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Media release

### **New lung cancer drug funded in multi-product Roche agreement**

Funding a new drug for people with advanced lung cancer and widening access to two other cancer treatments are features of a new agreement PHARMAC has reached with pharmaceutical company Roche Products (NZ) Ltd.

The agreement, which takes effect from 1 October, means that erlotinib (Tarceva) will be funded for people with advanced lung cancer, a disease that kills more New Zealanders than any other form of cancer.

In addition, access widening for rituximab (Mabthera) and capecitabine (Xeloda) will mean greater numbers of people with lymphoma, colon and rectal cancer will be able to have those treatments funded.

The fourth drug in the agreement, mycophenolate (Cellcept), an immunosuppressant used in transplantation and some auto-immune diseases, is reducing in price and funded access to it is also being widened.

PHARMAC Medical Director Dr Peter Moodie says the funding of erlotinib, and wider access to capecitabine, continues a trend of cancer treatments moving from in-hospital infusions to pills that people can take at home.

“We expect that, since erlotinib and capecitabine are easier to take than the current alternative treatments, more people overall will end up being treated for advanced lung cancer, colon and rectal cancer so this is a step forward in treatment for these diseases,” says Dr Moodie. “It doesn’t always suit people to have to come into hospitals for infusions, which can take several hours, and which can have serious side effects.”

Dr Moodie says an additional benefit of having oral cancer treatments, like erlotinib and capecitabine that replace traditional chemotherapy infusions, is that they free up health sector resources so that overall more cancer patients can receive treatment. While PHARMAC’s analysis is that the new Roche agreement will come at an increased cost in pharmaceutical spending, this increase is more than offset by reductions in the use of infusion services, which District Health Boards can use to deliver cancer treatments to other patients.

“By shifting to oral treatments and reducing the demand for in-hospital infusions, we expect that overall more people will be treated for cancer sooner,” says Dr Moodie.

The Government’s increased investment in medicines also played a part in enabling PHARMAC to make these new investments and widen access, he says.

PHARMAC’s projections are for about 50 patients to use erlotinib in the first nine months, with that number to double within three years. Erlotinib will be targeted to

patients with advanced non small cell lung cancer who have already undergone chemotherapy. These patients would usually be treated with infusional chemotherapy, such as docetaxel. However, since patients need to be quite well to be suitable for docetaxel treatment, this is not an option open to all patients with advanced lung cancer.

Overall, the agreement with Roche is expected to lead to approximately 700 patients being treated with new funded treatments each year, and savings to the health sector of about \$3.7 million over five years.

**Key points of the Roche agreement:**

- **Erlotinib (Tarceva)** – funding for new oral cancer drug to treat patients with advanced non-small cell lung cancer.
- **Rituximab (Mabthera)** – access widened for an in-hospital cancer drug, will be funded for more patients with relapsed/refractory aggressive CD20-positive Non-Hodgkins lymphoma (NHL), and the duration of funded treatment for patients with relapsed indolent NHL has been increased.
- **Capecitabine (Xeloda)** – Wider access to this oral cancer drug to treat patients with stage II (Duke's B) colorectal cancer following surgery, and patients with locally advanced rectal cancer when given with radiation prior to surgery. Current funding also includes stage III (Duke's C) colorectal cancer, advanced gastrointestinal malignancy, metastatic breast cancer
- **Mycophenolate (Cellcept)** – Wider access to this oral immunosuppressant drug, for more transplant patients and patients with auto-immune diseases who have failed to respond to standard treatments. Current funding also includes renal, liver and heart transplant recipients.

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