

**MARCH 2019 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 2019 Drug Utilisation Sub-Committee (DUSC) meeting, which were provided in Items 10.03 to 10.04 of the PBAC Agenda. DUSC minutes relating to these items were provided to the PBAC. The February 2019 DUSC outcome statement is [available here](#).

Bendamustine for the treatment of lymphoma

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

Outcome

The PBAC considered overall, the use of bendamustine in the treatment of lymphoma to be largely appropriate.

The PBAC noted that the majority of bendamustine use was to treat non-Hodgkin lymphoma compared to mantle cell lymphoma.

The PBAC commented that overall, the actual number of patients was similar to the predicted number of patients but the number of prescriptions supplied for mantle cell lymphoma was more than anticipated.

The PBAC noted there was some use of bendamustine outside the restriction including patients having more than 6 cycles of bendamustine.

The PBAC noted that bendamustine is registered for first line treatment of chronic lymphocytic leukaemia (Binet stage B or C) and there were concerns about the potential for the listing to be used to treat this condition. The PBAC noted that the sponsor had not sought a PBS listing for chronic lymphocytic leukaemia as the sponsor considered there were more clinically effective drugs currently listed on the PBS or proposed for PBS listing.

The PBAC noted the sponsor's suggestion to address the potential risk of use in chronic lymphocytic leukaemia by having an Authority Required (telephone) restriction level and a note in the restriction to alert prescribers that bendamustine is not PBS subsidised for the treatment of chronic lymphocytic leukaemia (CLL). The PBAC considered that a change to the restriction level was not required at this time. The inclusion of a note in the restriction to remind prescribers that bendamustine is not subsidised for use in CLL was considered to be beneficial.

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Eculizumab for the treatment of atypical haemolytic uraemic syndrome (aHUS)

This report considered a brief review on the number of initiating and prevalent patients, and the extent of continuation, stopping and restarting therapy.

Outcome

The PBAC noted that the time on treatment was longer than predicted.

The PBAC commented that the magnitude of the difference in actual versus predicted use of eculizumab was diminishing each year.

The PBAC noted the sponsor's suggestion that the PBS Authority Required application and reporting of a recommencement script could be separated from the continuing PBS item code to more readily identify patients who cease and recommence therapy. The PBAC did not recommend this proposed change to the restrictions at this time.

The PBAC requested that DUSC examine if differences in the time on therapy between patients was due to the prescribing patterns of individual clinicians.