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

The PBAC noted utilisation reports with associated stakeholder responses from the February Drug Utilisation Sub-Committee (DUSC) meeting, which were provided in Items 10.04 to 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 2020 DUSC outcome statement](http://www.pbs.gov.au/info/industry/listing/elements/dusc-meetings/dos).

**Alemtuzumab for relapsing remitting multiple sclerosis**

This report considered the utilisation of alemtuzumab for relapsing remitting multiple sclerosis (RRMS).

*Outcome*

PBAC noted that the overall RRMS market had grown since the entry of new listings, but the utilisation of alemtuzumab had been low.

PBAC noted that there were rare but serious adverse reactions associated with alemtuzumab. PBAC considered this was a main factor in its lower than expected uptake.

PBAC noted that only a small proportion of patients were supplied another RRMS medicine after an initial prescription of alemtuzumab.

**Testosterone**

This report considered the utilisation of testosterone after a change to the restriction wording allowing general paediatricians to prescribe testosterone for androgen deficiency with established pituitary or testicular disorders.

*Outcome*

PBAC noted that the utilisation of testosterone had remained relatively stable since the introduction of several changes to its restriction.

PBAC noted the shift towards a lower proportion of general practitioners involved in prescribing over time from the restriction changes.

PBAC noted that there was increasing use in females since the removal of the restriction criteria that a patient must be male in 2015.

**Opioid analgesics**

This report considered the utilisation of PBS-listed opioid analgesics, including the combined use of pregabalin and opioid analgesics.

*Outcome*

PBAC noted that there had been a rapid growth in the utilisation of pregabalin and that it was the leader in the analgesic market.

PBAC noted that the up-scheduling of low dose codeine combination products had only resulted in a slight increase in the utilisation of subsidised high dose codeine products.

PBAC noted that there was only a low use of opioid products listed on the palliative care schedule.

PBAC noted that the majority of patients were supplied a single opioid product. It was unclear to what extent the use of multiple product regimens (around 20 percent) represented appropriate use. PBAC noted that the majority of coadministered regimens included pregabalin.

PBAC noted the risks of misuse of pregabalin, including the increasing number of intentional poisonings reported for this agent. PBAC recalled from prior DUSC analyses of pregabalin undertaken in October 2014 and October 2015 that patients were being supplied lower than recommended doses.

PBAC noted quality use of medicines activities, which were being undertaken to promote the appropriate use of pregabalin.

**Nintedanib and pirfenidone for idiopathic pulmonary fibrosis**

This report considered the utilisation of PBS listed nintedanib and pirfenidone for idiopathic pulmonary fibrosis (IPF).

*Outcome*

PBAC commented there was a high clinical need for medicines to treat IPF.

PBAC noted that the proportional use of nintedanib and pirfenidone in the IPF market was similar.

PBAC noted that the majority of patients treated were older males. PBAC considered this was consistent with the epidemiology of the disease.