

## Top 10 drugs

These tables show the top 10 subsidised drugs in 2005–06. The tables do not include private prescriptions.

Table 1

Top 10 drugs supplied by DDD\*/1000 pop/day †

Drug	PBS/RPBS ‡
1. atorvastatin	116.088
2. simvastatin	58.702
3. ramipril	35.897
4. diltiazem hydrochloride	26.970
5. omeprazole	19.531
6. frusemide	18.420
7. salbutamol	18.073
8. aspirin	18.047
9. sertraline	18.039
10. irbesartan	17.971

Table 2

Top 10 drugs by prescription counts †

Drug	PBS/RPBS ‡
1. atorvastatin	9 045 273
2. simvastatin	6 355 305
3. paracetamol	4 205 023
4. omeprazole	4 180 429
5. esomeprazole	3 715 500
6. atenolol	3 259 401
7. perindopril	3 124 409
8. irbesartan	3 025 037
9. ramipril	3 024 099
10. irbesartan with hydrochlorothiazide	2 962 120

Table 3

Top 10 drugs by cost to Government †

Drug	Cost to Government (\$A)	DDD*/1000/day PBS/RPBS ‡	Prescriptions PBS/RPBS ‡
1. atorvastatin	522 357 695	116.088	9 045 273
2. simvastatin	330 247 669	58.702	6 355 305
3. esomeprazole	169 953 743	14.265	3 715 500
4. clopidogrel	169 947 052	8.485	2 179 960
5. salmeterol and fluticasone	165 917 558	— §	2 839 015
6. olanzapine	154 623 092	3.016	745 603
7. omeprazole	149 094 755	19.531	4 180 429
8. alendronic acid	113 917 837	9.177	2 297 414
9. pantoprazole	103 564 509	11.603	2 733 589
10. pravastatin	102 445 719	13.934	2 018 695

\* The defined daily dose (DDD)/thousand population/day is a more useful measure of drug utilisation than prescription counts. It shows how many people, in every thousand Australians, are taking the standard dose of a drug every day.

† Based on date of supply

‡ PBS Pharmaceutical Benefits Scheme, RPBS Repatriation Pharmaceutical Benefits Scheme

§ Combination drugs do not have a DDD allocated

Source: Drug Utilisation Sub-Committee (DUSC) Drug Utilisation Database, as at 9 October 2006. © Commonwealth of Australia.

## New drugs

Some of the views expressed in the following notes on newly approved products should be regarded as tentative, as there may have been little experience in Australia of their safety or efficacy. However, the Editorial Executive Committee believes that comments made in good faith at an early stage may still be of value. As a result of fuller experience, initial comments may need to be modified. The Committee is prepared to do this. Before new drugs are prescribed, the Committee believes it is important that full information is obtained either from the manufacturer's approved product information, a drug information centre or some other appropriate source.

### Alemtuzumab

MabCampath (Schering)

glass vials containing 30 mg/mL

Approved indication: chronic lymphocytic leukaemia

Australian Medicines Handbook section 14.3.4

The treatment of chronic lymphocytic leukaemia is changing with increasing use of multidrug regimens including fludarabine (see 'Treatment of adult leukaemias', Aust Prescr 2006;29:76–9). Although response rates have improved, some patients do not respond and in others the disease progresses within a few months. The median survival for these patients with refractory