



## **Drug Utilisation Sub-Committee Outcome Statement 5 – 6 February 2015**

The Drug Utilisation Sub-Committee (DUSC) of the Pharmaceutical Benefits Advisory Committee (PBAC) held its 83rd meeting on 5-6 February 2015.

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 40 major submissions had been received for the March 2015 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 March 2015 PBAC meeting can be found on the [PBS website](#).

### **Utilisation of PBS Listed Medicines**

DUSC regularly examines utilisation of 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. All reports, Sponsor comments and DUSC consideration of the reports are subsequently provided to the PBAC.

Full restrictions for PBS listed medicines are available in the [PBS Schedule](#).

DUSC reviewed the utilisation of the following PBS medicines/groups of medicines in February 2015:

#### **Hepatitis B medicines**

The utilisation of medicines to treat Hepatitis B is increasing over time. 12,953 patients were supplied hepatitis B medicines through the PBS from July 2013 to June 2014 inclusive. DUSC considered the growth is likely being driven by the introduction of new drugs and use of combination therapy. The most frequently used medicines in the treatment of Hepatitis B are entecavir and tenofovir, which is consistent with clinical guidelines. DUSC considered the PBS restrictions provide flexibility for prescribers to choose the best treatment for their patients. DUSC requested that the report be provided to the PBAC for information.

#### **Infliximab and adalimumab for Crohn's Disease**

The number of patients using biological disease-modifying anti-rheumatic drugs (bDMARDs) for severe refractory Crohn's disease has increased progressively between 2007 and 2014, with over 5,000 patients receiving treatment in 2014. There are approximately 1,000 patients starting treatment of severe refractory Crohn's disease with a bDMARD every year. The utilisation of bDMARDs for the treatment of severe Crohn's disease is continuing to increase and is yet to stabilise. A much higher proportion of patients are continuing with bDMARD

treatment than originally anticipated. DUSC requested that the report be provided to PBAC for information.

### **Pulmonary Arterial Hypertension (PAH)**

About 400 new patients start treatment with a PAH medicine each year. In 2013, a total of 2,000 patients were treated and this number continues to grow. The median time on treatment is about 4.5 years. DUSC considered that the increasing prevalence of patients on PAH treatment is a reflection of increasing survival. DUSC requested that the report be provided to PBAC for information.

### **Upcoming Utilisation Analysis of PBS Listed Medicines**

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

#### **Predicted versus Actual Utilisation Analysis**

- Icatibant for acute attack of hereditary angioedema.
- Romiplostim and eltrombopag for thrombocytopenia
- Dutasteride/tamsulosin for lower urinary tract symptoms due to benign prostatic hyperplasia

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

- Medicines for attention deficit hyperactivity disorder

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).

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