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**Re: Submission for Amendments to PBS Listings for Multiple Sclerosis Treatments to Include Prescribing by Nurse Practitioners to PBAC meeting November 2024**

MS Australia is writing to the Pharmaceutical Benefits Advisory Committee (PBAC) to advocate for the amendment of current Pharmaceutical Benefits Scheme (PBS) listings to allow nurse practitioners to prescribe fingolimod (Gilenya®), ofatumumab (Kesimpta®), and siponimod (Mayzent®) for the treatment of multiple sclerosis (MS).

MS Australia is Australia's national MS not-for-profit organisation that empowers researchers to identify ways to treat, prevent and cure MS, seeks sustained and systemic policy change via advocacy, and acts as the champion for Australia's community of people affected by MS. MS Australia is the largest Australian not-for-profit organisation dedicated to funding, coordinating, educating and advocating for MS research as part of the worldwide effort to solve MS. MS Australia collaborates closely with our member organisations and various national and international bodies to help meet the needs of people affected by MS.

**Declaration of interest**

MS Australia is making this submission as we have an interest in the health and wellbeing of all people with MS. MS Australia is the national peak body for people living with MS in Australia. We work with governments at all levels, engaging on the issues that concern the lives of people living with MS, their families and carers, the community, and the economy. We declare that we have in the past received funding support from pharmaceutical companies (3% of total revenue for FY24), with an interest in MS in the form of grants for projects and support of our national MS research scientific conference.

**About MS**

As the national peak body for people with MS, we are proud to advocate on behalf of our state member organisations and the MS community. One area we are particularly passionate about is the provision of more affordable and accessible treatments that can improve the lives of people with MS.



MS is the most common acquired chronic neurological disease affecting young adults, often diagnosed between the ages of 20 to 40 and, in Australia, affects three times more women than men. In MS, the body's own immune system mistakenly attacks and damages the fatty material, called myelin, around the nerves. This results in a range of symptoms that can include a loss of motor function (e.g., walking and hand and arm function, loss of sensation, pain, vision changes and changes to thinking and memory).

There is currently more than 33,000 people living with MS across the country and over 7.6 million Australians know or have a loved one with this disease<sup>1</sup>. MS can be particularly debilitating and has an unpredictable disease course. No two cases of MS are the same. MS affects everyone differently and people also respond to treatments and their potential side effects differently. Life circumstances, such as family planning, career and travel, as well as other health conditions, can also greatly affect treatment options and decisions. Even geography can affect treatment choices with close access to hospitals and health professionals for treatment, administration and monitoring being a big consideration relating to some medications for people with MS living outside of major metropolitan areas. There's no one-size fits all treatment for people living with MS and to date, there is no known cure.

### **The Case for Nurse Practitioner Prescribing**

Nurse practitioners play a crucial role in the healthcare system, particularly in managing chronic conditions like MS. The recent MS Nurse Care in Australia report<sup>2</sup>, conducted by MS Australia in collaboration with the Menzies Institute for Medical Research, MS Nurses Australasia, and MSWA, highlights the significant impact that MS nurses have on health outcomes in people with MS. The report reveals that access to MS nurses leads to lower levels of disability, slower disease progression, and a reduction in the severity of symptoms such as depression and anxiety.

However, the report also found that one-third of Australians with MS do not have access to specialist MS nurse care, with this lack of access contributing to poorer health outcomes. This is particularly concerning in regional and remote areas, where the scarcity of neurologists further exacerbates these challenges. Fingolimod, ofatumumab and siponimod have now been available on the PBS for sufficient time that nurse practitioners will have good familiarity with the efficacy and adverse effects of these MS disease modifying therapies. Allowing nurse practitioners to prescribe these treatments would significantly enhance access to essential care, particularly for individuals in these underserved areas.

### **Increasing Access and Reducing Health Disparities**

Amending the PBS listings to include nurse practitioners as authorised prescribers for these medications aligns with the broader healthcare goal of reducing health disparities.

Empowering nurse practitioners to prescribe these treatments ensures that all people living with MS, regardless of their geographic location, have equitable access to the best available therapies. This change would address significant access issues, particularly in regions where specialist care is limited, thereby reducing the burden on neurologists and ensuring that people with MS receive continuous and comprehensive care.<sup>3</sup>

### **Impact on people living with MS**

The inclusion of nurse practitioners in the prescribing process for these MS treatments would also support a more patient-centred approach to care. MS nurses, as highlighted in the MS Nurse Care report, are often the healthcare providers with whom people with MS have the most frequent and meaningful interactions. Their involvement in prescribing would streamline care pathways, reduce the burden on the individual, and improve overall treatment outcomes. This approach would enable people with MS to receive timely adjustments to their treatment plans, enhancing adherence and ultimately leading to better health outcomes.

MS Australia strongly urges the PBAC to consider the significant benefits that would result from allowing nurse practitioners to prescribe fingolimod, ofatumumab, and siponimod. This change would not only improve access to these critical medications but also enhance the quality of care for people living with MS across Australia.

The MS Nurse Care in Australia report provides compelling evidence of the life-changing impact of MS nurses and supports the case for expanding their role in prescribing. We believe that this amendment is a necessary step towards a more inclusive, accessible, and equitable healthcare system for all Australians living with MS.

### **References:**

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