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Media release

## **Wider access to MS treatments; new drugs in Bayer agreement**

Government drug funder PHARMAC will provide wider access to treatments for multiple sclerosis (MS), and fund new blood-thinning and antibiotic treatments following an agreement with Bayer New Zealand Limited.

People with MS have access to funded treatments through defined starting and stopping criteria, which use a measure of disability called EDSS. The scores establish whether patients require treatment and whether treatment is being successful in slowing or halting progression of the disease.

Under the changes, the stopping criteria will be changed so that options will be available for some people to stay on treatment for longer, and to switch to a second class of treatment if there is an increase in their relapse rate.

Medical Director Dr Peter Moodie says PHARMAC expects to see a slight increase in the number of people continuing treatment each year, as fewer people stop treatment.

“There is continuing debate about the best use of these treatments,” says Dr Moodie.

“The aim of the criteria is to target funded treatment to people most likely to benefit. The amended criteria will give more flexibility for patients to continue treatment for longer if there is a possibility that a different agent will give more protection from the progression of the disease.”

“These changes have been made possible in part through a price reduction on beta-interferon.”

Dr Moodie says the blood-thinning drug rivaroxaban (Xarelto) is another important component of the agreement. Rivaroxaban will be targeted at people who have had major orthopaedic surgery (knee and hip replacements) to reduce the risk of blood clotting.

“The current options to prevent embolisms are enoxaparin, warfarin or low-dose aspirin. Rivaroxaban has advantages because it does not need to be given by injection, does not have the need for close monitoring and blood testing as required for warfarin, and is more effective than low-dose aspirin,” he says. “We think funding this medicine will lead to better treatment of patients who have had total hip or knee replacements and avoid the blood clotting that can lead to further hospitalisations.”

Rivaroxaban is taken for up to 2 weeks following total knee replacements and up to 5 weeks after total hip replacements. Over five years, PHARMAC estimates about 40,000 people will use the medicine.

Moxifloxacin will be added to the funding list as an alternative antibiotic to treat multidrug-resistant mycobacterial infections, including tuberculosis (Tb).

The changes will take effect from 1 December 2010.

ENDS

