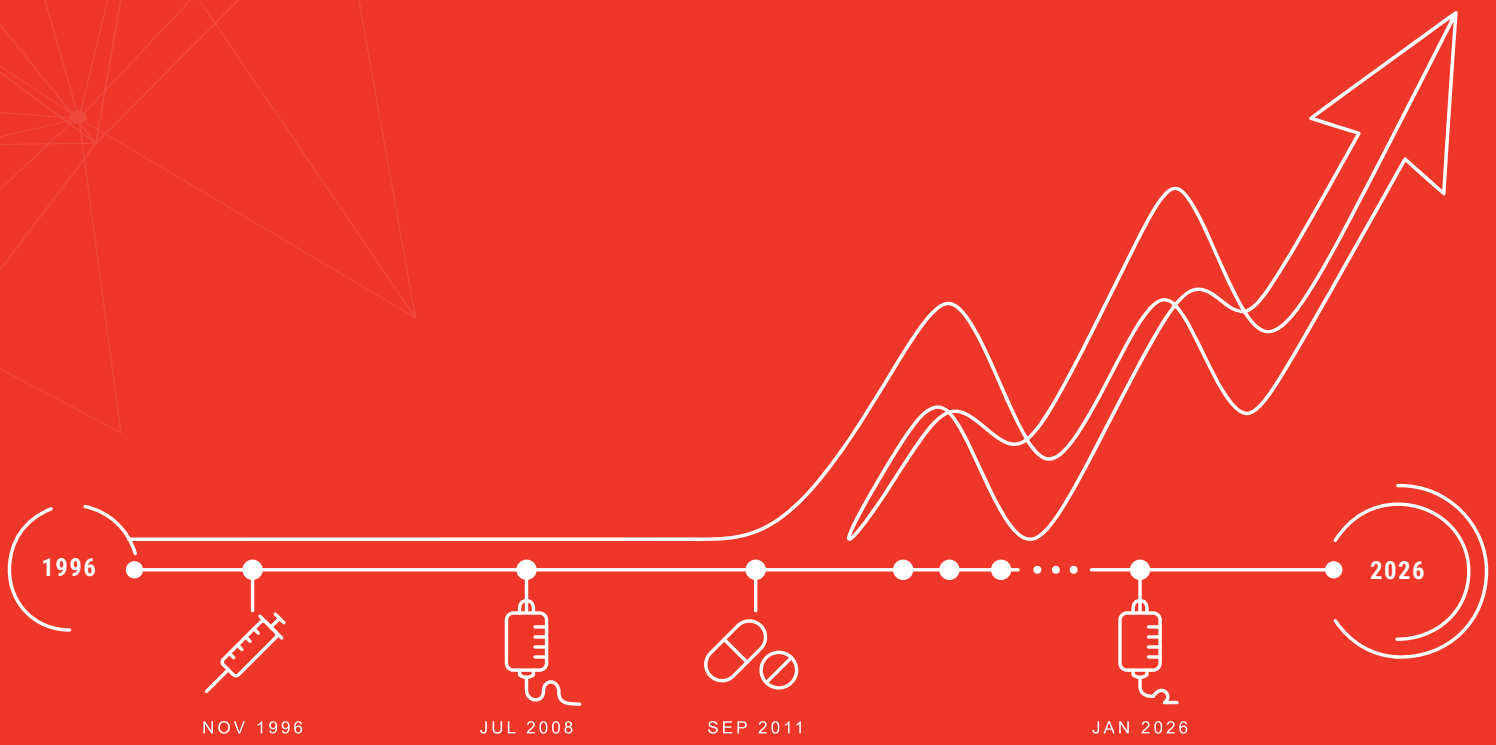
MS AUSTRALIA

Assessing the value of 30 years of disease-modifying therapies for multiple sclerosis in Australia

EXECUTIVE SUMMARY



About this report

This Executive Summary presents the principal findings of *Assessing the value of 30 years of disease-modifying therapies for multiple sclerosis in Australia*, commissioned by MS Australia and prepared by THEMA Consulting. The full report contains the detailed clinical evidence review, PBS analysis, economic methodology, results and references.

Funding and independence

This report was commissioned by MS Australia with unrestricted financial support from Merck, Novartis, Pharmacor, Roche and Sanofi. The pharmaceutical sponsors had no role in determining the scope or objectives of the project, selecting or commissioning THEMA Consulting, developing the methodology, conducting the research or analysis, interpreting the findings, or preparing, reviewing or approving the report.

THEMA Consulting, an independent health economics consultancy, undertook the evidence review, analysis and economic modelling presented in the report.

Scan the QR code to read the full report

Thirty years of treatment transformation

Over the past 30 years, people living with multiple sclerosis (MS) in Australia have gained subsidised access to a total of 18 disease-modifying therapies (DMTs) through the Pharmaceutical Benefits Scheme (PBS). This expanding range of treatments has substantially improved outcomes for many people living with MS, changing expectations regarding disease progression, disability and quality of life.

This report examines the clinical, economic and societal value of three decades of PBS-subsidised access to DMTs, alongside the substantial unmet needs that remain.

The PBS listing of interferon beta-1b in 1996 marked the beginning of a new era in MS treatment in Australia. Treatment options have expanded from a limited number of injectables to oral, injectable and infusion therapies, including high-efficacy options that substantially reduce relapses and delay disability progression.

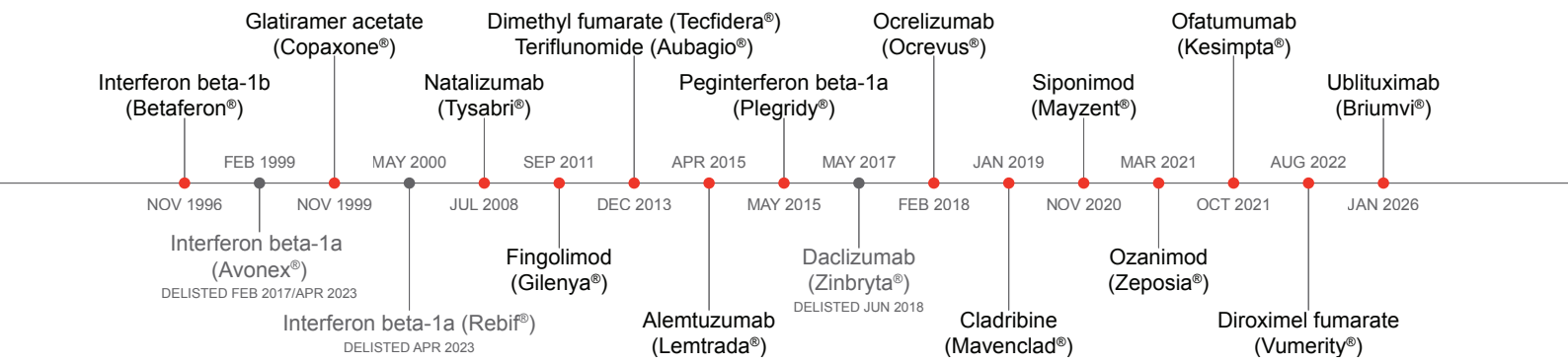


Figure 1: Timeline of listing of DMTs for MS on the PBS

Treatment choice and clinical benefit

Treatment choices are increasingly personalised, based on disease activity, likely prognosis, treatment efficacy and safety, administration requirements and individual preferences.

Clinical evidence shows that DMTs can reduce relapses, delay disability progression and limit disease activity. Newer high-efficacy therapies generally provide greater clinical benefits than first-generation treatments, although no single therapy consistently performs best across all disease outcomes. **This reinforces the importance of shared decision-making and access to a broad range of treatment options.**

Delaying disability progression and reducing relapses can help people living with MS maintain independence, employment and social participation, while reducing the support required from families and carers and easing pressure on health and social care services.

PBS access to DMTs

The Pharmaceutical Benefits Advisory Committee (PBAC) assesses medicines for PBS reimbursement based on comparative effectiveness, safety, cost-effectiveness and budget impact.

PBS access criteria for MS do not mandate a specific treatment sequence, enabling clinicians and people living with MS to select the most appropriate therapy for individual clinical needs and preferences. In Australia, access to a PBS-subsidised DMT is not determined by its price or its use as a first- or later-line therapy.

Reimbursement decisions for MS therapies have created a dual-tiered pricing system. DMTs listed on the PBS after natalizumab and fingolimod were reimbursed on a cost minimisation basis, with price parity with existing therapies, rather than receiving a price premium for incremental clinical benefit. This approach has facilitated access to these DMTs on the PBS but may not fully recognise the improvements they provide in efficacy, tolerability, ease of administration and other outcomes that matter to people living with MS.

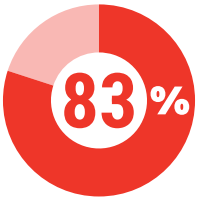
Future reimbursement frameworks will need to balance affordability and sustainability with timely access to meaningful treatment innovation.

DMT patterns and expenditure

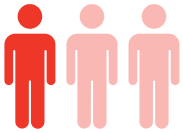
PBS data 2025



Approximately **24K Australians** were receiving a DMT



83% were receiving therapies in the higher PBS-established pricing category



Ocrelizumab was the most used DMT, accounting for around **one-third** of people receiving treatment



First-generation injectables **Oral** **Infusion** **Subcutaneous**

Treatment has shifted from first-generation injectables to oral, infusion and newer subcutaneous therapies



Confidential rebates mean the cost to government is substantially lower than published prices suggest

Thirty years of clinical impact

Modelling estimated that, between 1996 and 2025, DMTs contributed to:

80,866
relapses avoided

446
MS deaths prevented

3,479
life years gained
(additional years of life)

61,836
QALYs gained
(length & quality of life)

Economic and societal value

DMT use generated an estimated $21.6 billion in economic and societal value between 1996 and 2025, including improved quality of life alongside savings in healthcare, productivity and informal care costs.

The value generated by DMTs has increased over time, with estimated benefits increasingly outpacing expenditure.

> **Timely and affordable access to my current DMT means that I can receive regular treatment which keeps my MS as under control as possible. That allows me to lead the kind of life I want – working, travelling, exercising and engaging with friends, family and the community.**
>
> **KATE CASEY** PERSON LIVING WITH MS

$21.6B
Total economic and societal value

$13.2B
Net benefit after accounting for DMT expenditure

$2.58 IN ECONOMIC AND SOCIETAL VALUE
Generated for every $1 spent on DMTs

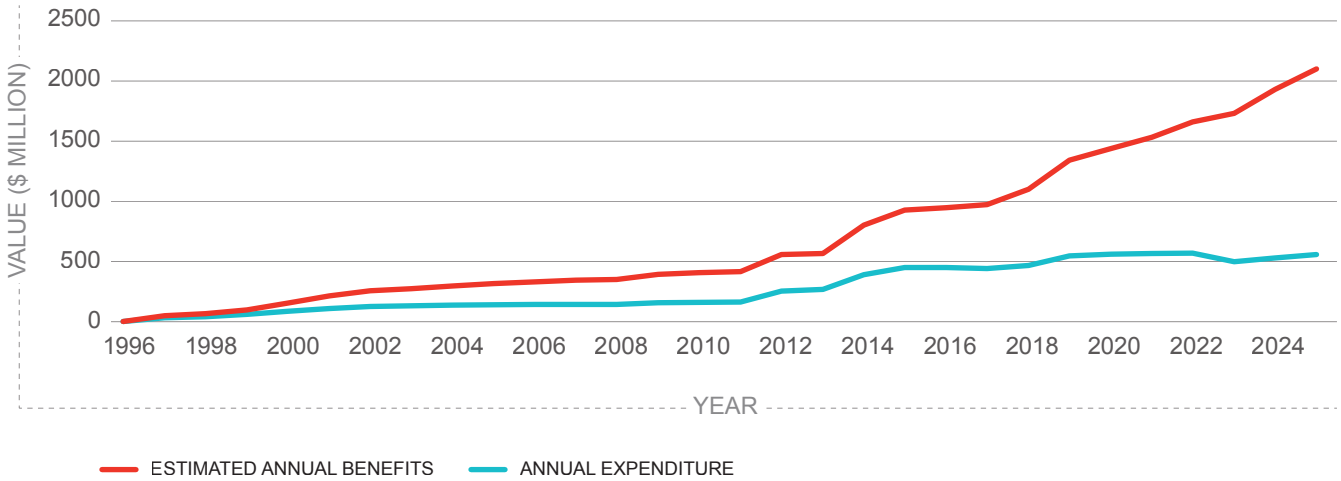


Figure 2: Estimated annual economic and societal benefits of DMTs compared with PBS expenditure, 1996–2025

Important unmet needs remain

Despite substantial improvements in treatments and outcomes for people with MS, important unmet needs remain. Current DMTs can be highly effective at controlling relapses but generally have more limited effects on progressive MS and progression occurring independently of relapse activity. They also do not repair established neurological damage.

People living with primary progressive MS currently have no access to a PBS-subsidised DMT specifically for their disease.

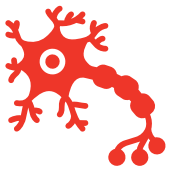
> **Having just been diagnosed with primary progressive MS, I wasn't sure what was worse, the diagnosis itself or being told that there is no medication that I can take to manage the disease.**
>
> **LOUIS ZIRAS**
> PERSON LIVING WITH MS

Research and treatment development are increasingly focused on addressing these gaps:



Progressive MS

Targeting disability progression, including progression independent of relapses, through emerging therapies such as Bruton's tyrosine kinase (BTK) inhibitors.



Repair and protection

Protecting nerves and restoring function through remyelinating and neuroprotective approaches.



Durable immune control

Exploring more sustained disease control through Chimeric Antigen Receptor (CAR) T-cell therapy and other targeted immune approaches.



Prevention

Preventing or delaying MS through research into Epstein-Barr virus (EBV), modifiable risk factors and earlier detection.

Conclusion

Over the past 30 years, PBS-funded access to DMTs has transformed outcomes for people living with MS, while generating substantial value for individuals, families, the health system and Australian society. Many people living with MS are able to maintain independence, employment and participation in family and community life for longer.

Important unmet needs nevertheless remain, particularly for people living with progressive MS and those whose disability continues to worsen despite treatment.

Sustaining the gains achieved to date will require continued investment in prevention, treatment and repair. Reimbursement and pricing frameworks will also need to recognise meaningful clinical advances while supporting timely, equitable, affordable and sustainable access for people living with MS.


MS
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