

Adrienne Martin
PHARMAC
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18th July 2017

Dear Adrienne,

Thank you for meeting with us in June to discuss the MS Treatments. You will be aware that since the initial consultation around the newer MS Treatments that Multiple Sclerosis New Zealand (MSNZ) has been concerned about the onerous application process required and the impacts this has on early access to treatments. MSNZ requests a review of the role of MSTAC and supports the removal of the requirement for MSTAC to review each application.

When the treatments were first approved, they were considered so new and different that the requirement was imposed. However, from OIAs received by MSNZ from PHARMAC, the statistics clearly show that since 2014 the low numbers of people with MS (PwMS) declined supports the case that NZ Neurologists have an excellent understanding of the treatments and criteria. This is evidenced by only 11 out of 901 applications for funding being declined or 1.2% of all applications received¹.

Alongside the requirement for MSTAC approval, the Special Authority Applications are administratively onerous absorbing valuable neurologist and nursing time which is already at a premium. Supporting this submission is the 2015 New Zealand Medical Journal article "New Zealand's Neurological Workforce - A pragmatic analysis of demand, supply and future projections"². This article, involving leading MS Neurologists, details that the clinical workforce is currently well below international standards. These standards recommend 1 neurologist per 70:000 population, or 74 Neurologists for a New Zealand equivalent. While it is not the role of PHARMAC to address this issue, we do believe that under resourcing should be recognised and supported in an appropriate manner without adding extra pressures.

According to OIAs received from all the DHBs, NZ only has 37 FTE Neurologist equivalents. We have included these OIAs for your reference. While MSNZ has called on the government to put more funding into neurology services we strongly feel that restricted resources that are currently available should be used efficiently to maximise their impact. As evidenced by these supporting documents the requirement of MSTAC to review each application is an unfair requirement perpetuating and increasing the pressure on an already under resourced service.

Recent research supports the view of MS organisations and leading clinicians around the globe that to minimise disease activity and maximise the lifelong brain health for PwMS require early access to disease modifying treatment (DMTs) drugs to preserve brain and spinal cord tissue.³ The need for MSTAC to review each application adds an unnecessary step delaying access to treatments which might have a positive impact on people's lives and ability to manage the condition.

MSNZ urges PHARMAC to remove the MSTAC review requirement for accessing treatments or justify to PwMS and MSNZ why this requirement should stand. If PHARMAC still feels some form of review

¹ OIA from PHARMAC – 18 April 2017 - A1018360 - qA42743

² Ranta, A. *et al.* New Zealand's Neurological Workforce: A pragmatic analysis of demand, supply and future projections. NZMJ (2016)

³ Giovannoni, G. *et al.* Brain Health: Time matters in multiple sclerosis (2017) www.msbrainhealth.org

is necessary, we are willing to work with PHARMAC to design an appropriate audit and certification programme that would meet the objectives of ensuring the appropriate prescribing of DMTs.

MSNZ hopes that PHARMAC will look favourably on this submission and that we can work together to make positive changes to benefit the lives of people with MS in New Zealand.

Your sincerely



Amanda Rose
MSNZ National Manager

