# PBAC CONSIDERATION OF THE REPORT OF THE DRUG UTILISATION SUB-COMMITTEE

The PBAC noted utilisation reports with associated stakeholder responses from the October 2014 meeting, which were provided in Item 14.13 of the PBAC Agenda. Minutes for these items were tabled. The October 2014 DUSC Outcome Statement is available from:

http://www.pbs.gov.au/info/industry/listing/elements/dusc-meetings/dos

Pregabalin for neuropathic pain

The PBAC noted that while more patients were supplied pregabalin through the PBS in the first year of listing than anticipated, the number of prescriptions dispensed was similar to expected. The PBAC noted that utilisation is yet to stabilise and it is unclear at this point in time how pregabalin is being used in clinical practice; including how long people remain on the medicine, doses prescribed, and whether pregabalin is add-on to or used instead of other medicines for neuropathic pain.

The PBAC agreed with the DUSC that a subsequent analysis of pregabalin to understand utilisation patterns would be appropriate when 24 months of data are available.

Exenatide for type 2 diabetes

The PBAC noted that the number of patients treated with exenatide in the first two years of listing was lower than predicted, however the expected number was reached in the third year. The PBAC noted that patterns of exenatide use are diverse and not all use is consistent with the PBS restrictions. The PBAC agreed with the DUSC that education may be required on the PBS prescribing criteria for exenatide.

Novel oral anticoagulants for venous thromboembolism

The PBAC noted that the use of rivaroxaban for deep vein thrombosis was higher than predicted in the first year of PBS listing, which could be due to underestimation of the incidence and/or uptake, longer duration of use than estimated, possible use outside of restriction (e.g. in post-surgical prophylaxis other than total hip and knee replacements), or incorrect streamlined code selection by the prescriber.

**Tobramycin solution for inhalation for cystic fibrosis**

The PBAC noted that use is similar to predicted. The PBAC noted that while the patterns of treatment in patients aged 10 years and under are consistent with eradication protocols, patterns of treatment in patients aged 15 years and older were less clear.

The PBAC agreed with the DUSC that the utilisation of tobramycin products for CF should be analysed when two years of utilisation data are available for Tobi Podhaler®.

Dornase alfa and mannitol for cystic fibrosis

The PBAC noted that the use of dornase alfa has increased steadily since 2004, while the use of mannitol is low.

The PBAC agreed with DUSC that advice should be sought from cystic fibrosis clinicians regarding the low uptake of mannitol and cycling of treatments. The PBAC agreed to review this advice at a subsequent meeting.

Ezetimibe with simvastatin fixed dose combination for hypercholesterolaemia

The PBAC noted that the number of new patients commencing ezetimibe (plain or fixed dose combination presentation) is steady, with approximately 38,000 patients commencing treatment each year. At the end of 2013 over 200,000 patients were on treatment with ezetimibe. The PBAC agreed with the DUSC that clinical endpoint data outcomes from the IMPROVE-IT study will influence utilisation of ezetimibe in Australia in the future.

**Opioid analgesics**

The PBAC noted that the use of opioid analgesics, measured by prescription counts and Defined Daily Doses (DDDs) per 1000 population per day, continues to increase over time. The PBAC noted problems identified by DUSC in relation to the derivation of DDDs for some opioids, which mean the true extent of increasing strong opioid use in Australia may be underestimated by looking at DDDs/1000 population/day. The PBAC noted that DUSC will consider alternate measures of opioid utilisation to better understand use in persistent non-cancer pain, and provide this information to PBAC alongside tranche 3 of the Post-Market Review of Authority Required PBS listings.

Antibiotics

The PBAC noted the DUSC view that community antibiotic supply is extensive, high relative to other OECD nations, and increasing in recent years. The PBAC agreed with the DUSC that that there is overuse of antibiotics at the population level.

The PBAC noted the suggestion from the DUSC that reducing the number of months that a prescription for an antibiotic remains valid might be a way of reducing inappropriate use.

The PBAC agreed that the analysis be published in a peer reviewed journal such as the Medical Journal of Australia and/or as a Public Release Document on pbs.gov.au