Drug Utilisation Sub-Committee
Outcome Statement 3 October 2019

The Drug Utilisation Sub-Committee (DUSC) of the Pharmaceutical Benefits Advisory Committee (PBAC) held its 97th meeting on the 3rd of October 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 28 major submissions had been received for the November 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 November 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 October 2019:

Evolocumab for the treatment of homozygous familial hypercholesterolaemia

The number of patients treated with evolocumab in the first two years of listing was higher than expected. The analyses showed an initial steady increase in the number of patients supplied evolocumab for homozygous familial hypercholesterolaemia (HoFH), but a decreasing rate of growth was apparent. DUSC considered the decline in the number of new HoFH patients initiating evolocumab since the first quarter of 2018 could be due to patients now commencing on the heterozygous familial hypercholesterolaemia (HeFH) item codes (listed on the PBS on 1 November 2018) or market saturation in the HoFH patient population. The actual number of supplied prescriptions was very similar to the predicted number of prescriptions in the first year of listing but greater than predicted in the second year.

DUSC requested that the report be provided to the PBAC.

Lenalidomide for the treatment of newly diagnosed multiple myeloma
DUSC compared the predicted and actual utilisation of lenalidomide for newly diagnosed multiple myeloma patients who are ineligible for autologous stem cell transplantation since it was first PBS listed for this indication in 1 February 2017. The report showed that the total number of patients was under-estimated but the total number of prescriptions was overestimated. There was a lower number of prescriptions per patient than expected.

DUSC requested that the report be provided to the PBAC.

Tyrosine kinase inhibitors for the treatment of chronic myeloid leukaemia
DUSC reviewed the utilisation of PBS-listed tyrosine kinase inhibitors (TKIs), imatinib, dasatinib, nilotinib and ponatinib, for the treatment of chronic myeloid leukaemia (CML).

There was continued growth in the number of prescriptions of imatinib, dasatinib, nilotinib and ponatinib supplied per year for CML since the previous analysis considered by DUSC in 2014. Similarly, the number of treated patients had grown in a linear manner. In 2018, 437 patients initiated treatment, and a total of 3,819 patients were treated.

The addition of ponatinib to the PBS had not substantively impacted on the overall growth in the use of TKIs for CML. The use of ponatinib was small in the context of the whole CML market; 50 patients were treated with ponatinib in 2018.

DUSC requested that the report be provided to the PBAC.

Biologics for uncontrolled severe allergic and eosinophilic asthma
DUSC considered the use of three biologics listed on the PBS for the treatment of uncontrolled severe asthma. These include omalizumab for severe allergic asthma, and mepolizumab and benralizumab for severe eosinophilic asthma.

In 2018, 1,250 patients were supplied omalizumab and 1,222 patients received PBS-subsidised treatment for severe eosinophilic asthma. The number of prescriptions supplied for severe asthma biologics was over 24,000.

There was a high rate of growth in the number of people supplied mepolizumab, with the rate of growth of the eosinophilic asthma biologic market further increasing with the listing of benralizumab. Use of mepolizumab in terms of patients, prescriptions and expenditure was higher than estimated in both the first and second years of PBS listing.

The PBS listing of biologics for the treatment of severe eosinophilic asthma did not create any substantial changes in the use of omalizumab for severe allergic asthma. A small proportion of patients switched between severe asthma biologics. However, of the people who switched, the majority moved from a medicine for allergic asthma to one for eosinophilic asthma or vice-versa.

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

- Alemtuzumab for the treatment of relapsing remitting multiple sclerosis.
- Nintedanib and pirfenidone for the treatment of idiopathic pulmonary fibrosis.

Analysis of single or multiple medicines in a treatment area

- Opioids and other medicines for the treatment of pain.
- Testosterone.

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

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Chair
Drug Utilisation Sub-Committee