



Drug Utilisation Sub-Committee Outcome Statement 6 June 2019

The Drug Utilisation Sub-Committee (DUSC) of the Pharmaceutical Benefits Advisory Committee (PBAC) held its 96th meeting on the 6th of June 2019.

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 30 major submissions had been received for the July 2019 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 July 2019 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 June 2019:

Armodafinil for narcolepsy

DUSC compared the predicted and actual utilisation of armodafinil for narcolepsy since it was PBS listed for this indication in November 2016. The report shows the total number of patients and prescriptions of armodafinil were underestimated, resulting in higher government expenditure than predicted.

The number of patients on PBS-subsidised therapy for narcolepsy has increased over the last four years. The listing of armodafinil has increased the total narcolepsy market. Since the listing of armodafinil in 2016, the number of people starting PBS-subsidised armodafinil was higher than the number of people starting modafinil in each quarter.

There was a 36% increase in patients new to therapy from 2017 to 2018. The number of patients initiating therapy for narcolepsy with armodafinil surpassed that for modafinil in the fourth quarter of 2018, but did not appear to affect the number of people initiating therapy for narcolepsy with dexamfetamine and modafinil.

DUSC requested that the report be provided to the PBAC.

Gonadotropin releasing hormone agonists for the treatment of carcinoma of the prostate, central precocious puberty, breast cancer, endometriosis, and anticipated premature ovarian failure

The number of prescriptions dispensed for gonadotropin releasing hormone (GnRH) agonists is growing, and although the number of new patients appears stable, the number of treated patients is also growing. The majority of new and treated patients are male; in 2018 approximately 80% of treated patients were male.

GnRH agonists are mainly used in women aged 15 to 59 years, and in men aged 45 to 99 years. DUSC noted the age at first prescription for female and male patients corresponded with the onset of conditions listed in the PBS restrictions for GnRH agonists. The length of treatment for the various PBS indications did not suggest these medicines are being used outside of the PBS restrictions.

DUSC requested that the report be provided to the PBAC.

Sapropterin for hyperphenylalaninaemia due to BH4 deficiency

DUSC compared the predicted versus actual utilisation of sapropterin since it first listed on the PBS on 1 May 2014.

The majority of patients (over 90%) who had first initiated on sapropterin within its first four years of listing were continuing to be supplied sapropterin, including all patients who initiated therapy in the first year of listing.

The number of patients who were supplied sapropterin was similar to predicted in the first two years of listing, and exceeded predicted levels thereafter. However the higher than predicted number of patients did not translate to a greater expenditure on sapropterin than anticipated. This was mainly because of a lower than predicted number of prescriptions dispensed per patient per year. DUSC considered that this could be due to dose variability resulting from the weight-based dosing regimen of sapropterin, and the use of different target phenylalanine levels by prescribers for adolescents and adults.

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

- Evolocumab for the treatment of familial homozygous hypercholesterolaemia.
- Lenalidomide for the treatment of patients who are newly diagnosed with multiple myeloma.

Analysis of multiple medicines in a treatment area

- Humanised monoclonal antibody medicines (benralizumab, omalizumab and mepolizumab) for the treatment of uncontrolled severe asthma.
- Tyrosine kinase inhibitors (dasatinib, imatinib, nilotinib and ponatinib) for the treatment of chronic myeloid leukaemia.

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