Access to Innovative Pharmaceutical Medicines in New Zealand

A stakeholder review exploring key challenges and opportunities for improving access to innovative medicines in New Zealand

Bristol Myers Squibb Australia/New Zealand (BMS) commissioned Peter Boyes, former features editor of the UK General Practitioner Newspaper, to prepare this Review to document the current state of play in New Zealand regarding medicines access and contribute to the public discourse on this important topic. The Review was authored by Peter Boyes, with collaborative oversight from Hayley Andersen, Frances Pienkos, Aliza Glanville and Greg Cook, BMS and significant clinical insights and personal experiences from representatives of New Zealand patient organisations.
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Executive Summary

This review has been prepared to support progress towards improved access to innovative pharmaceutical medicines in New Zealand. It provides an overview of the current system challenges, recent developments, including funding commitments, highlights key issues raised by stakeholders, compares international models, and proposes areas for reform.

Recognising the importance of ensuring that the proposed recommendations reflect real experiences and priorities, this review was informed by both formal and informal consultation with patient organisations.

In recent years there have been considerable efforts by many healthcare stakeholders to improve access to innovative pharmaceutical medicines in New Zealand with significant progress made, including boosts to healthcare budgets, greater consideration of patient and consumer voices in healthcare decision making and the reshaping of systems and processes towards greater transparency and equity. However, there was strong consensus amongst those that participated in the consultation for this review that further reform is needed to improve the current access to medicines environment in New Zealand.

Five priority areas for improvement are identified in this review, together with 25 recommendations. These recommendations aim to build upon the existing momentum for changes to the healthcare environment that will advance improved patient outcomes for all New Zealanders.

Key Findings

Access in New Zealand is slower than in other countries

- Independent comparisons and Organisation for Economic and Co-operation and Development (OECD) benchmarking indicate multi-year delays between Medsafe approval and public funding via the Pharmaceutical Management Agency (PHARMAC); timelines vary by therapy area but are significantly greater than Australia and the United Kingdom.
- Delays of 7-10 years between Medsafe approval and funding occur for many medicines in New Zealand. By contrast, access times in Australia and the United Kingdom are typically 6–18 months.
- In addition, many therapies funded in Australia and the United Kingdom are not funded in New Zealand.

Budget constraints limit funding for new therapies

- New Zealand Government's Treasury has advised that maintaining access to currently funded medicines will require additional Combined Pharmaceutical Budget (CPB) funding over the forecast period.
- The New Zealand Government's four-year ~$604m uplift in 2024 has funded or widened access to 60+ medicines to date, with the Associate Health Minister, Honourable David Seymour citing benefits for >200,000 New Zealanders; future baselining and predictability remain open questions.

Transparency and consumer engagement need improvement

- The PHARMAC Review (2022[1], and progress update in 2025[2]) has publicly committed to reset patient engagement (consumer workshops, recently established Consumer and Patient Working Group). PHARMAC also published an independent workplace culture review summary (Apr 2025[3]) that includes improved transparency actions.
- Increased patient and consumer engagement in Health Technology Assessment (HTA) decision making is a key trend in other HTA markets (United Kingdom, Australia, Canada).

Health equity concerns

- The New Zealand Government acknowledged the Valuing Life (2024[4]) white paper as a platform for a future medicines strategy with an explicit equity focus.
- Delayed access disproportionately affects Māori, Pacific peoples, and rural communities.

Workforce and system capacity challenges

- The independent PHARMAC Culture Review executive summary (Apr 2025[3]) notes capacity and culture constraints affecting agility and engagement; follow-up actions are underway.

Priority Areas for Improvement
Expand the pharmaceutical budget to match health needs and OECD benchmarks
Improve transparency and embed structured, consistent clinician, patient and consumer engagement in HTA decision making
Modernise and improve PHARMAC processes to build confidence and trust in the system (including prioritising improvements in the timeliness of assessment, decision making and publication processes)
Prioritise health equity through co-design with Māori, Pacific peoples, and underserved communities including regional and remote populations
Enhance national productivity and social return on investment by enabling timely access to effective medicines, reducing avoidable illness, hospitalisation, and time off work

There was strong consensus amongst those that participated in the consultation for this review that reform is needed to improve the current access to medicines environment in New Zealand.

Reform will require sustained collaboration between PHARMAC, Medsafe, the Ministry of Health, the pharmaceutical industry, clinicians, and, most importantly, patient communities. This includes embedding co-design at all stages of decision making and policy development, increased transparency and greater investment in the health budget. Such approaches are vital to ensure the system remains responsive, equitable, and future-ready. With bold policy leadership, transparent processes, and inclusive governance, New Zealand can deliver on the promise of innovative medicine and improved health outcomes for New Zealanders.

Summary of Recommendations

1 Expand the pharmaceutical budget

1.1 Reframe health expenditure as investment rather than budgetary burden

1.2 Leverage health investment that generates returns in productivity, workforce participation and reduced long-term costs

1.3 Identify alternate, additional funding sources

1.4 Review current tender processes for value for money

2 Improve transparency & engagement

2.1 Earlier formal engagement of consumers in decision making

2.2 Provide clear guidance and simplify consumer input processes supporting robust HTA

2.3 Provide plain language summaries for medicines under review to appropriate consumers or organisations

2.4 Include consumer groups in consultation prior to PHARMAC meetings

2.5 Increase consumer representative roles

2.6 Provide consumer-friendly decision summaries

3 Modernise PHARMAC processes

3.1 Introduce streamlined assessment pathways for innovative medicines

3.2 Predefine (and make publicly available) meeting dates

3.3 Commit to timely public advice (including updates to PHARMAC application tracker and publication of outcomes and minutes)

3.4 Invest in horizon scanning

3.5 Invest in real-world data collection

3.6 Develop stakeholder engagement framework

3.7 Introduce cost recovery measures

3.8 Invest in PHARMAC staff and resources

4 Prioritise health equity

4.1 Formal consideration of issues related to Māori, Pacific peoples, and underserved communities

4.2 Co-design strategies to bridge health disparities

4.3 Integrate Pae Tū: Hauora Māori Strategy into PHARMAC processes

5 Enhance national productivity

5.1 Prioritise medicines that reduce serious events and hospitalisations

5.2 Review societal benefits of innovative medicines

5.3 Promote investment in clinical trials

5.4 Review evolving value of patient outcomes

Scope and Focus of this Review

Access to innovative medicines involves multiple parts of the health system together with a whole of government approach to the critical role healthcare technologies and medicines have in a healthy and productive society.

PHARMAC, as the agency responsible for assessing, prioritising and funding medicines within New Zealand's publicly funded system, is critical. PHARMAC's processes, particularly its statutory objectives, decision making criteria, and budget constraints, are central to understanding barriers to timely and equitable access.

However, it is important to recognise that broader system factors also influence medicines access. These include Medsafe's regulatory timeframes, workforce capacity within assessment agencies, data infrastructure gaps, and the overall design of the Combined Pharmaceutical Budget (CPB).

This review therefore situates PHARMAC's responsibilities within this wider context, acknowledging that lasting improvements will require system-wide coordination and reform.

The first part of this review focused on recent central-government and sector papers identifying specific legislative and funding levers and identified five priority areas of opportunity for improvements that would support improved medicines access. In each priority area recommendations were proposed. Recognising the importance of consultation, collaborative efforts and to ensure the recommendations reflect real experiences and priorities, the initial review and recommendations were shared with patient organisation stakeholders who were asked to rank the proposed recommendations in order of most critical to least critical in terms of delivering reform towards improved access to medicines. Nine patient community stakeholders provided feedback which shaped the recommendations presented in this paper.

Innovative pharmaceutical medicines are defined in this review as new or emerging therapies that offer improvements in efficacy, safety, delivery, or patients' quality of life. These include novel chemical entities, biologics, gene and cell therapies, targeted oncology treatments, orphan drugs, and precision medicines informed by biomarkers or genomics.

Timely access to these therapies is vital for achieving better health outcomes, particularly for conditions with limited existing treatment options. Moreover, innovation in medicines underpins the evolution of modern healthcare systems and supports long term cost effectiveness through reduced morbidity and mortality, earlier disease management, shorter hospital stays, and improved productivity.

This review identifies five priority areas for improvement with **25 recommendations** for actions that will deliver improved access to innovative medicines.

Background and Context

Overview of New Zealand's Healthcare System and Key Stakeholders

New Zealand operates a publicly funded healthcare system, primarily financed through general taxation. It offers universal access to essential health services under the Pae Ora (Healthy Futures) Act 2022[5]. Key public institutions involved in the assessment, regulation, and funding of medicines include:

Medsafe: The New Zealand Medicines and Medical Devices Safety Authority, part of the Ministry of Health, evaluates medicines for safety, quality, and efficacy. Regulatory approval from Medsafe is required for all therapeutic products before they can be legally marketed or accessed via private insurance cover (under certain circumstances), but this approval does not guarantee public funding. PHARMAC must make a separate funding decision.

An expedited pathway based on recognition of comparable overseas approvals was approved in June 2024, when Cabinet agreed to endorse Medsafe's work programme to streamline medicines approvals processes, which includes a range of short, medium, and long term actions. Hon David Seymour was invited to report back to the Cabinet Social Outcomes Committee by the end of August 2024, a task which was completed, leading to the introduction of the new pathway[6].

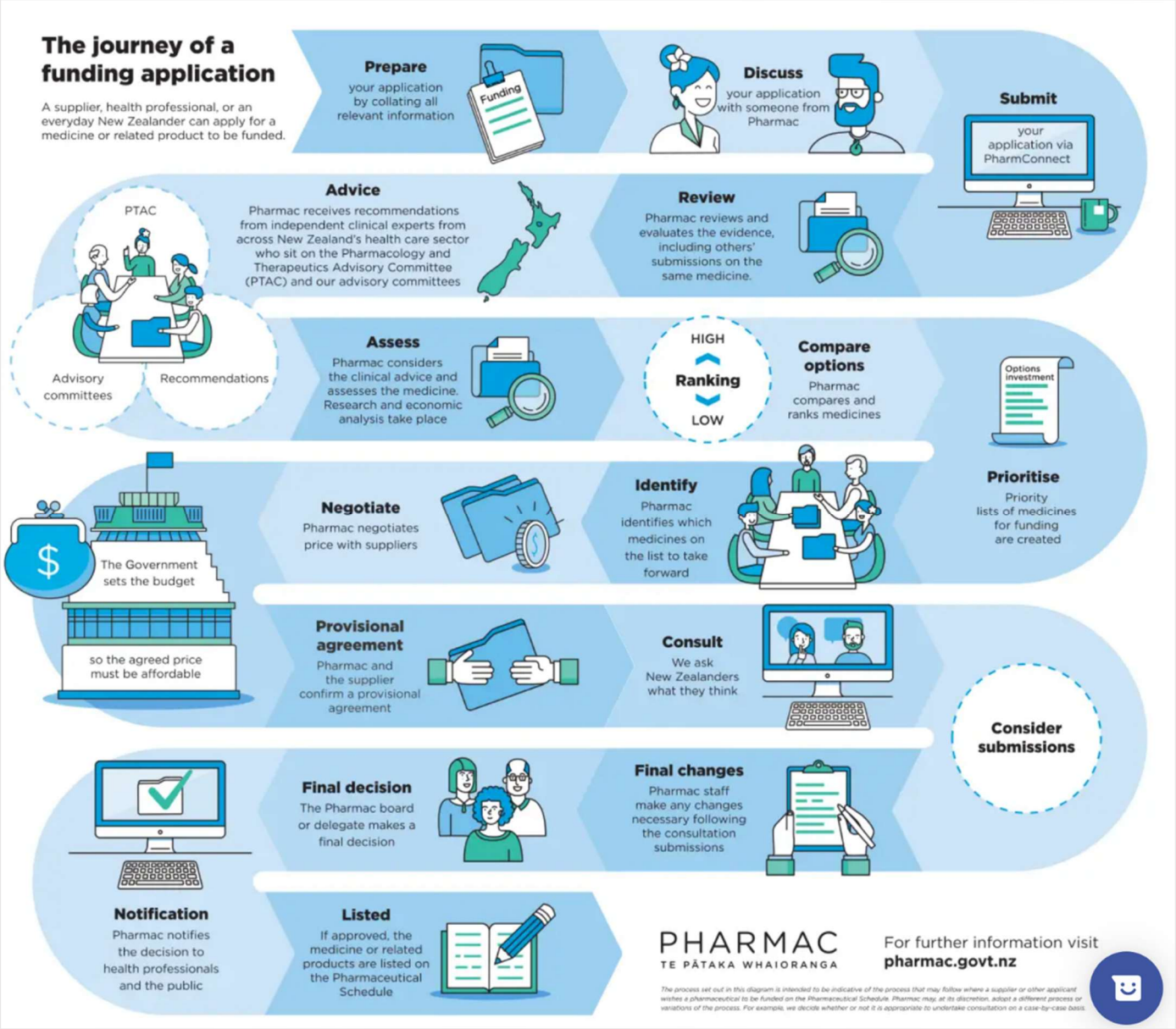
- Legislative Changes: The necessary legislative changes were incorporated into the Medicines Amendment Bill. This Bill enables the "Rule of Two", allowing medicines to be approved within 30 days if they have already been approved by two recognised overseas regulatory agencies.
- Bill Passed: The Medicines Amendment Bill passed its third reading in the New Zealand Parliament on November 12, 2025.
- Implementation: The new verification pathway is expected to be operational by early 2026.
- Recognised Countries: The policy will initially recognise approvals from Australia, the United States, Canada, the United Kingdom, the European Union, Singapore, and Switzerland.

PHARMAC: The Pharmaceutical Management Agency (PHARMAC) is responsible for deciding which medicines and related products are publicly funded.

PHARMAC conducts a health technology assessment (HTA) involving cost-utility analysis, using Quality-Adjusted Life Years (QALYs) and committee reviews completed by, for example, PTAC (Pharmacology and Therapeutics Advisory Committee) or CTAC (Cancer Treatments Advisory Committee). Submissions to PHARMAC can be made by anyone via the PharmaConnect website. After an initial assessment by PHARMAC, an independent committee of clinical experts on one of the advisory committees provides advice, before PHARMAC determines a comparative ranking of a health technology (high, medium or low). Once prioritised PHARMAC identifies which medicines are to be considered for the Options for Investment (OFI) list and funding. A provisional agreement is made if costs can be agreed upon with the supplier and are able to be accommodated within the fixed government budget. The provisional agreement is then made public, and the public are invited to have their say before any final changes are made and the medicine is listed on the Pharmaceutical Schedule.

PHARMAC operates on a "closed budget" model; once the annual pharmaceutical budget is exhausted, no new medicines can be funded unless savings are made elsewhere. It is, however, noteworthy that the government's recent commitment to multi-year funding for Pharmac's budget allocation[15] for new investments should allow for better long-term planning and management of the budget to secure new treatments and manage ongoing costs. Figure 1 below describes the current process.

Figure 1: The journey of a funding application[7]



Ministry of Health: The Ministry of Health oversees the health system's strategic direction and advises government on health policy. It also plays a role in workforce planning, infrastructure development, and funding prioritisation across the health sector. While it oversees the allocation of Vote Health and advises Ministers on funding decisions it does not directly fund medicines or approve products. It is noteworthy that while not responsible for decisions about which medicines to approve, the Ministry of Health is responsible for determining and setting the fixed budget which directly links to the ability of PHARMAC to list new medicines on the Pharmaceutical Schedule.

Key Challenges to Medicines Access in New Zealand

Access to innovative medicines in New Zealand remains significantly behind many comparable nations, affecting the health outcomes and quality of life for many New Zealanders, particularly those with cancer, rare disorders, and chronic conditions.

Multiple interlinked challenges including systemic, regulatory, fiscal, and cultural dimensions directly feed into the highly challenging and constrained medicines access environment in New Zealand. These include regulatory delays, a capped pharmaceutical budget, limited consumer and clinician engagement, and structural inequities. These barriers limit the availability of medicines for New Zealanders and affect the speed, consistency, and fairness of access and are contrary to New Zealand's commitment to equitable health outcomes.

The legislative framework governing medicines in New Zealand, anchored in the Medicines Act 1981[8] and strengthened by recent amendments, significantly influences the speed and scope of patient access to medicines. Reforms such as the Medicines Amendment Bill (2024[9]) introduce a verification pathway that allows medicines approved by two recognised overseas regulators to be fast-tracked locally, reducing approval times from over 400 working days to as few as 30. These changes also broaden prescribing rights to nurse practitioners and other authorised prescribers, improving flexibility in addressing shortages and enabling timely care.

Despite these regulatory improvements, access remains constrained by funding mechanisms under PHARMAC and the CPB. While legislative changes accelerate regulatory approval, delays in public funding often persist for several years, creating a gap between market authorisation and patient availability. This interplay between law, regulatory processes, and budgetary policy underscores that legislative reform is necessary but not sufficient; systemic funding and equity considerations must evolve to achieve timely, equitable access to innovative medicines.

New Zealand's small market size, regulatory complexity, and a lack of engagement combined with long wait times and uncertain funding decisions, makes it less attractive for pharmaceutical companies to launch new products, resulting in lower prioritisation of New Zealand in global access plans.

As a result of limited access to new treatment options over the years, the standard of care treatments available in many parts of the world are not available in New Zealand. This compounds access issues making the viability of clinical trials poor as patient eligibility for current clinical trials is restricted. This affects patient access, the ability to collect local data and ultimately patient outcomes. Additionally, there is a productivity impact for patients as well as society more broadly in terms of jobs that are created through clinical trials networks.

Better access to innovative medicines delivers significant societal benefits, however, the system currently does not account for these when medicines are being assessed for listing on the Pharmaceutical Schedule. Societal benefits include improved health outcomes and equity, reduced long-term healthcare costs, increased workforce productivity, and relief for caregivers. Studies consistently show that better disease management supports economic participation by reducing sick leave and carer burden[10,11].

Timeliness of Access

Patients in New Zealand often wait years for access to new medicines that are available much sooner in other countries.

The Access to Medicines (AtoM 5) Report (October 2025[12]), commissioned by Medicines New Zealand, outlines key international comparisons. The Report tracked drug funding in New Zealand and Australia from January 2011 to June 2025 and found a persistent and significant gap.

- Australia funded 215 modern medicines in this period, compared to just 86 in New Zealand.
- New Zealand patients waited an average of almost three years (1,050 days) for public funding, nearly double the average wait time for Australians (481 days).
- It noted that 115 of the 142 medicines funded in Australia, but not New Zealand, were considered international standard-of-care treatments.

The NZIER's Health Priorities Report (2025[13]) reiterates that New Zealand is a "major outlier" in its low level of government investment in medicines compared to equivalent OECD nations. It highlights that New Zealand spends only 4.9% of its health budget on pharmaceuticals, versus an average of 13.3% for similar OECD countries.

The 'Understanding the Gap: Analysis of the availability of cancer medicines in Aotearoa'[14] Report from 2022 highlights significant delays in funding decisions and lack of access to newer treatments in New Zealand compared to Australia, contributing to poorer cancer outcomes and inequities, especially for Māori and Pacific peoples.

In the curative setting, where treatment is given with the goal of achieving complete remission and preventing recurrence of cancer, there were three gaps identified that were associated with substantial clinical benefit; one for early breast cancer and two for melanoma. In the non-curative setting, where the intent is prolongation of life and/or improvement of quality of life but where cure is unlikely to be achieved, there were 17 gaps identified that would have been associated with substantial benefit and covering eight cancer types; lung (five gaps), bowel (two gaps), liver (one gap), kidney (three gaps), bladder (one gap), ovarian (two gaps), head and neck (one gap), and skin (two gaps).

In June 2024, PHARMAC received a $604 million increase to the medicines budget from the Government to fund or widen access to medicines, including cancer medicines[15]. This one-off increase to the

PHARMAC budget was welcomed by all stakeholders but only partially repaired the access issues experienced by New Zealand patients. PHARMAC was able to fund an additional 33 cancer medicines, with most major cancer types now having some form of funded treatments. However, gaps remain, particularly in access to newer and more targeted therapies and those for rarer cancers.

The 'Understanding blood cancer medicine availability in Aotearoa New Zealand' [16] Report similarly shows how blood cancer medicine availability in New Zealand is significantly different from Australia. On 1st January 2024 there were 24 individual blood cancer medicines that were available in Australia but not in New Zealand.

The Government's 2024 increased allocation to PHARMAC's CPB covered four different blood cancers. However, there remains substantial gaps, particularly for multiple myeloma, where the standard of care lags significantly behind that of the United Kingdom and Australia.

Compared to the OECD average, New Zealand funds fewer cancer therapies and treatments for rare diseases. The 2023 OECD Health at a Glance report[17] ranks New Zealand among the lowest for timely access to new therapies, in particular, access to targeted biologics, immunotherapies, and advanced treatments for neurodegenerative diseases remains limited.

Although Medsafe has introduced provisions to expedite registration of medicines by recognising overseas regulators, doing so in the absence of funding reform will have the unfortunate and unacceptable consequence of simply lengthening the delay to access to medicines for New Zealand patients.

Budget

New Zealand allocates comparatively less funding to pharmaceuticals than similar OECD countries. According to the New Zealand Institute of Economic Research (NZIER) Health Priorities Report (2025) commissioned by Medicines New Zealand (2025), New Zealand spends around 0.4% of GDP on outpatient pharmaceuticals, among the lowest in the developed world and one third of Australia's spend (1.2%[13]).

This limited budget restricts PHARMAC's ability to fund new and high cost therapies, including cutting edge biologics, targeted treatments, and precision medicines.

> *New Zealand's per capita spend on pharmaceuticals is significantly below the OECD average, which inevitably results in fewer medicines being publicly funded*
>
> **— NZIER (2025[13])**

Further constraining access is PHARMAC's "fixed budget" model, under which the entire annual pharmaceutical allocation must be managed within a capped amount. Once the allocated funding for the year is fully committed, no new medicines can be added to the funded schedule without offsetting savings elsewhere. This creates a strong incentive to defer or decline funding of high cost new therapies and can lead to long delays in access, even for medicines already approved by Medsafe. The PHARMAC Review Final Report noted this tension between fiscal discipline and responsiveness to innovation (Ministry of Health, 2022[1]).

As noted, the New Zealand Government is cognisant of the access issue and funding shortfall and committed an additional $604M in June 2024 to subsidise important new medicines, including cancer medicines. The 2025 New Zealand Institute of Economic Research (NZIER) Health Spending report, commissioned by Medicines New Zealand, and presented at the Valuing Life Summit 2025 notes[13]:

- New Zealand spends the least on medicines among 13 OECD countries.
- Only 4.9% of New Zealand's public health budget goes to medicines vs. OECD average of 13.3%.
- Limited funding access for orphan drugs and cutting edge oncology treatments.
- Risks to health system efficiency and workforce productivity due to underinvestment in medicines.
- No direct pathway for industry or patient groups to influence budget expansion or prioritisation outside of PHARMAC processes.

New Zealand's system has been recognised for fiscal prudence and the use of HTA but remains constrained by its fixed budget and slow PHARMAC listing of emerging therapies[13]. Other OECD countries like Australia and the United Kingdom have introduced flexible funding pathways, structured patient input mechanisms, and dedicated innovation funds to address these limitations. International comparisons are outlined in table 1 below and highlight opportunities for reform in New Zealand's approach to deliver timely and equitable access without compromising fiscal responsibility.

Table 1: International Comparison of funding and access arrangements including patient involvement in reimbursement decision making

Feature	New Zealand (PHARMAC)	Australia (PBAC/MSAC)	UK (NICE/NHS England)	Canada (CADTH/pCPA)
Budget Model	Capped national CPB (~NZ$1.2b in 2023–24). Trade-offs required to stay within cap[18]	Demand-driven funding. No fixed cap: cost is met by government[19].	NHS core budget plus dedicated Cancer Drugs Fund (~£340m) and Innovative Medicines Fund (£340m)[20].	Provincial budgets with coordinated price negotiation via pCPA. Each province determines formulary[21].
Access Timeframe (post-approval)	Delays of 7–10 years between Medsafe approval and funding for many drugs[22].	~18 months from TGA approval to PBS listing[23].	NICE guidance is published on average 48 days after licence[24].	6–24 months depending on province. CADTH review + pCPA negotiation needed[25].
Patient Input	Submissions can be made requesting consideration of a medicine. Limited structured process in medicines assessment. Public consultation on proposals after decision reached, with variable engagement[1].	"Consumer comments" that inform PBAC assessments[26].	Patient and public involvement mandated in NICE appraisals, with dedicated lay members on committees[27].	Structured patient input in CADTH reviews, including Patient Input Templates[21].
Cost-Effectiveness Focus	Very strong. QALY thresholds essential, cost-utility analysis dominates prioritisation[28].	Moderate. Uses cost-effectiveness but with consideration of social values and willingness to pay[29].	Strong. Uses QALY-based cost-effectiveness but can flex thresholds for end-of-life, severe disease, or innovative treatments[30].	Strong. Uses QALY thresholds with provincial budget impact constraints. Price negotiations often required[21].

Transparency and Consumer Engagement

The PHARMAC Consumer Advisory Committee (CAC) in New Zealand was established by the PHARMAC Board in 2000 with the purpose of providing input from a consumer or patient perspective on PHARMAC's activities.

More recently, the remit of the CAC has expanded. For example:

- In November 2021, the Committee's scope was extended to include advice on medicine funding proposals and to strengthen Te Tiriti and health equity expertise in its Terms of Reference[31].
- The Pae Ora (Healthy Futures) Act 2022 now requires PHARMAC to convene the CAC as part of its statutory obligations[5].

Despite recent positive changes to improve stakeholder engagement following the PHARMAC review, many patients and clinicians report a lack of transparency in PHARMAC's decision making processes. The 2025 PHARMAC Consumer Engagement Report chaired by Dame Kerry Prendergast (DNZM) highlighted persistent issues, including inadequate communication, limited opportunities for feedback, and inconsistent consultation protocols, with consultation often occurring after key decisions were effectively made, reducing its ability to influence outcomes[32].

One of the most significant challenges identified is the inconsistent and often ad hoc engagement of consumers and clinicians in PHARMAC's assessment and decision making processes. For many years, patients, advocacy groups, and health professionals have criticised the lack of structured, transparent, and meaningful opportunities to participate in funding deliberations.

The PHARMAC Consumer Engagement Report (2025[32]) was commissioned specifically to examine these concerns. It highlighted that consumers often feel excluded, undervalued, or treated as an afterthought in key decisions that directly affect their health outcomes. Participants in the 2024 workshops noted that consultation often takes place after PHARMAC has already developed a preferred option, limiting the scope for meaningful change. They also identified inconsistent consultation protocols, limited transparency around prioritisation criteria, and inadequate communication of final decisions.

> *A shift in culture is needed. Consumers must be recognised as equal partners in determining priorities and policies for funding medicines."*
>
> **— Dame Kerry Prendergast, PHARMAC Consumer Engagement Report (2025[32])**

The Report recommended a systematic, respectful, and repeatable approach to partnership with communities and patients. It called for early-stage engagement when new medicines are first being considered, consistent processes for seeking input, clearer communication about timelines and priorities, and a commitment to closing feedback loops by explaining how public input has shaped outcomes.

These findings echo earlier calls for reform. The whitepaper, Towards Best Practice in Consumer Involvement in Decisions about Funding Medicines in New Zealand (2022[33]), authored by Ann Single, President of Health Technology Assessment international (HTAi), outlines a roadmap for embedding structured, equitable, and transparent consumer engagement in PHARMAC's processes. It argues for co-design approaches that go beyond token consultation, drawing on international best practices from agencies such as NICE in the United Kingdom and CADTH in Canada. Both of these agencies require structured patient and public involvement at multiple stages of health technology assessments.

Stakeholders are encouraged and optimistic about the future given recent commitments by PHARMAC to improve stakeholder engagement, though significant work remains to establish trust, build capacity for partnership with Māori and Pacific communities, and deliver the cultural change needed to embed genuine patient centred decision making.

The recent establishment of the Consumer and Patient Working Group (CPWG), chaired by Dr Malcolm Mulholland, has been well received[35]. The CPWG has been set up to provide insight, lived experience, and practical advice to PHARMAC with an initial 12-month phase of the reset programme to "lay the foundation for a more transparent, outward focused, and collaborative organisation and to support the wider reform of PHARMAC," Consumer and Patient Working Group (2025[34]).

Health Equity

Delayed access has major implications for patient outcomes. For many, the inability to access modern treatments results in disease progression, reduced quality of life, and increased out-of-pocket costs. Families are often forced to consider private purchase or overseas travel to access medicines seen as standard of care in other countries, which deepens inequities across income and geography.

A 2023 survey by Patient Voice Aotearoa found that 71% of respondents had either delayed treatment or incurred significant personal cost due to the lack of funded medicine options[35].

Health inequities are further entrenched when innovative therapies are inaccessible to Māori, Pacific, and rural populations. The Valuing Life report (2024) emphasised how delays and limitations in medicine funding disproportionately impact those already underserved by the health system[4].

Māori, Pacific peoples, and rural communities face systemic inequities in health outcomes, which are further exacerbated by delayed access to innovation. Inadequate representation in clinical trials, limited health literacy outreach, and the costs of travel and time off work create barriers that disproportionately impact underserved groups.

Systemic inequities, particularly for Māori, Pacific peoples, and those in rural communities, are compounded by slower access to new medicines. The Valuing Life Report (2024[4]) underscores how delays in medicine funding disproportionately affect these groups, further entrenching health inequities.

> *New Zealand's current medicines access system does not adequately reflect Te Tiriti principles or the realities of underserved populations,"*
>
> **— Valuing Life: Medicines Access and Equity Report (2024[4])**

Workforce Capacity and Resource Constraints

Medsafe, PHARMAC, and other HTA agencies in New Zealand are under resourced relative to the scale and complexity of emerging medical innovations. Limited staffing and infrastructure slow down both regulatory approvals and medicines assessment processes. This issue was echoed in the Medicines New Zealand Strategy (Ministry of Health, 2022[36]), which noted the need for investment in capability, workforce development, and digital tools.

The PHARMAC Workplace Culture Review media release (2023[37]) also highlighted that staff across the agency were generally highly committed and well intentioned but often stretched beyond their capacity. The review found that limited resources and high workloads contributed to a reactive operating environment, with communication challenges and insufficient time to invest in meaningful stakeholder engagement or process improvements. Staff described being caught between the pressure of cost containment and the desire to improve patient outcomes, without the resources or systems to manage both effectively.

These capacity constraints reduce PHARMAC's ability to evaluate new technologies quickly, maintain transparent consultation processes, and respond proactively to innovation. The Review recommended targeted investments in workforce capability, leadership development, and culture change to create a more empathetic, inclusive, and strategically focused agency better able to meet its public health mandate.

Stakeholder Perspectives & Feedback

The provision of innovative medicines in New Zealand is shaped by the experiences of patients, clinicians, industry representatives, and government agencies. Each group brings distinct insights into the challenges and opportunities for improving access to modern treatments.

Patients and Advocacy Organisations

Patient communities have consistently raised concerns about delays in accessing new and life-saving therapies and frustrations with the lack of transparency and inconsistent engagement in PHARMAC's processes.

This sentiment was clear in the PHARMAC Consumer Engagement Report (2025[32]), chaired by Dame Kerry Prendergast, which highlighted emotional, financial, and mental health tolls on patients, particularly those dealing with rare or life-limiting conditions. The Report noted that patients often feel their lived experiences are undervalued, particularly in rare diseases or conditions with limited treatment options. Participants in the workshops highlighted the mental health strain and stress placed on families waiting for PHARMAC funding decisions.

The 2021 report, *Towards Best Practice in Consumer Involvement in Decisions About Funding Medicines in New Zealand*[33], found that patients often feel disempowered and excluded from decision making processes that directly impact their care. The Report argues for embedding structured, equitable, and transparent consumer involvement across all stages of funding assessments, outlines international best practices and cautions against tokenism, urging the use of validated engagement frameworks.

Similarly, the study by Avsar et al. (2022), *How is the Societal Perspective Defined in Health Technology Assessment?*[38] compares global HTA approaches, showing New Zealand lags in formally incorporating societal and non-health benefits (such as productivity gains, equity, or carer burden reduction) into medicine funding decisions.

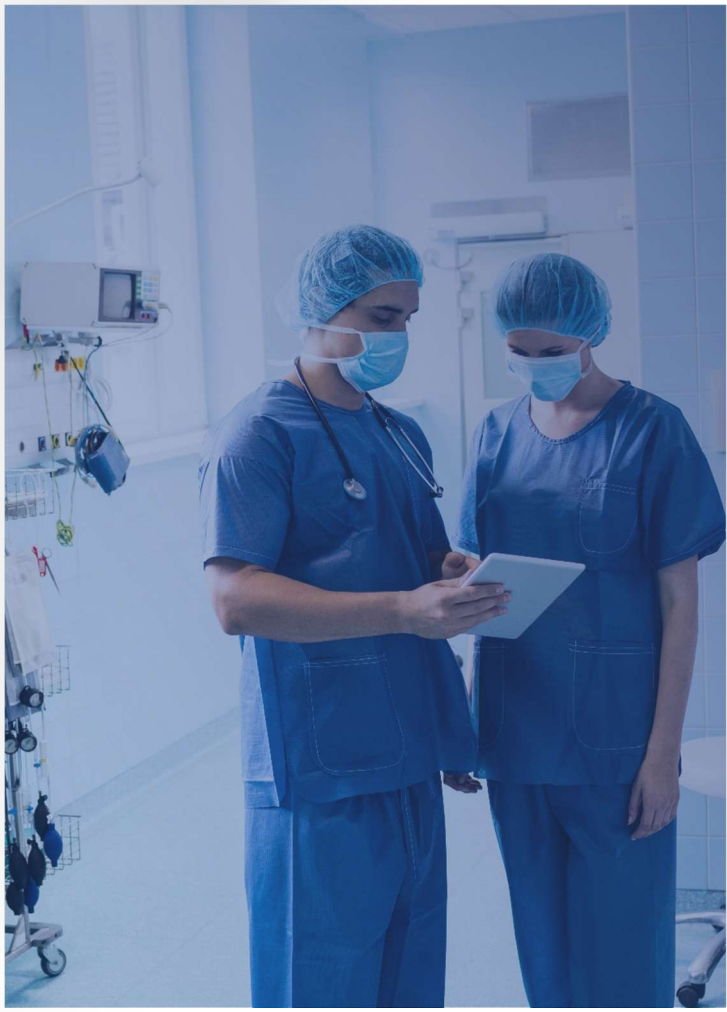
The University of Melbourne Co-design Project (2024[39]) also advocates for enhanced consumer engagement processes, demonstrating the benefits of integrating co-design principles to ensure health interventions meet real-world needs.

Patients frequently cite frustration with the lack of transparency and prolonged wait times in PHARMAC's processes. These delays can mean living with untreated symptoms or fundraising to access treatments available overseas. Advocacy groups such as Patient Voice Aotearoa (PVA) have repeatedly called for a cultural and procedural shift towards genuine co-design and greater transparency in PHARMAC's funding decisions[40]. In its submission to the PHARMAC Review, PVA argued for patient partnership models modelled on Australian and United Kingdom frameworks, noting that current consultation processes are often opaque and held only after decisions have been made.

The term "medical refugee" has emerged in New Zealand to describe patients who are compelled to leave the country to access life-saving treatments unavailable domestically. As patient advocate Fiona Tolich stated, she was "forced to relocate (along with 25% of families affected by Spinal Muscular Atrophy (SMA)) to Australia for treatment, describing herself as a 'medical refugee' (2023)."[41] This stark reality highlights the profound impact of limited medicine access on patients and their families; disrupting lives, imposing financial and emotional burdens, and underscoring systemic shortcomings in the current funding and approval processes.

Clinicians

Healthcare professionals also report significant limitations due to restricted access to modern therapies. According to the New Zealand Medical Association, many doctors feel their ability to deliver best-practice care is significantly limited by outdated formularies[42]. The NZIER (2022[43]) report notes that clinicians are often forced to prescribe fewer effective treatments or delay treatment initiation while awaiting funding decisions. Clinical experts emphasised the growing gap between treatment availability in New Zealand and other comparable nations. They highlighted cases where patients must seek personal funding or travel abroad to access standard-of-care therapies already publicly reimbursed in Australia or the United Kingdom.



Clinicians are also impacted by the administrative complexity of exceptional access pathways like NPPA (Named Patient Pharmaceutical Assessment), which they describe as burdensome and inconsistent[40]. Many advocate for streamlined funding mechanisms and greater alignment with international treatment guidelines.

Pharmaceutical Industry

Pharmaceutical companies view New Zealand as a challenging market due to the regulatory complexity, uncertainty regarding HTA processes and timings, low probability of success with PHARMAC submissions, small patient populations, and limited stakeholder engagement. This, together with difficulties around outdated standard of care leading to limited clinical trial recruitment are causes for a relatively low industry presence in New Zealand.

In submissions to the PHARMAC Review and in Medicines New Zealand's annual Access to Medicines reports[12], industry representatives highlighted the slow and unpredictable funding process, a lack of engagement, and a capped budget as key deterrents.

Many manufacturers delay launching new medicines in New Zealand or forego applications altogether due to limited commercial viability and protracted timelines. This leads to New Zealanders waiting significantly longer than patients in other OECD countries for access to cutting edge treatments if they receive access at all.

Government and Public Sector Agencies

Government bodies such as PHARMAC, Medsafe, and the Ministry of Health face the difficult task of balancing limited public resources with increasing demand for innovative therapies.

As flagged already, PHARMAC operates within a fixed CPB, which necessitates careful prioritisation. According to PHARMAC's Operating Policies and Procedures, funding decisions must systematically consider factors such as clinical need, health benefits, costs and savings and suitability. These factors assist PHARMAC in assessing each funding application against its statutory functions as set out in the Pae Ora (Healthy Futures) Act 2022[44].

While agencies acknowledge the need for greater engagement and faster decision making, they also emphasise the constraints of the current system. The Ministry of Health's 2023 Medicines Strategy Scoping Document outlines a goal to modernise medicines policy, improve coordination, and expand real-world data capabilities[45].

Opportunities for Improvement Priorities & Recommendations

Patient Community Insights from this Review's Consultation

The aggregated responses from the consultation for this Review revealed the following key insights:

- Strong and recurring call for reform and greater investment in health as well as suggestions to improve the current system, with respondents emphasising the need for increased medicines funding, transparency, and decision making processes.
- Timely access to effective medicines and enhanced national productivity are frequently mentioned as priorities, with respondents highlighting barriers such as slow decision making and lack of transparency.
- Health equity, especially for Māori, Pacific peoples, and underserved communities, is consistently raised as a critical area for improvement, with calls for more structured patient and consumer engagement in health technology assessment and funding decisions.

Aligned with global best practices and input from local stakeholders, this Review makes 25 recommendations under 5 priority areas for improvement to medicines access in New Zealand. Recommendations for action under each priority area are in order of importance based on input from the consultation for this Review.

As with any complex process involving many varied stakeholders, some of these recommendations are more easily implemented than others. Some would require longer time frames and extensive consultation with a range of stakeholders. Some may be best suited to a pilot approach.

Recommendations

1 Expand the pharmaceutical budget to match health needs and OECD benchmarks

1.1 Reframe health expenditure as investment rather than budgetary burden

1.2 Leverage health investment that generates returns in productivity, workforce participation and reduced long-term costs by reinvesting in medicines and health care technologies

1.3 Identify alternate, additional funding sources

1.4 Review current tender processes to ensure value for money is achieved

The key sentiment from consultation respondents was that PHARMAC's statutory objectives and fixed budget structure that do not allow for flexible funding arrangements are a key barrier. There was strong consensus that medicine funding should be increased to match the health needs of New Zealanders and to better align with comparable OECD benchmarks. Many respondents advocate for reframing health expenditure as an investment (not just a cost), highlighting returns in productivity, workforce participation, and reduced long-term costs. This may be achieved through re-design of PHARMAC's statutory objectives and respondents were open to mechanisms to increase the health budget via taxation, a medication levy and/or means tested co-payments to increase budgets.

Recommendations

2 Improve transparency and embed structured, consistent patient, clinician and consumer engagement in health technology assessment (HTA) decision making

- 2.1 Introduce earlier formal engagement of consumers to inform PHARMAC decision making
- 2.2 Provide clear guidance and simplify consumer input processes supporting robust HTA
- 2.3 Provide plain language summaries of medicines under PHARMAC review to be shared with appropriate consumers/consumer organisations by the manufacturer or via an independent third party to support ability to provide input
- 2.4 Include appropriate consumers/consumer organisations in a consultation prior to PHARMAC meeting
- 2.5 Increase consumer representative roles within PHARMAC
- 2.6 Provide consumer-friendly summary of decision documents

There is widespread agreement that the current system must evolve to better include consumer voices in a structured, respectful, and impactful way. The need for early, structured, transparent and meaningful multi-stakeholder engagement with patients, clinicians, and consumers was a recurring theme, together with the need for accessible information. Processes should be defined, streamlined and the outcomes of decision making should be easily accessible. There was desire for better informed patient representation with some suggesting patient groups nominate their own representatives.

Evidence from the Prendergast-led workshops held in November 2024, combined with international best practice and local policy analyses, strongly supports the development of a consumer engagement framework for PHARMAC and associated agencies. Such reforms should be co-designed with Māori and Pacific communities to honour Te Tiriti obligations and promote equity.

3 Modernise and improve PHARMAC processes to build confidence and trust in the system

- 3.1 Develop streamlined assessment pathways for innovative medicines in areas of high unmet need
- 3.2 Predefine dates for PHARMAC and its advisory committee meetings and make dates publicly available
- 3.3 Commit to timely public advice (including updates to PHARMAC application tracker and publication of outcomes and minutes)
- 3.4 Invest in horizon scanning
- 3.5 Invest in real-world data collection
- 3.6 Develop a stakeholder engagement framework
- 3.7 Introduce cost recovery measures (medicines sponsor fees) to cover assessment costs and allow for more adequate resourcing
- 3.8 Further invest in people and resources at PHARMAC

Consultation respondents expressed that there was much to be done in terms of improving PHARMAC processes and that it was difficult to elevate a single priority when there were so many competing priorities. Streamlined assessment pathways for innovative medicines, especially in areas of high unmet need, were widely supported. There were strong calls for timely, predefined publication of outcomes, real-time tracking of applications, and up-to-date public dashboards.

Recommendations	
	Respondents were open to implementation of cost recovery measures (medicines sponsor fees) to contribute to better resourcing of PHARMAC's assessment processes, but concerns raised about how this would apply for patient/consumer groups submissions.
4	**Prioritise health equity through co-design with Māori, Pacific peoples, and underserved communities including regional and remote** 4.1 Formally consider specific issues related to medicines access for Māori, Pacific peoples and underserved communities including regional and remote 4.2 Develop co-designed strategies to bridge the health disparity for Māori and Pacific peoples 4.3 Integrate the Pae Tū: Hauora Māori Strategy into PHARMAC processes There was a lack of consensus on how to prioritise efforts in this area. Additionally, gaps in terms of access to clinical trials and with respect to health literacy in general were raised, with calls for funding to address these gaps.
5	**Enhance national productivity by enabling timely access to effective medicines, reducing avoidable illness, hospitalisation, and time off work** 5.1 Value recognition and prioritisation of medicines that reduce serious health events and prevent hospitalisations (aligned with priority 1 of the Social Investment Fund) 5.2 Review of societal benefits of innovative medicines and how these can be accounted for in PHARMAC deliberations 5.3 Promote investment in clinical trials 5.4 Review of evolving value of patient outcomes There was agreement amongst respondents that health should be viewed as an investment rather than as a cost containment measure. Productivity was viewed as an important additional benefit, but not as the main driving factor. Respondents recognised the link between access to medicines and reduced illness, hospitalisation, and time off work. Overall respondents were supportive of investment in clinical trials and medical research as a boost to innovation and productivity.

Summary and Implications for Stakeholders

The perspectives of New Zealand's stakeholders underscore the urgency of reform. While motivations and constraints vary, there is broad consensus on the need for a more responsive, transparent, and inclusive medicines funding system. Addressing stakeholder concerns and integrating their input into policy reforms will be critical to ensuring equitable and timely access to innovative treatments.

Enhancing access to innovative medicines would not only improve patient outcomes but also strengthen national productivity and generate wider social returns. Timely access to effective medicines helps reduce avoidable illness, hospitalisation, and time away from work, contributing to a more resilient and sustainable health system. These broader benefits should be reflected in future policy reforms and funding evaluations.

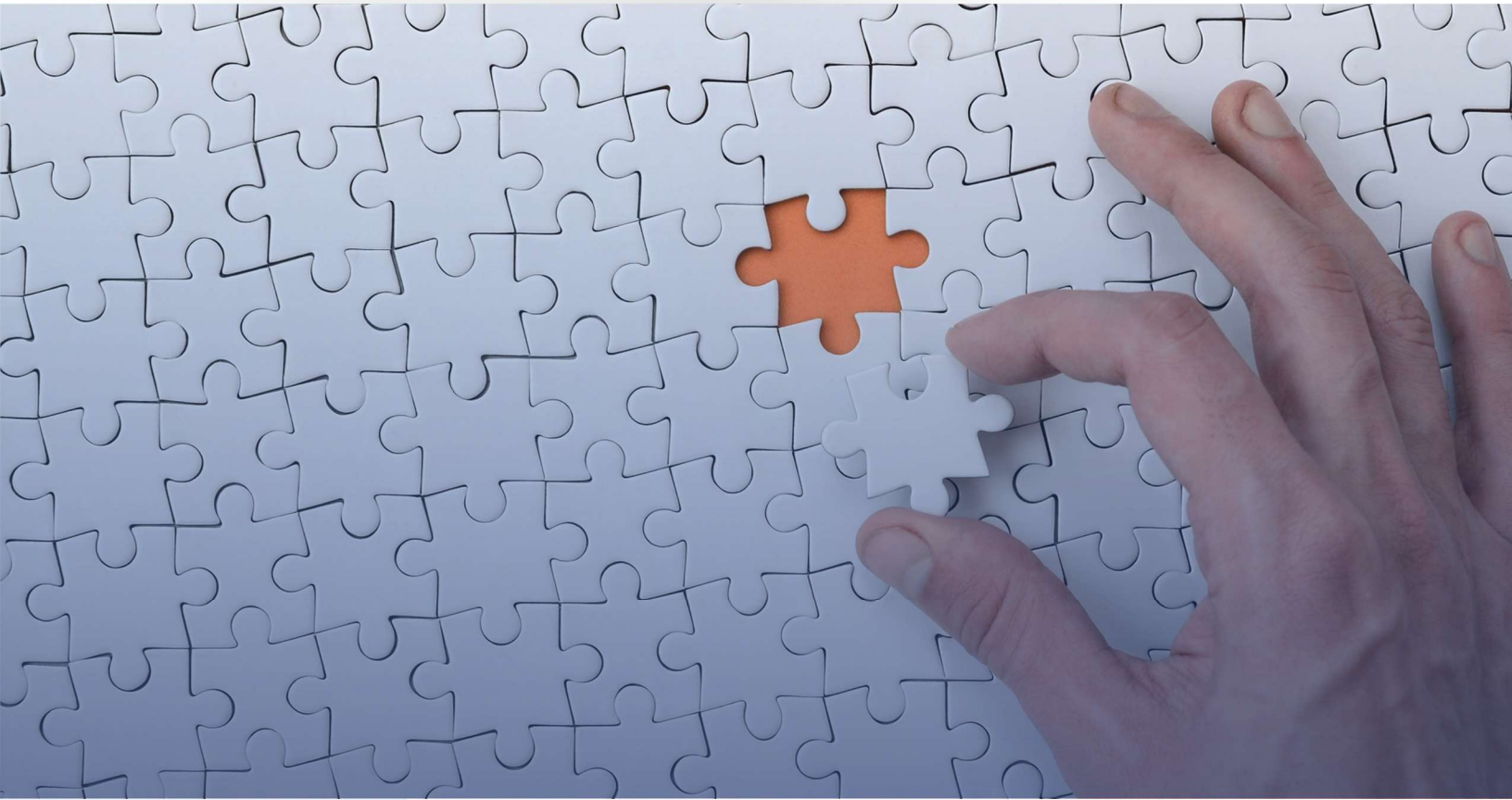
Conclusion

Innovative pharmaceutical medicines have the potential to transform lives by extending survival, improving quality of life, and reducing long-term healthcare costs. Yet, for many New Zealanders, access to these innovations is delayed or denied due to systemic limitations in funding, regulation, and engagement.

This Review confirms that New Zealand's current system does not keep pace with the speed of global innovation or the evolving needs of its population. Delays of up to 10 years in funding new therapies, and limited consumer involvement are critical areas requiring urgent reform.

Consultation with the patient community was an integral part of this Review to ensure that the proposed recommendations reflect real experiences and priorities. There was clear consensus amongst those that participated in the consultation that reform is needed to improve the current access to medicines environment in New Zealand.

If existing barriers to medicines access are left unaddressed then New Zealand will continue to fall behind its international peers in the timely adoption of innovative medicines. As health technologies and scientific developments continue to rapidly advance, New Zealand must modernise its systems, funding frameworks, and cultural approaches to ensure all New Zealanders benefit from global innovations in healthcare.



Glossary

AtoM	Access to medicines
BMS	Bristol Myers Squibb
BMSANZ	Bristol Myers Squibb Australia & New Zealand
CAC	Consumer Advisory Committee
CADTH	Canadian Agency for Drugs and Technologies in Health
CPB	Combined Pharmaceutical Budget
CPWG	Consumer and Patient Working Group
CTAC	Cancer Treatments Advisory Committee
DNZM	Dame Companion of the New Zealand Order of Merit
HTA	Health Technology Assessment
HTAi	Health Technology Assessment international
MSAC	Medical Services Advisory Committee
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NPPA	Named Patient Pharmaceutical Assessment
NZIER	New Zealand Institute of Economic Research
OECD	Organisation for Economic and Co-operation and Development
PBAC	Pharmaceutical Benefits Advisory Committee
PBS	Pharmaceutical Benefits Scheme
pCPA	pan-Canadian Pharmaceutical Alliance
PHARMAC	Pharmaceutical Management Agency
PTAC	Pharmacology and Therapeutics Advisory Committee
PVA	Patient Voice Aotearoa
QALY	Quality-Adjusted Life Year
SMA	Spinal Muscular Atrophy
UK	United Kingdom

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