Pharmaceutical Management Agency
Te Pātaka Whaioranga

2020 YEAR IN REVIEW

Ngā Mahi i te Tau

PHARMAC
TE PĀTAKA WHAIORANGA

New Zealand Government

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Chief executive's foreword
He kupu nā te Tumuaki

Tēnā koutou katoa

I am pleased to introduce PHARMAC's 2019/20 Year in Review. Every year our goal is to make more medicines and medical devices available for more New Zealanders, and every year since we were established in 1993 we have achieved this.

More than 70,000 New Zealanders can now access medicines that they couldn't a year ago. In 2019/20, we funded 14 new medicines, including six new cancer medicines, and widened access to a further 32 medicines. These medicines ranged from ivacaftor for a rare type of cystic fibrosis and olaparib for ovarian cancer, to extending access to the meningococcal vaccine to people living in shared accommodation.

Record number of New Zealanders immunised against the flu

We also continued our record of immunising more New Zealanders against the flu. There was particularly high demand from New Zealanders for the seasonal influenza vaccine this year. To keep up with demand, we sourced and purchased extra stock from the Northern Hemisphere.

In 2020, more than 2.1 million doses of influenza vaccines were made available around the country and a record number of New Zealanders were immunised.

Team approach to the COVID-19 pandemic response

Even though COVID-19 affected manufacturing plants around the world, and there were global issues with supply chains, New Zealanders did not experience any significant clinical impacts.

I'm proud of the PHARMAC team. They adapted quickly to working from home, listened to what our health sector colleagues needed to support their patients, were innovative in their responses, and supported the Government's response to COVID-19.

I am also very grateful for the collaborative approach across the wider health sector. We worked closely with, and were supported by, prescribers, pharmacists, suppliers, distributors, wholesalers and logistics providers, as well as our colleagues in many other government agencies. This was truly a team effort, which ensured patients continued to get access to the medicines and medical devices they needed.

Transparency

We know New Zealanders want to learn more about our work and how we make funding decisions. This year we have continued to work on making our decision-making processes faster, clearer and simpler.

PHARMConnect, an easy-to-use online tool, helps suppliers, clinicians and the public make funding applications and track their progress. This system went live in September 2019 and is open for anyone to access from the PHARMAC website.

People told us they wanted more clarity about whether a medicine is going to be funded, or not. Since 2018/19, we have reviewed, and publicly consulted on, two groups of funding applications which were not being actively considered. In total, 25 different medicines have been declined for funding. Through this process, we received new evidence for three applications that will be taken back to our clinical experts for further advice and review.

We have improved our website to make it easier for people to find the information they need. For example, when we have issues with the supply of a medicine, we now proactively publish this information on our website for pharmacists and prescribers. We have also begun proactively publishing Official Information Act requests and Board minutes on our website so New Zealanders can have trust and confidence in our work and decisions.

New strategic direction to help us deliver the best health outcomes

We set out a new strategic direction this year that will help us achieve our purpose to deliver the best health outcomes from New Zealand's investment in medicines and medical devices.

We are in a changing and challenging environment and our strategic focuses will build and strengthen our organisation to do more for New Zealanders.

Our strategy situates Te Tiriti o Waitangi alongside our organisational purpose, underlining our commitment to equitable health outcomes for Māori.

Strong commitment to equitable access to medicines

We continue to focus on closing the equity gaps in access to the medicines we already fund. This year we've developed a framework to measure equitable use of, and access to, medicines, and the drivers of these outcomes – which is a world first.

We also produced our first reports on medicines access equity for type 2 diabetes medicines for both Māori and Pacific peoples. The data and insights gained from these reports will help us find ways to drive more equitable access to medicines, and influence change in the health sector.

Creating savings for hospital medical devices

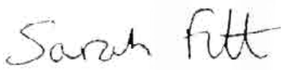
In 2019/20, we made further progress in building the list of funded medical devices District Health Boards (DHBs) across New Zealand can purchase from, adding a further 17,000 items. The list now includes more than 120,000 devices from over 100 suppliers.

With our work giving DHBs access to better pricing on medical devices, they are able to invest more money in areas that benefit patients and support the broader health system.

Clinical and consumer advice guiding our decisions

On a final note, I would like to thank the many health care professionals who have provided us with their expert advice and input, and the many consumers and their support networks who have shared their feedback on what our work and decisions mean for them. These insights, and often personal stories, help us to make the best decisions for New Zealanders.

Nāku iti noa, nā



Sarah Fitt

About us

Mō mātou

The next few pages give you an overview of what we do and don't do, our role in New Zealand's health system, and how we are improving health outcomes for Māori and Pacific peoples.

Working for New Zealand communities

We are the government health agency that decides which medicines, and some medical devices, are available to New Zealanders. When people get a prescription filled at a pharmacy, when they are vaccinated for free, or receive medicines in a public hospital they are benefitting from our work.

Globally, New Zealand is a small player representing just 0.1% of the medicines market - yet we pay some of the lowest prices in the world for medicines. This is because we negotiate with and encourage competition between pharmaceutical companies to reduce their prices.

Each year, we receive a fixed budget from the Government to achieve the best health outcomes for New Zealanders by:

- making sure the medicines and devices already available stay available, and
- deciding which other medicines have the highest priority for new funding.

After we decide to fund a medicine or related product, we want to make sure that everyone who will benefit from it, gets it. We are committed to ensuring equitable access to the treatments we have made available and that everyone uses them in the best way, so they get the full health benefits they offer.

Right now, more than 3.7 million New Zealanders use funded medicines. More people are getting the medicines they need, to help them live better, longer, and healthier lives. That's what PHARMAC - Te Pātaka Whaioranga is all about.

Te Pātaka Whaioranga

Te Pātaka Whaioranga, 'the storehouse of wellbeing', sums up the part we play in managing and safeguarding something that is valuable to all New Zealanders – the pursuit of wellbeing.

The term was gifted to PHARMAC by our Kaumātua, Bill Kaua ONZM.

A pātaka has many literal and metaphorical associations in te reo Māori. It refers, literally, to the raised platform for food storage and protection of taonga, and is also a symbol of safeguarding of things that are precious to the community.

In the PHARMAC context, the concept of the pātaka symbolises a solid and reliable structure safeguarding the continuous flow of supplies, such as medicines and medical devices, and it's our role to keep the flow constant and maintain availability for the benefit of all New Zealanders.

Our role in New Zealand's health system

There are a range of organisations involved in medicines and medical devices – sometimes there is confusion about the part we each play.

Buy or import medicines

PHARMAC makes contracts with medicines suppliers on behalf of New Zealand's public health system. Our contracts set the price of medicines and hold suppliers responsible for meeting New Zealand's demand for these medicines. We do not buy, import, sell or store medicines.

Exceptional circumstances

We approve funding for medicines to meet an individual person's health needs, in exceptional circumstances. For example, it may be appropriate for a person to use a medicine that isn't funded, or that is funded for other uses, but not for that person's particular health condition.

The main way we do this is through a process called a Named Patient Pharmaceutical Assessment (NPPA), where the person's doctor makes an application to PHARMAC on their behalf. In 2019/20 we approved over 2,500 new NPPA applications for patients across New Zealand.

Regulate medicines

Medsafe, which is part of the Ministry of Health, is responsible for ensuring the safety, quality, and efficacy of medicines and related products.

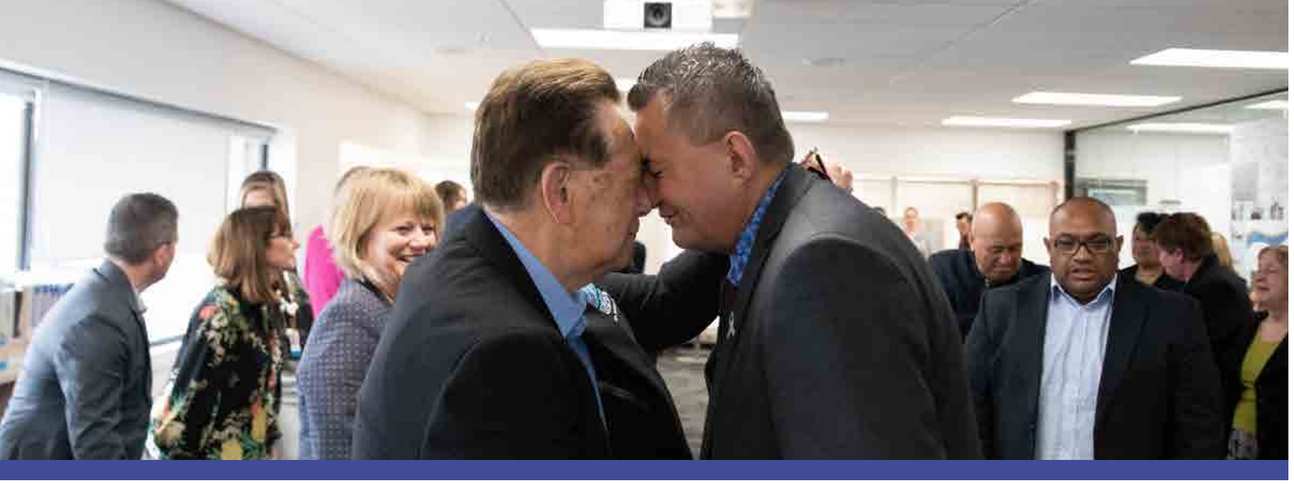
Record adverse reactions

The Centre for Adverse Reactions Monitoring (CARM) records reports of adverse reactions to medicines. This is a contract managed by the Ministry of Health.

Hospital medical devices

We're becoming more involved in deciding what medical devices are used in public hospitals, and our work is enabling DHBs to invest more money in the areas that matter for patients. Hospitals use a huge range of devices from cotton swabs to orthopaedic implants, dialysis machines and MRI scanners.

We are negotiating contracts for terms, such as price and supply continuity, to ensure consistency across public hospitals. Eventually, we will manage expenditure for medical devices from within a fixed budget, like we do for medicines.



Working with Māori for positive Māori health outcomes

“If you look at health statistics, our people are not doing well, plain and simple. The refreshed Te Whaioranga strategy has put the needs of Māori at the centre of PHARMAC’s work, which I believe over time will lead to better health outcomes for our people,” says PHARMAC Kaumātua, Bill Kaua.

Te Whaioranga is PHARMAC’s Māori health strategy and gives effect to our commitment to the articles of Te Tiriti o Waitangi. It sets out how we aim to work with and support whānau Māori to achieve the best health and wellbeing through access to, and optimal use of, medicines and related products.

In 2019/20, we refreshed Te Whaioranga 2013-2023 to strengthen and provide support to PHARMAC’s new strategic direction and Statement of Intent, and to ensure actions to meet our Te Tiriti o Waitangi obligations are integrated across all our work.

“I’m very pleased with the direction this strategy is going. There is still work to do, but I think PHARMAC is setting a great example for other Crown entities to follow,” says Kaumātua Bill Kaua.

The refresh was governed by a group that included our Chief Executive, Senior Leadership Team, Kaumātua, Bill Kaua ONZM, Dr Kathie Irwin (at that time Head of Māori and Capability at ACC), and John Whaanga (Deputy Director-General, Māori Health at the Ministry of Health). The work was supported by Māori-led consultancy Te Amokura.

The refreshed strategy states PHARMAC’s vision for Māori: Ka roa ake te oranga o te Māori, ka pai ake hoki tōna hauora. Kua piki ake te kounga o tōna noho me te mana taurite i te ao hauora. Māori are living longer in good health, and have improved quality of life and health equity.

This vision drives work that reflects PHARMAC’s role as a Te Tiriti o Waitangi partner, including increasing the number of Māori in leadership throughout PHARMAC and its advisory networks, and improving Māori trust and confidence in PHARMAC. It also seeks to eliminate existing inequities in access to medicines for Māori.

Te Whaioranga is published on the PHARMAC website.

Working in partnership to get better health outcomes

Eliminating inequities to already funded medicines requires collaboration across the whole health and disability system. In 2019/20, we did just that, working with the Health Quality & Safety Commission (HQSC).

We partnered with HQSC on their quality improvement programme Whakakotahi - which means ‘to be as one’. This programme offered PHARMAC the opportunity to work alongside primary care teams on small-scale improvement projects.

The three projects we supported focused on improving medicine access equity for Tongan people with type 2 diabetes, working with Māori whānau with gout and for a high-need Māori community living in rural area Bay of Plenty.

Tongan Health Society – case study

Auckland’s Tongan Health Society wanted to understand why several of its patients were reluctant to take insulin. We partnered with them and shared our expertise and insights on medicines access equity.

As a result of this partnership, the Tongan Health Society was able to identify that poor understanding of the need for insulin was the biggest barrier for their patients. Working with the Tongan community, they were able to get facts about insulin to patients, and have seen several patients start their insulin therapy.

The Tongan Health Society has also seen an increase in patient engagement with their overall health. As people built a rapport with their health professionals, they began to receive treatment for other previously undiagnosed health conditions.

These excellent patient outcomes contributed to the Tongan Health Society being awarded the Total Healthcare General Practice of the Year at the inaugural 2020 NZ Primary Healthcare Awards.

“We believe research and partnering with other agencies is absolutely critical to achieving great health outcomes. What we do brings with it high levels of responsibility and expectation. These are challenges that we meet through innovation, a far-reaching strategy and the ambition to do better and to do more for our people,” says Tongan Health Society CEO and Medical Director Dr Glenn Doherty.

PHARMAC will continue to work closely with the Tongan Health Society as we move into stage two of our Pacific Responsiveness Strategy. PHARMAC’s Pacific Responsiveness Strategy is published on our website.

Our work in 2019/20

Ā mātou mahi i te tau 2019/20

The following pages highlight the impacts we made in 2019/20. The stories show you what our work means for the people who can now access these funded medicines. We've also included some insights into the volumes and costs of medicines.

The year in numbers

He tau anō nō te tau

Combined Pharmaceutical Budget 2019/20

$1.04 billion

DHBs' combined medicines expenditure

3.74 million

Number of New Zealanders receiving funded medicines

14

Number of new medicines funded

32

Number of medicines with widened access

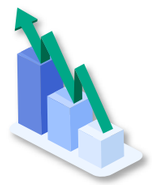
71,245

Estimated number of additional patients benefitting from decisions

$87.4 million

In savings reinvested in more medicines

Hospital medical devices 2019/20



17,000

Additional line items on the Pharmaceutical Schedule under national contracts

120,000+

Total line items on the Pharmaceutical Schedule under national contracts

$41 million

Value of additional medical devices under contract for 2019/20

$296 million

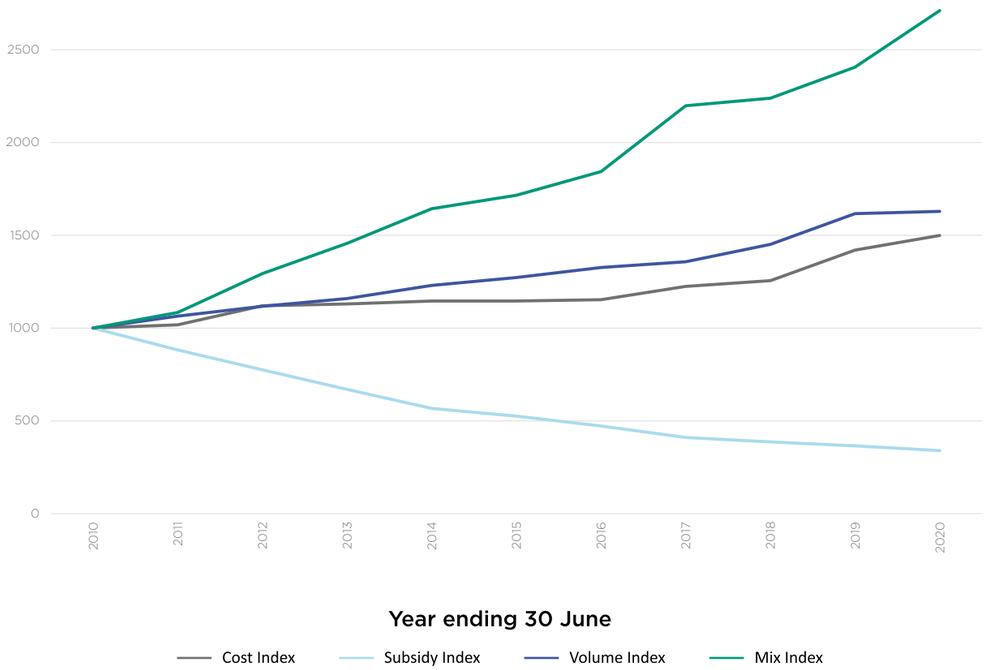
Total value of medical devices under PHARMAC contract

New Zealanders are getting more medicines

The graph below shows that over the last 10 years the number of medicines (volume index) and the variety of medicines (mix index) have increased, meaning we are seeing more, and varied, medicines in New Zealand.

At the same time, the cost of medicines (the cost index) has increased but the actual price paid (the subsidy index) has decreased. This demonstrates that PHARMAC is getting more medicines for less money.

Price, Volume, Mix
(actual 2010-2020)

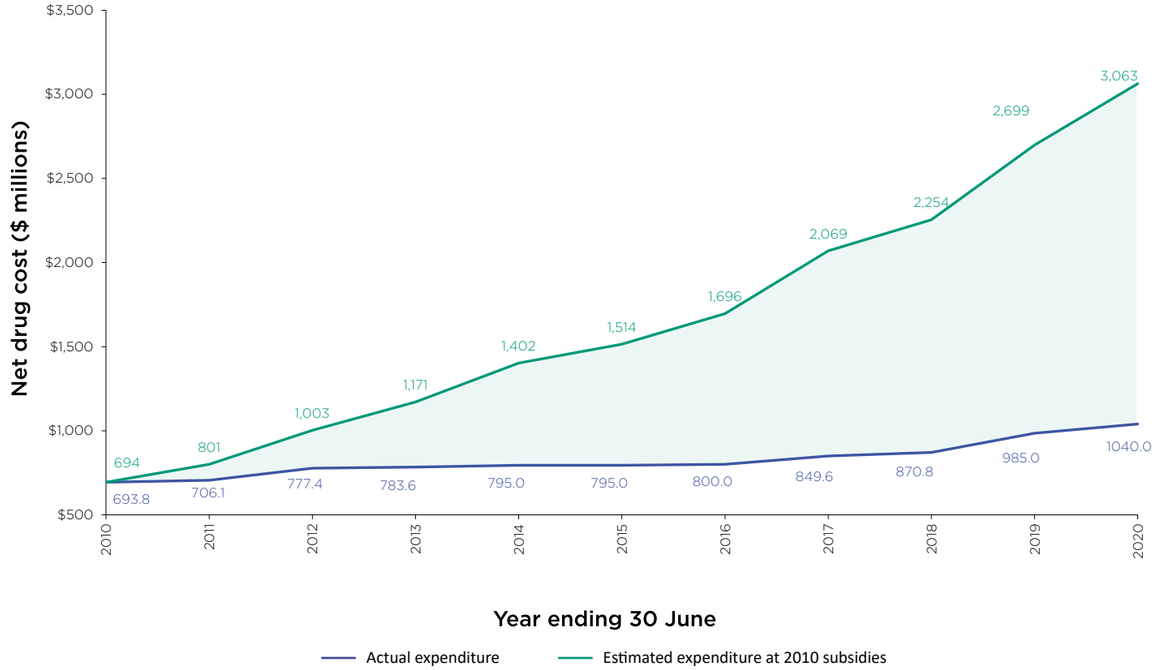


New Zealand is controlling medicines expenditure over time

The graph below shows PHARMAC's impact on New Zealand's medicines spending over the past decade using 2010 medicine prices as a baseline.

PHARMAC has avoided $9.3 billion in net medicine costs, with the gap between estimated expenditure (green line) and actual expenditure (blue line) highlighting how much money the health system would have had to spend on medicines if PHARMAC wasn't working hard to manage the costs.

Impact of PHARMAC on predicted CPB drug expenditure over time
(actual 2010-2020)



More contraceptive options

New Zealanders now have more contraceptive options to choose from after we increased funded access to Mirena, and listed a new long-acting reversible contraceptive option, Jaydess.

These two intrauterine devices (IUDs) are a form of long-acting, reversible contraception that sits inside the uterus and releases hormones to prevent eggs being fertilised. Once inserted, they are highly effective at preventing pregnancy for several years (about five for Mirena, three for Jaydess) or until they are removed.

Both of these IUDs can also help people who suffer from heavy menstrual bleeding, endometriosis or endometrial hyperplasia.

“We heard from New Zealanders that this was something they wanted us to fund,” says PHARMAC acting medical director, practising obstetrician and gynaecologist Dr Ken Clark.

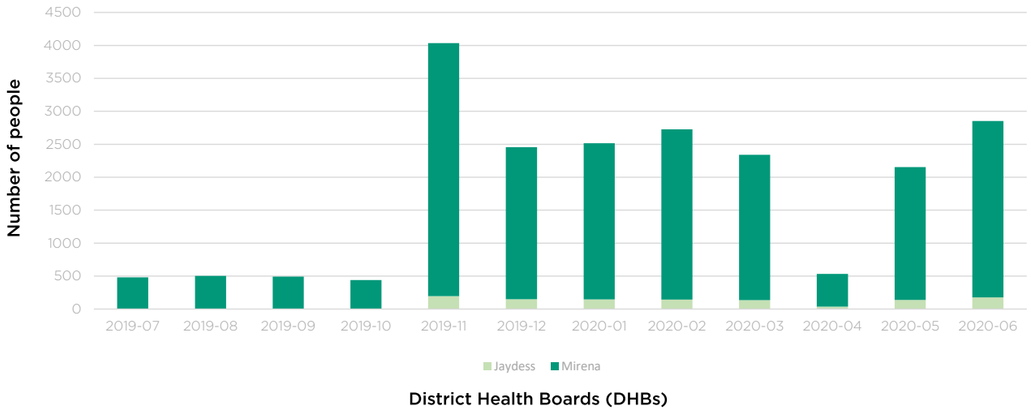
This decision removes a barrier for people wanting to access Mirena and Jaydess. Without funding, patients could pay anywhere from $300 to $500 for Mirena or Jaydess. Now, New Zealanders only pay the insertion cost and a $5 co-payment for the device.

More than 28,000 people have accessed either Mirena or Jaydess since they became available in November 2019. More than 4,000 people had one of these IUDs inserted in the first month they were funded.

“Funding these two additional devices for contraception will improve equity and access to health care. It means everyone, regardless of their income, can now choose a Mirena or a Jaydess as a contraceptive option,” says Jackie Edmond, Chief Executive at Family Planning.

“Cost can be one reason that people don’t choose a particular contraceptive type – and that’s not acceptable. Access to highly effective, long-acting contraception makes a real and positive difference – on a daily basis.
“This is a great step forward for New Zealand – it’s something we’ve wanted for a very long time, and we are delighted.”

Number of patients dispensed Mirena or Jaydess FYR 2020



Preventing the spread of diseases in our communities

Ensuring people have access to vaccines for diseases like influenza, mumps, measles and rubella (MMR) and meningococcal, is how we help prevent the spread of illness in our communities.

“We know that reducing the spread of disease is important to New Zealanders, and it’s important to us too. It’s great when more people get vaccinated, especially the most vulnerable in our communities,” says Dr Pete Murray, PHARMAC deputy medical director.

In 2019/20, we widened access to the meningococcal ACWY vaccine for an estimated 35,000 people aged between 13 and 25 who live in boarding school hostels, tertiary education halls of residence, military barracks and prisons. Our clinical experts told us that teenagers and young adults in close living situations are some of the populations at highest risk of this potentially deadly disease.

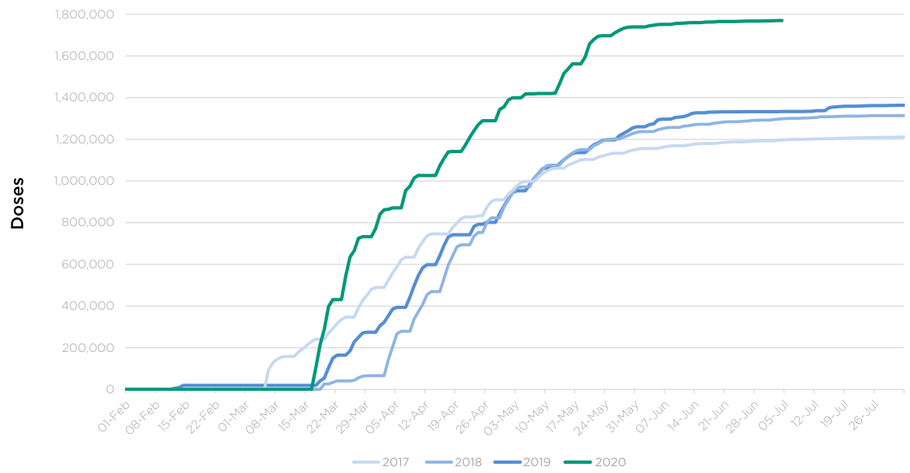
Despite the COVID-19 lockdown and the supply chain issues overseas, a record 2.1 million doses of flu vaccine were made available to New Zealanders for eligible patients and private purchase. The funded doses were for people aged 65 and over, pregnant women, those with certain chronic conditions, and young children with a history of severe respiratory illness.

This record number of flu vaccines was made possible by PHARMAC and the Ministry of Health working closely with suppliers, distributors and vaccinators.

In 2020, for the first time, trained pharmacists across New Zealand could give the MMR vaccine. This makes it easier for people to get the vaccine because they can get it for free from either their pharmacy or doctor. This change also supports the Ministry of Health’s planned measles catch-up programme for 15- to 30-year-olds.

Influenza doses distributed by calendar day, cumulative all brands

2017 - 2020



Improving access to rare disorders medicines

PHARMAC is committed to improving New Zealanders' access to medicines for rare disorders. To help with this, we have adjusted our funding application process for rare disorders treatments.

Unlike other medicines, rare disorders medicines are not required to have gained Medsafe approval before they can be considered by PHARMAC for funding. This makes it easier for pharmaceutical suppliers to apply to PHARMAC for their medicines to be funded. We are continuing to engage with people who have rare disorders and their advocates to understand their views. The insights we gain help inform our work to deliver the best outcomes for all New Zealanders.

30-35
people to access
ivacaftor

In 2019/20 we were delighted to announce that an estimated 30 - 35 adults and children with a rare form of cystic fibrosis would be able to access ivacaftor (marketed as Kalydeco) for the treatment of their condition.

"This medicine treats the disease rather than the symptoms and has the potential to make a real difference to the lives of New Zealanders living with this rare type of cystic fibrosis," explains PHARMAC director of operations Lisa Williams.

New medicine for people with severe haemophilia A

New Zealanders with severe haemophilia A can now access a medicine that will improve both their quality of life and life expectancy.

Haemophilia A is a hereditary, life-long bleeding disorder. People with haemophilia A cannot form blood clots effectively and bleed more often. This puts them at risk of permanent damage from bleeding into the joints or death from severe internal bleeding.

"Emicizumab is expected to reduce the frequency of bleeding episodes and as a result, hospital visits, which will have important impacts on the quality of life for people who use it," explains deputy medical director Dr Pete Murray.

10-15
people to access
emicizumab

This year our clinical advisory committees recommended that emicizumab be funded with a high priority. We were able to fund this medicine for patients from 1 December 2020.

One of the reasons it was given a high priority recommendation was because of the significant impacts this disorder has on the everyday lives of people with severe haemophilia A, and their whānau. This is especially true if the patient is a young child.

Emicizumab is a high-cost medicine. Without PHARMAC funding, if a person paid for this medicine privately, it would cost them over $600,000 a year.

Maviret is still changing lives

Stephen Hassan is one of almost 3,500 New Zealanders who are now hepatitis C free, thanks to the life-changing medicine Maviret.

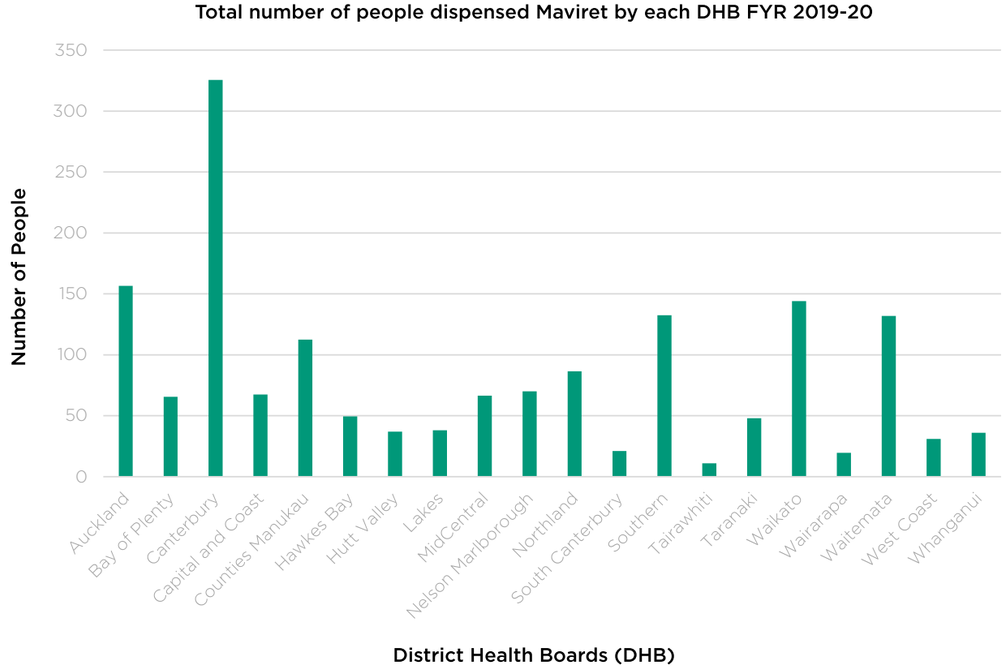
Hepatitis C is a blood-borne virus that attacks the liver, proving fatal for about 200 New Zealanders each year. PHARMAC has been funding Maviret, a treatment that is a cure for 98% of people, since February 2019.

Stephen discovered he had hepatitis C during routine blood tests. "I had no symptoms and certainly wasn't expecting to have Hepatitis C," says Stephen. "I was one of the lucky ones, discovering it before it did too much damage. Following an eight-week treatment programme taken at home, I'm now hepatitis C free, and so grateful for that."

In 2019/20 PHARMAC spent over $129 million* to help more than 1,600 people like Stephen across New Zealand access this potential cure so that they can focus on getting the most out of life. People who are cured of hepatitis C are less likely to need ongoing visits to their GPs or hospital and are less likely to develop liver cancer or need a liver transplant.

The results so far have been great, and PHARMAC wants more people to get tested and treated for hepatitis C. People who think they could have been exposed to hepatitis C infection should speak to their GP about getting tested and, if they need it, get this funded treatment.

*Gross figure



Note: Data extract sourced from our Pharmhouse database – December 2020

More cancer medicines

Timely access to cancer medicines is important, and our work helps make that happen. In 2019/20, we invested in six new medicines which have helped more than 950 New Zealanders whose lives are being affected by cancer. These six new medicines included treatments for lung cancer, leukaemia, ovarian cancer and breast cancer, and cost over $12.5 million.

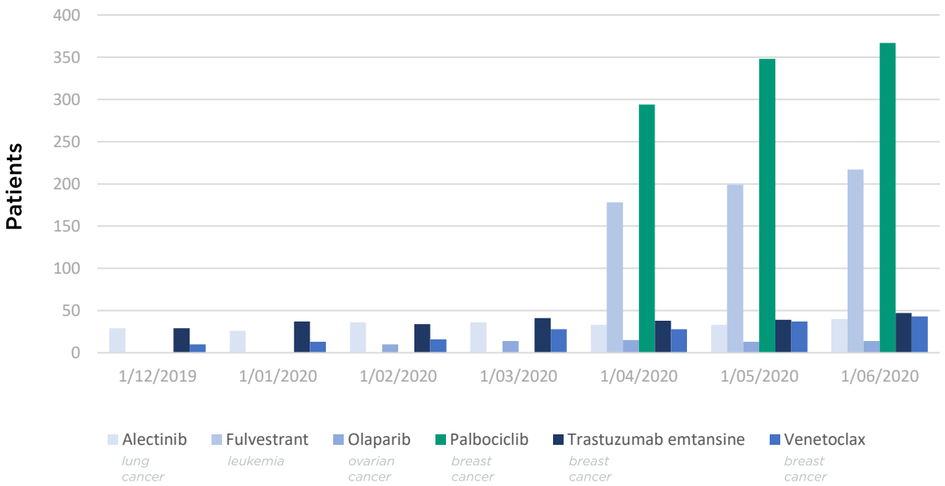
We also widened access to several other medicines which are helping treat people with myeloma, bone marrow cancer, non-Hodgkin's lymphoma, and melanoma. One of the three new breast cancer medicines is palbociclib (marketed as Ibrance). Libby Burgess, Chair of the Breast Cancer Aotearoa Coalition (BCAC), says this was fantastic news for people with advanced breast cancer.

"It's wonderful that Ibrance will be funded for New Zealand women who have already received other treatments for advanced breast cancer, in addition to those newly diagnosed and about to start their first treatment. It's a hugely important medicine that halts or slows the progress of this type of cancer, giving women more quality time to live their lives," says Libby.

Along with making more cancer medicines available to New Zealanders, we also recognised the opportunity to speed up the assessment of cancer medicines. We now start our assessment of new funding applications at the same time Medsafe starts its assessment of the quality, safety and efficacy of a new medicine. We estimate this parallel assessment could reduce the time it takes for cancer medicines to be ranked on our options for investment list by 12 to 15 months.

Total number of unique patients by month dispensed new cancer medicines

FYR 2020



Fairer access to medical devices

PHARMAC's management of hospital medical devices is already starting to benefit patients in public hospitals around New Zealand.

"The hospital devices work is important because it will support more consistent access to medical devices for patients, regardless of where they live. It will also help District Health Boards (DHBs) manage their spending on medical devices, including new technology, and helps provide the best-value device to support good care for patients," says Nelson Marlborough DHB Chief Executive Dr Peter Bramley.

"DHBs all have limited resources. By accessing the national contracts PHARMAC has negotiated on our behalf, we're getting better prices for devices. Spending less on medical devices allows us to put more resources in the areas that are going to benefit patients and support the broader health system."

In 2019/20, we added a further 17,000 items to the list of hospital medical devices under national contract. This brings the total number of medical devices to more than 120,000, under contracts with over 80 suppliers. The value of the hospital medical devices contracts as of 30 June 2020 was close to $300 million.

Since 2012, PHARMAC, DHBs, suppliers and other agencies have been working together to create a system that allows fairer access to publicly funded medical devices.

Under the new system, PHARMAC will be responsible for deciding which devices are funded. DHBs will continue to determine what devices are needed to deliver their services from a national medical devices list.

Supporting the COVID-19 response

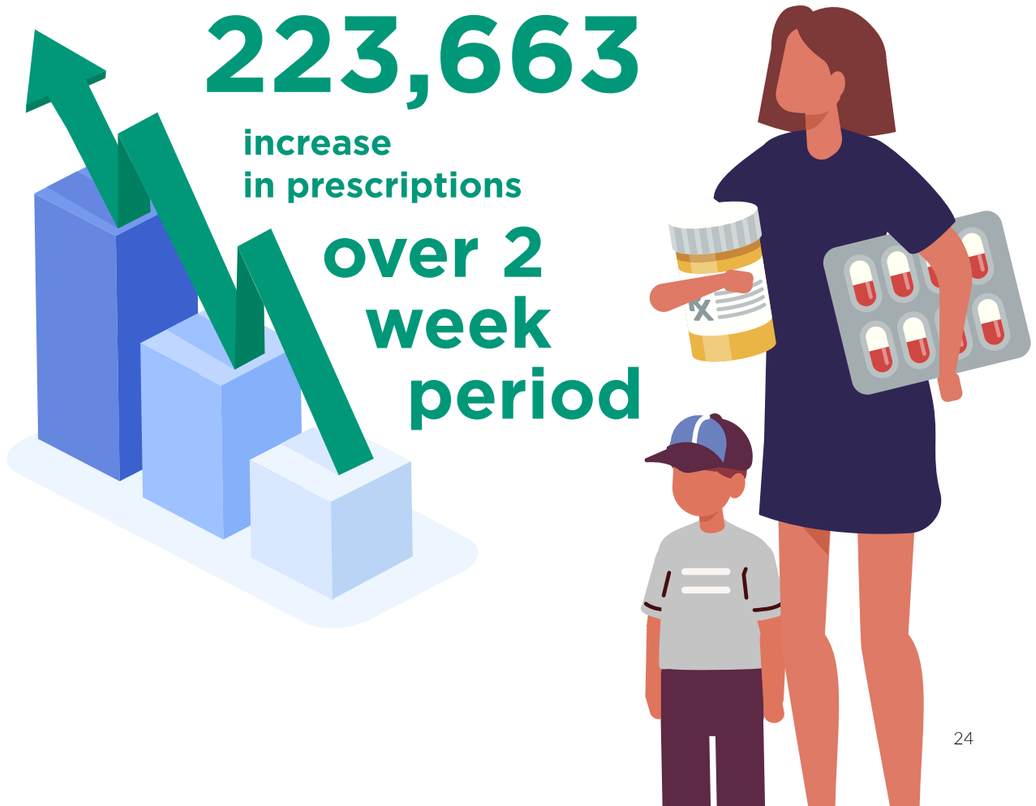
Since the COVID-19 pandemic started, we have had two priorities – to support the health sector to respond to the pandemic, and to ensure New Zealanders continue to have access to the funded medicines and medical devices they need.

Most medicines used in New Zealand are imported. Despite global issues with medicine manufacturing and supply chains, our work has ensured that people who take or need medicines have not experienced significant clinical impacts during the lockdown.

Ensuring people can get their medicines

When New Zealand entered Alert Level 4, we temporarily modified the funding arrangements for some medicines so they could be prescribed and accessed more easily. We worked through the prescribing criteria for medicines to ensure patients would not be disadvantaged while the health sector was responding to COVID-19. For example, we removed the need to have certain tests done at a hospital before being prescribed a medicine.

"I wanted to say thank you very much for making these changes, which will make a real difference. I have spent the week working on national responses, as well as talking with many, many frightened people who are worried their treatment might stop, or that they will die from this pandemic. What you've done means we'll be able to provide more reassurance and comfort, as well as uninterrupted treatment for many of New Zealand's very vulnerable people," says medical oncologist Dr Chris Jackson.



Keeping medicines available for all

Concern about medicine availability led to some stockpiling of medicines before New Zealand entered lockdown. Because medicines are mostly sourced from overseas, we have limited ability to re-stock quickly when this happens, which could mean some people missing out on their medicines.

To ensure that every New Zealander could continue to access the medicines they needed, we placed temporary dispensing limits on all funded community medicines. As soon as supply chains were sufficiently stabilised, we returned most medicines to standard three-monthly dispensing.

Part of the pandemic response team

PHARMAC staff played an important part in the Government's response to COVID-19. A small number of staff were seconded into the All-of-Government Operations Command Centre, where their expertise was used in several areas.

Both in the Command Centre and within PHARMAC, our staff used their experience and expertise to work through issues with the availability of medicines and other products caused by disruption to manufacturing and supply, to get the best outcomes we could for New Zealand. This included helping source personal protective equipment and manage international airfreight logistics.

New Zealand Health Partnerships described our work to support them with procuring ventilators and ICU equipment for hospitals as "unwavering" and "beyond the call of duty". Our staff also developed communications material that met the needs of Pacific and Māori communities and helped them access and use their medicines during the lockdown.

Finding a vaccine

PHARMAC expertise is being drawn on to help find a safe and effective COVID-19 vaccine for New Zealand.

As part of our role in the Government's COVID-19 Vaccine Strategy Task Force, we have engaged with pharmaceutical suppliers about their plans for COVID-19 vaccine research, manufacture and supply and their views on commercial supply options for New Zealand.

The Task Force, led by the Ministry of Business, Innovation and Employment, will use this information to inform the approach to securing a safe and effective COVID-19 vaccine.

Top 20 medicines by Therapeutic Groups gross spend

Ranking	Therapeutic Group	Main indication	2015/16	2016/17	2017/18	2018/19	2019/20
			$m	$m	$m	$m	$m
1	Immunosuppressants	Autoimmune conditions, arthritis, transplant and biologics for cancer	$162.4	$192.1	$216.9	$247.7	$279.9
2	Antivirals	Hepatitis C	$22.1	$124.8	$84.4	$144.0	$135.1
3	Vaccinations	Vaccine preventable diseases	$92.4	$97.6	$137.1	$125.0	$124.0
4	Chemotherapeutic Agents	Cancer	$75.1	$83.3	$86.1	$93.5	$103.6
5	Antithrombotic Agents	Stopping blood clots	$63.5	$53.0	$56.0	$66.1	$75.9
6	Diabetes	Diabetes	$50.6	$53.9	$57.5	$63.4	$75.8
7	Inhaled Long-acting Beta-adrenoceptor Agonists	Respiratory conditions	$55.4	$53.0	$55.8	$58.4	$63.4
8	Antifibrinolytics, Haemostatics and Local Sclerosants	Haemophilia	$29.6	$29.2	$28.2	$33.0	$50.3
9	Endocrine Therapy	HRT	$28.2	$32.0	$35.8	$38.1	$41.2
10	Antipsychotics	Mental health	$33.3	$35.7	$37.0	$33.1	$35.6
11	Multiple Sclerosis Treatments	Multiple Sclerosis	$20.2	$24.6	$28.5	$30.1	$33.3
12	Anticholinergic Agents	Respiratory conditions	$18.4	$18.6	$22.7	$25.9	$28.8
13	Antiepilepsy Drugs	Epilepsy	$33.9	$35.5	$37.5	$36.4	$26.7
14	Diabetes Management	Blood glucose monitors and strips	$19.1	$20.6	$22.2	$24.8	$25.1
15	Antiretrovirals	HIV/AIDS	$25.4	$27.8	$30.5	$24.5	$24.0
16	Oral Supplements/Complete Diet (Nasogastric/Gastrostomy Tube Feed)	Special food	$10.8	$13.0	$15.7	$16.7	$17.9
17	Analgesics	Pain relief	$20.4	$19.2	$18.1	$17.8	$17.4
18	Agents Affecting the Renin-Angiotensin System	Blood pressure, heart failure, kidney failure and effects of diabetes	$12.3	$11.8	$12.3	$12.5	$15.5
19	Treatments for Substance Dependence	Addiction	$15.2	$14.9	$16.3	$16.4	$13.7
20	Antibacterials	Bacterial infections	$14.2	$13.9	$13.5	$12.9	$13.3
		Totals	**$802.5**	**$954.5**	**$1,012.1**	**$1,120.3**	**$1,200.5**

The data above excludes hospital purchases.

List order has been determined by top spend in the financial year 2019/20

Gross spend is shown in millions NZD and is exclusive of GST, and prior to the application of rebates and discounts.

Top 20 community medicines by number of funded prescriptions dispensed

Ranking	Medicine	Therapeutic Group	2019/20
1	Paracetamol	Analgesics	2,880,000
2	Atorvastatin	Cardiovascular	1,530,000
3	Omeprazole	Alimentary	1,480,000
4	Aspirin	Antithrombotic Agents	1,140,000
5	Amoxicillin	Anti-infectives	1,040,000
6	Ibuprofen	Analgesics	1,030,000
7	Metoprolol succinate	Cardiovascular	950,000
8	Salbutamol	Respiratory	940,000
9	Cilazapril	Cardiovascular	840,000
10	Colecalciferol	Musculoskeletal	840,000
11	Prednisone	Hormones	670,000
12	Levothyroxine	Hormones	640,000
13	Metformin hydrochloride	Diabetes	610,000
14	Zopiclone	Nervous System	590,000
15	Loratadine	Antihistamines	560,000
16	Cetirizine hydrochloride	Antihistamines	560,000
17	Amoxicillin with clavulanic acid	Anti-infectives	560,000
18	Fluticasone propionate	Respiratory	510,000
19	Codeine phosphate	Analgesics	510,000
20	Docusate sodium with sennosides	Laxatives	510,000
		Totals	**18,390,000**

Top 20 hospital medicines by gross spend

Ranking	Medicine	Therapeutic Group	2019/20
			$
1	Infliximab	Immunosuppressants	$41,850,000
2	Aflibercept	Immunosuppressants	$9,930,000
3	Rituximab	Immunosuppressants	$7,900,000
4	Ferric carboxymaltose	Alimentary	$6,280,000
5	Tocilizumab	Immunosuppressants	$5,360,000
6	Sugammadex	Musculoskeletal	$4,710,000
7	Clostridium botulinum type A toxin	Musculoskeletal	$4,660,000
8	Idarucizumab	Immunosuppressants	$3,330,000
9	Enoxaparin sodium	Antithrombotic Agents	$3,280,000
10	Alteplase	Antithrombotic Agents	$2,860,000
11	Levonorgestrel	Hormones	$2,450,000
12	Amphotericin B	Anti-infectives	$2,030,000
13	Amoxicillin with clavulanic acid	Anti-infectives	$1,990,000
14	Paliperidone	Antipsychotics	$1,930,000
15	Sevoflurane	Anaesthetics	$1,610,000
16	Lidocaine [Lignocaine] hydrochloride	Anaesthetics	$1,590,000
17	Olanzapine	Anaesthetics	$1,550,000
18	Lenalidomide	Oncology Agents	$1,440,000
19	Sodium chloride	Fluids and Electrolytes	$1,430,000
20	Ivacaftor	Cystic Fibrosis	$1,410,000
		Totals	**$107,590,000**

Note: Hospital data is less reliable than community data and required substantial data cleaning to produce the table above.

Top 20 reimbursed medicines by gross spend

Ranking	Medicine	Therapeutic Group	2019/20
			$
1	Glecaprevir and pibrentasvir[1]	Antivirals	$129,320,000
2	Adalimumab	Immunosuppressants	$98,720,000
3	Dabigatran	Antithrombotic Agents	$45,480,000
4	Pembrolizumab	Immunosuppressants	$42,160,000
5	Trastuzumab	Immunosuppressants	$35,740,000
6	Insulin glargine	Diabetes	$34,150,000
7	Pneumococcal vaccine	Vaccinations	$33,300,000
8	Etanercept	Immunosuppressants	$30,910,000
9	Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Vaccinations	$26,300,000
10	Abiraterone acetate	Oncology	$25,450,000
11	Lenalidomide	Oncology	$25,370,000
12	Budesonide with eformoterol	Respiratory	$24,970,000
13	Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Vaccinations	$23,120,000
14	Fluticasone with salmeterol	Respiratory	$23,040,000
15	Rurioctocog alfa pegol [Recombinant factor VIII]	Blood & Blood Forming Organs	$21,860,000
16	Rituximab	Immunosuppressants	$18,540,000
17	Rivaroxaban	Antithrombotic Agents	$16,790,000
18	Dolutegravir	Anti-infectives	$16,470,000
19	Paliperidone	Antipsychotics	$15,400,000
20	Aflibercept	Immunosuppressants	$15,170,000
		Totals	**$702,260,000**

The data above excludes hospital purchases.

Gross spend is shown in millions NZD, is exclusive of GST, and prior to the application of rebates and discounts.

This data can change as prior year adjustments are made.

(1) This figure is based on the listed price and estimated units at dispensing.

How we make decisions

Te ara whakaputa whakatau

We understand how important getting access to funded medicines and related products is. These next few pages go through some of the processes we use when deciding whether to fund a medicine and the expert clinical and consumer feedback we draw on.

Factors for Consideration

To get the best health outcomes for New Zealanders from within our available funding, we use a comprehensive decision-making framework known as the Factors for Consideration. The Factors for Consideration framework has four segments – need, health benefits, costs and savings, and suitability.

All medicine funding applications are different, and we know some factors are more important and relevant than others depending on the circumstances. It's not a 'one size fits all' approach.

Need

To work out what the level of 'need' is, we consider the impact of the disease, condition or illness on the person, their family or whānau, wider society, and the broader New Zealand health system. Consideration of need includes the impact of a decision on those who are facing health disparities as a result of an underlying disadvantage, separately from the illness itself. These people may be characterised by ethnicity, culture, location or socioeconomic status.

Health benefit

'Health benefit' is about the potential health gain from the medicine or medical device based on evidence from clinical trials. Our health economists work out how many extra years of life a person may live, or live with reduced symptoms. A medicine may have health benefits beyond the person receiving the treatment. For example, reducing antibiotic resistance will have positive health benefits for all New Zealanders.

Costs and savings

We consider the 'costs and savings' to the person and their family, whānau and to the wider society. These include, for example, whether the treatment would reduce the cost of caring for someone. The costs and savings to the health system covers both the pharmaceutical budget and the wider health system. Funding medicines or related products can have flow-on impacts for the health system; for example, when a treatment can be given at home rather than in hospital it can free up a hospital bed for someone else.

Suitability

'Suitability' considers the non-clinical features of the medicine or related product that might impact on health outcomes. These can include features of the medicine or related product that impact on ease of use, such as whether a medicine is administered by injection or in a pill.

The journey of a funding application

A supplier, health professional, or an everyday New Zealander can apply for a medicine or related product to be funded.

PHARMAC Factors for Consideration

are used throughout

Prepare

your application by collating all relevant information

Discuss

your application with someone from PHARMAC

Submit

your application via PHARMConnect

Application Tracker

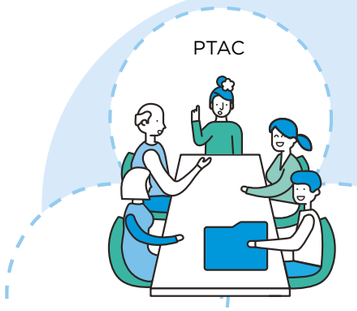
See your application status online

Review

PHARMAC reviews and evaluates the evidence, including others' submissions on the same medicine.

Advice

PHARMAC receives recommendations from independent clinical experts from across New Zealand's health care sector who sit on the Pharmacology and Therapeutics Advisory Committee (PTAC) and its subcommittees



Compare options

PHARMAC compares and ranks medicines

HIGH

Ranking

LOW

Assess

PHARMAC considers the clinical advice and assesses the medicine. Research and economic analysis take place

Prioritise

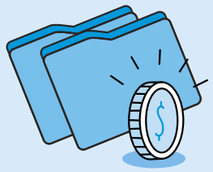
A prioritised list of medicines for funding is created

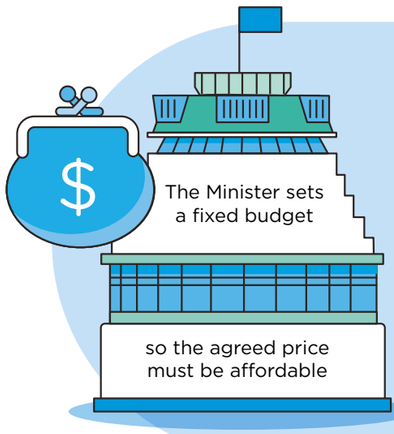
Identify

PHARMAC identifies which medicines on the list to take forward

Negotiate

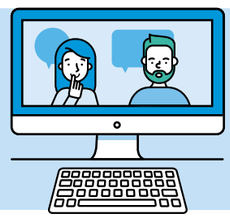
PHARMAC negotiates price with suppliers





Consult

We ask New Zealanders what they think



Provisional agreement

PHARMAC and the supplier confirm a provisional agreement

Consider submissions

Final changes

PHARMAC staff make any changes necessary following the consultation submissions

Final decision

The PHARMAC board or delegate makes a final decision

Notification

PHARMAC notifies the decision to health professionals and the public

Listed

If approved, the medicine or related products are listed on the Pharmaceutical Schedule

PHARMAC
TE PĀTAKA WHAIORANGA

For further information visit **pharmac.govt.nz**

The process set out in this diagram is intended to be indicative of the process that may follow where a supplier or other applicant wishes a pharmaceutical to be funded on the Pharmaceutical Schedule. PHARMAC may, at its discretion, adopt a different process or variations of the process. For example, we decide whether or not it is appropriate to undertake consultation on a case-by-case basis.

PHARMAC Factors for Consideration

are used throughout

Application Tracker

See your application status online

Expert clinical advice informs our decisions

More than 140 senior health practitioners from a wide range of clinical fields are involved in advising PHARMAC on what funding a medicine would mean for patients and the health system.

This is done through the Pharmacology and Therapeutics Advisory Committee (PTAC) and its 21 subcommittees. PTAC and subcommittee members have experience in reviewing medical research and are still treating patients. They are the best and brightest from around New Zealand, and sometimes internationally.

Meet Dr Giles Newton-Howes
Associate Professor | Clinical Psychiatrist, Wellington

Dr Newton-Howes has been a PTAC member since 2015 and is part of several PTAC subcommittees. When asked why he wanted to support PHARMAC's decision making, he says he believes in what PHARMAC does.

"I genuinely think that it makes a difference to lots of people, and I think PHARMAC can't do its job without good advice from lots of areas, and people who practise are one of those groups that need to be giving PHARMAC good advice.

"I think medicine is an art and a science. One of the values of academic work is that it embeds you in your science. But it's also an art, especially psychiatry. We get to know people, we get to know what they're like and then you can take that science and put it into the New Zealand context. And that provides feedback to PHARMAC that is relevant and helps them make the best decision for New Zealand," says Dr Newton-Howes.

Dr Newton-Howes is a general adult consultant psychiatrist with a sub-specialty in substance misuse psychiatry. He trained in psychiatry at Imperial College in London, and undertook five years of clinical work in Hawke's Bay before accepting a role in the Department of Psychological Medicine at the University of Otago, Wellington.

Meet Dr Rinki Murphy
Associate Professor | Specialist Diabetes Physician, Auckland

This was Dr Murphy's first year as one of our diabetes subcommittee experts. When she saw that we were looking for new members, she jumped at the opportunity to be part of PHARMAC's decision making.

"I'm acutely aware of the inequities in health outcomes for diabetes and related metabolic conditions that are apparent by ethnicity and socioeconomic status, and the stigma and self-blame related to type 2 diabetes being linked to poor lifestyle behaviour. I am keen to ensure such inequities are not perpetuated in funding decisions for diabetes.

"I am also aware of the personal toll it takes for my patients to manage type 1 diabetes and I'm keen to ensure this is considered in funding decisions for technology to assist with the management of type 1 diabetes.

"That's why I want to be part of PHARMAC's decision-making process, to provide contextual information around evidence from clinical trial data, routinely collected local data and experiences on the ground from my clinical duties to assist PHARMAC in its prioritisation of providing improved medication access for those with diabetes and related chronic metabolic diseases.

"I'm keen to provide feedback to PHARMAC about medicine funding as a key component of making sure that the right patient receives the right treatment, at the right time," says Dr Murphy.

Expert medical advice

Analgesic subcommittee
Dr Giles Newton-Howes (Chair, PTAC member, psychiatrist)
Dr Tipu Aamir (pain medicine specialist)
Dr Rick Acland (rehabilitation specialist)
Prof Brian Anderson (paediatric anaesthetist, intensivist)
Dr Christopher Jephcott (anaesthetist)
Dr Christopher Lynch (neurologist)
Dr Jane Thomas (PTAC member, paediatric anaesthetist)
Dr Howard Wilson (general practitioner, pharmacologist)
Dr Alana Wilson (specialist general practitioner)
Dr Janine Winters (palliative care specialist)

Anti-infective subcommittee
Dr Sean Hanna (Chair, PTAC member, general practitioner)
Dr Emma Best (paediatric infectious diseases consultant)
Rhiannon Braund (clinical pharmacist)
Dr Simon Briggs (infectious diseases physician)
Dr Steve Chambers (clinical director, infectious disease physician)
Dr James Chisnall (general practitioner)
Mr Eamon Duffy (antimicrobial pharmacist)
Prof Ed Gane (hepatologist)
Dr Tim Matthews (general physician)
Dr Graham Mills (infectious disease physician)
Dr Jane Morgan (sexual health physician)
Dr Anja Werno (medical director microbiology)
Dr Howard Wilson (general practitioner/ pharmacologist)

Cancer treatments subcommittee
Dr Marius Rademaker (Chair, PTAC member, dermatologist)
Dr Scott Babington (radiation oncologist)
Professor Christopher Frampton (biostatistician)
Dr Peter Ganly (haematologist)
Dr Tim Hawkins (haematologist)
Dr Richard Isaacs (medical oncologist)
Dr Allanah Kilfoyle (haematologist)
Dr Anne O'Donnell (medical oncologist)
Dr Matthew Strother (PTAC member, medical oncologist)
Dr Lochie Teague (paediatric haematologist, oncologist)
Dr Michelle Wilson (medical oncologist)

Cardiovascular subcommittee
Prof Tim Stokes (Chair, PTAC member)
Dr Andrew Aitken (cardiologist)
Dr Dean Boddington (cardiologist, electrophysiologist)
Dr John Elliott (cardiologist)
Prof Jennifer Martin (PTAC member, clinical pharmacologist)
Dr Richard Medlicott (general practitioner)
Dr Mark Simmonds (cardiologist)
Prof Mark Webster (consultant cardiologist)
Dr Samuel Whittaker (general practitioner)

Dermatology subcommittee
Dr Melissa Copland (pharmacist)
Ms Julie Betts (wound care nurse)
Dr Martin Denby (general practitioner)
Dr Paul Jarrett (dermatologist)
Dr Sharad Paul (general practitioner)
Dr Diana Purvis (dermatologist, paediatrician)
Dr Marius Rademaker (PTAC member, dermatologist)

Diabetes subcommittee
Dr Sean Hanna (Chair, PTAC member, general practitioner)
Dr Melissa Copland* (pharmacist)
Dr Nic Crook (diabetologist)
Dr Bruce King (PTAC member, specialist internal medicine and nephrology)
Dr Helen Lunt (adult diabetes specialist)
Dr Diana McNeill (general physician, diabetes specialist)
Dr Karen MacKenzie (paediatric endocrinologist)
Assoc Prof Rinki Murphy (specialist diabetes physician)
Ms Kate Smallman (diabetes nurse specialist/ prescriber)
Prof Tim Stokes (PTAC member, general practitioner)
Dr Dougal Thorburn (general practitioner)
Dr Esko Wiltshire (paediatric endocrinologist)

Endocrinology subcommittee
Dr Simon Wynn Thomas (Chair, PTAC member, general practitioner)
Dr Anna Fenton (endocrinologist)
Assoc Prof Andrew Grey (endocrinologist)
Prof Alistair Gunn (paediatric endocrinologist)
Dr Stella Milsom (endocrinologist)
Dr Bruce Small (general practitioner)
Dr Jane Thomas (PTAC member, paediatric anaesthetist)
Dr Esko Wiltshire (paediatric endocrinologist)

Gastrointestinal subcommittee
Dr Simon Wynn Thomas (Chair, PTAC member, general practitioner)
Dr Murray Barclay (clinical pharmacologist/ gastroenterologist)
Dr Simon Chin* (paediatric gastroenterologist)
Dr Sandy Dawson (general practitioner)
Assoc Prof Alan Fraser (PTAC member, gastroenterologist)
Assoc Prof Michael Schultz (gastroenterologist)
Assoc Prof Catherine Stedman (gastroenterologist/ hepatologist and clinical pharmacologist)
Dr Russell Walmsley (gastroenterologist)

Haematology subcommittee
Prof Mark Weatherall (Chair, PTAC Chair, geriatrician)
Prof Brian Anderson (PTAC member, anaesthesia and intensive care medicine specialist)
Dr Paul Harper (haematologist)
Dr Tim Hawkins (haematologist)
Dr Eileen Merriman (haematologist)
Assoc Prof Paul Ockelford (haematologist)
Dr Julia Phillips (haematologist)

Immunisation subcommittee
Dr Sean Hanna (Chair, PTAC member, general practitioner)
Dr Stuart Dalziel (paediatrician)
Assoc Prof Cameron Grant* (paediatrics)
Prof Karen Hoare (nurse practitioner/senior lecturer)
Assoc Prof Lance Jennings (clinical virologist)
Dr Osman Mansoor (public health physician/Medical Officer of Health)
Dr Stephen Munn (PTAC member, transplant surgeon)
Dr Gary Reynolds (general practitioner)
Dr Michael Tatley (Director of New Zealand Pharmacovigilance Centre)
Assoc Prof Nikki Turner (Director of Immunisation Advisory Centre)
Dr Ayesha Verrall* (adult infectious diseases specialist)
Dr Tony Walls (paediatrician/infectious diseases specialist)
Dr Elizabeth Wilson (paediatric infectious diseases specialist)

Mental health subcommittee
Dr Sean Hanna (Chair, PTAC member, general practitioner)
Dr David Chinn (child and adolescent psychiatrist)
Dr Bronwyn Copeland (consultant psychiatrist)
Dr Verity Humberstone (psychiatrist)
Dr Jeremy McMinn (consultant psychiatrist addiction specialist)
Assoc Prof David Menkes (psychiatrist)
Dr Giles Newton-Howes (PTAC member, psychiatrist)
Dr Cathy Stephenson (general practitioner/sexual assault medical examiner)

Nephrology subcommittee
Dr Jane Thomas (Chair, PTAC member, paediatric anaesthetist)
Dr Caroline Chembo (renal physician)
Assoc Prof John Collins (renal physician)
Dr Nick Cross (nephrologist)
Dr Malcom Dyer (general practitioner)
Dr Maggie Fisher (specialist/renal physician)
Dr Colin Hutchison (nephrologist)
Dr Kannaiyan Rabindranath (consultant nephrologist)
Dr William Wong (paediatric nephrologist)

Neurological subcommittee
Prof Mark Weatherall (Chair, PTAC member, geriatrician)
Dr John Fink (neurologist)
Dr Richard Hornabrook (general practitioner)
Dr John Mottershead (neurologist)
Dr Giles Newton-Howes (psychiatrist)
Dr Ian Rosemergy (neurologist)
Dr Paul Timmings (neurologist)

Ophthalmology subcommittee
Dr Stephen Munn (Chair, PTAC member, transplant surgeon)
Mr Peter Grimmer (optometrist)
Dr Malcolm McKellar (ophthalmologist)
Dr Marius Rademaker (PTAC member, dermatologist)
Dr Jo Sims (ophthalmologist)
Dr David Squirrell (ophthalmologist)
Dr Samuel Whittaker (general practitioner)

Rare disorders subcommittee
Prof Tim Stokes (Chair, PTAC member, general practitioner)
Dr James Cleland (neurologist and neurophysiologist)
Dr Melissa Copland (PTAC member, pharmacist)
Dr Janice Fletcher (clinical geneticist and metabolic physician)
Prof Carlo Marra (Dean of the School of Pharmacy, University of Otago)
Dr Dylan Mordaunt (clinical geneticist)
Dr Katherine Neas (clinical geneticist)
Dr Humphrey Pullon (haematologist)
Dr Howard Wilson (general practitioner)
Dr William Wong (paediatric nephrologist)

Reproductive and sexual health subcommittee
Dr Simon Wynn Thomas (general practitioner)
Assoc Prof Rhiannon Braund (PTAC member, clinical pharmacist)
Dr Melissa Copland* (Chair, PTAC member, pharmacist)
Dr Debbie Hughes (general practitioner)
Dr Jane Morgan (sexual health physician)
Dr Ian Page (obstetrician and gynaecologist)
Dr Helen Paterson (obstetrician and gynaecologist)
Dr Christine Roke (sexual health physician)

Respiratory subcommittee
Dr Matthew Strother (Chair, PTAC member, medical oncologist)
Dr Tim Christmas (respiratory physician)
Dr Andrew Corin (general practitioner)
Dr Stuart Dalziel (paediatrician)
Dr Greg Frazer (respiratory physician)
Dr David McNamara (paediatric respiratory physician)
Dr Ian Shaw (paediatrician)
Prof Tim Stokes (PTAC member, general practitioner)
Dr Justin Travers (respiratory physician)
Dr Neil Whittaker (general practitioner)

Rheumatology subcommittee
Dr Marius Rademaker (Chair, PTAC member, dermatologist)
Dr Priscilla Campbell-Stokes (paediatrician)
Dr Keith Colvine (rheumatologist and general physician)
Dr Michael Corkill (rheumatologist)
Assoc Prof Alan Fraser (PTAC member, gastroenterologist)
Assoc Prof Andrew Harrison (rheumatologist),
Dr Janet Hayward (general physician)
Dr Haseena Hussain (general practitioner)
Prof Lisa Stamp (rheumatologist)
Assoc Prof Will Taylor (rheumatologist)

Special foods subcommittee
Prof Jennifer Martin (Chair, PTAC member, clinical pharmacologist)
Dr Simon Chin* (paediatric gastroenterologist)
Assoc Prof Alan Fraser (PTAC member, gastroenterologist)
Mrs Kim Herbison (paediatric dietitian)
Mrs Julie Hollingsworth (nurse practitioner)
Dr Amin Roberts (paediatric gastroenterologist)
Dr Jan Sinclair (paediatric allergy and clinical immunologist)
Dr Russell Walmsley (gastroenterologist)
Dr Jocy Wood (general practitioner)
Ms Victoria Woollett (community dietitian)

Transplant immunosuppressant subcommittee
Dr Marius Rademaker (Chair, PTAC member, dermatologist)
Dr Helen Evans (paediatric hepatologist/ gastroenterologist)
Dr Peter Ganly (haematologist)
Dr Tanya McWilliams (respiratory physician)
Dr Stephen Munn (PTAC member, transplant surgeon)
Dr Grant Pidgeon (renal physician)
Dr Peter Ruygrok (cardiologist)

Tender medical and evaluation subcommittee
The tender medical and evaluation subcommittee advises on our annual tender process for sole supply and/or hospital supply status for 400-600 pharmaceutical items.

Dr Melissa Copland (Chair, PTAC member, pharmacist)
Prof Brian Anderson (PTAC member)
Dr Jill Clendon (registered nurse)
Ms Laura Clunie* (hospital pharmacist)
Dr Ben Hudson (general practitioner)
Craig MacKenzie (hospital pharmacist)
Dr John McDougall (anaesthetist)
Miss Stephanie Noble (pharmacist)
Clare Randall (palliative care clinical pharmacist)
Geoff Savell (pharmacist)
Dr David Simpson* (haematologist)
Ms Amanda Stanfeld (community pharmacist)
Prof Tim Stokes* (Professor of General Practice)
Helen Topia (nurse practitioner/clinical educator)
Lorraine Welman (pharmacist)

Advisory groups

Critical Care
Group formed to advise PHARMAC for the COVID-19 pandemic response.
Prof Brian Anderson (PTAC Member, Chair, anaesthetics) –
Dr Gillian Bishop (intensive care)
Dr Andrew Brainard (emergency medicine consultant)
Dr Craig Carr (intensive care/clinical pharmacology)
Dr Matthew Drake (anaesthetics)
Annie Egan (intensive care pharmacy)
Dr Greg Frazer (respiratory medicine)
Dr Seton Henderson (intensive care)
Dr Bruce King – (internal medicine)
Steve Kirby (critical care nursing)
Dr Andrew Stapleton (intensive care)

Interventional cardiology
Dr Scott Harding (Chair, interventional cardiologist)
Dr Seif El-Jack (interventional cardiologist)
Dr Sandi Graham (cardiology interventional nurse rep)
Dr Barry Kneale (interventional cardiologist)
Dr Madha Menon (interventional cardiologist)
Dr Rajesh Nair (structural interventional cardiologist)
Dr David Smyth (structural interventional cardiologist)
Dr Mark Webster (structural interventionalist)
Dr Gerard Wilkins (interventional cardiologist)
Dr Nigel Wilson (paediatric cardiologist)

Respiratory procurement
Dr Justin Travers (Chair) (respiratory physician)
Dr Melissa Copland (pharmacist)
Dr Andrew Corin (general practitioner)
Teresa Chalecki (nurse manager)
Teresa Demetriou* (asthma nurse)
Ann Nguyen (hospital pharmacist)
Betty Poot (respiratory specialist)
Noelene Rapana (nurse)
Joanna Turner (pharmacist)
Dr Phil Weeks (general practitioner)
Ann Wheat (asthma nurse educator/nurse manager)

Wound care
Julie Betts (Chair, wound care nurse practitioner)
Catherine Hammond (wound care clinical nurse specialist and educator)
Jonathan Heather (plastic surgeon)
Wendy Mildon (clinical nurse specialist wound care)
Amanda Pagan (wound care specialist nurse)
Emil Schmidt (nurse specialist wound care)
Alan Shackleton (nurse consultant – wound care service clinical lead)
Susie Wendelborn (specialty clinical nurse wound care)

Exceptional circumstances framework
When a clinician applies for funding for an individual patient for a medicine that isn't on the Pharmaceutical Schedule, we apply our Exceptional Circumstances Framework. We take advice from a panel of expert clinicians – the "Named Patient Pharmaceutical Assessment" (NPPA) Advisory Panel, which consists of clinicians in a range of specialties.

NPPA panel
Dr George Laking* (Chair, oncologist)
Dr Paul Timmings (deputy chair, neurologist)
Dr Christina Cameron (consultant general physician and clinical pharmacologist)
Dr Malcolm Dyer (general practitioner)
Dr Dylan Mordaunt (clinical geneticist)
Dr John Mottershead (consultant neurologist)
Dr Paul Ockelford (clinical haematologist)
Dr Nina Sawicki* (general practitioner)
Dr Janet Titchener (general practitioner)
Dr Justin Travers (general and respiratory physician)
Dr Rachel Webb (paediatric infectious disease physician)

Special access panels
These are the panels which are responsible for assessing applications under Board approved Special Authority criteria for a number of high-cost specialised medications. The members are experts in their fields. The panels meet to assess applications when required.

Cystic fibrosis panel
Dr Cass Byrnes (respiratory paediatrician)
Dr Richard Laing (respiratory physician)
Dr Mark O'Carroll (respiratory physician)
Dr Ian Shaw (paediatrician)

Gaucher treatment panel
Dr Ian Hosford (Chair, consultant psychogeriatrician)
Dr Colin Chong (radiologist)
Dr Tim Hawkins (haematologist)
Dr Callum Wilson (metabolic consultant)

Hepatitis C treatment panel
Prof Ed Gane (hepatologist)
Prof Catherine Stedman (gastroenterologist and clinical pharmacologist)
Dr Campbell White (consultant physician and gastroenterologist)
Dr Jeffrey Wong (gastroenterologist)
Sarah Fitt (Chief Executive, PHARMAC)

Multiple sclerosis treatment assessment committee
Dr Ernie Willoughby (Chair, neurologist)
Dr David Abernethy (neurologist)
Dr John Mottershead (neurologist)
Dr Alan Wright (neurologist)

Pulmonary arterial hypertension panel
Dr Andrew Aitken (cardiologist)
Dr Lutz Beckert (respiratory physician)
Dr Clare O'Donnell (paediatric congenital cardiologist)
Dr Kenneth Whyte (respiratory physician)
Dr Howard Wilson (general practitioner/ pharmacologist)

The list of members is accurate as at 30 June 2019. The appointments that ended during 2018/2019 are marked with an asterisk (*).

Consumer Advisory Committee

Our work impacts the lives of New Zealanders, and our Consumer Advisory Committee (CAC) gives PHARMAC valuable advice from a patient or health consumer point of view.

The committee is made up of people from a range of backgrounds and interests including Māori, Pacific peoples, and people with disabilities.

The CAC advises PHARMAC on many areas, including:

- our strategies, policies and operational activities around funding, and access to and optimal use of medicines
- how we can best communicate our decisions, policies and strategies, and
- how PHARMAC can make sure the views and perspectives of consumers are integrated into our work.

The CAC is an advisory committee to the PHARMAC Board. It provides written reports to the Board, and the CAC Chair attends Board meetings as an observer. The New Zealand Public Health and Disability Act 2000 established the CAC. The terms of reference and records of CAC meetings are published on our website.

Membership

The list of CAC members is accurate as of 30 June 2020. (Appointments ending in 2019/20 are marked with an *)

- Chair - David Lui *
- Deputy Chair - Lisa Lawrence (Ngāti Kahungunu, Ngāti Ruapani)
- Adrienne von Tunzelmann QSO
- Key Frost *
- Te Ropu Poa (Ngāpuhi, Ngāti Te Rino, Ngāti Hine, Ngāti Kahu) *
- Tuiloma Lina Samu *

As PHARMAC looks to incorporate the views of consumers into more of our decision making, we are also strengthening the role of the CAC with a number of new members and a refreshed terms of reference. This is the membership of the CAC from July 2020.

- Chair - Lisa Lawrence (Ngāti Kahungunu, Ngāti Ruapani)
- Deputy Chair - Adrienne von Tunzelmann QSO
- Hazel Heal
- Janfrie Wakim
- Leslie (Les) Robinson (Ngāti Ruanui, Ngāti Maniapoto)
- Mary Schnackenberg
- Robyn Manuel (Ngāpuhi)
- Sione Vaka
- Tui Taurua (Ngāpuhi)
- Dr Vivien Wei Verheijen

More information about the CAC, including how to contact the committee, is published on the PHARMAC website.

Stay in touch

The views of people who may be impacted by the decisions we make are important to us.

You can stay up to date with the work happening at PHARMAC, including our consultations, by signing up to receive updates on our website. Select the ‘Subscribe’ option at the bottom of every PHARMAC webpage.

Website - www.pharmac.govt.nz

Facebook - www.facebook.com/PHARMACnz

Twitter - twitter.com/PHARMACnz

PHARMAC
TE PĀTAKA WHAIORANGA

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Te Kāwanatanga o Aotearoa

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