Drug Utilisation Sub-Committee
Outcome Statement 1 – 2 October 2020

The Drug Utilisation Sub-Committee (DUSC) of the Pharmaceutical Benefits Advisory Committee (PBAC) held its 100th meeting on the 1 – 2 October 2020.

DUSC has a national focus of excellence in collecting, analysing and interpreting data on the utilisation of medicines in Australia for use by the PBAC. Review of the utilisation of medicines is an essential management tool in facilitating the objectives of the National Medicines Policy.

The PBAC is also committed to understanding consumer perspectives and integrating them into consideration of medicines and vaccines. Consumers are able to provide their views about medicine utilisation reviews to the PBAC via a web interface.

Submissions to the PBAC

DUSC noted that 29 major submissions had been received for the November 2020 meeting of PBAC. DUSC provided detailed advice to the PBAC on projected usage and financial cost for the major submissions where there was high cost, uncertain utilisation, first medicine in class or quality use of medicines concerns. The agenda for the November 2020 PBAC meeting can be found on the PBS website.

Utilisation of PBS Listed Medicines

DUSC regularly examines utilisation of Pharmaceutical Benefits Scheme (PBS) items when there is at least 24 months of prescription data available and where DUSC or the PBAC has highlighted items of interest. When an analysis of utilisation is to be undertaken sponsors are notified, provided with a copy of the report and an opportunity to comment prior to the DUSC meeting. Reviews to be considered by the PBAC are also published in the PBAC meeting agenda. All reports, Sponsor comments and DUSC assessment of the reports are subsequently provided to the PBAC.

DUSC reviewed the utilisation of the following PBS medicines in October 2020:

Adrenaline for allergic reaction with anaphylaxis

In 2019 there were 260,593 adrenaline autoinjectors supplied to 122,271 patients, and 23,534 patients initiated treatment for the first time. The number of treated patients and prescriptions supplied per year have been steadily increasing since 2003, but expenditure has remained at a consistent level since 2014 due to three price decreases that occurred between 2015 and 2018.

DUSC requested that the report be provided to the PBAC.

Alectinib for non-small cell lung cancer (NSCLC)

DUSC reviewed the use of alectinib for the treatment of NSCLC. In 2018, 254 patients were dispensed 1,715 alectinib scripts. In 2019, 322 patients were dispensed 2,546 alectinib scripts. The overall utilisation of alectinib was higher than expected. The growth in the number of dispensed scripts was greater compared to the number of patients as the treatment duration was longer than predicted. For patients treated with anaplastic lymphoma kinase (ALK) inhibitors, most were treated with alectinib or switched from a different treatment to alectinib.

DUSC requested that the report be provided to the PBAC.

Denosumab for osteoporosis
DUSC reviewed the use of denosumab for the treatment of osteoporosis. DUSC considered that there was a concerning proportion of patients who discontinued denosumab without subsequent osteoporosis therapy, placing them at greater risk of having bone fractures. DUSC advised there was a high need to educate prescribers and patients about the importance of continuing osteoporosis treatment, in particular to consider other treatment choices during breaks from current therapy.

DUSC requested that the report be provided to the PBAC.

Eculizumab for atypical haemolytic uraemic syndrome (aHUS)
DUSC reviewed the use of eculizumab for the treatment of atypical haemolytic uraemic syndrome (aHUS). DUSC considered that following changes to the restrictions in February 2016 and January 2017 that the number of patients accessing eculizumab appeared to be stabilising. Potential overprescribing was noted in patients supplied eculizumab without an ADAMTS-13 score recorded or up to the time of death.

DUSC requested that the report be provided to the PBAC.

Ibrutinib for chronic lymphocytic leukaemia (CLL) and small lymphocytic lymphoma (SLL)
DUSC reviewed the utilisation of ibrutinib 24 months following its addition as a streamlined authority for the treatment of relapsed or refractory chronic lymphocytic leukaemia (CLL) and relapsed or refractory small lymphocytic lymphoma (SLL). In the first year of listing, ibrutinib had 1,435 initiating patients and in the second year of listing the number of initiating patients was substantially less than predicted. Addition of venetoclax onto the PBS in March 2019 was likely to be the cause of this reduction. Data until June 2020 indicated there are approximately 1,000 prevalent patients and 40 incident patients supplied ibrutinib per month. Median time on treatment was not reached in the first 942 days (approximately 31 months) of PBS dispensing data with a mean time on ibrutinib of 21.75 months.

DUSC requested that the report be provided to the PBAC.

Ocrelizumab for relapsing-remitting multiple sclerosis
DUSC reviewed the predicted and actual utilisation of ocrelizumab for relapsing remitting multiple sclerosis (RRMS) since it was PBS listed for this indication. The number of patients treated with ocrelizumab was slightly less than predicted in the first year of listing and close to predicted in the second year of listing. The number of prescriptions was less than predicted in both years due to the number of scripts per patient being slightly less than predicted. The submission assumption that the listing of ocrelizumab would not increase the growth rate of the RRMS market was approximately correct. The mix of medicines within the RRMS market was dynamic with the more recently listed medicines, ocrelizumab (listed 1 February 2018) and cladribine (listed 1 January 2019), rapidly substituting for older medicines. The distribution of medicine form (i.e. injection, oral or infusion) varied between Very Remote, Remote and non-remote RRMA patients. It appeared that the frequency of dosing and accessibility to infusion services had an effect on the choice of medicine form depending on the remoteness of the patient.

DUSC requested that the report be provided to the PBAC.

Upcoming Utilisation Analysis of PBS Listed Medicines

Utilisation of the following medicine has been selected for consideration at future DUSC meetings.

Predicted versus Actual Utilisation Analysis

- Nusinersen for spinal muscular atrophy

Analysis of single or multiple medicines in a treatment area

- Ocular lubricants

An outcome statement will be available following each meeting of DUSC. For further information, please contact the DUSC Secretariat at DUSC@health.gov.au.

A/Professor Christopher Etherton-Beer
Chair
Drug Utilisation Sub-Committee