



## **Drug Utilisation Sub-Committee Outcome Statement 8 – 9 February 2024**

The Drug Utilisation Sub-Committee (DUSC) of the Pharmaceutical Benefits Advisory Committee (PBAC) held its 110<sup>th</sup> meeting on 8 – 9 February 2024.

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](#).

### **Submissions to the PBAC**

DUSC noted that 2 category 1, 24 category 2, and 9 standard re-entry and 5 early re-entry submissions had been received for the March 2024 meeting of PBAC. 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. The agenda for the March 2024 PBAC meeting can be found on the [PBS website](#).

### **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](#). 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 February 2024:

#### **Dupilumab for uncontrolled severe asthma**

DUSC reviewed the utilisation of dupilumab for uncontrolled severe asthma. Since listing on the PBS on 1 April 2021, 41,557 prescriptions of dupilumab were supplied to 4,446 patients for uncontrolled severe asthma. Of these 4,446 patients, dupilumab was the first biologic medicine supplied to 2,983 (67%) patients for severe asthma, and 1,463 (33%) patients were switched to dupilumab from either omalizumab, mepolizumab or benralizumab.

DUSC requested that the report be provided to the PBAC for consideration.

#### **Nivolumab with ipilimumab for mesothelioma**

DUSC reviewed the utilisation of nivolumab with ipilimumab for mesothelioma following listing on 1 July 2021. In the first year of listing there was 748 prevalent patients using nivolumab and ipilimumab at a cost to the PBS/RPBS of \$58 million. In the second year of listing there were 742 prevalent patients at a cost of \$59 million. Although there was a lower patient number and lower script count in the second year of listing, the higher cost was likely associated with the movement towards three-weekly flat-dosing of nivolumab at 360mg resulting in higher doses

being used compared to two-weekly doses at 3mg/kg. The median time on treatment for most patients was 132 and 120 days for nivolumab and ipilimumab respectively.

DUSC requested that the report be provided to the PBAC for consideration.

### **Progesterone for the prevention of pre-term birth**

DUSC reviewed the utilisation of progesterone for the prevention of preterm birth. Utilisation of progesterone for the prevention of preterm birth has slowly increased since listing on the PBS of Oriprio on 1 June 2021 and Utrogestan on 1 July 2021. Utilisation of Utrogestan was more than double the utilisation of Oriprio in the second and third quarters of 2023. Prescribing of progesterone for the prevention of preterm birth was highest amongst obstetricians and gynaecologists, followed by vocationally registered general practitioners (GPs) and non-vocationally registered GPs. Despite the PBS listing of progesterone for the prevention of preterm birth allowing prescribing by nurse practitioners and midwives, actual prescribing from these prescriber types was extremely low.

### **Romosozumab for severe established osteoporosis**

DUSC reviewed the utilisation of romosozumab for severe established osteoporosis. Utilisation of romosozumab was different from estimated. In 2022, 1,336 patients were supplied 8,199 prescriptions. Only 49% patients were identified to have successfully transitioned to an antiresorptive after stopping treatment with romosozumab. DUSC considered the high need to educate prescribers and patients about the importance of continuing antiresorptive treatment after romosozumab treatment to preserve bone mass.

DUSC requested the report be provided to the PBAC for consideration.

## **Upcoming Utilisation Analysis of PBS Listed Medicines**

Utilisation of the following medicines was selected for consideration at future DUSC meetings.

### **Analysis of single or multiple medicines in a treatment area**

- Brentuximab vedotin for cutaneous and peripheral T-cell lymphoma.
- Galcanezumab and fremanezumab for chronic migraine.
- Semaglutide for Type 2 Diabetes.

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).

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