

**JULY 2020 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 June 2020 Drug Utilisation Sub-Committee (DUSC) meeting, which were provided in Items 10.05 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 [June 2020 DUSC outcome statement](#).

Nivolumab for non-small cell lung cancer

This report considered the utilisation of nivolumab for non-small cell lung cancer (NSCLC).

Outcome

PBAC noted that flat dosing may be changing prescribing, as it appeared that more patients were being supplied higher doses less often in recent months.

PBAC noted that alternative immunotherapies (atezolizumab, pembrolizumab and durvalumab) were gaining market share. However 99.6 percent of patients treated with an immunotherapy for NSCLC had not switched to a second immunotherapy which PBAC considered was a good outcome.

PBAC noted that over 90 percent of patients treated with nivolumab for NSCLC had at least one prior platinum based chemotherapy supply.

Nivolumab for renal cell cancer

This report considered the utilisation of nivolumab for renal cell cancer.

Outcome

PBAC noted that the duration of treatment with nivolumab was similar to that observed in the clinical trial.

PBAC noted that 42 percent of patients treated with nivolumab were deceased at the end of the data analysis period. Of these patients, PBAC noted that 55 percent that died had their last nivolumab prescription within the last three fortnights before death. PBAC considered this may indicate that some patients were treated beyond disease progression which was outside the PBS restriction.

Omalizumab for chronic spontaneous urticaria

This report considered the utilisation of omalizumab for chronic spontaneous urticaria.

Outcome

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PBAC noted that most patients were supplied a dose of 300 mg and patients were not being titrated down to a lower dose. PBAC further noted that patients were supplied less prescriptions than predicted.

PBAC noted advice from the Australasian Society of Clinical Immunology and Allergy (ASCIA) that dosing intervals may be lengthened to reduce the dose.

PBAC noted that the number of prevalent patients was increasing at a level that was greater than predicted.