The Drug Utilisation Sub-Committee (DUSC) of the Pharmaceutical Benefits Advisory Committee (PBAC) held its 115th meeting on 5 June 2025.

DUSC has a national focus of excellence in collecting, analysing and interpreting data on the utilisation of medicines in Australia for use by the PBAC. Review of the utilisation of medicines is an essential management tool in facilitating the objectives of the National Medicines Policy.

The PBAC is also committed to understanding consumer perspectives and integrating them into consideration of medicines and vaccines. Consumers are able to provide their views about medicine utilisation reviews to the PBAC [via the Office of Health Technology Assessment (OHTA) consultation hub.](https://ohta-consultations.health.gov.au/)

## Submissions to the PBAC

DUSC considered two category 1 submissions and one standard re-entry submission while a joint DUSC and Economics Sub Committee meeting was held on the 10 June 2025 to consider an additional four category 1 submissions. These submissions will be considered at the July 2025 meeting of PBAC. The agenda for the July 2025 PBAC meeting can be found on the [PBS website](https://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/agenda/march-2025-pbac-meeting). DUSC provided detailed advice to the PBAC on projected usage and financial cost for the submissions where there was high cost, uncertain utilisation, first medicine in class or quality use of medicines concerns.

## Utilisation of PBS Listed Medicines

DUSC regularly examines utilisation of Pharmaceutical Benefits Scheme (PBS) items when there is at least 24 months of prescription data available and where DUSC or the PBAC has highlighted items of interest. When an analysis of utilisation is to be undertaken sponsors are notified and provided with a copy of the report and an opportunity to comment prior to the DUSC meeting. Reviews to be considered by the PBAC are also published in the [PBAC meeting agenda](https://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/agenda/may-2025-pbac-meeting). All reports, sponsor comments and DUSC assessment of the reports are subsequently provided to the PBAC.

DUSC reviewed the utilisation of the following PBS medicines in June 2025:

**Atezolizumab for hepatocellular carcinoma**

DUSC reviewed the utilisation of atezolizumab in combination with bevacizumab (henceforth atezolizumab) for advanced (unresectable) Barcelona Clinic Liver Cancer (BCLC) Stage B or Stage C hepatocellular carcinoma (HCC). In 2023, 955 patients were supplied 6,135 prescriptions and in 2024, 1,010 patients were supplied 7,033 prescriptions. DUSC noted that for most patients atezolizumab for HCC is generally well tolerated and most patients remain on treatment. DUSC noted that the use of the oral therapies lenvatinib or sorafenib for the treatment of HCC has moved to older patient populations.

**Cemiplimab for cutaneous squamous cell carcinoma**

DUSC reviewed the utilisation of cemiplimab for metastatic or locally advanced cutaneous squamous cell carcinoma (mCSCC or laCSCC) for patients who are not candidates for curative surgery or curative radiation, as requested by DUSC at its February 2025 meeting. There were 1,535 patients treated with cemiplimab for CSCC in the first year of listing, and 1,930 in the second year. The mean ages for patients at initiation were 76 for males and 78 for females, in line with the epidemiology of the condition. DUSC noted that the number of initiating patients each year was increasing therefore it was likely that prevalence had not yet been reached. DUSC discussed that there is likely some use of cemiplimab outside of the restriction by older patients who are poor surgical candidates, and that this was clinically appropriate.

**Nivolumab for gastro-oesophageal cancers**

DUSC reviewed the utilisation of nivolumab for gastro-oesophageal cancers. DUSC noted the number of prevalent patients has increased steadily from 589 in the first quarter of listing to 1,029 by 2025Q1 while the number of initiating patients has been approximately 280-300 per quarter from the second quarter of listing. Both the number of prevalent patients and prescriptions per quarter have appeared to plateau. Using the Kaplan-Meier analysis and the interquartile range results, the cost per treatment course of nivolumab ranged from $23,647 to $116,148 based on the published prices for the majority of patients. Since first listing there have been 3,103 patients who have initiated nivolumab up to 23 February 2025 and of these, 50.4% may be considered alive according to date of death data up to 23 February 2025.

**Nusinersen for spinal muscular atrophy (adults)**

DUSC reviewed the utilisation of nusinersen for the treatment of spinal muscular atrophy in adult patients. In 2023, 93 adult patients were supplied 314 prescriptions for the treatment of SMA. In 2024, 80 adult patients were supplied 230 prescriptions for the treatment of SMA. The median age of initiating nusinersen patients was 37 years. A greater number of adult patients have been treated with risdiplam compared to nusinersen.

DUSC requested that the utilisation reports be provided to the PBAC for consideration.

An outcome statement will be available following each meeting of DUSC. For further information, please contact the DUSC Secretariat at [DUSC@health.gov.au](mailto:DUSC@health.gov.au).

Professor Chris Etherton-Beer

Chair

Drug Utilisation Sub-Committee