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

The PBAC noted utilisation reports with associated stakeholder responses from the September 2018 Drug Utilisation Sub-Committee (DUSC) meeting, which were provided in Items 10.03 to 10.06 of the PBAC Agenda. DUSC minutes relating to these items were provided to the PBAC. The September 2018 DUSC outcome statement is available here.

Febuxostat for chronic gout

This report considered the predicted versus actual use of febuxostat during the first 24 months of listing on the Pharmaceutical Benefits Scheme (PBS) for the treatment of chronic gout.

Outcome

The PBAC recalled that when recommending febuxostat in March 2017, an Authority Required listing was considered necessary to target use to patients with a contraindication to, or who were intolerant of treatment with allopurinol. The PBAC noted that it considered a request from the sponsor in July 2017 to change the restriction to Authority Required (STREAMLINED). The PBAC noted its recommendation at that time to revisit the restriction level after the completion of the DUSC review of the utilisation of febuxostat.

The PBAC noted that fewer patients had utilised febuxostat than predicted. The PBAC further noted that patients were getting less prescriptions dispensed than expected. The PBAC considered that the lower than anticipated use of febuxostat was likely related to concerns about its cardiovascular safety.

The PBAC considered that the use of febuxostat was within expectations. The PBAC recommended that the restriction for febuxostat be changed to Authority Required (STREAMLINED).

Medicines to treat chronic hepatitis C

This report considered the use of new generation direct acting antiviral (DAA) medicines listed on the PBS for the treatment of chronic hepatitis C.

Outcome

The PBAC noted that the utilisation of the new generation DAA medicines had stabilised after a large initial uptake when the medicines were first listed in March 2016.

The PBAC noted that the majority of patients were dispensed a full course of treatment and that the utilisation had shifted towards the predominant use of pan-genotypic drug regimens.

The PBAC noted that over time there had been a greater extent of prescribing by general practitioners compared to specialist prescribers.

Bevacizumab for ovarian cancer

This report considered the use of bevacizumab for the treatment of Stage IIIB, IIIC or IV epithelial ovarian, fallopian tube, or primary peritoneal cancer.

Outcome

The PBAC noted that the number of initiating patients was consistent with the number predicted. The PBAC considered this indicated that most eligible patients have been able to access bevacizumab.

The PBAC noted that the number of prescriptions dispensed had been less than predicted. The PBAC noted that only a low proportion (10%) of patients had reached the lifetime limit of 18 cycles of treatment, and that as an Authority Required (STREAMLINED) listing, the lifetime limit relies on prescribers complying with the restriction.

The PBAC was concerned that around 14% of patients were identified as male. The PBAC considered that this may indicate use for non-subsidised indications or potential miscoding when the medicine was dispensed, and requested the Department look in to these matters.

Ruxolitinib for myelofibrosis

This report considered the predicted and actual utilisation of ruxolitinib during the first 24 months of PBS listing for the treatment of myelofibrosis.

Outcome

The PBAC noted that the overall number of prescriptions dispensed was less than expected despite a greater number of patients treated than predicted. The PBAC considered that this finding may indicate that there may be lower adherence to ruxolitinib in practice.

The PBAC noted that the average dose of ruxolitinib dispensed through the PBS was similar to that observed in clinical trials.

The PBAC noted that the data were too immature to analyse the time on therapy with ruxolitinib.