

# Oral Contraceptives Stakeholder Meeting

## Outcome Statement

Thursday 10 October 2024

### ***Attendees***

Members of the Pharmaceutical Benefits Advisory Committee (PBAC), clinicians with expertise in women's health, and representatives from medical and pharmacy organisations, pharmaceutical companies responsible for newer oral contraceptives (Bayer Australia Ltd, Besins Healthcare Australia Pty Ltd, Mayne Pharma International Pty Ltd, Organon Pharma Pty Ltd and Theramex Australia Pty Ltd) and the Department of Health and Aged Care were in attendance.

Non-departmental attendees undertook confidentiality declarations and provided conflict of interest statements.

### ***Purpose of meeting***

At the request of the Minister for Health and Aged Care, the PBAC convened a stakeholder meeting to increase understanding of what evidence is available that may demonstrate that newer oral contraceptives offer additional benefits compared to older generation oral contraceptives.

The following points were identified as areas for discussion:

- What are the disadvantages/risks with the use of oral contraceptives currently listed on the PBS?
- In what situations would clinicians consider using oral contraceptives not PBS-listed? Which oral contraceptive would clinicians consider first in these situations?
- In what situations are non-oral contraceptive options preferred?
- Which non-contraceptive benefits from contraceptives are most often sought after in practice?
- Which oral contraceptives address these non-contraceptive benefits?
- In clinical experience, which oral contraceptive(s) are most effective for managing:
  - Acne
  - Anti-androgenic effects
  - Antimineralocorticoid effects.
- Examples of clinical situations where one oral contraceptive was more effective than others in providing additional non-contraceptive benefits.
- Patient feedback received on effectiveness of contraceptives in providing non-contraceptive benefits.
- Circumstances which prompt switching of contraceptives – is this typically patient or prescriber initiated?

## ***Meeting discussion***

- It was discussed that women often require contraception throughout their life until menopause, and that their circumstances (e.g. risk factors, lifestyle needs) and requirements will change through different stages of life. This means individuals may require different contraceptives at different times. Clinicians highlighted the importance of finding an oral contraceptive pill (OCP) for a patient that was most suitable for them and their lifestyle.
- It was acknowledged that there is a high proportion of women who have an unintended pregnancy (1 in 4 women) and that hormonal contraceptives are highly effective at preventing unintended pregnancies. Stakeholders commented that there are individual and societal costs when contraceptives are not affordable for individuals. Higher costs associated with non-PBS listed contraceptives may disadvantage certain patient groups, such as younger patients. Non-adherence due to costs subsequently increases the risk of unintended pregnancy.
- Clinicians cited clinical experience that not every individual responds the same way to OCPs, and although some were better tolerated than others, it is still highly individualised as to which contraceptive medicines the individual may or may not tolerate.
- Through the life-course, individuals often trial different OCPs as their needs and circumstances changed.
- Stakeholders raised that in practice, when individuals commence OCPs they will often trial a product that is PBS-listed first even though a non-PBS listed OCP could be a better choice.
- It was also identified that having a range of contraceptive options, including non-oral options, is important in providing choices for individuals in finding the most appropriate contraceptive for them at various points in their life.
- Stakeholders stated that it was important for the newer currently non-PBS contraceptives to be available as additional treatment choices.
- It was noted that in addition to newer OCPs, the etonogestrel/ethinylestradiol vaginal ring is another hormonal contraceptive option that is not listed on the PBS. In some circumstances it is preferable to use the ring rather than OCPs.
- Clinicians noted that conditions like polycystic ovarian syndrome and pre-menstrual dysphoric disorder respond better to the new OCPs because of they have anti-androgenic effects.
- Patients often lack awareness of the non-contraceptive effects of OCPs, and require education from their healthcare professional on what non-contraceptive benefits different OCPs have.
- The Stakeholder discussed the option of restricting the use of newer OCP to second line treatment. The participants highlighted the downsides of such an approach as access to the right medicine would be needlessly delayed on a short or even longer term basis.

- It was noted that as part of its remit, when considering medicines for PBS-listing the PBAC is legally required to consider comparative effectiveness and cost-effectiveness compared to other available therapies. For a medicine to be listed at a higher cost compared to comparators already PBS-listed the medicine needs to demonstrate additional benefits and value.
- Stakeholders noted that certain contraceptives have higher manufacturing costs due to their form or raw ingredients, and that manufacturing costs are higher than when oral contraceptives currently on the PBS were first listed.

### ***Conclusion***

The PBAC Chair thanked stakeholders for their time in attending the meeting and the advice provided.