

## EXPLANATORY STATEMENT

### NATIONAL HEALTH ACT 1953

#### **NATIONAL HEALTH (HIGHLY SPECIALISED DRUGS PROGRAM) SPECIAL ARRANGEMENT AMENDMENT (APRIL UPDATE) INSTRUMENT 2022**

#### **PB 27 of 2022**

#### **Purpose**

This is the *National Health (Highly Specialised Drugs Program) Special Arrangement Amendment (April Update) Instrument 2022* (PB 27 of 2022) (this Instrument). The purpose of this Instrument, made under subsection 100(2) of the *National Health Act 1953* (the Act), is to amend the *National Health (Highly Specialised Drugs Program) Special Arrangement 2021* (PB 27 of 2021) (the Special Arrangement), to make changes to the Special Arrangement relating to the Highly Specialised Drugs (HSD) Program.

The amendments made by this Instrument reflect amendments to the *National Health (Listing of Pharmaceutical Benefits) Instrument 2012* (PB 71 of 2012), which commence on the same day. The *National Health (Listing of Pharmaceutical Benefits) Instrument 2012* (PB 71 of 2012) is made under sections 84AF, 84AK, 85, 85A, 88 and 101 of the Act.

Schedule 1 to this Instrument provides for the addition of the listed drugs cabotegravir, cabotegravir and rilpivirine, elexacaftor with tezacaftor and with ivacaftor, and ivacaftor, and siltuximab, and the addition of a brand of the listed drug azacitidine to the Special Arrangement. Additionally, it provides for the deletion of brands of the listed drug pegfilgrastim, and the alteration of circumstances in which a prescription may be written for the supply of the listed drugs ivacaftor, lumacaftor with ivacaftor, ravulizumab, and tezacaftor with ivacaftor and ivacaftor under the Special Arrangement.

These changes are summarised, by subject matter, in the Attachment.

#### **Authority**

Subsection 100(1) of the Act enables the Minister to make special arrangements for the supply of pharmaceutical benefits.

Subsection 100(2) of the Act provides that the Minister may vary or revoke a special arrangement made under subsection 100(1).

Subsection 100(3) of the Act provides that Part VII of the Act, and instruments made for the purposes of Part VII have effect subject to a special arrangement made under subsection 100(1).

#### **Consultation**

The amendments made by this Instrument accord with recommendations made by the Pharmaceutical Benefits Advisory Committee (PBAC).

An ongoing and formal process of consultation in relation to matters relevant to the Special Arrangement includes the involvement of interested parties through the membership of the PBAC.

PBAC is an independent expert body established by section 100A of the Act which makes recommendations to the Minister about which drugs and medicinal preparations should be available as pharmaceutical benefits. PBAC members are appointed following nomination by prescribed organisations and associations from consumers, health economists, practising community pharmacists, general practitioners, clinical pharmacologists and specialists, with at least one member selected from each of those interests or professions. Remaining members are persons whom the Minister is satisfied have qualifications and experience in a field relevant to the functions of PBAC, and that would enable them to contribute meaningfully to the deliberations of PBAC. In addition, an industry nominee has been appointed to the PBAC membership. When recommending the listing of a medicine on the Pharmaceutical Benefits Scheme (PBS), PBAC takes into account the medical

conditions for which the medicine has been approved for use in Australia, its clinical effectiveness, safety and cost-effectiveness compared with other treatments.

Pharmaceutical companies were consulted throughout the process of changes to the listings on the PBS. This includes consultation through the PBAC process.

Further consultation for this Instrument was considered unnecessary due to the nature of the consultation that has already taken place in the decision to list the medications outlined under 'Purpose'.

Details of this Instrument are set out in the Attachment.

This Instrument commences on 1 April 2022.

This Instrument is a legislative instrument for the purposes of the *Legislation Act 2003*.

**DETAILS OF THE NATIONAL HEALTH (HIGHLY SPECIALISED DRUGS PROGRAM) SPECIAL ARRANGEMENT AMENDMENT (APRIL UPDATE) INSTRUMENT 2022**

**Section 1 Name of Instrument**

This section provides the name of this Instrument as the *National Health (Highly Specialised Drugs Program) Special Arrangement Amendment (April Update) Instrument 2022* and may also be cited as PB 27 of 2022.

**Section 2 Commencement**

This section provides that this Instrument commences on 1 April 2022.

**Section 3 Authority**

This section states that this instrument is made under subsection 100(2) of the *National Health Act 1953*.

**Section 4 Schedules**

Section 4 provides that each instrument that is specified in a Schedule to the Instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to the Instrument has effect according to its terms.

**Schedule 1 Amendments**

Item 1 – Section 6

Item 1 amends the definition for “CAR drugs” to add the drug elexacaftor with tezacaftor and with ivacaftor, and ivacaftor to the list of Complex Authority Required drugs.

Item 2 – Section 6

Item 2 amends the definition for “medication for the treatment of HIV or AIDS” to add the drugs cabotegravir, cabotegravir and rilpivirine, and darunavir with cobicistat, emtricitabine and tenofovir alafenamide.

Items 3 to 27 – Schedules 1, 2 and 3

Items 3 to 27 involve the addition of listed drugs, the addition and deletion of brands of listed drugs, and the alteration of circumstances for prescribing various listed drugs available under the Special Arrangement. These changes are summarised below.

**SUMMARY OF CHANGES TO THE HIGHLY SPECIALISED DRUGS PROGRAM MADE BY THIS INSTRUMENT**

**Listed Drugs Added**

**Listed Drug**

Cabotegravir

Cabotegravir and rilpivirine

Elexacaftor with tezacaftor and with ivacaftor, and ivacaftor

Siltuximab

## Brands Added

<i>Listed Drug</i>	<i>Form and Brand</i>
Azacitidine	Powder for injection 100 mg ( <i>Azacitidine MSN</i> )

## Brands Deleted

<i>Listed Drug</i>	<i>Form and Brand</i>
Pegfilgrastim	Injection 6 mg in 0.6 mL single use pre-filled syringe ( <i>Neulasta; Tezmota</i> )

## Alteration of Circumstances in Which a Prescription May be Written

<i>Listed Drug</i>
Ivacaftor
Lumacaftor with ivacaftor
Ravulizumab
Tezacaftor with ivacaftor and ivacaftor

## Documents Incorporated by Reference

<i>Listed Drug</i>	<i>Document incorporated</i>	<i>Document access</i>
Siltuximab	<p><b>Idiopathic multicentric Castleman disease (iMCD) diagnostic criteria.</b> The document is incorporated as in force on the day this Instrument takes effect, pursuant to paragraph 14(1)(b) of <i>the Legislation Act 2003</i>.</p> <p>This medical literature reference article appears in a peer-reviewed medical journal targeted at haematologists. The article provides consensus diagnostic criteria for iMCD and stands as a definition of iMCD where any doubt may exist in practice.</p>	<p>The iMCD medical reference is available for download for free from <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5364342/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5364342/</a></p> <p>Fajgenbaum DC, Uldrick TS, Bagg A, Frank D et. al. International, evidence-based consensus diagnostic criteria for HHV-8-negative/idiopathic multicentric Castleman disease. <i>Blood</i> 2017; 129 (12): 1646-1657.</p>
Elexacaftor with tezacaftor and with ivacaftor, and ivacaftor Ravulizumab Tezacaftor with ivacaftor and ivacaftor	<p><b>TGA Approved Product Information.</b> The document is incorporated as in force on the day this Instrument takes effect, pursuant to paragraph 14(1)(b) of <i>the Legislation Act 2003</i>.</p> <p>This document provides health professionals with a summary of the scientific information relevant to the safe and effective use of a prescription medicine.</p>	<p>TGA-approved Product Information is available for download for free from the TGA website: <a href="https://www.tga.gov.au/product-information-0">https://www.tga.gov.au/product-information-0</a></p>

## Statement of Compatibility with Human Rights

*Prepared in accordance with Part 3 of the Human Rights (Parliamentary Scrutiny) Act 2011*

### *National Health (Highly Specialised Drugs Program) Special Arrangement Amendment (April Update) Instrument 2022*

**(PB 27 of 2022)**

This Instrument is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.

#### **Overview of the Instrument**

The purpose of this Instrument, made under subsection 100(2) of the *National Health Act 1953* (the Act), is to amend the *National Health (Highly Specialised Drugs Program) Special Arrangement 2021* (PB 27 of 2021) (the Special Arrangement), to make changes to the Special Arrangement relating to the Highly Specialised Drugs Program.

The pharmaceutical benefits supplied under the Special Arrangement are for the treatment of chronic conditions which, because of their clinical use or other special features, may only be supplied to patients receiving specialised treatment.

#### **Human Rights Implications**

This Instrument engages Articles 9 and 12 of the International Covenant on Economic Social and Cultural Rights (ICESCR), specifically the rights to social security and health.

##### *The Right to Social Security*

The right to social security is contained in Article 9 of the ICESCR. It requires that a country must, within its maximum available resources, ensure access to a social security scheme that provides a minimum essential level of benefits to all individuals and families that will enable them to acquire at least essential health care. Countries are obliged to demonstrate that every effort has been made to use all resources that are at their disposal in an effort to satisfy, as a matter of priority, this minimum obligation.

The UN Committee on Economic Social and Cultural Rights reports that there is a strong presumption that retrogressive measures taken in relation to the right to social security are prohibited under ICESCR. In this context, a retrogressive measure would be one taken without adequate justification that had the effect of reducing existing levels of social security benefits, or of denying benefits to persons or groups previously entitled to them. However, it is legitimate for a Government to re-direct its limited resources in ways that it considers to be more effective at meeting the general health needs of all society, particularly the needs of the more disadvantaged members of society.

##### *The Right to Health*

The right to the enjoyment of the highest attainable standard of physical and mental health is contained in Article 12(1) of the ICESCR. The UN Committee on Economic Social and Cultural Rights (the Committee) has stated that the right to health is not a right for each individual to be healthy, but is a right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health.

The Committee reports that the 'highest attainable standard of health' takes into account the country's available resources. This right may be understood as a right of access to a variety of public health and health care facilities, goods, services, programs, and conditions necessary for the realisation of the highest attainable standard of health.

## **Analysis**

This Instrument advances the right to health and the right to social security by providing new drugs, and a new brand of a listed drug. The PBS is a benefit scheme which assists with advancement of these human rights by providing for subsidised access by patients to medicines. The recommendatory role of the Pharmaceutical Benefits Advisory Committee (PBAC) ensures that decisions about subsidised access to medicines on the PBS are evidence-based.

If there are many brands of a listed drug and form, then the delisting of one brand will not adversely affect members of the public as they will be able to obtain any of the other equivalent brands. The deletion of brands in this Instrument will not affect access to the drugs, as affected patients will be able to access equivalent brands, at the same cost. Consequently, the brand delistings in this instrument do not result in an unmet clinical need. Note that delisting of maximum quantities, number of repeats, and pack sizes are equivalent to brand delistings.

## **Conclusion**

This Instrument is compatible with human rights because it advances the protection of human rights.

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