

# PHARMAC

## Pharmaceutical Management Agency

Media release

### **Alendronate to be subsidised to help prevent fractures**

Many more people with osteoporosis will be able to have subsidised access to alendronate from 1 October 2005.

The decision by government drug-funder PHARMAC includes a significant access widening which will see alendronate (Fosamax) available for patients at high risk of fractures from osteoporosis, as well as more of those who have already suffered fractures.

In all, PHARMAC estimates that the new criteria will make subsidised alendronate accessible to up to 100,000 people. Under existing criteria, approximately 20,000 patients are currently being treated with alendronate.

PHARMAC's acting medical director Dilky Rasiah says extending the subsidised use of alendronate to help prevent fractures is a significant step forward.

“Up until now subsidised access has only been allowed for those patients who have already had both a fracture and a high risk of a future fracture. So we are delighted to be able to help other patients at high risk to prevent fractures occurring,” says Dr Rasiah.

“In addition, we have ‘lowered the bar’ to enable people who have had fractures, and have lower bone mineral density, to have subsidised alendronate. This decision will mean that we will have wider subsidised access to alendronate in New Zealand than in Australia, so this is great news for New Zealanders at high risk of fragility fractures.”

Osteoporosis increases the risk of bones fracturing through a reduction in bone mineral density. It is prevalent among women and older people, affecting at least 137,000 New Zealanders, which includes 30% of all women aged 60 years and over and more than half of women aged 80 years and over.

PHARMAC estimates that the change in access criteria will result in expenditure on alendronate increasing to nearly \$17 million per annum over the next three years.

Providing greater access to alendronate is the latest medicine funding decision by PHARMAC and follows other recent decisions to widen access to the diabetes medicine pioglitazone, the transplant rejection drug mycophenolate, the breast cancer medicines known as aromatase inhibitors, and to list the injected form of the antipsychotic medicine risperidone.

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