PHARMAC
TE PĀTAKA WHAIORANGA

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Some information may have been redacted for reasons including confidentiality

Pharmaceutical Management Agency (Pharmac)

Minutes of the Out of Cycle Board Meeting

Held on Tuesday 3 March 2026 at 9.00am

Held Virtually

***Attendees*:**

Board members

Dr Peter Bramley	Acting Chair
Talia Anderson-Town	Board member
Anna Adams	Board member
Lucy Elwood	Board member
Dr Margaret Wilsher	Board member

Apologies

Paula Bennett	Chair

Pharmac staff in attendance

Natalie McMurtry	Chief Executive
David Hughes	Director, Advice and Assessment/CMO
Michael Johnson	Director, Strategy, Policy & Performance
Adrienne Martin	Acting Director, Pharmaceuticals
Jacqui Webber	Board Secretary (Minute taker)

Attendees joined the meeting to present relevant papers: Matthew McKenzie.

1. Welcome and Opening of Meeting

The Chair welcomed everyone and formally opened the meeting at 9.02am.

2. Proposal to widen access to Trikafta and Kalydeco and fund Alyftrek for the treatment of Cystic Fibrosis

This paper was on the proposal for the widening of access to existing medicines and listing of new medicines in the Pharmaceutical Schedule which aligns with our purpose to deliver the best health outcomes from New Zealand's investment in medicines and medical devices by making choices and managing expenditure and supply.

The proposal supports Pharmac's strategic priorities by investing in new medicines that offer both health benefits and resource savings to the health sector. This has been achieved through careful negotiation to make this achievable within the current medicine budget position.

The Board:

- ***resolved*** to approve the 13 January 2026 provisional agreement with Vertex Pharmaceuticals (Australia) Pty. Ltd.

- ***noted*** that consultation has been undertaken on this proposal and that feedback has been fully considered in the development of this proposal.

Ivacaftor (Kayldeco)

- ***resolved*** to list Vertex Pharmaceuticals (Australia) Pty. Ltd. brand of ivacaftor (Kalydeco) 25 mg and 13.4 mg oral granules in the Respiratory System & Allergies – Mucolytics – Mucolytics therapeutic group in Section B and Part II of Section H of the Pharmaceutical Schedule from 1 April 2026 as follows:

Chemical	Presentation	Brand	Pack Size	New Price and Subsidy (ex-man., ex. GST)
Ivacaftor	Oral granules 25 mg, sachet	Kalydeco	56	$29.386.00
Ivacaftor	Oral granules 13.4 mg, sachet	Kalydeco	56	$29.386.00

- ***resolved*** to amend the Special Authority criteria for ivacaftor (Kalydeco) in Section B of the Pharmaceutical Schedule from 1 April 2026 as follows (additions in **bold**, deletions in ~~strikethrough~~):

Special Authority for Subsidy
Initial application ~~only~~ from ~~a respiratory specialist or paediatrician~~ **any relevant practitioner**.
Approvals valid without further renewal unless notified for applications meeting the following criteria:
All of the following:

1. Patient has been diagnosed with cystic fibrosis; and
2. Either:
   - **2.1. Patient has two cystic fibrosis-causing mutations in the cystic fibrosis transmembrane regulator (CFTR) gene (one from each parental allele); or**
   - **2.2. Patients must have a sweat chloride value of at least 60 mmol/L; and**
   - ~~2.1. Patient must have G551D mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene on at least 1 allele; or~~
   - ~~2.2. Patient must have other gating (class III) mutation (G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N and S549R) in the CFTR gene on at least 1 allele; and~~
3. **Patient must have at least one mutation on the list of CFTR mutations that produce CFTR protein and are known to be responsive to ivacaftor**; and** ~~Patients must have a sweat chloride value of at least 60 mmol/L by quantitative pilocarpine iontophoresis or by Macroduct sweat collection system; and~~
4. Treatment with ivacaftor must be given concomitantly with standard therapy for this condition; and

~~5. Patient must not have an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing treatment with ivacaftor; and~~
~~6.~~ **5.** The dose of ivacaftor will not exceed one tablet or one sachet twice daily.
~~7. Applicant has experience and expertise in the management of cystic fibrosis.~~

Note: Mutations listed in Table 3 of the Food and Drug Administration (FDA) Ivacaftor prescribing information https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/203188s038lbl.pdf**

- ***resolved*** to amend the Hospital indication Restriction criteria for ivacaftor (Kalydeco) in Part II of Section H of the Pharmaceutical Schedule from 1 April 2026 as follows (additions in **bold**, deletions in ~~strikethrough~~):

Restricted
Initiation
~~Respiratory specialist or paediatrician~~
All of the following:
1. Patient has been diagnosed with cystic fibrosis; and
2. Either:
   2.1. **Patient has two cystic fibrosis-causing mutations in the cystic fibrosis transmembrane regulator (CFTR) gene (one from each parental allele); or**
   2.2. **Patients must have a sweat chloride value of at least 60 mmol/L; and**
   ~~2.1. Patient must have G551D mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene on at least 1 allele; or~~
   ~~2.2. Patient must have other gating (class III) mutation (G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N and S549R) in the CFTR gene on at least 1 allele; and~~
3. **Patient must have at least one mutation on the list of CFTR mutations that produce CFTR protein and are known to be responsive to ivacaftor**; and** ~~Patients must have a sweat chloride value of at least 60 mmol/L by quantitative pilocarpine iontophoresis or by Macroduct sweat collection system; and~~
4. Treatment with ivacaftor must be given concomitantly with standard therapy for this condition; and
~~5. Patient must not have an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing treatment with ivacaftor; and~~
~~6.~~ **5.** The dose of ivacaftor will not exceed one tablet or one sachet twice daily.
~~7. Applicant has experience and expertise in the management of cystic fibrosis.~~

Note: Mutations listed in Table 3 of the Food and Drug Administration (FDA) Ivacaftor prescribing information https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/203188s038lbl.pdf**

- ***noted*** a confidential rebate would apply to Kalydeco that would reduce the net price.

Elexacaftor with tezacaftor, ivacaftor and ivacaftor (Trikafta)

- ***resolved*** to list Vertex Pharmaceuticals (Australia) Pty. Ltd. brand of elexacaftor with tezacaftor, ivacaftor and ivacaftor (Trikafta) oral granules in the Respiratory System & Allergies – Mucolytics – Mucolytics therapeutic group in Section B and Part II of Section H of the Pharmaceutical Schedule from 1 April 2026 as follows:

Chemical	Presentation	Brand	Pack Size	Price and subsidy (ex-man., ex. GST)
Elexacaftor with tezacaftor, ivacaftor and ivacaftor	Oral granules elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg (28) and ivacaftor 150 mg (28), sachets	Trikafta	56 OP	$27,647.39

Elexacaftor with tezacaftor, ivacaftor and ivacaftor	Oral granules elexacaftor 80 mg with tezacaftor 40 mg, ivacaftor 60 mg (28) and ivacaftor 59.5mg (28), sachets	Trikafta	56 OP	$27,647.39

- ***resolved*** to amend the Special Authority criteria for elexacaftor with tezacaftor, ivacaftor and ivacaftor (Trikafta) in Section B of the Pharmaceutical Schedule from 1 April 2026 as follows (additions in **bold**, deletions in ~~strikethrough~~):

Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:
~~1.~~ **1.** Patient has been diagnosed with cystic fibrosis; and
~~2. Patient is 6 years of age or older; and~~
~~3.~~ **2.** Either
- ~~3.1.~~ **2.1.** Patient has two cystic fibrosis-causing mutations in the cystic fibrosis transmembrane regulator (CFTR) gene (one from each parental allele); or
- ~~3.2.~~ **2.2.** Patient has a sweat chloride value of at least 60 mmol/L ~~by quantitative pilocarpine iontophoresis or by Macroduct sweat collection system~~; and

~~4.~~ **3.** Either
- ~~4.1.~~ **3.1**. Patient has a heterozygous or homozygous F508del mutation; or
- ~~4.2.~~ **3.2**. Patient has a ~~G551D mutation or other~~ mutation responsive ~~in vitro~~ to elexacaftor/tezacaftor/ivacaftor (see note); and

~~5.~~ **4.** The treatment must be the sole funded CFTR modulator therapy for this condition; and
~~6.~~ **5.** Treatment with elexacaftor/tezacaftor/ivacaftor must be given concomitantly with standard therapy for this condition.

Note~~s~~:

~~a)~~ Eligible mutations are listed in the Food and Drug Administration (FDA) Trikafta prescribing information ~~https://nctr-crs.fda.gov/fdalabel/services/spl/set-ids/f354423a-85c2-41c3-a9db-0f3aee135d8d/spl-doc~~ **https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/212273s015lbl.pdf**

- ***resolved*** to amend the Hospital indication Restriction criteria for elexacaftor with tezacaftor, ivacaftor and ivacaftor (Trikafta) in Part II of Section H of the Pharmaceutical Schedule from 1 April 2026 as follows (additions in **bold**, deletions in ~~strikethrough~~):

Restricted
Initiation
All of the following:
~~1.~~ **1.** Patient has been diagnosed with cystic fibrosis; and
~~2. Patient is 6 years of age or older; and~~
~~3.~~ **2.** Either
- ~~3.1.~~ **2.1.** Patient has two cystic fibrosis-causing mutations in the cystic fibrosis transmembrane regulator (CFTR) gene (one from each parental allele); or
- ~~3.2.~~ **2.2.** Patient has a sweat chloride value of at least 60 mmol/L ~~by quantitative pilocarpine iontophoresis or by Macroduct sweat collection system~~; and

~~4.~~ **3.** Either
- ~~4.1.~~ **3.1**. Patient has a heterozygous or homozygous F508del mutation; or
- ~~4.2.~~ **3.2**. Patient has a ~~G551D mutation or other~~ mutation responsive ~~in vitro~~ to elexacaftor/tezacaftor/ivacaftor (see note); and

~~5.~~ **4.** The treatment must be the sole funded CFTR modulator therapy for this condition; and
~~6.~~ **5.** Treatment with elexacaftor/tezacaftor/ivacaftor must be given concomitantly with standard therapy for this condition.

Notes:

a) Eligible mutations are listed in the Food and Drug Administration (FDA) Trikafta prescribing information ~~https://nctr-crs.fda.gov/fdalabel/services/spl/set-ids/f354423a-85c2-41c3-a9db-0f3aee135d8d/spl-doc~~
https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/212273s015lbl.pdf

- ***noted*** a confidential rebate would apply to Trikafta that would reduce the net price.

vanzacaftor with tezacaftor and deutivacaftor (Alyftrek)

- ***resolved*** to list Vertex Pharmaceuticals (Australia) Pty. Ltd. brand of vanzacaftor with tezacaftor and deutivacaftor (Alyftrek) in the Respiratory System & Allergies – Mucolytics – Mucolytics therapeutic group in Section B and Part II of Section H of the Pharmaceutical Schedule from 1 April 2026 as follows:

Chemical	Presentation	Brand	Pack Size	New Price and Subsidy (ex-man., ex. GST)
Vanzacaftor with tezacaftor and deutivacaftor	Tab vanzacaftor 10 mg with tezacaftor 50 mg and deutivacaftor 125 mg	Alyftrek	56 OP	$29,029.76
Vanzacaftor with tezacaftor and deutivacaftor	Tab vanzacaftor 4 mg with tezacaftor 20 mg and deutivacaftor 50 mg	Alyftrek	84 OP	$29,029.76

- ***resolved*** to apply PCT only to vanzacaftor with tezacaftor and deutivacaftor in Section B of the Pharmaceutical Schedule from 1 April 2026

- ***resolved*** to apply the following Special Authority criteria to vanzacaftor with tezacaftor and deutivacaftor in Section B of the Pharmaceutical Schedule from 1 April 2026 as follows:

Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
All of the following:
1. Patient has been diagnosed with cystic fibrosis; and
2. Either:
   2.1. Patient has two cystic fibrosis-causing mutations in the cystic fibrosis transmembrane regulator (CFTR) gene (one from each parental allele); or
   2.2. Patient has a sweat chloride value of at least 60 mmol/L; and
3. Either:
   3.1. Patient has a heterozygous or homozygous F508del mutation; or
   3.2. Patient has a mutation responsive to vanzacaftor/tezacaftor/deutivacaftor (see note); and
4. The treatment must be the sole funded CFTR modulator therapy for this condition; and
5. Treatment with vanzacaftor/tezacaftor/deutivacaftor must be given concomitantly with standard therapy for this condition.

Note: Eligible mutations are listed in the in the Food and Drug Administration (FDA) Alyftrek prescribing information
https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/218730s002lbl.pdf

- ***resolved*** to apply the Hospital Indication restriction to vanzacaftor with tezacaftor and deutivacaftor in Part II of Section H of the Pharmaceutical Schedule from 1 April 2026 as follows:

Restricted
Initiation
All of the following:

1. Patient has been diagnosed with cystic fibrosis; and
2. Either:
   - 2.1. Patient has two cystic fibrosis-causing mutations in the cystic fibrosis transmembrane regulator (CFTR) gene (one from each parental allele); or
   - 2.2. Patient has a sweat chloride value of at least 60 mmol/L; and
3. Either:
   - 3.1. Patient has a heterozygous or homozygous F508del mutation; or
   - 3.2. Patient has a mutation responsive to vanzacaftor/tezacaftor/deutivacaftor (see note); and
4. The treatment must be the sole funded CFTR modulator therapy for this condition; and
5. Treatment with vanzacaftor/tezacaftor/deutivacaftor must be given concomitantly with standard therapy for this condition.

Note: Eligible mutations are listed in the in the Food and Drug Administration (FDA) Alyftrek prescribing information
https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/218730s002lbl.pdf

- ***noted*** a confidential rebate would apply to Alyftrek that would reduce the net price.

The meeting closed at 9.22am.

Date of Next Meeting: 30/31 March Board Risk Workshop and Board meeting

Approved *30 March 2026*

Peter Bramley, Acting Chair Date