

**NOVEMBER 2020 PBAC MEETING – CONSIDERATION OF THE REPORT OF THE
DRUG UTILISATION SUB-COMMITTEE**

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The PBAC noted utilisation reports with associated stakeholder responses from the October 2020 Drug Utilisation Sub-Committee (DUSC) meeting, which were provided in Items 10.04 to 10.09 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 2020 DUSC outcome statement](#).

Adrenaline for allergic reaction with anaphylaxis

This report considered the use of adrenaline for anaphylaxis.

Outcome

PBAC noted that the number of patients and prescriptions was increasing, however the cost had not increased due to price decreases.

PBAC noted the included geospatial data analysis which indicated there was a variation in quantities supplied by region.

Alectinib for non-small cell lung cancer (NSCLC)

This report considered the use of alectinib in stage 11B (locally advanced) or stage IV (metastatic) NSCLC.

Outcome

PBAC noted that the number of prescriptions and use was higher than predicted and it was dominant in the market as expected. PBAC noted that time on treatment was longer than predicted.

PBAC noted that alectinib was generally used as a first line therapy and had replaced other therapies as predicted, including ceritinib which PBAC noted had a Boxed warning due its substantial safety concerns.

Denosumab for osteoporosis

This report considered quality use of medicines issues in osteoporosis management in general practice with denosumab.

Outcome

PBAC noted that the utilisation of denosumab had continued to increase over less expensive therapy.

PBAC noted there was a preference for the use of injectable therapy and considered that it may be more convenient for patients with swallowing difficulties than oral therapy.

PBAC was concerned that a large proportion of patients who discontinued denosumab treatment, did not receive a further course with other anti-resorptive agents. PBAC considered this was an ongoing a quality use of medication issue and placed patients at an increased risk of fractures.

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Eculizumab for atypical haemolytic uraemic syndrome (aHUS)

This report considered the use of eculizumab for aHUS.

Outcome

PBAC noted that there have been over 300 patients treated since eculizumab was first listed.

PBAC noted that around 13 percent of patients had passed away on treatment. PBAC considered that this could potentially indicate use after disease progression.

PBAC noted that the number of treated patients was showing signs of stabilising as time on treatment had fallen after a restriction change and that overall growth appeared to be flattening off.

Ibrutinib for chronic lymphocytic leukaemia (CLL) and small lymphocytic lymphoma (SLL)

This report considered the use of ibrutinib for CLL/SLL following its addition as a streamline authority.

Outcome

PBAC noted a steady initial increase in use and that the actual use was as predicted in year 1, but the utilisation of ibrutinib had declined after venetoclax entered the market.

PBAC noted that median time on treatment had not been reached yet, and considered this should be monitored in the future.

PBAC noted that a small number of patients appear to be receiving combination treatment, but did not consider that this was a concern at this stage.

Ocrelizumab for relapsing-remitting multiple sclerosis

The report considered the use of ocrelizumab for RRMS.

Outcome

PBAC noted that the RRMS market was dynamic and that use was within predictions but scripts per patient were less than predicted.

PBAC noted that a change in the diagnostic criteria led to overall growth in the market, and that newer agents had not grown the market compared to prior therapy growth.

PBAC noted that the number of prevalent patients were growing, however the rate of growth was flattening.

PBAC noted that a large proportion of patients switched to ocrelizumab from other RRMS therapy.

PBAC noted that there had been a change in use by form, with an increase in the use of infusions and that injectables were less popular. PBAC noted that that the supply of oral forms was more dominant in rural areas, where the supply of infusions were less common.

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PBAC noted the consumer input on the DUSC analysis and MS Australia's feedback that consumers prefer infusions and that some patients in the non-metro setting were required to travel to receive treatment.