



## **Drug Utilisation Sub-Committee Outcome Statement 4-5 February 2016**

The Drug Utilisation Sub-Committee (DUSC) of the Pharmaceutical Benefits Advisory Committee (PBAC) held its 86th meeting on 4-5 February 2016.

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 35 major submissions had been received for the March 2016 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 2016 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 2016:

### **Biological disease-modifying anti-rheumatic drugs (bDMARDs) for ankylosing spondylitis**

The number of new patients initiating bDMARD therapy for ankylosing spondylitis has increased steadily from 453 in 2005 to almost 1,190 in 2014. As the majority of patients remain on therapy for many years, there has also been a steady increase in the total number of patients treated with bDMARDs. In 2006 approximately 1,000 patients received bDMARD therapy, and this number has increased to more than 6,000 in 2014.

DUSC considered that there are multiple reasons for high and increasing utilisation of bDMARDs for ankylosing spondylitis, including that the prevalence of ankylosing spondylitis in Australia may have been underestimated at the time bDMARDs were first listed for this indication, high rates of continuation on treatment may partly be driven by a reluctance to withdraw treatment where patients are achieving a partial response (particularly as there is a lack of alternative therapies), and treatment of earlier stage disease. DUSC also considered that increased familiarity with bDMARDs and improved awareness of inflammatory back pain leading to more referrals from GPs to rheumatologists may be contributing to increasing use over time.

The DUSC requested that the report be provided to the PBAC.

### **Biological disease-modifying anti-rheumatic drugs (bDMARDs) for psoriatic arthritis**

The PBS restriction for biological disease modifying anti-rheumatic drugs (bDMARDs) requires patients to have trialled methotrexate and either sulfasalazine or leflunomide prior to initiation unless contraindicated. An analysis of PBS dispensing data showed that 17% of people starting bDMARDs have not received methotrexate and either sulfasalazine or leflunomide. DUSC considered that contraindication to these therapies is likely to account for the majority of these cases. A minority of patients may not meet the restriction criteria for prior therapies.

The DUSC requested that the report be provided to the PBAC.

### **Medicines for Alzheimer disease**

A post-market review was undertaken for anti-dementia medicines in 2012. The outcomes of this review included a change in the PBS restriction of these medicines to allow a clinical assessment of response at six months (rather than requiring assessment with the Standardised Mini-mental State Examination (S/MMSE) or the Alzheimer disease Assessment Scale - Cognition (ADAS-Cog) tools), and a price reduction to re-establish cost-effectiveness.

DUSC noted that these changes do not appear to have resulted in major changes to treatment continuation. DUSC considered that Quality Use of Medicines (QUM) issues remain with anti-dementia medicines. Of particular concern to DUSC was the likely continuation on anti-dementia medicines for long periods of time where there may be little or no benefit, and co-administration of anticholinergic medicines with cholinesterase inhibitors. DUSC considered that a reinforcement of QUM message would be of value.

The DUSC requested that the report be provided to the PBAC.

### **Smoking Cessation: bupropion, nicotine replacement therapy and varenicline**

In 2014, 373,934 Australians were supplied 487,472 R/PBS prescriptions for smoking cessation therapies. Varenicline was the most used smoking cessation therapy on the R/PBS since its listing in January 2008 with nicotine replacement therapy (NRT) as the second most used since its listing. DUSC noted that there was no major change in the use of smoking cessation therapies with the streamlining of the NRT restriction in December 2013.

Use of R/PBS smoking cessation therapies in 2014 was down 1.7% from the previous year. Whilst it is difficult to determine cause and effect, a reduced prevalence<sup>1</sup> of smoking may be contributing to the reduction in the use of smoking cessation products. DUSC noted the clinical place for smoking cessation therapies among the available options to assist people who want to quit smoking.

The DUSC requested that the report be provided to the PBAC.

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<sup>1</sup> Australian Institute of Health and Welfare 2014. National Drug Strategy Household Survey detailed report 2013. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW. Available from [www.aihw.gov.au](http://www.aihw.gov.au) Accessed 26 Oct 2015

## **Ticagrelor for treatment of acute coronary syndrome**

The uptake of ticagrelor has been increasing at a steady rate since listing. Ticagrelor has taken a small proportion of the market of clopidogrel, clopidogrel with aspirin, and prasugrel (note; these medicines are PBS listed for several other indications). However, ticagrelor is now the most commonly used medicine for acute coronary syndrome, when analysis was limited to PBS item codes for this indication.

At the time of recommendation for listing, the PBAC considered whether it would be appropriate for the restriction to limit treatment up to a maximum of 12 months duration. However, the PBAC considered that length of treatment should be determined by the treating clinician. The length of treatment analysis showed that although some patients remain on treatment for more than two years, the majority have stopped taking ticagrelor one year after initiation.

DUSC requested that the report be provided 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.

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

- Apixiban, rivaroxaban and dabigatran for the prevention of stroke or systemic embolism in patient with non-valvular atrial fibrillation with risk factors.
- Medicines for the treatment of prostate cancer, including abiraterone, cabazitaxel and enzalutamide.

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

- Medicines for the treatment of glaucoma

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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