

Friday, 3rd October 2014 PBAC Secretariat MDP 952 Department of Health and Ageing GPO Box 9848 Canberra ACT 2601

Dear PBAC Secretariat,

## Re: Public Consultation on the Post-market Review of Authority Required PBS Listings

MS Australia welcomes the opportunity to comment on the terms of reference of the Post-Market Review of Authority Required Pharmaceutical Benefits Scheme (PBS) Listings. As the national peak body for people with multiple sclerosis (MS) we are proud to advocate on behalf of our member organisations, clinicians and the MS community. One area MS Australia advocates strongly about is making treatments approved by the Therapeutic Goods Administration (TGA) more accessible to people with MS.

MS is the most common neurological disorder in young adults. There are currently more than 23,000 people living with MS across the country with an additional 1000 diagnosed every year. It can be a particularly debilitating disease with an unpredictable disease course. No two cases of MS are the same and there is no one-size fits all treatment for people living with MS. To date, there is no known cure.

MS Australia would welcome any proposal to change the process of prescribing MS therapies to a streamlined authority. We note and commend the PBAC/TGA on the approval of 10 and funding of nine disease modifying treatments for relapsing-remitting MS.

At the March 2014 PBAC meeting, it was accepted that relapsing-remitting MS is a stable condition, with the medications in question having well established, stable dosing regimens that are not susceptible to misuse. Also, in May 2014, Natalizumab (Tysabri) and Interferon beta 1a (Avonex) were added to the streamlined list of medications. MS Australia would welcome this being extended to all TGA approved and PBS listed disease-modifying therapies to ensure equitable and consistent access to treatments across the country.

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Streamlined authority for MS therapies would make it quicker and more efficient for neurologists to make prescriptions allowing for more face-to-face time with patients during consultation where they could discuss management of symptoms, disease progression and other treatment options. In turn it would help to reduce administrative costs for the PBS with less time spent considering clinical requests for MS prescriptions.

We appreciate the consideration of these changes.

Regards,

Debra Cerasa Chief Executive Officer Multiple Sclerosis Australia

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