

**JULY 2021 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 2021 Drug Utilisation Sub-Committee (DUSC) meeting, which were provided in Items 10.05, 10.06 and 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 2021 DUSC outcome statement](#).

### **Evolocumab for heterozygous familial hypercholesterolaemia**

#### *Outcome*

PBAC noted that the listing for heterozygous hypercholesterolaemia did not substantively increase the overall number of initiating or treated patients with familial or non-familial hypercholesterolaemia. PBAC noted the clear increase in the number of supplied prescriptions following the listing of non-familial hypercholesterolaemia on 1 May 2020.

PBAC noted that the majority of patients are receiving the 420 mg dose as three single 140 mg pens rather than the 420 mg cartridge.

PBAC commented that the use of evolocumab to treat homozygous hypercholesterolaemia was underestimated, but some of the apparent overuse for homozygous hypercholesterolaemia and underuse for heterozygous hypercholesterolaemia may be due to an inaccurate assignment of the relevant streamlined authority codes. PBAC also noted that the clinical criteria for the Dutch Lipid Clinic Network Score may result in some patients who are heterozygous being classified as homozygous.

### **Guanfacine for attention deficit hyperactivity disorder (ADHD)**

#### *Outcome*

PBAC considered that clonidine was likely being prescribed for patients 18 years and under as a medication for ADHD. PBAC considered that clonidine may be used as a sedative in children and adolescents due to the side effects of psychostimulant medications used to treat ADHD. PBAC noted that clonidine use was greater than expected and considered that clonidine may be initiated by general practitioners, possibly due to access issues to psychiatrists and paediatricians.

PBAC noted that the prevalence of ADHD medications did not appear saturated and considered that patients are beginning therapy and not stopping.

PBAC noted that guanfacine appeared to have grown the market. PBAC considered that guanfacine was being used similarly to clonidine i.e. as add-on therapy, rather than being supplied as monotherapy. PBAC noted that paediatricians and psychiatrists had continued to prescribe clonidine at similar rates after the introduction of guanfacine.

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**Utilisation of somatropin**

*Outcome*

PBAC noted that between 2016 and 2020 the number of treated patients increased from 2,011 to 3,178. PBAC noted the changes to listing in 2019 and 2020 which involved broadening the eligibility criteria for paediatric patients and amendments to the adult listing in relation to continued access for patients when they reach adulthood. PBAC considered the increased utilisation reflected the changes made to the listing with the addition of new clinical subgroups.

PBAC noted the requirement for prescribers to use the Quality of Life Assessment of Growth Hormone Deficiency in Adults (QoL-AGHDA) questionnaire for adults with severe growth hormone deficiency was removed from the somatropin restrictions in September 2019. PBAC considered adult patients receiving somatropin treatment would likely be appropriately indicated for treatment and noted endocrinologist input which did not raise concern of use in adults outside of expectations.