

**RATIFIED MARCH 2018 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 2018 Drug Utilisation Sub-Committee (DUSC) meeting, which were provided in Items 10.04 to 10.06 of the PBAC Agenda. DUSC minutes relating to these items were provided to the PBAC. The February 2018 DUSC outcome statement is [available here](#).

**Targeted therapies for metastatic colorectal cancer**

This report considered the predicted and actual use of targeted therapies for metastatic colorectal cancer (mCRC) including PBS-listed bevacizumab, cetuximab and panitumumab.

*Outcome*

The PBAC considered that the targeted therapies are being used largely as expected in mCRC. The PBAC noted the report and recommended no further action.

**Ivacaftor for cystic fibrosis**

This report considered the predicted and actual utilisation of ivacaftor for cystic fibrosis (CF) since it was listed on the Pharmaceutical Benefits Scheme (PBS) on 1 December 2014.

*Outcome*

The PBAC noted that while fewer patients were treated than estimated, the number of prescriptions per patient was higher than predicted. The reason for this is unclear, but may be due to better adherence than predicted or fewer instances of dose reduction.

The PBAC noted the report and recommended no further action at this time.

**Immunotherapies for HER2 positive metastatic breast cancer**

This report considered the use of trastuzumab, trastuzumab emtansine and pertuzumab for the treatment of human epidermal growth factor receptor 2 (HER2) positive metastatic breast cancer.

*Outcome*

The PBAC supported removing the grandfather restrictions for trastuzumab, trastuzumab emtansine and pertuzumab.

The PBAC noted the data for pertuzumab and trastuzumab emtansine is immature and agreed that the DUSC should undertake a further review in 24 months' time.

The PBAC recommended that the current restriction for initial approval of trastuzumab in early breast cancer be changed from a written authority to a telephone authority. The PBAC noted that this would expedite commencement of neoadjuvant/adjuvant

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trastuzumab-based therapy. However, the PBAC considered it was not appropriate to change the restriction level for late stage breast cancer, given co-prescription of trastuzumab with pertuzumab in this setting.