

PBAC to review testosterone use

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PBS criteria for testosterone prescribing is being reviewed by the Pharmaceutical Benefits Advisory Committee (PBAC) after it was found that some testosterone use may fall outside current restrictions.

A spokesperson for the Department of Health and Ageing told *MO* that a subcommittee of the PBAC considered the wording of the PBS restriction for testosterone required clarification after a review last year found use had increased markedly over the last five years.

A study published in the *Medical Journal of Australia* in 2012 found expenditure rose ninefold to \$12.7 million in the 20 years to 2010, based on PBS data.

The data mirrors that of a US study published last week from an insurance database, which showed androgen use in 10 million men aged 40 or older increased more than threefold from 2001 to 2011.

The authors said most men treated did not have clear evidence



of a potential indication for androgen replacement therapy.

Professor David Handelsman, director of the ANZAC Research Institute at the University of Sydney, authored the Australian study published last year.

He said a new unpublished study he has completed showed

testosterone prescribing rates were rising around the world, driven not just by pharmaceutical marketing but by international consensus guidelines from Europe and the US.

“These clinical consensus guidelines are not properly evidence based and collude in pro-

moting overuse,” he said. “The international consensus blurred the distinction between testosterone prescribing in men with pathological causes of hypogonadism, and the functional lowering of testosterone as an adaptive reaction to non-reproductive disorders, such as those accumulating with age.”

The guidelines had excessive influence, even in Australia, he added.

“For example, advertising for any testosterone product cites these permissive guidelines.”

A spokesperson for Eli Lilly, sponsor of transdermal testosterone (Axiron), said it was indicated for confirmed testosterone deficiency and the company did not promote or condone its use outside this indication.

Professor Handelsman said the PBS criteria for prescribing was based on Australian guidelines from 2000, which were intended to reduce prescribing for unproven reasons. He said he had contributed to the PBAC review.

The committee’s report will be available later this year. ■

References at medobs.com.au