AIM

TO ELIMINATE INEQUITIES IN ACCESS TO MEDICINES BY 2025

PRIMARY DRIVERS

SECONDARY DRIVERS

MEDICINE AVAILABILITY

- PHARMAC's decision-making processes for investment in medicines
- Funding restrictions and schedule rules
- Prescriber awareness and system impact of funded medicine(s) available

MEDICINE ACCESSIBILITY

- Physical & timely access to a prescriber/prescription
- Physical & timely access to a community pharmacy
- Physical & timely access to diagnostic and monitoring services e.g. labs, scans

MEDICINE AFFORDABILITY

- Prescriber costs e.g. consult, repeat prescription and medicine administration fees
- Prescription costs e.g. co-payment, blister pack costs, prescription subsidy card
- Indirect costs e.g. transport, time off work, childcare

MEDICINE ACCEPTABILITY

- Patient/whānau experiences bias from the health system
- Beliefs and perceptions of treatment prescribed not adequately explored/sought
- Medicine suitability not adequately considered
- Patient/whānau is not empowered with knowledge about the medicine(s)

MEDICINE APPROPRIATENESS

- Medicine therapy prescribed is inadequate
- Unwarranted variation in prescribing

A **colour key** is used in the driver diagram to indicate the level of PHARMAC's impact.

- PHARMAC HAS CONTROL means that it has direct levers related to that driver.
- PHARMAC HAS A ROLE means that PHARMAC has existing programmes, advisory committees and networks related to the driver.
- PHARMAC HAS INFLUENCE means that PHARMAC does not have a direct role or lever but as a Crown entity can influence policy and practice in other parts of the health and wider system.