

## **SAND abstract No. 58 from the BEACH program 2003–04**

### **Subject: Lipid lowering medications: patient eligibility under PBS**

**Organisation supporting this study:** Merck Sharp and Dohme (Australia) Pty Ltd

**Issues:** Lipid lowering medications (LLMs) are increasingly prescribed for the management of hyperlipidaemia and cardiovascular disease. Eligibility for PBS subsidy is restricted to patients meeting at least one of four criteria defined in the Schedule of Pharmaceutical Benefits. This study measured the number of patients on LLMs, their prescribed medication and dose regimen and the proportion of patients eligible for PBS subsidy under each criteria.

**Sample:** 2,732 encounters from 93 GPs; data collection period: 10/06/2003–14/07/2003.

**Method:** Detailed in the paper entitled 'SAND Method 2003–04' on the FMRC website: <[http://www.fmrc.org.au/publications/SAND\\_abstracts.htm](http://www.fmrc.org.au/publications/SAND_abstracts.htm)>.

#### **Summary of results:**

The age distribution of respondents was similar to the expected distribution for general practice encounters. There was a small but significant difference in the sex distribution, with females making up 61.1% (95% CI: 58.2-64.0) compared with 57.4% (95% CI: 56.7-58.1) in the total sample.

Of the 2,732 respondents, the GP indicated that 12.5% (n=341) were currently taking a LLM. No patient under the age of 15 was taking a LLM. The rate of LLM use increased with age until it peaked with patients aged 65–74 years (33.5%). Male patients were 1.5 times more likely to use LLM (16.1%, 95% CI: 13.4–18.8) than female patients (10.2%, 95% CI: 8.5–12.0). The highest use of LLM was in male patients aged between 65 and 74 years (38.5%).

Atorvastatin was the most common, being used by 50% of patients taking a LLM. The next most common was simvastatin (34.4%). Pravastatin was used by 12.6% of patients. Gemfibrozil and fluvastatin were rarely used, together being used by only 3% of patients on a LLM. While atorvastatin had the highest maximum daily dose taken of the three top LLMs, it had the lowest average (26.3mg) daily dose taken. Conversely, while pravastatin had the lowest maximum dose taken (40mg) it had the highest average daily dose taken (31.6mg), with over half the patients taking it at the maximum recorded dose (40mg).

While respondents were allowed to indicate more than one eligibility criterion for the prescription of an LLM, virtually all respondents recorded only one criterion. For all patients taking a LLM, 40.1% met criterion one for PBS eligibility, 49.7% met criterion two, only 11.3% met criterion three and even less criterion four (1.0%). Only two patients (0.7%) who were on a LLM were recorded as being ineligible according to the PBS criteria.

Patients taking pravastatin had the highest proportion of eligibility through criterion one compared with patients on the other common LLMs. Patients on atorvastatin had the highest proportion of eligibility through criteria two and four compared with patients on the other common LLMs. Patients on simvastatin had the highest proportion of eligibility through criterion three compared with patients on the other common LLMs.

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