

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

The PBAC noted utilisation reports with associated stakeholder responses from the June 2016 Drug Utilisation Sub-Committee (DUSC) meeting, which were provided in items 10.03 to 10.05 of the PBAC Agenda. DUSC Minutes relating to these items were provided to the PBAC. The June 2016 DUSC Outcome Statement is available [here](#).

## **DRUG UTILISATION ANALYSIS OF MEDICINES FOR METASTATIC CASTRATION RESISTANT PROSTATE CANCER**

The PBAC noted that the total number of patients supplied a medicine subsidised for use in the post-docetaxel metastatic castration-resistant prostate cancer (mCRPC) setting increased substantially from 1,418 patients in 2013 to 4,165 patients in 2015. The number of patients starting treatment for mCRPC each year was higher than predicted.

The PBAC considered that the prescribing patterns for these medicines have changed over time. The PBAC agreed with the DUSC that some treatment pathways evident in the utilisation analyses are not consistent with current PBS restrictions. The PBAC considered that there is a risk these medicines are being used earlier in the disease course, sequentially, and beyond disease progression.

## **MEDICINES USED TO TREAT GLAUCOMA AND ELEVATED INTRAOCULAR PRESSURE**

The PBAC noted that about one third of patients do not appear to be treated with a single agent glaucoma product before commencing on a combination item; despite the PBS restriction requiring inadequate control with monotherapy. The PBAC agreed with the DUSC that advice should be sought from Royal Australian and New Zealand College of Ophthalmologists and Optometry Australia to understand circumstances where patients may be required to commence on combination therapy and whether non-drug treatments are also used in these situations.

The PBAC noted that only a small proportion of PBS prescriptions for glaucoma medicines are prescribed by optometrists. This may be due to a range of factors, such as models of care and registration requirements for optometrists to prescribe scheduled medicines.

## **NOVEL ORAL ANTICOAGULANTS FOR PREVENTION OF STROKE OR SYSTEMIC EMBOLISM IN NON-VALVULAR ATRIAL FIBRILLATION**

This report focused on use of novel oral anticoagulants (NOACs) for prevention of stroke or systemic embolism in non-valvular atrial fibrillation (NVAf) and excluded other NOAC indications.

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The PBAC noted that the use of NOACs in the first year of listing was lower than predicted and use in the second year reached predicted levels. The PBAC considered that this may reflect increased prescriber familiarity with these medicines.

The PBAC noted that NOACs contributed to an overall growth in the anticoagulant market since their PBS listing for people with NVAf. The use of warfarin has declined since then.

The PBAC noted that the market share of the three NOACs was likely influenced by a range of factors including the timing of availability in Australia and the frequency of dosing.

The PBAC requested that NPS MedicineWise reinforce the Quality Use of Medicines messages regarding the potential risks of increased bleeding when co-prescribing NOACs and aspirin, and monitoring of adverse events.