TE AHO O TE KAHU CANCER CONTROL AGENCY

TE RERE O TE TOTO- UNDERSTANDING BLOOD CANCER MEDICINE AVAILABILITY IN AOTEAROA NEW ZEALAND

FREQUENTLY ASKED QUESTIONS

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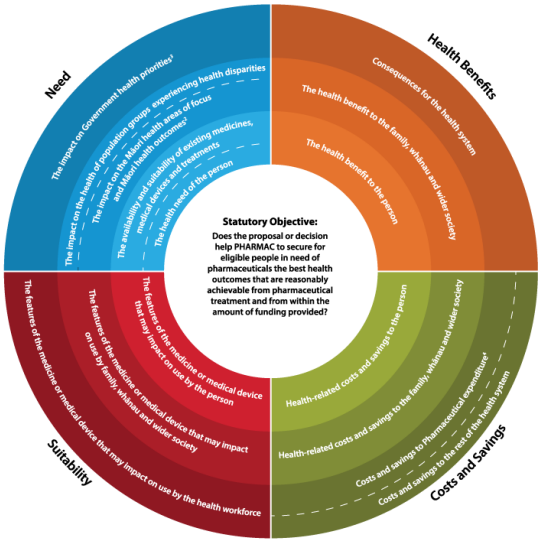
Why are the medicines identified with a substantial clinical benefit not funded in Aotearoa New Zealand?

Decisions about what medicines are publicly funded are complex and involve considerations beyond the clinical benefit a medicine can provide.

Pharmac is the Government Agency responsible for deciding which medicines are publicly funded. Pharmac uses a framework called the Factors for Consideration to evaluate the broader impact a new medicine could have if it was funded in Aotearoa New Zealand compared to the other medicines or treatments that are already available. This framework ensures that all of Pharmac's decisions on the medicines to fund are evaluated using the same considerations. The Factors for Consideration include the health need of the patient population who would use the proposed new medicine, the additional health benefits the proposed new medicine would provide, and the cost implication of funding this new medicine, including consideration of potential savings. Lastly, consideration is given to the suitability of the medicine to the patient population who will be receiving the treatment. These four factors are considered from a patient, family and whānau, and health system perspective.

Once Pharmac assess a proposed new medicine, it is compared against other new medicines that could be funded, and ranked on a list called the 'Options for Investment list' (the OFI). The OFI lists medicines that Pharmac would fund if budget was available, in priority order from highest value to lowest value. While the medicines on the OFI list are publicly available, the priority order is kept confidential for commercial reasons. The ranking of medicines on this list considers the totality of the Factors for Consideration described above and is revised quarterly.



As of October 2024, the OFI list contained 132 medicines, of which 50 are for treatment of cancer, with 14 specifically for the treatment of blood cancers. This represents a significant list of medicines Pharmac would fund if they had budget to do so. Some cancer medicines on the OFI and identified in this report are funded in Australia but not in Aotearoa New Zealand - but many are not yet available in Australia either.

The ability for Pharmac to fund new medicines from this list depends on the available budget. Budget availability to fund new medicines arises from budget increases provided by the Government, or through savings that are generated through Pharmac negotiating cheaper prices on the medicines they already fund. The budget that can be generated from the latter is becoming increasingly limited due to the rising cost of medicines, with pharmaceutical companies experiencing many of the cost pressures currently felt across global economies.

A medicine identified as a gap was rated as not providing substantial clinical benefit. Why is this?

Scoring the magnitude of clinical benefit of medicines using the European Society of Medical Oncology Magnitude of Clinical Benefit Scoring system is complex and considers many aspects of each clinical trial. This includes:

- The **clinical benefit** the medicine provides over and above the standard of care used before the new medicine was introduced.
- Whether the new drug improves a patients' **quality of life** either by improving quality of life on treatment or extending the period of time improved quality of life is experienced.
- Whether the new medicine has more or less **toxicities** than the standard of care used before the new medicine was introduced.

For the majority of medicines rated with a low magnitude of clinical benefit score, this score was allocated because the key clinical trial evidence did not demonstrate robust improvement in quality of life and/or improved survival. This includes circumstances where the relevant clinical trials measured quality of life and survival as main trial outcomes but found no difference. In addition, some clinical trials did not measure quality of life, or quality of life was not a primary or secondary outcome.

Many medicines have trial evidence that shows slowing of cancer progression as demonstrated by clinical markers of disease. However, the most beneficial medicines are those that also showed that the delay in cancer progression resulted in an improvement in overall survival and/or improved quality of life. Medicines that slow the rate of cancer progression without also improving a patient's quality of life or survival are less beneficial.

Some medicines received low clinical magnitude scores as there was only interim trial evidence available at the time this analysis was undertaken. This means that additional, longer-term trial evidence is likely to be published later, or the trial was focused more on how the medicine affects the disease, rather than the patients. The scoring for these medicines might be different when additional published clinical trial data becomes available. Study results that are from analyses that were not outlined in the original study plan (i.e post-hoc analyses) are unable to be considered with the ESMO-MCBS:H tool.

A medicine of interest to me is not identified in this analysis. Why is this?

This report focuses on understanding the gaps between medicines available for the treatment of blood cancer in Australia and in Aotearoa New Zealand. The analysis summarised here compared medicine availability in the two countries as of 1 January 2024.

Australia is a country we often compare ourselves to, in terms of health service availability and quality. Australia also faces challenges in relation to the funding of medicines, and cannot fund all cancer medicines. Any medicines that were not publicly funded in both Aotearoa New Zealand and Australia on 1 January 2024 were not included in this analysis.

As of October 2024, there were 50 cancer medicines, 14 specifically for the treatment of blood cancer, on Pharmac's 'Options for Investment List' (the OFI). The OFI lists medicines Pharmac would fund if budget was available.

Eight of the 42 gaps identified in this report as being funded in Australia are on the Options for Investment list. Six of the identified gaps has been funded since this analysis. There are many more cancer medicines Pharmac is assessing, some of which are not available in Australia.

It is important to remember that some of the medicines on the OFI that are not currently funded in Australia may provide greater clinical benefit or value to Aotearoa New Zealanders, than those medicines identified with a substantial magnitude of clinical benefit in this report.

Will the medicines rated with a substantial magnitude of clinical benefit in this report be funded in Aotearoa New Zealand?

This report aims to describe the gaps in blood cancer medicine availability between Australia and Aotearoa New Zealand using a tool designed to help define the magnitude of clinical benefit associated with those medicines identified as gaps.

The report is not intended to directly influence funding decisions or provide a list of medicines that should be funded.

Decisions about what medicines are to be publicly funded is the remit of Pharmac and importantly involves consideration of health need, costs/savings, and medicine suitability in addition to clinical benefit. Pharmac has identified many blood cancer medicines of value that could be funded. However, Pharmac can only fund medicines when they have adequate budget available to do so.

It is important to remember that there are cancer medicines being considered for funding by Pharmac that are not yet available in Australia. In some cases, these may provide even greater value than the medicines identified as available in Australia but not in New Zealand.

Why did you choose the ESMO-MCBS tool and how good is it?

The European Society of Medical Oncology Magnitude of Clinical Benefit Scale (ESMO-MCBS) tool was developed to help ensure that critical evaluation of the potential benefit of individual cancer medicines is more consistent. The aim is to reduce bias that can occur with the variable interpretation of clinical trial data and to provide a reliable and fair evaluation of the magnitude of clinical benefit of cancer medicines. This information can help inform cancer service planning and prioritisation whilst reducing unwarranted 'hype' around some new medicines.

The ESMO-MCBS tool was used in this report for several reasons including:

- It was the tool used in the 2022 'Understanding the Gap: an analysis of the availability of cancer medicines in Aotearoa' Report. It was important to ensure any identified gaps for blood cancer medicines were assessed in manner consistent with the previous assessment of solid tumour cancer medicines.
- The tool is internationally recognised and validated.
- The tool was designed for use in a policy setting which aligns with the overall objective of this analysis.

The ESMO-MCBS aims to highlight those medicines that have a significant positive impact on survival and/or quality of life. It distinguishes these medicines from those which offer marginal benefits or delay disease progression with no impact on quality of life or survival.

While the ESMO-MCBS:H tool is internationally recognised and validated, it is one of several different ways magnitude of clinical benefit could be measured and like all methodologies it has some limitations. The main limitations of the tool are due to its relatively detailed and prescriptive nature.

Some things to note when interpreting the derived ESMO-MCBS:H scores in this report are:

- Only published clinical trial evidence used in the licensing for the medicine by the Australian Therapeutic Goods Administration (TGA) could be considered. The ESMO-MCBS tool does not include consideration of how good the clinical trials were.
- Scoring can only be done with the published clinical trial evidence that was used to inform the medicines licensing. Some clinical trials will publish longer term follow up data in the future.
- The ESMO-MCBS:H tool is very prescriptive in nature and is focused on assessment of evidence for increased survival or improved quality of life associated with the use of a medicine. It is also very prescriptive about what cannot be considered in the assessment of a medicine's magnitude of clinical benefit. This is both a strength and a limitation of the tool.
- The scores were derived in a robust process with as much quality control as realistically possible. However, it is possible that the derived scores in this

report will differ from those released by ESMO when they publish their scorecards. Some of these differences will be due to changes made to reflect the Aotearoa New Zealand context while others will be due to different interpretations of the clinical evidence particularly around toxicities.

How do the gaps identified in the 2024 Report compare to the gaps identified in the 2022 Report?

The 2022 report, that described gaps as of 1 July 2021, noted 28 medicine-indication pair gaps for blood cancers which represented 26 medicine treatment regimens[1].

Since the release of the 2022 report and the assessment of gaps on the 1 January 2024, two of the 28 medicine-indication pairs have since been funded in Aotearoa New Zealand. These were brentuximab vedotin for relapsed or refractory anaplastic large cell lymphoma and for relapsed or refractory Hodgkin lymphoma (funded on 1 December 2022). The remaining 26 blood cancer medicine-indication pairs were still considered gaps as of 1 January 2024.

The 2024 report found that the number of blood cancer medicine-indication pair gaps had increased to 42. Since the assessment of gaps on the 1 January 2024, six medicine-indication pairs have been funded by Pharmac. This means in October 2024, 36 medicine-indication gaps were identified between Australia and Aotearoa New Zealand for blood cancer medicines.

Have any identified gaps been funded since the evaluation on the 1 January 2024?

Since the analysis date of 1 January 2024, four individual blood cancer medicines for six different indications have been funded by Pharmac, closing the gaps identified to 36 medicine-indication pairs, nine with a substantial magnitude of clinical benefit.

Table 1 summarises the gaps that have been funded and their associated magnitude of clinical benefit according to the ESMO-MCBS:H.

[1] **Medicine-indication pairs**: Medicine-indication pair gaps refer to medicines that are funded in Australia but not in Aotearoa New Zealand, with reference to each specific and different indication for the medicines use. One medicine might be funded for several indications. **Regimen-indication pairs**: Regimen-indication gaps refer to the situation where more than one medicine will be required for a particular treatment and that all those medicines need be to funded to close that particular treatment gap.

Table 1: Medicine-indication pairs identified as gaps on 1 January 2024 that have since been funded by Pharmac

Medicine	Indication	Date funded in Aotearoa New Zealand	ESMO-MCBS:H score
Midostaurin*	Acute myeloid leukaemia with FLT3 mutation	1 July 2024	A (Substantial clinical benefit)
Lenalidomide	Newly diagnosed multiple myeloma	1 August 2024	4 (Substantial clinical benefit)
Lenalidomide	Myelodysplastic syndrome with del(15q), low risk or intermediate-1 and red blood cell transfusion dependent	1 August 2024	3
Pomalidomide	Relapsed or refractory multiple myeloma third line	1 August 2024	4 (Substantial clinical benefit)
Pomalidomide	Progressive disease after at least one prior therapy that is either lenalidomide monotherapy or contains lenalidomide and the patient has undergone or is ineligible for an autologous haematopoietic stem cell transplant	1 August 2024	2
Pembrolizumab**	Relapsed or refractory Hodgkin lymphoma	1 October 2024	3

* Pharmac's funding of Midostaurin covers use as induction and consolidation therapy. It does not cover use in a maintenance setting which is permitted in Australia.

** Funded from to 2024 Government Budget uplift to Pharmac.

What was the magnitude of clinical benefit score for daratumumab for treating multiple myeloma?

Daratumumab for treatment of multiple myeloma is a medicine of interest to many New Zealanders. This medicine is funded in Australia for people with relapsed or refractory multiple myeloma as a second line therapy in combination with bortezomib and dexamethasone.

The ESMO-MCBS:H score for Daratumumab in this analysis is 3 (non-substantial clinical benefit in a non-curative setting). This score is based on the results of a clinical trial that led to the medicine being licensed, called CASTOR. The patients included in the CASTOR trial were receiving daratumumab as a second line, or a subsequent line, of treatment. The ESMO-MCBS:H score is based on the combined results of the entire trial population, many of whom had more than one prior line of therapy. The CASTOR trial results for only the specific subgroup of patients who received daratumumab as a

second line therapy show that these are the patients who gain the most benefit from the addition of daratumumab. However, this subgroup analysis did not meet the requirements of the ESMO-MCBS:H tool, as it was not a prespecified analysis, and therefore the outcomes of this patient group were unable to be evaluated separately.

Pharmac received an application to fund daratumumab for relapsed or refractory multiple myeloma in November 2017 and it has been on the Options for Investment List since December 2020.

Will both cancer medicine availability reports be updated as cancer medicine funding changes occur in both countries?

This report was completed as a continuation of the 2022 report titled 'Understanding the Gap: an analysis of the availability of cancer medicines in Aotearoa' to provide information on the magnitude of clinical benefit of identified blood cancer gaps. The analysis of the magnitude of clinical benefit of blood cancer medicine gaps was not able to be completed in the 2022 report, as our chosen tool, the European Society of Medical Oncology Magnitude of Clinical Benefit (ESMO-MCBS) tool was not validated for blood cancers at that time. In mid-2023, the European Society of Medical Oncology released a validated tool for blood cancers, and Te Aho o Te Kahu (Cancer Control Agency) completed the report as intended.

As of July 2024, there are no plans for Te Aho o Te Kahu (Cancer Control Agency) to repeat this analysis on a regular or ongoing basis.