

AUGUST 2018 PBAC OUTCOMES – OTHER MATTERS

DRUG TYPE AND USE	PURPOSE	PBAC OUTCOME
<p>Pharmaceutical Benefits Scheme (PBS) medicines used to treat chronic stable conditions. These are listed by World Health Organisation Anatomical Therapeutic Classification (ATC) Index, referred to as “Body Systems”, on the PBS.</p> <ul style="list-style-type: none"> • Alimentary (ATC-A): inflammatory bowel disease, laxatives, digestive enzymes • Antineoplastic and immunomodulatory (ATC-L) – immunosuppressants, breast cancer • Blood (ATC-B): platelet inhibitors • Cardiovascular (ATC-C1-C10, high cholesterol, hypertension, angina, heart failure • Dermatological (ATC-D)- coal tar 	<p>The Delegate requested the Pharmaceutical Benefits Advisory Committee provide advice on the following matter(s) under section 101(3) of <i>the National Health Act, 1953</i> (the Act):</p> <p>The clinical safety and suitability of each medicine (listed in Appendix A) for PBS listing under the following circumstances:</p> <ul style="list-style-type: none"> • Increase the number of prescription repeats on selected Pharmaceutical Benefits Scheme (PBS) items to allow up to 12 months’ supply in total (Proposal 1); and • Increase the maximum dispensed quantities on selected PBS items from one month’s supply to two months’ supply per dispensing, also allowing up to 12 months’ supply in total (Proposal 2). 	<p>The PBAC considered a list of PBS medicines taken from the Pharmaceutical Benefits Schedule that are indicated for the treatment of chronic conditions. Based on an assessment of clinical safety and ongoing cost-effectiveness, the PBAC recommended that 143 medicines (348 PBS items) were acceptable for listing with increased maximum dispensed quantities (approximately 60 days or two months’ supply per dispensing). The list of medicines accepted by the PBAC as suitable for additional PBS items with increased dispensing quantities (Proposal 2) is available on the PBS website.</p> <p>The PBAC considered that the availability of PBS medicines under Proposal 2 would allow clinicians to exercise greater choice and provide patients both financial and convenience benefits. The PBAC confirmed that recommendations for PBS items with the increased dispensed quantities would be in addition to the current PBS items with one months’ supply and five repeats for the corresponding medicine. This would ensure prescriber choice, such that smaller quantities could still be prescribed for patients as clinically appropriate. Thereby avoiding medicine wastage and supporting closer clinical monitoring of patients where required.</p> <p>In light of benefits to consumers, the PBAC also recommended that the new listings with increased dispensed quantities should replace the implemented 12 month repeat listings (equivalent to Proposal 1) for digestive enzymes, lipid lowering medicines, ulcerative colitis and ocular lubricants. These 12 month repeat PBS items that currently allow a dispensed quantity of approximately one month’s supply and 11 repeats are to be amended to allow double the quantity per dispensing (two months’ supply) but with only five repeats (ten repeats for digestive enzymes).</p> <p>The PBAC recommended that the following standard criteria be included in the PBS restrictions for PBS medicines with increased dispensed quantities (Proposal 2):</p>

AUGUST 2018 PBAC OUTCOMES – OTHER MATTERS

DRUG TYPE AND USE	PURPOSE	PBAC OUTCOME
<ul style="list-style-type: none"> • Genitourinary (ATC-G): hormone replacement therapy, urinary incontinence • Musculoskeletal (ATC-M): gout, osteoporosis • Nervous (ATC-N)– migraine prevention • Respiratory (ATC-R) – chronic obstructive pulmonary disease • Sensory (ATC-S): glaucoma, dry eyes • Various (ATC-V) – hypercalcemia, hyperkalaemia, hyperphosphatemia 		<ul style="list-style-type: none"> • Clinical criteria: <i>Patient must be stable and suitable for the increased Maximum Dispensed Quantity measure</i> • Administrative Advice: <i>No increase in the maximum quantity or number of units may be authorised. No increase in the maximum number of repeats may be authorised.</i> <p>The PBAC recommended no changes to currently approved Prescribers that would be able to prescribe the increased dispensed quantities.</p> <p>The PBAC confirmed that the criteria developed to exclude medicines/medicine groups from the ‘12 month repeat prescription measure’ for patients with chronic stable conditions (implemented in 2009) were also suitable to assess PBS medicines for exclusion from PBS listings with increased dispensed quantities.</p> <p>The PBAC requested that the Department seek further advice from clinical expert groups on the suitability of some medicines for listing with increased dispensed quantities. The PBAC should have an opportunity to reconsider these medicines along with the clinical advice.</p>