost to the government associated with this change and expenditure on all formulations and strengths of elexacaftor/ tezacaftor/ ivacaftor are included in a risk share arrangement with expenditure caps.

Outcome:
Recommended

6 Recommended listing

6.1 Amend existing listing as follows (additions in italics and deletions in strikethrough):

MEDICINAL PRODUCT medicinal product pack	Item Code	Max. Qty	No. of Rpts	Brand Name	Manufacturer
ELEXACAFTOR + TEZACAFTOR + IVACAFTOR (&) IVACAFTOR					
elexacaftor 100 mg + tezacaftor 50 mg + ivacaftor 75 mg granules [28] (&) ivacaftor 75 mg granules [28], 56	14228W	1	5	Trikafta	Vertex Pharmaceuticals (Australia) Pty. Ltd.
elexacaftor 100 mg + tezacaftor 50 mg + ivacaftor 75 mg granules [28] (&) ivacaftor 75 mg granules [28], 56	14280N	1	5	Trikafta	Vertex Pharmaceuticals (Australia) Pty. Ltd.

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Concept ID (for internal Dept. use)		**Category / Program:** ☒ Section 100 (Highly Specialised Drugs) – Public Hospitals (Code HB) & Private Hospitals (Code HS)
		Prescriber Type(s): ☒ Medical Practitioners
Prescribing rule level		**Administrative Advice** For the purposes of this restriction, PBS-subsidised 'CFTR modulator' means ivacaftor, lumacaftor/ivacaftor, tezacaftor/ivacaftor, elexacaftor/tezacaftor/ivacaftor and vanzacaftor/tezacaftor/deutivacaftor.
		Administrative Advice Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday)., Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au, Applications for authorisation under this restriction should be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos), Alternatively applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos, Or mailed to:, Services Australia, Complex Drugs, Reply Paid 9826, HOBART TAS 7001
		Administrative Advice: No increase in the maximum quantity or number of units may be authorised.
		Administrative Advice: No increase in the maximum number of repeats may be authorised.
		Administrative Advice: Special Pricing Arrangements apply.
Restriction Summary [17771] / Treatment of Code (ToC) [17772]		
		Treatment Phase: Initial treatment
		Restriction Level / Method: ☒ Authority required (Written)
		Indication: Cystic fibrosis
		Treatment Criteria
		Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation
		AND
		Treatment Criteria
		Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation
		Clinical Criteria
		Patient must have at least one mutation in the CFTR gene that is considered responsive to elexacaftor/tezacaftor/ivacaftor potentiation based on clinical and/or in vitro assay data
		AND
		Clinical Criteria
		The treatment must be given concomitantly with standard therapy for this condition
		AND
		Clinical Criteria
		Patient must have either chronic sinopulmonary disease or gastrointestinal and nutritional abnormalities, prior to initiating treatment with this drug
		AND
		Clinical Criteria
		The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition
		Population Criteria
		~~Patient must be 2 to 5 years of age~~ *Patient must be aged between 2 and 11 years inclusive*
		Prescribing Instructions For the purposes of this restriction, the list of mutations considered to be responsive to elexacaftor/tezacaftor/ivacaftor is defined in the TGA approved Product Information (PI). Mutations that are not listed in the TGA approved PI but considered to be responsive to

	elexacaftor/tezacaftor/ivacaftor can be accepted with a confirmation that these patients do not harbour two Class I mutations.
	Prescribing Instructions This pharmaceutical benefit is not PBS-subsidised for this condition in a patient who is currently receiving one of the strong CYP3A4 inducers outlined in the Product Information.
	Prescribing Instructions The authority application must be via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:, (1) details of the pathology report substantiating the specific mutation considered to be responsive to elexacaftor/tezacaftor/ivacaftor as listed in the TGA approved PI - quote each of the: (i) specific mutation, and if the specific mutation is not listed in the TGA approved PI, confirmation that the patient does not harbour two Class I mutations, (ii) name of the pathology report provider, (iii) date of pathology report, (iv) unique identifying number/code that links the pathology result to the individual patient; and, (2) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.
	Prescribing Instructions If the application is submitted through HPOS form upload or mail, it must include:, (i) details of the proposed prescription; and, (ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).
Restriction Summary [17972] / Treatment of Code (ToC) [17770]	
	Treatment Phase: Continuing treatment
	Indication: Cystic fibrosis
	Treatment Criteria
	Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation
	AND
	Treatment Criteria
	Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation
	Clinical Criteria
	Patient must have previously received PBS-subsidised treatment with this drug for this condition
	AND
	Clinical Criteria
	The treatment must be given concomitantly with standard therapy for this condition
	AND
	Clinical Criteria
	The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition
	Population Criteria
	~~Patient must be 2 to 5 years of age~~ *Patient must be aged between 2 and 11 years inclusive*
	Prescribing Instructions This pharmaceutical benefit is not PBS-subsidised for this condition in a patient who is currently receiving one of the strong CYP3A4 inducers outlined in the Product Information.
	Prescribing Instructions The authority application must be via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include: current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.
	Prescribing Instructions If the application is submitted through HPOS form upload or mail, it must include:, (i) details of the proposed prescription; and, (ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

These restrictions may be subject to further review. Should there be any changes made to the restriction the sponsor will be informed.

7 Context for Decision

The PBAC helps decide whether and, if so, how medicines should be subsidised through the Pharmaceutical Benefits Scheme (PBS) in Australia. It considers applications regarding the listing of medicines on the PBS and provides advice about other matters relating to the operation of the PBS in this context. A PBAC decision in relation to PBS listings does not necessarily represent a final PBAC view about the merits of the medicine or the circumstances in which it should be made available through the PBS. The PBAC welcomes applications containing new information at any time.

8 Sponsor's Comment

The sponsor had no comment.