

PHARMAC

Pharmaceutical Management Agency

Media release

Two steps forward for HIV treatment

Two funding changes are set to improve access to treatments for people with HIV.

PHARMAC will widen access to the combination HIV/AIDS treatment Kaletra (lopinavir with ritonavir). The decision follows a commitment by PHARMAC to review access to Kaletra within six months of its initial listing.

And the use of antiretroviral treatments is being extended to help prevent transmission of HIV from pregnant women to their unborn child, and from mothers to newborns.

PHARMAC Chief Executive Wayne McNee says both moves are designed to update the treatment regime for people with HIV/AIDS and bring treatment into line with international guidelines.

Kaletra was initially listed as a last-line therapy for HIV/AIDS, and further advice was received from the antiretroviral sub-committee of PTAC (the Pharmacology and Therapeutics Advisory Committee).

“Under this decision Kaletra will be subsidised under the same criteria as other antiretrovirals, which will effectively mean it will be used earlier in the treatment of HIV,” Wayne McNee says.

“We are pleased to be able to widen access as recommended by our expert medical committee.”

The number of people taking Kaletra is expected to double immediately and then continue to grow as a result of the decision, which takes effect from 1 July 2005. The additional expenditure will be partially offset by a reduction in the use of other products, with a net cost estimated at \$1.2 million over five years.

Meanwhile, the widening of access to antiretrovirals will help reduce the incidence of mother-to-child transmission of HIV. The changes to the Special Authority criteria would allow a combination of up to three antiretroviral treatments to be subsidised, for the prevention of mother-foetal transmission and for the treatment of newborns for up to eight weeks.

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