

**JULY 2023 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 reports with associated stakeholder responses from the June 2023 Drug Utilisation Sub-Committee (DUSC) meeting, which were provided in Items 10.02, and 10.03 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 2023 DUSC outcome statement](#).

OLAPARIB FOR OVARIAN, FALLOPIAN TUBE AND PRIMARY PERITONEAL CANCER

Outcome

The PBAC noted that the utilisation of olaparib for first-line therapy was different from estimated. The PBAC noted that the utilisation review was based on 25 months of data since the extension of listing to the first-line setting. The PBAC noted the immaturity of the utilisation data and that with increased time and clinician familiarity, patients may be treated with olaparib for longer. The PBAC noted the sponsor comments on the immaturity of the utilisation data with regards to future utilisation in the first- and second-line setting.

The PBAC considered the impact of the COVID-19 pandemic on the delay in diagnosis and treatment.¹ The PBAC noted the consumer input from Ovarian Cancer Australia who commented on the decrease in investigations for gynaecological cancers, however noted that the implications for diagnosis and treatment are uncertain.

OMALIZUMAB FOR CHRONIC SPONTANEOUS URTICARIA

Outcome

The PBAC noted the longer duration of treatment and higher supplied dose for both initiating and continuing patients than initially anticipated mainly due to use for chronic disease management.

The PBAC noted that DUSC will continue to monitor the pattern of omalizumab usage and that the Department was currently undertaking a systematic literature review of the most recent comparative clinical evidence for omalizumab and cyclosporin for the treatment of chronic spontaneous urticaria.

UTILISATION OF ANTIPSYCHOTICS

Outcome

The PBAC noted that the number of prevalent patients supplied an Anatomical Therapeutic Code N05A (antipsychotic) medication between 2016 to 2022 remained steady at less than 1,000,000 persons per year. The PBAC noted that the top five dispensed antipsychotics between 2016 to 2022 were aripiprazole, risperidone,

¹ National Gynae Oncology Registry. Ovarian Cancer Registry: The OvCR Annual Report July 2020-December 2021. Available from < <https://ngor.org.au/index.php/news-and-reports/>>

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prochlorperazine, quetiapine, and olanzapine. The PBAC considered that prochlorperazine was unlikely to be used for the purposes of antipsychotic treatment. The PBAC noted that risperidone use has been declining while aripiprazole, quetiapine, and olanzapine use have been increasing. The PBAC noted that the rate of dispensing in 2017 in the over 65 population was 374 prescriptions per 1,000 population which decreased to 316 per 1,000 in 2022.

The PBAC noted that the overall utilisation of risperidone for behavioural and psychological symptoms of dementia (BPSD) was declining however noted that utilisation in Residential Aged Care Facilities (RACFs) was increasing. The PBAC noted that patients who were admitted into a RACF at any point in their medication history had a median time on treatment of 277 days while those who were never admitted into a RACF had a median time on treatment of 96 days.

The PBAC noted that mirtazapine use in patients in RACFs was increasing steadily with 1,500 new patients per quarter and approximately 27,000 prevalent patients in 2023 Q1. The PBAC noted that quetiapine use had remained steady at less than 8,000 prevalent patients per quarter and 1,000 new initiations per quarter. The PBAC considered that it may be beneficial for DUSC to conduct a future analysis of patients switching between mirtazapine, quetiapine, risperidone, and benzodiazepines to determine if the limitations on the risperidone restriction has caused an increased uptake of other medications with the potential for chemical restraint. The PBAC considered that incorporating data and metrics from the National Aged Care Mandatory Quality Indicator Program run by The Aged Care Quality and Safety Commission may be useful to this planned analysis.