



**Submission to the Pharmaceutical Benefits Advisory Committee for
BOCEPRAVIR to be made available on the Pharmaceutical Benefit Scheme**

*For consideration by the Pharmaceutical Benefit Advisory Committee (PBAC) at the
March 2012 meeting, submitted online on 8 February 2012.*

***Mandatory fields**

Medicine to which this submission relates: Bocepravir

Date of PBAC meeting: March 2012

Submitted by (individual, collective group). Insert name or organisations details here:

Organisational response submitted by Carrie Fowlie, Executive Officer, Alcohol Tobacco and Other Drug Association ACT (ATODA)

Email: carrie@atoda.org.au

Phone Number: (02) 6255 4070

Address Details

Street Address: 350 Antill St.

Suburb: Watson

State: ACT

Postcode: 2602

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✓ I understand that I am responsible for submitting my comments to the PBAC Secretariat within the timeframe advised on the PBAC agenda list of submissions for a particular meeting date.

Note: There is a 200 word limit for each comment. Please provide your comments to these questions below (you do not have to answer all questions). Please include information that you feel would help the Committee understand how this health problem or disease affects you, your family and carers.

1: What treatment (if any) are you using now?

Please describe what medicines you take to treat your health problem and how well this treatment works.

Standard treatment for people living with hepatitis C virus (HCV) genotype 1 infection in Australia is a combination therapy of Pegylated Interferon self-administered weekly injection plus daily Ribavirin tablets for 48 weeks.

Genotype 1 strain is harder to treat, approximately 50% genotype 1 patients do not achieve a sustained virological response (SVR) which equates to a 'cure'. SVR of 80-90% is typical for people with genotype 2 and 3 who have treatment for 26 weeks.

Treatment side-effects vary, can be very debilitating, cumulative and often dissuade people from undertaking it.

About 221,000 people live with chronic hepatitis C in Australia. Over 119,000 people (54%) of which have the genotype 1 infection. 2500 - 5000 people live with HCV in the ACT. Approximately 90% of all new HCV infections and approximately 80% of all current infections are among people who inject drugs or who have injected drugs.

The NSW Anti-Discrimination Board Inquiry into Hepatitis C Related Discrimination and the Senate Community Affairs Reference Committee on Hepatitis C and the Blood Supply in Australia found that HCV is a highly stigmatised condition, with negative associated social, economic and health effects. Making Bocepravir available on the PBS is one way of overcoming this.

2: What do you see as the benefits of this new medicine for you?

Please describe the benefits you think the new medicine could have for your health? Do you think the new medicine could have any disadvantages?

Benefits include:

(a) More people with genotype 1 can expect to be SVR:

Clinical trials indicate a 20-30% higher SVR rate by adding Bocepravir to the standard treatment options.

(b) More people engaged in timely treatment:

The availability of Bocepravir may offer hope for those who have not responded, or relapsed, following prior treatment. People have been delaying their treatment for more than a year as they wait for the new therapies to be listed on the PBS.

(c) Reducing the economic impact: individual and health system:

Injecting drug users generally have a low socio-economic status including prison histories and low levels of educational attainment. Listing Bocepravir on the PBS will enable individuals, who may not have been otherwise able to afford treatment a means of accessing it.

Further, the health system would benefit from curing people with chronic disease

(e.g. reducing hospital visits and health budgets; decreasing individuals with liver disease, cancer and requiring transplants). Chronic disease reduction is a health priority for Australia governments.

These benefits outweigh the potential side-effects noted in trials including anaemia - particularly given that dose reduction and the addition of another drug to reduce the impact of anaemia appear to work quite well.

3: How will your life and that of your family and carers be improved by this new medicine?

Please describe how you think this medicine will affect your life and the lives of your family or carers. Please explain why you think this.

Without the inclusion of Bocepravir on the PBS it is expected that:

- The number of people with hepatitis C developing advanced liver disease complications (liver failure, primary liver cancer) and dying from liver disease-related causes will increase.
- The number of people commencing therapy will remain low - around 3500 per year compared to approximately 10,000 annual infections. Approximately 6000 people annually need to be treated to stabilise the number progressing to advanced liver disease.

Adding Bocepravir to the PBS is expected to improve the lives of individuals, families and the community in several ways, including reducing morbidity and mortality through:

- Reducing the burden of disease attributed to chronic hepatitis C, such as hepatocellular carcinoma.
- Minimising the personal and social impacts of hepatitis C by increasing access to treatment for people with chronic hepatitis C.

These improvements would lead to individual and family improvements across a range of indicators including mental health, quality of life and life expectancy. For example, increasing the treatment uptake to 6000 per year would be highly cost-effective in terms of cost per quality adjusted life year gained, with increases to 8000 and 12,000 providing even further improvements.

4: What other benefits can you see from having this medicine on the PBS?

Please describe any other benefits you think will come from having this medicine listed on the PBS (for example: fewer hospital visits, reduced time off work and so on).

Adding Bocepravir to the PBS will support Australian government efforts to engage two hepatitis C priority groups:

1. Approximately 22,000 Aboriginal and Torres Strait Islander people have been exposed to the hepatitis C virus, of which 16,000 live with chronic hepatitis C. Aboriginal and Torres Strait Islander people constitute 2.4% of the Australian population yet make up 8.3% of the Australian population living with hepatitis

C. Australian Governments are committed to closing the gap across all indicators to improve the health and wellbeing of all Aboriginal and Torres Strait Islander people.

2. People who inject drugs are the highest priority population at risk of hepatitis C infection. They comprise a significant proportion of people living with the disease and are a significant priority population for treatment. Aboriginal and Torres Strait Islander peoples who inject drugs have significantly higher rates of hepatitis C.

Compounding these risks and stigma, these populations are significantly over-represented in custodial settings, for example Aboriginal and Torres Strait Islander people represent 24% of Australia's prison population. The 2007 National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey found that prisoners tested positive to hepatitis C at a rate 40 times higher than in the general population. People with Hep C who are currently incarcerated would benefit by being able access this treatment whilst in prison, thereby improving their health and post release prospects.

5: Do you have any comments on the consumer input process?

Please provide comments or suggestions on how this process could be improved (are the questions appropriate?, what worked well?, what needs improvement?).

Thank you for the opportunity to make this submission. It would be helpful if additional space or a specific section was available to provide references.

ATODA is the peak body for the alcohol, tobacco and other drug sector in the ACT. ATODA seeks to promote health through the prevention and reduction of the harms associated with ATOD.

ATODA works collaboratively to provide expertise and leadership in the areas of social policy, sector and workforce development, research, coordination, partnerships, communication, information and resources. ATODA is an evidence informed organisation that is committed to the principles of public health, human rights and social justice. Please don't hesitate to contact ATODA for further information (www.atoda.org.au).