The Drug Utilisation Sub-Committee (DUSC) of the Pharmaceutical Benefits Advisory Committee (PBAC) held its 111th meeting on 6 – 7 June 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.](https://ohta-consultations.health.gov.au/)

## Submissions to the PBAC

DUSC noted that 9 category 1, 12 category 2, and 2 standard re-entry and 3 early re‑entry submissions had been received for the July 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 July 2024 PBAC meeting can be found on the [PBS website](https://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/agenda/july-2024-pbac-meeting).

## 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/july-2024-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 2024:

**Brentuximab vedotin for CD30 positive cutaneous and peripheral T-cell lymphoma**

DUSC reviewed the utilisation of brentuximab vedotin for CD30 positive cutaneous (CTCL) and peripheral (PTCL) T-cell lymphoma. In the 2022-23 financial year, 36 patients were supplied 207 prescriptions for brentuximab vedotin for CD30 positive CTCL. In the 2022-23 financial year, 113 patients were supplied 428 prescriptions for brentuximab vedotin for CD 30 positive PTCL. Utilisation of brentuximab vedotin for CD30 positive PTCL had increased over time.

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

**Galcanezumab and fremanezumab for chronic migraine**

DUSC reviewed the utilisation of galcanezumab and fremanezumab for chronic migraine since their listing on the PBS (1 June 2021 and 1 August 2021, respectively). The review included analyses on co-prescribing with analgesics and other migraine medicines and geospatial analyses to examine the supply of the medicines through specialty migraine clinics. While the actual utilisation of galcanezumab differed from that predicted in the first two years of listing that for fremanezumab was comparable. Only a small number of patients were co-dispensed an analgesic with galcanezumab or fremanezumab while more were co-dispensed a triptan and/or a first line medication for prophylaxis along with their galcanezumab and fremanezumab. While there is a consistent geographic pattern of dispensing of galcanezumab and fremanezumab provided through the PBS, this pattern did not match up with the provision of Botulinum toxin type A (Botox) services provided through the Medicare Benefits Schedule.

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

**Semaglutide for the treatment of type 2 diabetes mellitus**

DUSC reviewed the utilisation of semaglutide for the treatment of type 2 diabetes mellitus (T2DM). In 2023 there were approximately 1.6 million patients supplied one or more medicines through the PBS for type 2 diabetes mellitus (T2DM), and 325,993 patients who were supplied semaglutide or dulaglutide, and 120,374 initiators to semaglutide or dulaglutide. Of the 120,374 initiators to either semaglutide or dulaglutide, 94% (113,058) were supplied semaglutide, compared to 6% (7,316) who were supplied dulaglutide.

Due to the medicine shortage of semaglutide and dulaglutide, the number of initiating patients decreased to 12,330 in the fourth quarter of 2022, from 32,648 in the fourth quarter of 2021, and the number of patients supplied semaglutide or dulaglutide decreased to 146,960 in the fourth quarter of 2022, from 191,081 in the third quarter of 2022.

DUSC requested that 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**

* Dasatinib and nilotinib for chronic myeloid leukaemia.
* Idelalisib for refractory follicular B-cell non-Hodgkin lymphoma.
* Molnupiravir for SARS-CoV-2 infection.

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