

Media release

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'Biologic' drug funding takes treatment out of hospitals

People with a number of painful and disabling inflammatory conditions will avoid hospital visits for treatment following a funding decision by PHARMAC.

The Government drug funder has approved funding for adalimumab, from 1 August 2009, for a number of autoimmune and inflammatory conditions.

Adalimumab (Humira) has been available for the last three years for people with rheumatoid arthritis. Access is now being extended to people suffering from ankylosing spondylitis, psoriatic arthritis and psoriasis, and Crohn's disease.

Medical Director Dr Peter Moodie says PHARMAC's clinical committees identified an unmet clinical need for a treatment for these disorders, for patients who do not respond to currently funded treatments.

"Adalimumab can have a significant impact on these people's lives; however that positive effect had to be balanced against its substantial cost," says Dr Moodie.

"We have been grappling with the question of how to provide funding for these types of medicines while not disadvantaging patients with other diseases. This funding decision will mean that access to adalimumab will be available for all patients throughout the country."

"The funding also means that this type of therapy is funded outside the hospital, and people can deliver it themselves through an injection. This is an advantage over having to visit the hospital for intravenous treatment."

Currently about 600 people with rheumatoid arthritis are treated each year with adalimumab. The number of patients taking adalimumab is expected to double in the coming year with the access widening, then continue to increase in future years

Adalimumab belongs to a class of drugs called TNF-alpha inhibitors, one of a group of so-called 'biologic' treatments for autoimmune disorders (also known as autoimmune biologics). These medications are, however, very expensive and can cost up to \$20,000 per patient per year.

There are a number of different types of autoimmune biologics, some of which can only be given in hospitals as intravenous therapy. These will continue to be available at the individual DHB hospital's discretion.

However, as an injection that people can administer themselves, adalimumab has the advantage of being able to be delivered outside hospitals, says Dr Moodie.

The funding agreement with Abbott Laboratories also includes the listing of a new brand of levothyroxine for thyroid problems (Synthroid), and a price reduction and access widening for the prostate cancer treatment leuprorelin (Lucrin).

Though details of the agreement remain confidential, Dr Moodie says the decision will result in additional community pharmaceutical expenditure and is, in part, made possible by the Government's commitment of additional pharmaceutical funding for 2009/10 and beyond.

Dr Moodie says PHARMAC remains open to considering new funding applications for other autoimmune biologics in the future.

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