



Improving Access to Medicines – listing of new items on the PBS

The Australian Government's commitment to the Pharmaceutical Benefits Scheme (PBS) is steadfast. This year's Budget continues the commitment to list all medicines recommended by the medical experts on the Pharmaceutical Benefits Advisory Committee (PBAC). Since October 2013, more than 2,450 new or amended PBS items have been listed at an overall cost of around \$11.8 billion. The Government is averaging 30 new and amended listings per month – approximately one every day.

- 1 November 2020, Lynparza® (olaparib) will be made available for the treatment of newly diagnosed advanced high grade epithelial ovarian, fallopian tube or primary peritoneal cancers. An average of 300 patients per year may benefit from this listing. Without PBS subsidy, patients would pay over \$140,500 per course of treatment for this medicine.
- 1 November 2020, Tecentriq® (atezolizumab) and Avastin® (Bevacizumab) will be made available for Hepatocellular carcinoma, the most common type of primary liver cancer. An average 500 patients per year may benefit from this listing. Without PBS subsidy, patients may pay \$170,000 for a course of treatment.
- From 1 October 2020, Eylea® (aflibercept) was listed for the treatment of subfoveal choroidal neovascularisation due to pathologic myopia. In 2019, around 500 patients accessed a comparable treatment. Without PBS subsidy, patients may pay around \$5,000 per year.
- From 1 September 2020, Calquence® (acalabrutinib) was listed for the treatment of chronic lymphoma leukaemia or small lymphocytic lymphoma. Around 1,600 patients may benefit from this listing. Without PBS subsidy, patients may pay around \$140,000 per course of treatment.
- From 1 August 2020, Rozlytrek® (entrectinib) was listed for the treatment of non-small cell lung cancer. Around 130 patients per year may benefit from this listing. Without PBS subsidy, patients may pay around \$177,000 per course of treatment.

- From 1 July 2020, Ozempic® (semaglutide) was listed for the treatment of insufficiently controlled type 2 diabetes. Around 40,000 patients per year may benefit from this listing. Without PBS subsidy, patients would pay \$1,700 per year for treatment.
- From 1 June 2020, Revlimid® (lenalidomide) was expanded to allow use in combination with Velcade® (bortezomib) and dexamethasone for previously untreated multiple myeloma. Around 2,300 patients per year may benefit from this listing. Without PBS subsidy, patients may pay around \$64,000 per course of treatment.
- From 1 May 2020, Repatha® (evolocumab) was made available for the treatment of atherosclerotic cardiovascular disease and familial hypercholesterolaemia. Up to 30,000 patients may benefit each year. Without PBS subsidy patients would pay more than \$5,400 per year.
- From 1 April 2020, Revlimid® (lenalidomide) was made available to include the treatment of patients with newly diagnosed multiple myeloma – a cancer of the bone marrow – after an autologous stem cell transplant. Around 1,000 patients per year may benefit from this listing. Without PBS subsidy patients would pay more than \$194,000 for a course of treatment.

Why is this important?

The Government has committed to list positive Pharmaceutical Benefits Advisory Committee recommendations on the PBS schedule, subject to successful negotiations with sponsors.

The PBS continues to provide timely, reliable and affordable access to necessary medicines for Australians.

Who will benefit?

All Australians benefit from access to affordable medicines. The PBS listing of these medicines means that eligible patients will pay only a maximum of \$41 per script, or just \$6.60 with a concession card.

How much will this cost?

This will cost \$1.1 billion from 2019–20 to 2023–24.