

Drug options not funded in New Zealand

Most of the initial treatments for advanced breast cancer are funded in the public health system in New Zealand. However, there are some medicines which are being used overseas that are licensed by Medsafe for use in New Zealand, but are not funded by Pharmac for use in the public health system.

If you are considering using an unfunded medication, it is important to discuss your options with your oncologist. They will be happy to discuss the benefits and disadvantages of specific therapies, and the cost of medications. Your oncologist will be able to advise you on the best way forward, although ultimately the decision is yours.

Some medications that are currently used overseas for breast cancer but not funded in New Zealand are listed below.

Chemotherapy drugs

- **Paclitaxel albumin (Abraxane®)** is a different form of taxane (like paclitaxel or docetaxel), which can help control breast cancer after other chemotherapy drugs have been tried. You may also have it if you have had an allergic reaction to another taxane drug.
- **Eribulin (Halaven®)** may be given to women who have already had two other courses of chemotherapy. It can be a useful option after 'standard' chemotherapy has failed.

Bone strengthening drugs

- **Denosumab (Xgeva®, Prolia®)** is a type of monoclonal antibody used to strengthen bones, prevent fractures and reduce bone pain. Is an alternative to zoledronic acid (Zometa). You have denosumab as an injection under the skin every four weeks
 - Denosumab is currently funded in NZ for osteoporosis but is not covered in the cancer setting.

Targeted therapies

- **Everolimus (Afinitor®)** is a newer and different type of hormone blocking drug may control oestrogen sensitive breast cancer when ‘standard’ oestrogen blockers have stopped working. It is given together with the ‘standard’ therapy endocrine therapy to ‘reactivate’ it.
- **Bevacizumab (Avastin®)** is a monoclonal antibody drug that stops the cancer from developing new blood vessels, which it needs in order to grow.
 - Bevacizumab may be a useful option for patients with triple-negative breast cancer breast cancer that has not responded to other therapies.
 - Bevacizumab is given as a drip (infusion) every 2–3 weeks and is usually given with the chemotherapy drug paclitaxel.
- **Ribociclib (Kisqali®)** is a CDK (cyclin dependent kinase) inhibitor that is available in other countries as an option to palbociclib for women with hormone receptor-positive breast cancer.

Immunotherapies

Immunotherapies are designed to re-activate the body’s immune system to recognise and kill your cancer cells. Cancers cells can block the immune system from destroying them by suppressing/inhibiting a pathway known as the programmed cell death (PD), or immune checkpoint’ pathway. This pathway has been shown be active in some breast cancers, and therefore targeting it with immunotherapies (also known as immune checkpoint inhibitors) is a promising new treatment option.

- **Pembrolizumab (Keytruda®)** and atezolizumab (Tecentriq®) are promising treatment options for patients with triple-negative breast cancer.
 - **Atezolizumab (Tecentriq®)** was granted accelerated approval in the US in March 2019 for use in combination with the chemotherapy drug nab–paclitaxel (Abraxane®)

- The combination was approved for women with locally advanced or metastatic triple-negative breast cancer that cannot be treated surgically and whose tumors are positive for a protein called PD-L1.
- Approval was based on the results from the Phase 3 IMpassion130 clinical trial which showed a significant improvement in progression-free survival with atezolizumab + chemotherapy compared with chemotherapy alone. [FDA Approves Atezolizumab for Triple-Negative Breast Cancer - National Cancer Institute](#)
- **Pembrolizumab (Keytruda®)** in combination with chemotherapy was given accelerated approval in the US in November 2020 for use in patients with triple-negative breast cancer whose tumors are positive for a protein called PD-L1.
 - Approval was based on a large study that showed pembrolizumab + chemotherapy could significantly improve progression-free survival compared with chemotherapy alone. [FDA grants accelerated approval to pembrolizumab for locally recurrent unresectable or metastatic triple negative breast cancer | FDA](#)

The cost of unfunded drugs

These and other unfunded drugs are usually extremely expensive, typically between \$5000 and \$10,000 per treatment. In addition, you may be required to pay for the drug to be administered by intravenous infusion in a private cancer facility. Depending on the choice of drug, the administration frequency will vary, but is usually based on 3-weekly cycles.

Private medical insurance may **not** cover the cost of your drug treatment. Some insurance policies will cover the administration cost only and a few will cover all costs. Some drug companies offer compassionate use programmes, which may pay for some cycles and your oncologist will be able to advise on how that could work. Another option is participation in a clinical trial if that is available at your hospital - again ask your oncologist. Another popular option is crowdfunding. As a first step, discuss your options with your oncologist who can help you to decide on the best way forward.