



## **Drug Utilisation Sub-Committee Outcome Statement 4-5 October 2012**

The Drug Utilisation Sub-Committee (DUSC) of the Pharmaceutical Benefits Advisory Committee (PBAC) held its 76th meeting on 4-5 October 2012.

DUSC is 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.

### **Submissions to the PBAC**

DUSC noted that 25 major submissions had been received for the November 2012 meeting of PBAC. DUSC provided detailed advice to the PBAC on projected usage and financial cost for major submissions where there is high cost, uncertain utilisation, first medicine in class or quality use of medicines concerns. The agenda for the November 2012 PBAC meeting can be found at <http://www.health.gov.au/internet/main/publishing.nsf/Content/PBAC-Meeting-Agenda-Nov-2012>

### **Utilisation of PBS listed medicines**

DUSC regularly examines utilisation of PBS items when there is at least 12 months of prescription data available and where DUSC and/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.

Full restrictions for PBS listed medicines are available in the PBS Schedule (<http://www.pbs.gov.au>)

DUSC reviewed the utilisation of the following PBS medicines/groups of medicines in October 2012:

### **Attention Deficit Hyperactivity Disorder (ADHD)**

There has been a small but steady increase in utilisation of PBS listed medicines for ADHD over recent years. DUSC noted some differences in prescribing patterns between States, including the distribution of patient age and the choice of medicine prescribed. DUSC referred the report to each State or Territory Health Department who regulate the prescribing of stimulants, and to the NPS MedicineWise (formerly known as National Prescribing Service) for any appropriate action.

### **Osteoporosis**

DUSC observed an apparent plateau in the number of PBS prescriptions for osteoporosis medicines, but considered that this may not necessarily indicate a plateau in the number of patients treated. To better understand utilisation DUSC requested further assessment to account for use in public hospitals, the longer duration of therapy provided by injectable agents compared to oral therapies, and appropriate cessation or breaks in therapy for patients who have been treated with these medicines for extended periods.

## **Diabetes**

DUSC examined the utilisation of medicines for newly diagnosed type 2 diabetes. The data suggests that in the first 3.5 years of therapy the majority of prescribing is in accordance with clinical guidelines and PBS restrictions. However, DUSC were concerned that the proportion of use outside of the restriction is growing over time, appears to occur more frequently with fixed dose combination products, and is likely to be far more extensive in patients who have been treated for diabetes for a period longer than 3.5 years. Further analyses will be conducted to better understand treatment in patients who require more intensive management. The utilisation findings will contribute to the Post Market Review of Products Used in the Management of Diabetes (<http://www.pbs.gov.au/info/reviews/diabetes>).

## **Epoetin lambda and other erythropoiesis stimulating agents (ESAs)**

The number of packs of ESAs supplied through the PBS for anaemia requiring transfusion due to intrinsic renal disease has remained constant over the past 4 years. DUSC noted that while there is an increasing number of patients eligible for treatment, utilisation is also influenced by changes in dose regimens and treatment targets.

## **Nicotine Replacement Therapy (NRT) for smoking cessation**

DUSC noted that the utilisation of NRT was lower than expected but considered that to some extent this may be due to previous supply shortages. Nonetheless, DUSC was encouraged by the number of patients attempting to quit smoking. DUSC observed that utilisation of smoking cessation therapies varies throughout the year, influenced by media campaigns and seasonal factors. DUSC noted PBAC concerns when recommending NRT for PBS listing in 2010 that utilisation and total costs were highly uncertain. Given that use has been well within the bounds expected, DUSC recommended that the PBAC consider removing the requirement for a telephone authority approval from the PBS restriction for NRT.

## **Testosterone**

DUSC noted that utilisation of testosterone has increased markedly over the past 5 years and considered that while some use may be attributed to unmet clinical need, a proportion of use may not be within the intended PBS restriction. DUSC considered that the wording of the PBS restriction requires clarification and referred this matter to the PBAC.

## **Upcoming utilisation analysis of PBS listed Medicines**

Utilisation of the following medicines and therapeutic areas have been selected for consideration at future DUSC meetings.

### **Utilisation Analysis 12 months after PBS listing**

- adalimumab for complex refractory fistulising Crohn disease
- omalizumab for severe allergic asthma
- adapalene with benzoyl peroxide gel for severe acne vulgaris.

## **Analysis of multiple medicines in a treatment area**

### **HIV**

DUSC requested an analysis of the utilisation of all PBS listed agents for the treatment of HIV infection.

### **Antipsychotics and anti-depressants**

DUSC requested that the utilisation of PBS listed antipsychotics be examined as use is growing at a higher than expected rate. DUSC suggested that the analysis include assessment by age, gender, dose supplied, and whether the patient resides in a community or residential aged care facility. DUSC recognised that this is a complex analysis requiring a stepwise approach: the first analysis involving PBS data and a subsequent analysis that could involve linking PBS and MBS data.

A preliminary assessment of the utilisation of antidepressants (according to prescription volumes and defined daily doses) showed that a large proportion of the Australian population are being treated with antidepressants: a larger number than would be expected from the estimates of the Australian population with depression (National Health Survey 2007). Despite the large volume of antidepressants dispensed, various health surveys indicate there are still a significant number of people with depression and other related mental health problems not being treated effectively. DUSC requested further analysis to better understand where there may be over or under use of these agents.

### **Multiple Sclerosis**

A number of new agents have become available recently. DUSC requested an assessment of utilisation of all PBS listed medicines for multiple sclerosis to understand how these agents are used in clinical practice. This is a longer project that will incorporate a 12 month analysis of the most recently listed medicine for multiple sclerosis (fingolimod).

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

Professor David Le Couteur  
Chair  
Drug Utilisation Sub-Committee