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

The PBAC noted utilisation reports with associated stakeholder responses from the May 2018 Drug Utilisation Sub-Committee (DUSC) meeting, which were provided in Items 10.03 to 10.07 of the PBAC Agenda. DUSC minutes relating to these items were provided to the PBAC. The May 2018 DUSC outcome statement is available here [1].

Targeted and immunomodulatory therapies for metastatic melanoma

This report considered the use of molecularly targeted drugs and immunotherapies listed on the PBS for the treatment of unresectable stage III or metastatic (stage IV) melanoma.

Outcome
The PBAC noted the increase in the number of patients treated for metastatic melanoma since 2015 and considered this was mainly attributable to the listing of pembrolizumab. The PBAC noted that for pembrolizumab and BRAF targeted therapies, patient time on treatment was similar to the progression-free survival observed in the clinical trials. The PBAC noted that patient time on treatment for nivolumab was less than anticipated, however at the time of the analysis there was insufficient data to fully examine the treatment times for nivolumab. Time on second-line therapy was also shorter than expected.

The PBAC noted the increasing median age of the treated population and agreed with DUSC that the outcome of therapy might be different compared with younger patients treated in the clinical trials.

The current immunotherapy restrictions require that patients with BRAF-mutant unresectable stage III or stage IV metastatic melanoma must have progressed following treatment with a BRAF inhibitor (unless contraindicated or not tolerated) prior to starting immunotherapy. The PBAC noted requests from several stakeholders for first line access to immunotherapy for metastatic melanoma regardless of BRAF mutation status. The PBAC considered that a major submission would be required to consider this proposal.

Aflibercept and ranibizumab for AMD, DMO and RVO

This report considered the use of:
- ranibizumab and aflibercept for age-related macular degeneration (AMD) since the last DUSC review of this indication in 2015.
- ranibizumab and aflibercept for diabetic macular oedema (DMO) and retinal vein occlusion (RVO) in the first 24 months of listing.
- dexamethasone implant for DMO.

[1] http://www.pbs.gov.au/info/industry/listing/elements/dusc-meetings/dos

Outcome
The PBAC noted sustained growth in the utilisation of ranibizumab and aflibercept for AMD and considered that this is driven by an ageing population, high rates of continuation on therapy and bilateral treatment. The PBAC considered bilateral treatment for AMD and DMO to be consistent with the disease presentation. The PBAC noted that the market expanded following the listings of ranibizumab and aflibercept to treat DMO and RVO and the listing of dexamethasone for DMO. The PBAC considered the likelihood of aflibercept and ranibizumab being used outside of the PBS restrictions has diminished following these listings and will be further reduced following implementation of recommendations made at the March 2018 meeting for ranibizumab for subfoveal choroidal neovascularisation due to rare causes and secondary to pathologic myopia.

Attention Deficit Hyperactivity Disorder (ADHD)

This report considered the use of medicines for the treatment of ADHD; including the predicted and actual use of lisdexamfetamine in the first 24 months of PBS listing.

Outcome
The PBAC noted that utilisation of ADHD medicines increased between 2013 and 2017. The listing of lisdexamfetamine in 2015 contributed to the market growth.

The PBAC considered that it is difficult to determine the extent to which increased utilisation is due to improved diagnosis, overtreatment, or better patient adherence. The PBAC noted that the gender ratio for ADHD medication has become more balanced over time indicating increased rates of diagnosis in females. The PBAC noted recent data which confirm geographical variation in ADHD medicine supply in children.

The PBAC agreed with DUSC that some of the increased use in adults might reflect children continuing treatment into adulthood; although adult treatment initiations have also increased. The PBS criteria for lisdexamfetamine and the long acting forms of methylphenidate require patients to have been diagnosed between the ages of 6 and 18 years inclusive. The PBAC considered that the restrictions may be interpreted more broadly in practice in patients with symptoms rather than a diagnosis in childhood. The PBAC acknowledged that there is growing acceptance of ADHD treatment in adults.

Botulinum toxin type A for spasticity and dystonia

This report considered the use botulinum toxin type A supplied through the Pharmaceutical Benefits Scheme (PBS) for the treatment of spasticity in patients with cerebral palsy or following a stroke, and for spasmodic torticollis, blepharospasm and hemifacial spasm.

Outcome
The PBAC noted the findings of the report, including the steady increase in the number of patients supplied botulinum toxin type A for spasticity or dystonia, resulting in close to a doubling in the number of patients receiving treatment over the past

decade. The PBAC noted that the majority of use is for spasmodic torticollis, blepharospasm and hemifacial spasm.

The PBAC noted that the utilisation of botulinum toxin post-stroke is low in the context of all patients who have experienced a stroke and may have resultant spasticity. The PBAC questioned whether low use may indicate difficulties for some patients in accessing treatment. The PBAC also noted that there is some jurisdictional variation in use of botulinum toxin.

The PBAC agreed with DUSC that the large proportion of patients with only one prescription supplied suggests many patients who initiate botulinum toxin may not achieve functional improvement. The reasons for discontinuation are not known; the PBAC considered that it is unclear whether botulinum toxin is not tolerated by patients.

Posaconazole

This report considered the predicted and actual use of posaconazole for the treatment and prophylaxis of fungal infections since the tablet form was listed on the Pharmaceutical Benefits Scheme (PBS) in September 2015.

Outcome
The PBAC noted the findings of the report, including that the listing of tablet form rapidly and substantially grew the posaconazole market. The PBAC agreed that an increase in the number of allogenic haematopoietic stem cell transplants may be a contributing factor but did not consider that this accounted for the magnitude of increase in posaconazole use. The PBAC considered that there is a risk of posaconazole tablets being used for longer durations than necessary or outside of the PBS restrictions in lower risk patients.