

**MARCH 2024 PBAC MEETING – CONSIDERATION OF THE REPORT OF THE
DRUG UTILISATION SUB-COMMITTEE**

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The PBAC noted reports with associated stakeholder responses from the February 2024 Drug Utilisation Sub-Committee (DUSC) meeting, which were provided in Items 10.04, 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 [February 2024 DUSC outcome statement](#).

DUPILUMAB FOR SEVERE ASTHMA

Outcome

The PBAC noted that the submission had assumed market growth would not be affected by the listing of dupilumab, but noted that there was an increase in the number of treated patients. The PBAC noted that the predicted versus actual utilisation was different. The PBAC noted that in the second quarter of 2020 there were prescriptions supplied that were prescribed by clinicians who were not Respiratory and Sleep Medicine, Internal Medicine or Immunology and Allergy specialists. The PBAC noted this was likely because there was higher prescribing by GPs in this quarter as patients had issues accessing specialists due to the start of the COVID-19 pandemic. The PBAC noted that there was variability in use across Australia, as the standardised number of initiating patients from Tasmania was almost double the number from Western Australia.

**NIVOLUMAB AND IPILIMUMAB FOR UNRESECTABLE MALIGNANT
MESOTHELIOMA**

Outcome

The PBAC considered that the increasing incidence of mesothelioma that was noted by the PBAC and DUSC in March 2021, was likely contributing to the slight increase in initiating patients per quarter.

The PBAC noted dosing of nivolumab was primarily three-weekly flat-dosing with approximately 47% of prescriptions dispensed as 360 mg. The submission based the cost per infusion on the Checkmate 743 protocol of 3 mg/kg and an average patient weight of 72.75 kg. The PBAC and DUSC in March 2021 considered that this would underestimate utilisation as patients in the trial would likely be fitter than the general Australian population which would also have a higher proportion of males. The increased actual cost to the PBS/RPBS seen in Year 2 was illustrative of these higher doses being used.

PROGESTERONE FOR PREVENTION OF PRETERM BIRTH

Outcome

The PBAC noted that the mean number of scripts suggested that the treatment duration for progesterone was different to what was anticipated. The PBAC noted DUSC's advice that treatment guidelines recommend starting treatment at

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20-24 weeks compared to the restriction where progesterone can be administered at 16 weeks of gestation.

The PBAC noted that pregnancy care standards were evolving. DUSC commented that in the near future, detection of early cervical shortening (through cervical length measurement) would form part of routine care for pregnant women. The PBAC considered that utilisation of progesterone for the prevention of preterm birth may increase as part of this change.

The PBAC considered that future reviews of use in high-risk population groups (i.e., smokers, via linking with smoking cessation medicines) and Indigenous populations through the S100 Remote Area Aboriginal Health Services (RAAHS) program would be useful. PBAC noted that there might be leakage into the in vitro fertilisation (IVF) market for women who have increased numbers of scripts or are using higher doses.

PBAC suggested that a future review should only be undertaken once the data has had time to mature, and changes in birthing practices and patient care models have had time to flow through to be represented in the data. PBAC suggested incorporating geographical data in future analyses.

ROMOSUZUMAB FOR OSTEOPOROSIS

Outcome

The PBAC noted that the utilisation of anti-resorptive medication after stopping treatment with romosozumab was less than expected and that this could be a Quality Use of Medicines issue. The PBAC noted the slight increase in GP prescribing after the PBS listing change to allow GPs to prescribe continuing treatment with romosozumab.

The PBAC noted that in 2022, 1,336 patients were supplied 8,199 prescriptions.

The PBAC further noted that on 7 December 2023, the TGA provided a safety update regarding romosozumab treatment. The TGA noted its “investigation into the risk of myocardial infarction and stroke in patients taking romosozumab (Evenity) found that stronger warnings regarding these risks were needed in the Product Information (PI) and Consumer Medicine Information. Romosozumab use is now also contraindicated in patients with a history of myocardial infarction or stroke.”