

**MARCH 2015 PBAC MEETING – CONSIDERATION OF THE REPORT OF THE
DRUG UTILISATION SUB-COMMITTEE**

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The PBAC noted utilisation reports with associated stakeholder responses from the February 2015 meeting, which were provided in Items 10.03, 10.04 and 10.05 of the PBAC Agenda. The February 2015 DUSC Outcome Statement is available from: <http://www.pbs.gov.au/info/industry/listing/elements/dusc-meetings/dos>

DRUG UTILISATION ANALYSIS OF HEPATITIS B MEDICINES

The PBAC noted that 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. The PBAC agreed with the DUSC that the growth is likely being driven by the introduction of new drugs. The most frequently used medicines in the treatment of Hepatitis B are entecavir and tenofovir, which is consistent with clinical guidelines.

DRUG UTILISATION ANALYSIS OF CROHN'S DISEASE MEDICINES

The PBAC noted that the number of patients using biological disease-modifying anti-rheumatic drugs (bDMARDs) for Crohn's disease has increased progressively between 2007 and 2014. In 2014, bDMARDs were provided through the PBS to over 5,000 patients for severe refractory Crohn's disease, approximately 1,400 patients for fistulising Crohn's disease and approximately 400 paediatric Crohn's disease patients. The PBAC noted that the utilisation of bDMARDs for the treatment of 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.

**DRUG UTILISATION ANALYSIS OF PULMONARY ARTERIAL HYPERTENSION
MEDICINES**

The PBAC noted that 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. The PBAC agreed with the DUSC in its consideration that the increasing prevalence of patients on PAH treatment is a reflection of increasing survival.

The PBAC noted that while current guidelines recommend use of some PAH medicines for class II patients, and combination therapy, the PBAC has never received a submission for these indications.

The PBAC considered that the requirement for patients to have failed to respond to appropriate vasodilator treatment prior to becoming eligible for PAH agents should remain in the restriction, but that the specified time period of 6 or more weeks of vasodilator treatment should be removed.

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ANTIBIOTICS

The PBAC recalled its consideration of the DUSC report in October 2014 and maintained the view that community antibiotic supply is extensive, high relative to other OECD nations, and increasing in recent years. The PBAC agreed with the DUSC that there is overuse of antibiotics at the population level.

The PBAC noted the suggestions from the DUSC for improving appropriate use of antibiotics, which included:

- Investigating changes to medical prescribing software defaults for the number of repeats on antibiotic prescriptions.
- Removing repeats from oral antibiotic listings.
- Reducing the validity of oral antibiotic prescriptions to less than 12 months.
- Introducing separate listings for specific indications that require higher quantities to meet the recommended treatment course.

The PBAC considered that for commonly prescribed antibiotics, such as amoxicillin and cephalexin, repeats are frequently ordered but a repeat prescription is not needed to complete a treatment course for many indications. The PBAC also noted that some repeat prescriptions are dispensed many months after the date of prescribing and that this is unlikely to be for the same course of treatment.

The PBAC considered that if changes were to be made to the number of repeats subsidised through the PBS, that provisions would be needed for higher quantities and/or repeats in some specific indications that require longer treatment courses and for situations where prophylaxis is appropriate. The PBAC noted that there are currently some antibiotics with differential listings; for example trimethoprim for treatment of urinary tract infection is an unrestricted benefit with one repeat, and for prophylaxis is an Authority Required (STREAMLINED) benefit with a higher maximum quantity and two repeats. The PBAC noted that prescribers can also seek an authority approval for increased maximum quantities and repeats for most antibiotics listed on the PBS. The PBAC noted that there is overlap of issues raised by the DUSC and through the public consultation for the post-market review of PBS Authority Required listings. Following further stakeholder consultation, the PBAC will review the listings of antibiotics on the PBS to better align with clinical guidelines and to minimise overuse.