

**NOVEMBER 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 October 2019 Drug Utilisation Sub-Committee (DUSC) meeting, which were provided in Items 10.04 to 10.07 of the PBAC Agenda. DUSC minutes relating to these items were provided to the PBAC. The outcomes of the DUSC consideration of these items are available in the [October 2019 DUSC outcome statement](#).

### **Lenalidomide for newly diagnosed multiple myeloma**

This report considered the predicted and actual utilisation of lenalidomide for newly diagnosed multiple myeloma patients who are ineligible for autologous stem cell transplantation since it was PBS listed for this indication.

#### *Outcome*

The PBAC noted the listing of lenalidomide in the NDMM setting has not grown the overall NDMM market. Lenalidomide has mainly substituted for thalidomide, with bortezomib use largely unchanged in the NDMM setting.

The PBAC noted the impact of listing lenalidomide was lower than predicted, despite the higher number of patients treated, due to the lower than expected number of prescriptions per patient.

The PBAC considered the reported use reflected current clinical practice.

### **Tyrosine kinase inhibitors for chronic myeloid leukaemia**

This report considered the utilisation of PBS-listed tyrosine kinase inhibitors (TKIs), imatinib, dasatinib, nilotinib and ponatinib, for the treatment of chronic myeloid leukaemia (CML).

#### *Outcome*

The PBAC noted that there was continued growth in the number of prescriptions of imatinib, dasatinib, nilotinib and ponatinib supplied per year for CML since the previous analysis considered by DUSC in 2014.

The PBAC noted that, within the linearly growing CML TKI market, imatinib remains the most used medicine, but its use has plateaued and been somewhat replaced by growing use of dasatinib and nilotinib. The PBAC noted the use of ponatinib was small.

### **Biologics for severe uncontrolled asthma**

This report considered the use of biologics for uncontrolled severe asthma. Three biologics are listed on the PBS for the treatment of uncontrolled severe asthma: omalizumab for severe allergic asthma, and mepolizumab and benralizumab for

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severe eosinophilic asthma. The report also considered the predicted and actual use of mepolizumab in the first 24 months of PBS listing.

### *Outcome*

The PBAC noted there was a high rate of growth in the number of people supplied mepolizumab, with the rate of growth of the eosinophilic asthma biologic market further increasing with the listing of benralizumab. Use of mepolizumab in terms of patients, prescriptions and expenditure was higher than estimated in both the first and second years of PBS listing.

The PBAC noted that the use of these medicines requires a written authority. Thus, while use of biologics for severe eosinophilic asthma was beyond expectations, the PBAC considered it is likely within the relevant population.

The PBAC considered the use of medicines for eosinophilic asthma may have been underestimated at the time of PBAC consideration and noted the changing severe asthma treatment landscape may have contributed.

### **Evolocumab for homozygous familial hypercholesterolaemia**

This report considered the predicted and actual utilisation of evolocumab for homozygous familial hypercholesterolaemia (HoFH) in the first 24 months of PBS listing.

### *Outcome*

The PBAC noted the number of patients treated with evolocumab in the first two years of listing was higher than expected. The actual number of supplied prescriptions was very similar to the predicted number of prescriptions in the first year of listing but greater than predicted in the second year.

The PBAC noted that the submission estimates were based on the genotypic definition of HoFH, while the restriction allows people to qualify for treatment by meeting the genotypic definition or the phenotypic definition (i.e. the Dutch Lipid Clinic Network Score). The PBAC considered this may account for the number of treated patients being higher than expected, since some patients with heterozygous familial hypercholesterolaemia (HeFH) may have qualified under the phenotypic definition of HoFH.