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Media release

Osteoporosis treatment gets funding tick

A new funded option for people with the bone disorders osteoporosis and Paget's disease will be funded in the community from 1 September.

Zoledronic acid (Aclasta) is from the bisphosphonate group of drugs that includes the currently funded treatments alendronate and etidronate. However, as zoledronic acid is delivered by infusion, it is a useful alternative for people who can't take tablets, says PHARMAC's Medical Director Dr Peter Moodie.

"In addition, zoledronic acid is delivered just once a year so may be more convenient for people than having to remember to take a pill regularly," says Dr Moodie. "The oral bisphosphonates can lead to gastrointestinal discomfort so this makes zoledronic acid a useful alternative."

Delivering the drug would require about a 15-minute infusion, which could be done under IV-certified nurse supervision at a doctor's surgery.

Osteoporosis is a relatively common bone-thinning condition affecting mainly older women. Approximately 40,000 women take alendronate (Fosamax Plus), the most commonly-used treatment for osteoporosis.

Paget's disease is a chronic condition characterised by excessive breakdown and formation of bone tissue that can cause bone to weaken, resulting in bone pain, arthritis, deformities, and fractures. About 180 New Zealanders currently use bisphosphonates to treat Paget's disease.

Dr Moodie adds that, while the funding decision will mean zoledronic acid's cost is fully funded, there may be a cost associated with administration.

"Doctors' surgeries are likely to charge an additional fee to deliver the drug, as additional materials and time are required," he says.

PHARMAC's analysis is that funded zoledronic acid will be used by about 5000 people per year within three years, and will produce savings across the health sector of \$3.7 million over five years.

Although funding zoledronic acid will be a cost to the Pharmaceutical Budget, this is more than offset by the reduction in other costs, such as reductions in dispensing fees from people changing to zoledronic acid from oral treatments, and a reduction in the net cost of zoledronic acid compared to the price paid by DHB hospitals currently offering this treatment.

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