

**MARCH 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 February 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 [February 2023 DUSC outcome statement](#).

EVOLOCUMAB FOR HYPERCHOLESTEROLAEMIA

Outcome

The PBAC noted evolocumab utilisation for non-familial hypercholesterolaemia (non-FH) was different from what was estimated.

The PBAC noted the restriction changes since PBS listing of evolocumab and noted the restriction changes that occurred in December 2022 were not included as part of the review. The PBAC noted low-density lipoprotein (LDL) cholesterol level (LDL-c) criteria in the PBS listing was revised from 3.3 mmol/L to 2.6 mmol/L in November 2021 and revised to 1.8 mmol/L in December 2022. The PBAC noted that as LDL-c criterion had been revised several times since PBS listing, there was a potential for clinicians to be unaware of the lowered LDL-c threshold. The PBAC noted initial prescribing was extended to any medical practitioner in consultation with a specialist physician in December 2022. The PBAC commented that the utilisation of evolocumab would likely increase more rapidly as clinicians became aware of the lower LDL-c criterion and with the initial prescribing being expanded to include all medical practitioners.

The PBAC noted that although the PBS item codes for the non-FH listing were the same as those of homozygous FH, the majority of evolocumab utilisation could be distinguished through Authority and Streamlined codes. The PBAC noted a greater proportion of patients were consistently supplied evolocumab for the same indication according to item code (80.8%) compared to Authority or Streamlined code (70.5%) in 2021. The PBAC considered inconsistency in indication was likely due to human error associated with prescribing software. The PBAC noted the complexities in navigating the presentation of restriction and the corresponding item codes in the prescribing software.

THE IMPACT OF REGULATORY REFORMS ON THE UTILISATION OF OPIOIDS

Outcome

The PBAC noted the report showed the number of PBS-supplied prescriptions of opioids medicines had decreased. The PBAC noted the report showed no therapeutic shift to gabapentinoids listed on the PBS. The PBAC noted the number of treated patients had decreased, and it appeared that the number of initiating patients had decreased but commented that as the method only allowed one initiation per patient, the number of initiating patients may not be continuing to fall.

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The PBAC noted the report showed the use of tapentadol was rising. The PBAC commented that patients may be being discharged post-operatively from hospital on tapentadol, which may be contributing to its increasing use. The PBAC noted that tapentadol had been marketed as being useful for treating neuropathic pain. The PBAC noted that tapentadol had a higher potency than some other opioids and the modified-release formulation may or may not be harm-minimising.

The PBAC noted that the PBS opioid reforms intended to move the use of fentanyl patches more towards cancer pain, and that the use of fentanyl patches was decreasing. The PBAC commented that the decrease in use of fentanyl patches started prior to the restriction changes, however the decrease in the number of initiating patients was a positive outcome.

The PBAC noted that since the reforms, fewer patients were supplied two or more treatments on the same day and the number of prescriptions written without repeats had reduced. The PBAC noted that reduced pack sizes only applied to a few of the medicines and accounted for 4% of the prescriptions and 10% of patients. The PBAC suggested that the proportion of prescriptions written for reduced pack sizes may have been higher in initiating patients, and considered a further analysis stratified by new and existing users may be informative.

The PBAC noted the sponsor responses to the utilisation analysis, and the responses from The National Aboriginal Community Controlled Health Organisation and Painaustralia. The PBAC commented that the results of the survey conducted by Painaustralia were concerning and noted that approximately 35% of patients surveyed said that they did not feel supported.

The PBAC noted the long term use of opioids for non-cancer pain in existing patients which represents a large volume of use is likely to be among complex patients where changes in opioid use are more likely to be realised over a longer time frame. The PBAC commented that a publication from 2015¹ found 51% of Australian patients using opioids chronically for non- cancer pain were unemployed because of pain, 60% were also diagnosed with depression and 32% were diagnosed with generalised anxiety. The report also noted 40% had an alcohol use disorder and 47% were smokers. The PBAC commented that these are patients with complex medical problems and they need other types of support outside the scope of the PBS listings.

The PBAC commented that some general practitioners are continuing to prescribe opioids to patients due to the lack of access to public pain specialists and cost prohibitive private specialists. The PBAC commented that this continued prescribing was a consequence of a broader issue of how pain is treated in the healthcare system.

PBAC noted further utilisation analyses were planned, including:

- Use over time by defined daily doses (DDDs).
- Use over time by jurisdiction (by state and regional/remote area) and age.

¹ Campbell G, Nielsen S, Bruno R, Lintzeris N, Cohen M, Hall W, Larance B, Mattick RP, Degenhardt L. The Pain and Opioids IN Treatment study: characteristics of a cohort using opioids to manage chronic non-cancer pain. *Pain*. 2015 Feb;156(2):231-242. doi: 10.1097/01.j.pain.0000460303.63948.8e. PMID: 25599444.

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- The proportion of reduced pack size use in initiating patients versus chronic patients and the proportion of initiating patients who become chronic users.
- An analysis to determine if there has been a shift to private prescriptions (if possible).
- An analysis to determine if there has been a disproportionate effect on Aboriginal and Torres Strait Islander people (if possible).
- An analysis by volume of use per person per year.