

**MARCH 2017 PBAC MEETING – CONSIDERATION OF THE REPORT OF THE  
DRUG UTILISATION SUB-COMMITTEE**

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

The PBAC noted utilisation reports with associated stakeholder responses from the February 2017 Drug Utilisation Sub-Committee (DUSC) meeting, which were provided in Items 10.03 to 10.08 of the PBAC Agenda. DUSC minutes relating to these items were provided to the PBAC. The February 2017 DUSC outcome statement is [available here](#).

### **Imatinib for gastrointestinal stromal tumour**

This report compared the predicted versus actual use of imatinib for adjuvant treatment of gastrointestinal stromal tumour (GIST) after the listing was extended to allow an increase in its total treatment duration from 12 months to 36 months.

In the first two years from the extension to the listing, 449 patients were supplied imatinib for the adjuvant treatment of GIST. This was similar to the number of patients estimated by the submission. The total net expenditure was higher than expected, likely due to the higher than predicted average daily dose.

#### *Outcome*

The PBAC considered that the higher than average daily dose implied that some use of imatinib in the adjuvant GIST setting might not have been assessed as cost-effective. However, it is possible that some patients could be incorrectly classified under the authority code for adjuvant treatment when their disease has progressed such that a higher dose may be appropriate. The PBAC noted that the data are too premature to examine if the extension to the listing of imatinib reduced the use of imatinib or sunitinib in the metastatic treatment setting.

### **Everolimus for breast cancer**

This report examined use of everolimus for metastatic breast cancer in the 24 months since its listing for this indication on 1 June 2014.

#### *Outcome*

The PBAC noted that there were substantially fewer patients and prescriptions than expected. The PBAC also noted that patients were on treatment for a shorter time than expected and the proportion of people on the higher strength (10 mg) has reduced over time. The PBAC considered that this might be due to adverse effects. The PBAC recalled the community support for the PBS listing of everolimus for metastatic breast cancer and considered that this has not been matched by its use in practice.

### **Everolimus for tuberous sclerosis**

This report considered the use of everolimus for tuberous sclerosis complex (TSC) in the 24 months since its listing for this indication on 1 December 2013.

Since 1 December 2013, 322 patients were supplied everolimus for tuberous sclerosis complex (TSC). The lower doses (2.5 mg and 5 mg) were used more than expected. The treated population declined over time.

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### *Outcome*

The PBAC agreed with the DUSC that the declining treated population may be due to use of everolimus prior to resection for short durations, a reduction in patients' tumour size and improved tumour-related symptoms, and the poor tolerability of everolimus. The PBAC thanked Tuberous Sclerosis Australia for their consumer comment.

### **Ferric carboxymaltose for iron deficiency anaemia**

This report compared the predicted versus actual use of ferric carboxymaltose (FCM) in the first 24 months since its PBS listing on 1 June 2014. The use of FCM has been substantially higher than predicted.

### *Outcome*

The PBAC noted that FCM received higher market share than anticipated but its listing also led to substantial growth in the injectable iron market. The PBAC noted that available data are currently insufficient to assess the extent of any shift from oral iron to FCM on the basis of preference, but considered that use in this setting has not been assessed for cost-effectiveness. The PBAC also noted that management of iron levels prior to surgery has been promoted to reduce the use of blood transfusions. The PBAC considered that use in the dialysis population does not seem to be a concern at present and could be reassessed in any subsequent review. The PBAC considered that variation in the use of FCM across Australia may reflect educational activities and infusion programs or clinics in those areas with more use.

### **Tyrosine kinase inhibitors for non-small cell lung cancer**

This report compared the predicted and actual use of the tyrosine kinase inhibitors (TKIs), erlotinib and gefitinib, for the treatment of Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC).

The number of people receiving first line TKIs was similar to expected in 2014 and lower than expected in 2015. Median time on treatment for first-line use was similar to predicted.

### *Outcome*

The PBAC noted that fewer patients are accessing these medicines than anticipated, and noted that it is not possible to tell from the data whether this was due to an overestimate of the number of patients at the time of the submission, an access issue or patient choice. The PBAC noted that a small proportion of patients received chemotherapy between supplies of their TKI, which implies some use is outside the PBS restriction.

### **Diabetes**

This report considered the use of PBS medicines for the treatment of diabetes.

The use of diabetes medicines continues to grow. DUSC considered the high use of metformin monotherapy reflects its place in guidelines as first line therapy. The use

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of sodium-glucose co-transporter 2 inhibitors (flozins) and dipeptidyl peptidase 4 inhibitors (gliptins) are increasing.

*Outcome*

The PBAC noted that most use of diabetes medicines is within the PBS restrictions. However, the PBAC reiterated the DUSC's concern about use outside of restrictions, such as apparent use of flozins, gliptins or exenatide as monotherapy and regimens containing combinations of flozins, gliptins or exenatide. The PBAC agreed that while there may be a clinical place or need for these regimens in practice, such use has not been assessed by the PBAC as cost-effective and is not subsidised through the PBS.

The PBAC noted concerns raised by the DUSC and stakeholders regarding the complexity of the PBS restrictions for diabetes medicines. The PBAC considered that simplification of the restrictions warrants further investigation. It remains unclear what aspects of the current restrictions are unworkable. The PBAC also noted there may be challenges in harmonising the restrictions into a general statement, including the lack of consistency in subsidised indications within classes of diabetes medicines.