

<b>Matter name:</b>	Juno & Ors – Application for authorisation
<b>Date &amp; Time:</b>	4:30pm Thursday 10 February 2022
<b>External attendees:</b>	Jacqueline Tate, Prof Simon Harrison, Prof Hang Quach – Myeloma Australia and Myeloma Australia’s Medical and Scientific Advisory Group (MSAG)
<b>ACCC participants:</b>	Sophie Mitchell, Danielle Staltari, Lily Xiao, Andrew Ng, Peter Gray

Myeloma Australia’s comments on the application for authorisation are summarised below:

- There are well established myeloma treatments overseas involving lenalidomide and pomalidomide used in combination with other drugs that are not currently reimbursed by the PBS. The only way patients can access these treatments is to: (1) buy it themselves; (2) hospital purchase it; (3) shared costs for the pharmaceutical company.
- Generic entry may lower the cost of drugs, making it more likely that there will be broader indications approved for use by the PBS.
- The 25% price reduction which will occur with Juno/Natco entering with their generic products will not make any real difference to increasing the access of lenalidomide and pomalidomide for patients. These drugs are expensive that only a small proportion of the population could afford to access them (unsubsidised). It will only make a difference if there is true price competition from a number of generic competitors entering.
- The co-payment by the patient for generic lenalidomide and pomalidomide will not change as a result of generic entry lowering the price. The main effect will be lowering the cost to the PBS.
- We are not concerned with the quality of generics in this circumstance as they are bioequivalent, not biosimilars. We are happy to prescribe generics instead of the originator drug. The brand of generic does not particularly matter, we will consider things like price and possibly reliability of supply. Generally, if the drug is TGA approved, we are satisfied that it is safe to prescribe.
- Pharmacies will be aware of when a drug is coming off patent and when a generic is entering. Hospitals are routinely contacted by pharmaceutical companies. Hospitals renew their contracts on a rolling basis, so if they are aware of when generic entry is likely to occur, they will factor this into the timing of their contracts to allow them to negotiate a competitive price.
- Hospital pharmacies will stock both an originator and generic for some period of time, then they will have one or the other.