



MEDIA RELEASE

Minister for Health and Ageing

Tony Abbott MHR

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PBS extension to benefit osteoporosis patients

The Commonwealth Government has extended the Pharmaceutical Benefits Scheme (PBS) listing of the osteoporosis medication, alendronate.

From 1 April 2007, alendronate (in the form of Fosamax[®] Once Weekly and Alendro[®] Once Weekly) will be available on the PBS for patients with osteoporosis aged 70 years and over who are at high risk of fracture as measured by a bone mineral density test. Alendronate is already available on the PBS for patients with osteoporosis who have suffered a bone fracture following minimal trauma.

In 2005-06, approximately 180,000 patients were treated with PBS-subsidised alendronate. The expanded eligibility criteria will add more than 40,000 new patients in the first full financial year of listing, increasing to over 73,000 new patients in 2010-11. This extension will add \$90.3 million to PBS and Repatriation Pharmaceutical Benefits Scheme expenditure from 1 April 2007 to 30 June 2011.

To coincide with this extension, bone mineral density tests for all patients aged 70 years and over will be covered by Medicare from 1 April 2007. This is expected to cost \$135 million from 1 April 2007 to 30 June 2011.

The bone mineral density test is currently subsidised through Medicare for patients who have proven indications of low bone mineral density, have an underlying condition or are on a course of treatment that can cause low bone mineral density. About 70 per cent of Medicare eligible bone mineral density tests for patients aged over 70 years are bulk-billed.

Nearly two million Australians have osteoporosis. Osteoporosis occurs when bones lose minerals such as calcium. Bones become fragile and brittle, leading to a higher risk of fractures than normal bone. Fractures can lead to long-term pain and disability, loss of independence and can contribute to premature death. Good nutrition and good bone health are important in reducing the impact of osteoporosis. More than half of all Australian adults do not get their recommended daily intake of calcium for healthy bones.

This year, the Government allocated \$14.8 million over four years for "Better Arthritis and Osteoporosis Care" for skills development for health professionals and better community awareness and support.

Nearly \$70 million has been spent on research into osteoporosis and related issues through the National Health and Medical Research Council between 2000 and 2006.

For more information call Mr Abbott's office on ph 02 6277 7220



Australian Government

Department of Health and Ageing

FACT SHEET

PBS extended listing of alendronate for treating osteoporosis and Medicare extended listing for bone mineral density testing

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What is alendronate?

Alendronate belongs to a class of drugs called bisphosphonates. Bisphosphonates strengthen bones and prevent fractures by increasing bone mineral density (BMD). They can be used to treat patients with osteoporosis.

Alendronate is already listed on the Pharmaceutical Benefits Scheme (PBS) for patients with osteoporosis who have suffered a bone fracture following minimal trauma.

Why is PBS eligibility for alendronate changing?

The eligibility criteria for alendronate are being expanded, so that more patients will have access to alendronate with a PBS subsidy. The new criteria apply to alendronate in the form of Fosamax® Once Weekly, Fosamax Plus® and Alendro® Once Weekly..

Who will be eligible?

A specific group of patients who are at high risk of fracture will qualify for alendronate. To be eligible, patients must be aged 70 years and over, and have a bone mineral density of -3.0 or less. This is measured by a “bone mineral density test”.

About 40,000 new patients will become eligible for treatment with alendronate in the first full financial year of listing. This will increase to more than 73,000 new patients in 2010-11.

This group of patients is in addition to the 180,000 patients who already qualify for alendronate on the PBS.

What is a bone mineral density test?

A bone mineral density test measures the presence and severity of osteoporosis, which predicts the risk of bone fracture.

Are bone mineral density tests subsidised by the Government?

Bone mineral density tests are currently covered by Medicare for patients who already have proven low bone mineral density or who are considered to be at high risk because they have had a fracture after minimal trauma, suffer from a condition that is associated with low bone mineral density such as chronic liver disease, or are on a course of treatment that may cause low bone mineral density.

About 70 per cent of the bone mineral density tests carried out on people aged over 70 years that are currently covered by Medicare are bulk billed.

To coincide with the expanded eligibility for alendronate, access to a Medicare subsidised bone mineral density test is also being expanded. People aged 70 years and over will now be able to have a bone mineral density test subsidised by Medicare.

About 326,000 new patients will become eligible for bone mineral density testing in the first full financial year of listing. This will increase to more than 360,000 new patients in 2010-11.

This group of patients is in addition to the patients who already qualify for bone mineral density testing under Medicare. In 2005-06, more than 53,000 patients aged 70 years and over received a bone mineral density test subsidised by Medicare.

When will these changes take effect?

The new criteria for both alendronate and bone mineral density tests will apply from 1 April 2007.

Why is eligibility limited to people aged 70 years and over?

Before a drug can be put on the PBS, it needs to be evaluated to assess whether it is clinically-effective and cost-effective. This evaluation is performed by the Pharmaceutical Benefits Advisory Committee. This committee comprises men and women experts, including health professionals, health economists and a consumer advocate.

The committee found that alendronate is clinically-effective and cost-effective for patients aged 70 years and over who are at high risk of fracture as measured by a bone mineral density of -3.0 or less.

How much will patients pay for alendronate?

Patients will pay their usual PBS co-payment amount, currently \$4.70 for concessional patients, and \$29.50 for non-concessional patients.

How much will these changes cost the Government?

The new criteria for alendronate will cost the Government about \$670 per patient per year, which is more than \$90 million over five years.

The Government will also pay an extra \$135.3 million through Medicare for bone mineral density testing over five years.

Does the Government provide other funding for osteoporosis?

The Australian Government is one of the few governments in the world which has set out to tackle osteoporosis in a coherent way.

Four years ago, all Australian health ministers agreed to establish Arthritis and Musculoskeletal Conditions as a national health priority. This paved the way for national action to improve the care and management of arthritis and musculoskeletal conditions, focusing on osteoporosis, osteoarthritis and rheumatoid arthritis. In 2002 the Australian Government allocated \$11.5 million over four years under the Better Arthritis Care initiative, which has funded osteoporosis awareness raising, support for better self management and health service improvements.

In 2006 the measure was renewed as Better Arthritis and Osteoporosis Care with \$14.8 million over four years to deliver improved health care arrangements, skills development for health professionals and better community awareness and support.

What is the Government doing to improve knowledge about osteoporosis?

The Australian Government recognises the importance of investing in research to understand more about musculoskeletal conditions including osteoporosis. The Government funds health research primarily through the National Health and Medical Research Council. The council invested more than \$150 million for investigator research into arthritis and musculoskeletal-related disorders over 2000 to 2006, with funds increasing from \$10.7 million in 2000 to \$33.3 million expected for 2006. Nearly \$70 million of the \$150 million is being spent on research into osteoporosis and related issues for the 2000 to 2006 period.

How can osteoporosis be avoided?

Osteoporosis and related low trauma fractures are significant contributors to injury and disability in older Australians.

Good nutrition and good bone health are important in reducing the impact of osteoporosis. More than half of all Australian adults do not get their recommended daily intake of calcium for healthy bones, even though it is easy to get from food – three serves of dairy food will generally provide your recommended daily calcium intake.

Both calcium and vitamin D are important for healthy and strong bones. The best way of getting vitamin D for most people is from the sun. While acknowledging that it is vital that we protect our skin from sunburn and skin cancer, moderate exposure to the sun provides us with all the vitamin D that we need. In summertime, about eight minutes in the early morning or late afternoon is all that is needed if you live in Sydney, Adelaide, Melbourne or Hobart, or about six minutes in Cairns, Brisbane or Perth. If people are not getting this amount of exposure to the sun, vitamin D supplements may be necessary.