

## **PBAC CONSIDERATION OF THE REPORT OF THE DRUG UTILISATION SUB-COMMITTEE**

The PBAC noted utilisation reports with associated stakeholder responses from the October 2015 Drug Utilisation Sub-Committee (DUSC) meeting, which were provided in the items 10.03 to 10.08 of the PBAC Agenda. Minutes of these items were tabled. The October 2015 DUSC Outcome Statements is available [here](#)

### **PREGABALIN FOR THE TREATMENT OF NEUROPATHIC PAIN**

The PBAC noted that the actual number of prescriptions for pregabalin was similar in Year 1 compared to predicted but more than predicted in Year 2. The PBAC observed that the higher number of prescriptions in Year 2 did not result in a significantly greater expenditure on pregabalin than expected. The PBAC noted this was mainly from a higher discontinuation after the first prescription and a lower average daily dose than predicted.

The PBAC considered that the modest persistence on therapy and the large number of patients not receiving an escalated dose indicated that pregabalin may be less effective in practice than anticipated. The PBAC also considered it likely that there is some use of pregabalin outside of the PBS restriction for non-neuropathic pain.

The PBAC requested that NPS MedicineWise provide education on the appropriate use of pregabalin and the PBS subsidised indication.

### **IPILIMUMAB AND DABRAFENIB FOR METASTATIC MELANOMA**

The PBAC noted that the utilisation of ipilimumab had stabilised while the use of dabrafenib was growing.

The PBAC considered that during their initial years of listing the utilisation of ipilimumab and dabrafenib had been as expected and their use appeared to be within the listed indication.

The PBAC noted that the entry of pembrolizumab will have an impact on the market for ipilimumab and dabrafenib.

### **MEDICINES FOR THE TREATMENT OF RELAPSING-REMITTING MULTIPLE SCLEROSIS**

The PBAC noted that the size of the market for medicines to treat relapsing-remitting multiple sclerosis (RRMS) had increased since the availability of alternative, oral medicines. The PBAC noted that the newer oral therapies were more tolerable than the injectable therapies.

The PBAC considered that the broadening of the McDonald criteria was a likely factor for the observed growth in the RRMS market.

The PBAC noted that dimethyl fumarate was the commencing treatment of choice. The PBAC considered that the lower than anticipated use of teriflunomide could indicate that it is perceived as being less effective than the alternative oral medicines (fingolimod and dimethyl fumarate).

### **NUTRITIONAL PRODUCTS FOR COW'S MILK INTOLERANCE**

The PBAC noted that the overall use of amino acid formula had declined as a result of the restriction changes in July 2012 to promote its use in line with clinical guidelines.

The PBAC noted that there was a relatively high use of the amino acid formula in patients aged 2 years and older. The PBAC requested that advice is sought from its Nutritional Products Working Party on the clinical need of amino acid formula in children more than 2 years of age.

## **BIOLOGICAL DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (bDMARDS) FOR PSORIATIC ARTHRITIS**

The PBAC noted that the use of biological disease-modifying anti-rheumatic drugs (bDMARDs) to treat psoriatic arthritis was increasing with no indication of a slowing in the growth of this market.

The PBAC noted that patients tend to remain on treatment for longer in practice than observed in clinical trials.

The PBAC recalled that the cost-effectiveness of these medicines in this indication was predominantly established in patients with polyarticular psoriatic arthritis. However, the PBAC noted that these medicines are also being used in patients with an oligoarticular form of the disease and the Committee considered that the cost effectiveness in this form was uncertain.

The PBAC deferred this item pending further analysis from the DUSC. The PBAC considered that further consultation with clinical groups is needed to understand differences between the population eligible under the current PBS restriction and the likely use in clinical practice for a broader group of patients with psoriatic arthritis.

## **ALPRAZOLAM FOR PANIC DISORDER**

The PBAC noted the responses to the utilisation report which were received from The Royal Australian and New Zealand College of Psychiatrists, The Royal Australian College of General Practitioners and a submission from general practitioners with a special interest in addiction.

The PBAC were of a mind to remove the 2mg strength of alprazolam from the PBS and to reduce the pack size from 50 to 10 tablets for the other strengths with nil repeats. The PBAC requested for the Department to consult with the sponsors and relevant clinical and professional organisations of this intention and to determine with the sponsors if a pack of 10 tablets could be made available.