



*Submission to Drugs Utilisation Sub-Committee:
RACGP recommendations on the subsidised use of
alprazolam for panic disorder*

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The Royal Australian College of General Practitioners

RACGP Submission to Drugs Utilisation Sub-Committee

1. Introduction

The RACGP supported the rescheduling of alprazolam to a Schedule 8 drug within the Poisons Standard, which occurred in February 2014. We welcome the subsequent positive impact this has had, both on reduced prescribing (as outlined in the DUSC report) and on its reduced contribution to deaths due to combined drug toxicity poisoning (outlined in this paper). The RACGP would also welcome a discussion on the current place of all agents in the treatment of panic disorders with our psychiatry colleagues to ensure best practice guides are available for the use of such medications.

We thank the Drugs Utilisation Sub-Committee (DUSC) of the Pharmaceutical Benefits Advisory Committee (PBAC) for the opportunity to contribute to this important discussion. This paper outlines RACGP's views and recommendations on the PBS subsidised use of alprazolam. In our response, we recognise the need to limit the availability and inappropriate use of medications. However, we do not recommend delisting alprazolam from the PBS as this would not limit access to alprazolam obtained via private scripts.

2. Appropriate Use and PBS listing

The RACGP, in its recently published guide on benzodiazepines, states "alprazolam has not been shown to have better efficacy than other benzodiazepines for panic disorders, and (has) a greater risk of dependence, problematic use and withdrawal".¹

However, the RACGP guide supports that for some patients in very limited circumstances a clinical decision for treatment with alprazolam can be justified.

For example - a patient on a multidisciplinary care plan where first and second line therapies have either failed, have limited benefit or are clinically inappropriate, and where there is no history of drug dependence and there are positive indicative 'lifestyle' factors present. This is where the diagnosis of panic disorder has been verified (after consultation with a psychiatrist) and where the patient is engaged in an active treatment plan to reduce the duration of medication use to the acute treatment phase.

Such patients are entitled to continue to have access to the PBS subsidies for this therapeutic treatment.

Recommendation

On this basis, the RACGP recommends that limited PBS subsidised use of alprazolam for panic disorder, where other treatments have failed or are inappropriate, should remain available.

3. PBS listing and substance use disorders or polydrug use

Alprazolam is particularly problematic amongst injecting drug users and those already dependent on other drugs such as opioids. Victorian Coronial data suggests the most serious adverse events with benzodiazepines occur in the context of polydrug use; in many of the benzodiazepine-related deaths (57%), there was a positive history of substance abuse. The number of deaths associated with benzodiazepines as a single drug is uncommon.²

Coronial data has recently demonstrated a decline in detection of alprazolam in overdose deaths in 2014.³ This data follows the rescheduling of alprazolam in February 2014. The decreased contribution of alprazolam to deaths from combined drug toxicity poisoning, shown in the below table, is a positive indication that the rescheduling of alprazolam to an S8 drug has been effective. The discerning point is that prescribers need to be vigilant in identifying substance use disorders.

TABLE: Individual drugs contributing to combined drug overdoses⁴

| Year | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|------------------------|------------|------------|------------|------------|------------|------------|
| All overdoses N | 379 | 342 | 362 | 368 | 379 | 384 |
| Diazepam | 104 | 109 | 124 | 132 | 164 | 168 |
| Heroin | 127 | 139 | 129 | 111 | 132 | 135 |
| Alcohol | 94 | 85 | 88 | 80 | 94 | 93 |
| Codeine | 76 | 57 | 66 | 93 | 71 | 54 |
| Methadone | 50 | 55 | 72 | 75 | 70 | 67 |
| Alprazolam | 62 | 56 | 43 | 56 | 45 | 28 |
| Oxycodone | 41 | 39 | 46 | 46 | 61 | 46 |
| Quetiapine | 28 | 37 | 34 | 41 | 41 | 48 |
| Methamphetamine | 23 | 14 | 29 | 36 | 51 | 52 |
| Paracetamol | 23 | 21 | 24 | 50 | 39 | 37 |
| Temazepam | 28 | 23 | 48 | 36 | 22 | 20 |
| Amitriptyline | 24 | 26 | 22 | 33 | 25 | 41 |

Recommendation:

The current PBS specification for prescribing alprazolam should be revised so it is clearer that it should only be prescribed after a clear diagnosis of panic disorder has been made and not to patients with comorbid alcohol or substance use disorders or polydrug use. The specification should state:

“Alprazolam should only be prescribed to patients where:

- *a clear diagnosis of panic disorder has been made and*
- *other non-pharmacological, non-benzodiazepine and other benzodiazepine treatments have failed or are inappropriate and*
- *there is no comorbid alcohol or substance use disorder or polydrug use”.*

4. Pack size

Although data is not currently available on how available pack sizes and tablet dosages may contribute to inappropriate use, the size of packs do enable large quantities of alprazolam to be purchased and a 2mg tablet is mostly an excessive dose. Reducing pack size (perhaps to 25 instead of 50) and tablet dosage (e.g. removing the 2mg tablet) and giving consideration to restricting the number of repeats would therefore be sensible steps to consider.

Recommendation

The RACGP recommends removing 2mg alprazolam tablets from the PBS and reducing pack sizes.

5. Private scripts and TGA indications

Delisting alprazolam from the PBS will not limit access to alprazolam obtained via private scripts. Such a move could result in further use and abuse of this drug without the monitoring systems that exist. This has the potential to put more patients at risk and doctor shopping to be easily missed. However alprazolam's high-risk profile calls for tighter regulation around current indications for prescribing privately.

Although beyond the scope of PBAC, we believe the indications for alprazolam as listed on the Australian Register of Therapeutic Goods should be reviewed and brought in line with the PBS listing.

¹ Royal Australian College of General Practitioners. Prescribing drugs of dependence in general practice, Part B. Melbourne: RACGP; 2015. Available at <http://www.racgp.org.au/your-practice/guidelines/drugs-of-dependence-b>

² Coroners Court of Victoria. Coroners Prevention Unit – Pharmaceutical drugs in fatal overdose: A coroner's perspective. Melbourne: Coroners Court of Victoria; 2015.

³ Coroners Court of Victoria. Coroners Prevention Unit – Pharmaceutical drugs in fatal overdose: A coroner's perspective. Melbourne: Coroners Court of Victoria; 2015.

⁴ Coroners Court of Victoria. Coroners Prevention Unit – Pharmaceutical drugs in fatal overdose: A coroner's perspective. Melbourne: Coroners Court of Victoria; 2015.