MS RESEARCH AUSTRALIA

Multiple Sclerosis Research Australia
1300 356 467 • info@msra.org.au • www.msra.org.au
Level 19, Northpoint 100 Miller Street • North Sydney • NSW 2060
PO Box 625 • North Sydney • NSW 2059
ABN 34 008 581 431

Re: OCREVUS (Ocrelizumab) for relapsing MS – July 2017 PBAC Agenda

As the largest organisation dedicated to funding and coordinating MS research in Australia, we are proud to advocate on behalf of people affected by multiple sclerosis. Decades of research have led to significant improvements in our understanding of MS, and how it can be best be treated and managed. It is of particular importance to MS Research Australia that this research is translated and implemented into the availability of affordable and effective treatments that can reduce the impact of MS for individuals and the Australian community as a whole. As such MS Research Australia supports the affordable availability of all efficacious and safe treatment options that have been show in clinical trials to benefit people with MS and related disorders.

The inclusion of Ocrevus on the list of Pharmaceutical Benefits Scheme (PBS)-supported treatments for MS is vital to maximising the choice of affordable and evidence-based treatments available to people with MS. MS Research Australia supports any treatment option with evidence for efficacious and safe application, and Ocrevus would represent a new option for affordable treatment for Australian patients.

The heterogeneous nature of MS means no single disease modifying treatment is likely to be effective for all cases of MS. Therefore, it is vital that there is an extensive arsenal of available treatments to allow optimal treatment for as many patients as possible. Suboptimal treatment can lead to ongoing sub-clinical disease activity and MS relapses causing irreparable damage to the central nervous system, with the resulting burden on the healthcare system and a further reduction in the quality of life of patients and their families.

Ocrevus is a monoclonal antibody that reduces the numbers of B cells in the immune system, thought to be involved in the inflammatory attacks that cause MS relapses. The first dose is given as two intravenous infusions, two weeks apart, and each subsequent dose is given six monthly thereafter.

In a clinical trial comparing people receiving Ocrevus treatment to those on interferon beta-1a, those on Ocrevus had a reduced relapse rate of 46%, a slower disability progression, and a 94% lower number of gadolinium-enhancing lesions.

As with all MS medications, the efficacy, side-effect profiles and tolerability of a drug can vary greatly between individuals, and it is for this reason that a range of affordable treatment options is necessary to increase the chance of every individual finding an effective and well tolerated treatment that suits their individual circumstances. With a different mechanism of action, different method and timing of delivery, Ocrevus has been shown to be largely well tolerated by people with MS. It has shown a high level of efficacy in comparison to first-generation MS treatments with, importantly, a relatively good safety-profile. Serious infections occurred in 1.3% of people receiving Ocrevus treatment, and neoplasms occurred in 0.5%. The most common side effect, infusion-related reactions, occurred in 34.3% of people being treated with Ocrevus.

As such Ocrevus represents another valuable addition to the range of treatment options available to people with relapsing MS.

Multiple Sclerosis Research Australia
1300 356 467 • info@msra.org.au • www.msra.org.au
Level 19, Northpoint 100 Miller Street • North Sydney • NSW 2060
PO Box 625 • North Sydney • NSW 2059
ABN 34 008 581 431

MS Research Australia supports any proven treatments that will reduce the frequency of disabling relapses and improve the quality of life of people with MS. This in turn will affect those around them – their family members and carers. MS Research Australia appreciates the opportunity to make this submission and applauds the Committee for seeking the views of patients and the wider community as part of the process of considering new MS treatments for inclusion on the PBS.