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Pharmaceutical Management Agency (Pharmac)

Minutes of the Board Meeting

Monday 30 March 2026 at 11.30am

Held at Pharmac, 40 Mercer Street, Wellington

Attendees:

Board members

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

Board Observers

Robyn Manuel	CAC Chair (<i>via Teams</i>)
Rhiannon Braund	PTAC Deputy Chair (<i>via Teams</i>)

Pharmac staff in attendance

Natalie McMurtry	Chief Executive
Catherine Epps	Director, Medical Devices
David Hughes	Director, Advice and Assessment/CMO
Michael Johnson	Director, Strategy, Policy & Performance
Adrienne Martin	Acting Director, Pharmaceuticals
Nicola Ngawati	Director, Equity & Engagement
Maria Robertson	Director, Corporate Services
Trevor Simpson	Kaituruki Māori - Director Māori
Jacqui Webber	Board Secretary (Minute taker)

Attendees joined the meeting to present relevant papers: Jannel Fisher, Connor Columbus, Brent McPherson and Saar Cohen-Ronen.

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1. Welcome and Opening of Meeting

Following a Board only session, the Chair welcomed everyone and formally opened the meeting at 12.20pm.

2. Chair's Report

2.1. Chair's Verbal Update

The Chair noted that she has had no meetings since the last meeting due to being on ACC leave and acknowledged the resignation from Anna Adams, and that her last day will be 3 April 2026.

2.2. Minutes of Board meetings

The Board **resolved** to **adopt** the minutes of the meetings held on 24 February and 3 March 2026.

2.3. Interest Register

The Board **noted** the interest register and no conflicts were registered.

3. Finance, Audit & Risk Committee Update

3.1. Verbal Update from the Finance, Audit & Risk Committee Chair (FAR)

The FAR Chair provided a verbal update to the Board.

The Board:

- **noted** the verbal update from the Finance, Audit & Risk Committee Chair
- **noted** the financials for February 2026, as presented to the Finance, Audit & Risk Committee
- **noted** and **endorsed** the minutes of the Finance, Audit & Risk Committee meeting held on 23 February 2026.
- **agreed to adopt** the amended Terms of Reference for the Finance, Audit & Risk Committee, as approved by the Committee.

4. Chief Executive's Report

The Chief Executive took the report as read, which was followed by a wide-ranging discussion.

The Board **noted** and **discussed** the Chief Executive's report for March.

Next Steps/Actions

In relation to the new Communications approach, the Board requested that staff review and revise to align language to equity policy more closely.

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5. Decision Papers

5.1. Draft Health Performance Plan self-assessment

The purpose of this paper is to provide the Board with Pharmac's Performance Self-Assessment to be included in the 2026/27 Performance Plan for Health.

Following discussion, staff undertook to make some amendments to the report and to recirculate a final version to the Board.

The Board:

- o **noted** that Pharmac is required to undertake a self-assessment as part of the 2026/27 Performance Plan for Health
- o **discussed** and **approved** the draft Pharmac self assessment
- o **noted** that following Board agreement, the draft self-assessment will be submitted to the Ministry of Health and added to the draft Health Performance Plan.

Next Steps/Action:

Circulate an updated version of the report to the Board.

5.2. Consumer Advisory Function Review

The Board received a paper providing an update on Pharmac's review of its consumer advisory function. The paper summarised feedback received to date, outlined potential structural options and sought Board guidance on key design parameters ahead of detailed development of a future consumer advisory model.

The Board and Observers held a preliminary discussion, after which Observers withdrew to allow a free and frank discussion between the Board and Management.

Input from CAC Chair

The CAC Chair advised that CAC strongly supports the establishment of a single, strengthened Consumer Advisory Committee and noted various points, including:

- Improved transparency is required and membership must strongly represent populations with the highest health needs.
- CAC would like the Committee to be grounded in Te Tiriti o Waitangi and would like to see recruitment widely advertised and include a minimum of two Māori members.
- There are concerns that current proposals risk duplication and may dilute lived experience. Fortnightly meetings could limit participation, particularly for members with competing commitments.
- Monthly meetings were considered more practical and more supportive of sustained participation.
- Overall, CAC supports a single strengthened Committee that can influence implementation effectively, ensure the consumer voice is not diluted and operate with greater transparency and clear purpose.

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Board discussion

The Board agreed that the status quo is not an option and emphasised the need for greater clarity and specificity about the purpose and expectations of any future advisory committee.

The Board discussed the need for a reset of the Consumer Advisory Committee, including:

- Restating its core purpose and clearly defining expectations.
- How the Committee will integrate with and influence the Board and broader organisation.
- Developing a new Terms of Reference and considering a new name for the committee.
- Providing clarity on priorities, potentially through a formal letter of expectations from the Board.

Next Steps/Actions

Management to return to the Board with a further paper that:

- Clearly defines the proposed purpose, scope and role of the consumer advisory function and how it aligns with the Board's Letter of Expectations, SPE and SOI.
- Describes how the Committee will influence decision-making across the Organisation.
- Outlines how this proposal fits within Pharmac's broader approach to consumer and community engagement.
- Includes current and anticipated costs of the consumer advisory function, including staff resource implications.
- To be available for Board approval prior to July.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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5.4. Proposal to widen access to nivolumab and ipilimumab for resectable melanoma

This paper requested a decision on a proposal to widen access to nivolumab and ipilimumab for the treatment of people with resectable melanoma.

Having regard to the decision-making framework set out in Pharmac's Operating Policies and Procedures, the Board:

- **resolved** to approve the widening of access to nivolumab (Opdivo) in the Pharmaceutical Schedule from 1 May 2026 as set out below:

Nivolumab

- **resolve** to amend the Special Authority criteria for nivolumab in Section B of the Pharmaceutical Schedule from 1 May 2026 as follows (new criteria shown only, additions in **bold**):

Special Authority for Subsidy

Initial application – (stage III or IV resectable melanoma) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria

Either:

1. The individual is currently on treatment with nivolumab for neoadjuvant treatment of resectable stage III B, III C, III D or IV melanoma and met all remaining criteria prior to commencing treatment; or
2. All of the following:
 - 2.1. The individual has resectable stage III B, III C, III D or IV melanoma (excluding uveal) (see note); and
 - 2.2. The individual has not received prior funded systemic treatment in the perioperative setting for their stage III B, III C, III D or IV melanoma; and
 - 2.3. The individual has ECOG performance score 0-2; and
 - 2.4. Treatment must be initiated prior to complete surgical resection; and
 - 2.5. Neoadjuvant nivolumab must be administered in combination with ipilimumab; and
 - 2.6. Nivolumab to be administered for maximum of two cycles prior to surgical resection.

Renewal – (stage III or IV resectable melanoma) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:

Any of the following:

1. All of the following:
 - 1.1. The individual has received funded neoadjuvant treatment with nivolumab in combination with ipilimumab; and
 - 1.2. Adjuvant treatment with nivolumab is required; and
 - 1.3. Treatment must be initiated within 13 weeks of complete surgical resection, unless delay is necessary due to post-surgery recovery; and
 - 1.4. Nivolumab must be administered as monotherapy; and
 - 1.5. Nivolumab to be discontinued at signs of disease recurrence or at completion of 12 months total treatment duration including any systemic neoadjuvant treatment (equivalent to 11 adjuvant cycles at 480 mg every 4 weeks plus initial 2 neoadjuvant treatment cycles); or
2. All of the following:

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- 2.1. The individual has received neoadjuvant treatment with nivolumab and ipilimumab; and
- 2.2. The individual has unresectable or metastatic melanoma (excluding uveal) stage III or IV; and
- 2.3. The individual meets initial application criteria for nivolumab for unresectable or metastatic melanoma; or
3. All of the following:
 - 3.1. The individual has received neoadjuvant and adjuvant treatment with nivolumab; and
 - 3.2. The individual has received treatment with nivolumab for unresectable or metastatic melanoma; and
 - 3.3. The individual meets the renewal criteria for nivolumab for unresectable or metastatic melanoma.

Note:

- a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition.
 - b) Disease must be completely resectable and amenable to curative intent surgery, including stage IV disease.
- **resolve** to amend the Hospital Restriction criteria for nivolumab in Part II of Section H of the Pharmaceutical Schedule from 1 May 2026 as follows (new criteria shown only, additions in **bold**):

Restricted

Initiation – stage III or IV resectable melanoma

Re-assessment required after 4 months

Either:

1. The individual is currently on treatment with nivolumab for neoadjuvant treatment of resectable stage IIIB, IIIC, IIID or IV melanoma and met all remaining criteria prior to commencing treatment; or
2. All of the following:
 - 2.1. The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note); and
 - 2.2. The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma; and
 - 2.3. The individual has ECOG performance score 0-2; and
 - 2.4. Treatment must be initiated prior to complete surgical resection; and
 - 2.5. Neoadjuvant nivolumab must be administered in combination with ipilimumab; and
 - 2.6. Nivolumab to be administered for maximum of two cycles prior to surgical resection.

Continuation – stage III or IV resectable melanoma

Re-assessment required after 4 months

Any of the following:

1. All of the following:
 - 1.1. The individual has received funded neoadjuvant treatment with nivolumab in combination with ipilimumab; and
 - 1.2. Adjuvant treatment with nivolumab is required; and
 - 1.3. Treatment must be initiated within 13 weeks of complete surgical resection, unless delay is necessary due to post-surgery recovery; and
 - 1.4. Nivolumab must be administered as monotherapy; and
 - 1.5. Nivolumab to be discontinued at signs of disease recurrence or at completion of 12 months total treatment duration including any systemic neoadjuvant treatment (equivalent to 11 adjuvant cycles at 480 mg every 4 weeks plus initial 2 neoadjuvant treatment cycles); or
2. All of the following:
 - 2.1. The individual has received neoadjuvant treatment with nivolumab and ipilimumab; and
 - 2.2. The individual has unresectable or metastatic melanoma (excluding uveal) stage III or IV; and
 - 2.3. The individual meets initial application criteria for nivolumab for unresectable or metastatic melanoma; or
3. All of the following:
 - 3.1. The individual has received neoadjuvant and adjuvant treatment with nivolumab; and
 - 3.2. The individual has received treatment with nivolumab for unresectable or metastatic melanoma; and
 - 3.3. The individual meets the renewal criteria for nivolumab for unresectable or metastatic melanoma.

Note:

- a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition.

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- b) **Disease must be completely resectable and amenable to curative intent surgery, including stage IV disease.**
- **resolve** to amend the Special Authority criteria for nivolumab in Section B of the Pharmaceutical Schedule from 1 November 2026 as follows (affected criteria shown only, additions in **bold**, deletions in ~~strike~~through):

Special Authority for Subsidy

Initial application – (stage III or IV resectable melanoma) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria

Either:

- ~~1. The individual is currently on treatment with nivolumab for neoadjuvant treatment of resectable stage IIIB, IIIC, IIID or IV melanoma and met all remaining criteria prior to commencing treatment; or~~
- 2 All of the following:
 1. ~~2.1~~ The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note); and
 2. ~~2.2~~ The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma; and
 3. ~~2.3~~ The individual has ECOG performance score 0-2; and
 4. ~~2.4~~ Treatment must be initiated prior to complete surgical resection; and
 5. ~~2.5~~ Neoadjuvant nivolumab must be administered in combination with ipilimumab; and
 6. ~~2.6~~ Nivolumab to be administered for maximum of two cycles prior to surgical resection.

Renewal – (stage III or IV resectable melanoma) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:

Any of the following:

1. All of the following:
 - 1.1. The individual has received funded neoadjuvant treatment with nivolumab in combination with ipilimumab; and
 - 1.2. Adjuvant treatment with nivolumab is required; and
 - 1.3. Treatment must be initiated within 13 weeks of complete surgical resection, unless delay is necessary due to post-surgery recovery; and
 - 1.4. Nivolumab must be administered as monotherapy; and
 - 1.5. Nivolumab to be discontinued at signs of disease recurrence or at completion of 12 months total treatment duration including any systemic neoadjuvant treatment (equivalent to 11 adjuvant cycles at 480 mg every 4 weeks plus initial 2 neoadjuvant treatment cycles); or
2. All of the following:
 - 2.1. The individual has received neoadjuvant treatment with nivolumab and ipilimumab; and
 - 2.2. The individual has unresectable or metastatic melanoma (excluding uveal) stage III or IV; and
 - 2.3. The individual meets initial application criteria for nivolumab for unresectable or metastatic melanoma; or
3. All of the following:
 - 3.1. The individual has received neoadjuvant and adjuvant treatment with nivolumab; and
 - 3.2. The individual has received treatment with nivolumab for unresectable or metastatic melanoma; and
 - 3.3. The individual meets the renewal criteria for nivolumab for unresectable or metastatic melanoma.

Note:

- a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition.
- b) Disease must be completely resectable and amenable to curative intent surgery, including stage IV disease.

- **resolve** to amend the Hospital Restriction criteria for nivolumab in Part II of Section H of the Pharmaceutical Schedule from 1 November 2026 as follows (affected criteria shown only, additions in **bold**, deletions in ~~strike~~through):

Restricted

Initiation – stage III or IV resectable melanoma

Re-assessment required after 4 months

Either:

- ~~1. The individual is currently on treatment with nivolumab for neoadjuvant treatment of resectable stage IIIB, IIIC, IIID or IV melanoma and met all remaining criteria prior to commencing treatment; or~~
- 2 All of the following:

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1. ~~2.4~~ The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note); and
2. ~~2.2~~ The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma; and
3. ~~2.3~~ The individual has ECOG performance score 0-2; and
4. ~~2.4~~ Treatment must be initiated prior to complete surgical resection; and
5. ~~2.5~~ Neoadjuvant nivolumab must be administered in combination with ipilimumab; and
6. ~~2.6~~ Nivolumab to be administered for maximum of two cycles prior to surgical resection.

Continuation – stage III or IV resectable melanoma

Relevant specialist or from any relevant practitioner on the recommendation of a relevant specialist

Re-assessment required after 4 months

Any of the following:

1. All of the following:
 - 1.1. The individual has received funded neoadjuvant treatment with nivolumab in combination with ipilimumab; and
 - 1.2. Adjuvant treatment with nivolumab is required; and
 - 1.3. Treatment must be initiated within 13 weeks of complete surgical resection, unless delay is necessary due to post-surgery recovery; and
 - 1.4. Nivolumab must be administered as monotherapy; and
 - 1.5. Nivolumab to be discontinued at signs of disease recurrence or at completion of 12 months total treatment duration including any systemic neoadjuvant treatment (equivalent to 11 adjuvant cycles at 480 mg every 4 weeks plus initial 2 neoadjuvant treatment cycles); or
2. All of the following:
 - 2.1. The individual has received neoadjuvant treatment with nivolumab and ipilimumab; and
 - 2.2. The individual has unresectable or metastatic melanoma (excluding uveal) stage III or IV; and
 - 2.3. The individual meets initial application criteria for nivolumab for unresectable or metastatic melanoma; or
3. All of the following:
 - 3.1. The individual has received neoadjuvant and adjuvant treatment with nivolumab; and
 - 3.2. The individual has received treatment with nivolumab for unresectable or metastatic melanoma; and
 - 3.3. The individual meets the renewal criteria for nivolumab for unresectable or metastatic melanoma.

Note:

- a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition.
- b) Disease must be completely resectable and amenable to curative intent surgery, including stage IV disease.

- ***resolved*** to approve the widening of access to ipilimumab (Yervoy) in the Pharmaceutical Schedule from 1 May 2026 as set out below:

Ipilimumab

- ***resolve*** to amend the Special Authority criteria for ipilimumab in Section B of the Pharmaceutical Schedule from 1 May 2026 as follows (new criteria shown only, additions in **bold**):

Special Authority for Subsidy

Initial application – (stage III or IV resectable melanoma) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:

Either:

1. **The individual is currently on treatment with ipilimumab for neoadjuvant treatment of resectable stage IIIB, IIIC, IIID or IV melanoma and met all remaining criteria prior to commencing treatment; or**
2. **All of the following:**
 - 2.1. **The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note); and**
 - 2.2. **The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma; and**
 - 2.3. **The individual has ECOG performance score 0-2; and**
 - 2.4. **Treatment must be prior to complete surgical resection; and**
 - 2.5. **Neoadjuvant ipilimumab must be administered in combination with nivolumab; and**

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2.6. Ipilimumab to be administered for maximum of two cycles prior to surgical resection.

Note:

- a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition.
 - b) Disease must be completely resectable and amenable to curative intent surgery, including stage IV disease.
- **resolve** to amend the Hospital Restriction criteria for ipilimumab in Part II of Section H of the Pharmaceutical Schedule from 1 May 2026 as follows (affected criteria shown only, additions in **bold**):

Restricted

Initiation – stage III or IV resectable melanoma

Either:

1. The individual is currently on treatment with ipilimumab for neoadjuvant treatment of resectable stage IIIB, IIIC, IIID or IV melanoma and met all remaining criteria prior to commencing treatment; or
2. All of the following:
 - 2.1. The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note); and
 - 2.2. The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma; and
 - 2.3. The individual has ECOG performance score 0-2; and
 - 2.4. Treatment must be prior to complete surgical resection; and
 - 2.5. Neoadjuvant ipilimumab must be administered in combination with nivolumab; and
 - 2.6. Ipilimumab to be administered for maximum of two cycles prior to surgical resection.

Note:

- a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition.
 - b) Disease must be completely resectable and amenable to curative intent surgery, including stage IV disease.
- **resolve** to amend the Special Authority criteria for ipilimumab in Section B of the Pharmaceutical Schedule from 1 November 2026 as follows (affected criteria shown only, additions in **bold**, deletions in ~~strike through~~):

Special Authority for Subsidy

Initial application – (stage III or IV resectable melanoma) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:

Either:

- ~~1. The individual is currently on treatment with ipilimumab for neoadjuvant treatment of resectable stage IIIB, IIIC, IIID or IV melanoma and met all remaining criteria prior to commencing treatment; or~~
- 2 All of the following:
 1. ~~2.1~~ The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note); and
 2. ~~2.2~~ The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma; and
 3. ~~2.3~~ The individual has ECOG performance score 0-2; and
 4. ~~2.4~~ Treatment must be prior to complete surgical resection; and
 5. ~~2.5~~ Neoadjuvant ipilimumab must be administered in combination with nivolumab; and
 6. ~~2.6~~ Ipilimumab to be administered for maximum of two cycles prior to surgical resection.

Note:

- a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition.
 - b) Disease must be completely resectable and amenable to curative intent surgery, including stage IV disease.
- **resolve** to amend the Hospital Restriction criteria for ipilimumab in Part II of Section H of the Pharmaceutical Schedule from 1 November 2026 as follows (affected criteria shown only, additions in **bold**):

Restricted

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Initiation – stage III or IV resectable melanoma

Either:

~~1. The individual is currently on treatment with ipilimumab for neoadjuvant treatment of resectable stage IIIB, IIIC, IIID or IV melanoma and met all remaining criteria prior to commencing treatment; or~~

2 All of the following:

1. ~~2.1~~ The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note); and
2. ~~2.2~~ The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma; and
3. ~~2.3~~ The individual has ECOG performance score 0-2; and
4. ~~2.4~~ Treatment must be prior to complete surgical resection; and
5. ~~2.5~~ Neoadjuvant ipilimumab must be administered in combination with nivolumab; and
6. ~~2.6~~ Ipilimumab to be administered for maximum of two cycles prior to surgical resection.

Note:

- a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition.
- b) Disease must be completely resectable and amenable to curative intent surgery, including stage IV disease.

- **resolved** to approve the February 2026 supplemental agreement with Bristol-Myers Squibb (NZ) Limited
- **noted** that Pharmac is entering into a supplemental agreement with Bristol-Myers Squibb (NZ) Limited to enable transitional access to funded nivolumab and ipilimumab for eligible people receiving treatment in a private facility
- **noted** the consultation that has been undertaken on this proposal and that the feedback has been fully considered in the development of this proposal.

6. Key Discussion and Information Papers

6.1. Draft Statement of Intent

This paper presented Pharmac's draft Statement of Intent 2026/27–2029/30 (SOI) for the Board's review and feedback.

Following discussion, staff undertook to make the recommended adjustments to the SOI.

The Board:

- **noted, discussed** and **provided feedback** on the draft Statement of Intent 2026/27 – 2029/30
- **noted** that following review by the Board, the draft Statement of Intent will be provided to the Associate Minister of Health, Ministry of Health, and Audit NZ for their comments
- **noted** that the final Statement of Intent will be presented to the Board at its May meeting for approval.

6.2. Draft Statement of Performance Expectations 2026/27

This paper presented Pharmac's draft Statement of Performance Expectations 2026/27 (SPE).

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The Board were asked to consider the draft and to provide any feedback, prior to a revised draft version being prepared for consideration by the Associate Minister of Health and other stakeholders.

Following discussion, staff undertook to make the recommended adjustments to the SPE.

The Board:

- **noted, discussed** and **provided feedback** on the draft Statement of Performance Expectations 2026/27
- **noted** that the 2026/27 annual Ministerial Letter of Expectations has not yet been received
- **noted** further development of performance measures and financial information will take place during April and May
- **noted** that following Board feedback, a revised draft Statement of Performance Expectations will be provided to the Associate Minister of Health, Ministry of Health and Audit NZ for their comments.
- **noted** that the final Statement of Performance Expectations will be presented to the Board at its May meeting for approval.

6.3. Pharmaceutical Transactions Report

The purpose of this paper was to provide the Board with an advanced overview of current issues relating to pharmaceuticals funded through the medicines budget, including current significant supply issues and the contentious, large or significant pharmaceutical transactions that staff are currently progressing.

The Board:

- **noted** the update on:
 - the large and/or significant medicines transactions that are currently planned or in progress
 - our work to change the consultation process for the annual tender
 - our work on new commercial tools approaches
 - upcoming public consultations and decision notifications.
- **resolved** to delegate decision-making to the Chief Executive for a proposal to fund two new combination treatments and widen access to ibrutinib monotherapy for patients with chronic lymphocytic leukaemia that falls within the Board's financial delegations, to enable decisions to be made at the earliest available opportunity and meet proposed timeframes.

6.4. Medical Devices Transaction and Programme Update

This paper informed the Board of progress made with delivery of the Medical Devices Programme and implementing Cabinet's decision for a joint leadership model for the national medical device portfolio between Health NZ.

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This paper also updated the Board on Pharmac involvement in a pilot procurement for hearing aids as part of a cross-agency health purchasing project for health-related products/services.

The Board ***noted***:

- progress with delivering the Medical Device Programme and procurement activity currently underway
- that to implement the Cabinet decision, we are progressing a coordinated programme of work with Health NZ, focused on operational transition and system readiness
- a report back to Ministers on progress against their Letter of Expectations went on 26 March this was led by Ministry of Health (MOH)
- Pharmac has begun delivery under a Service Level Agreement for Health Technology Assessments with Health NZ, effective from 1 February 2026 to 30 June 2027.

6.5. Legal Update

This report served to update the Board on matters currently being addressed.

The General Counsel spoke to the paper and updated the Board on activity since the paper was written.

The Board ***noted*** the Legal Update.

7. Noting Papers

7.1. Board and Committee Member Terms and Meeting Attendance Register

The Board ***noted***:

- the Board and Committee member terms
- the Meeting Attendance Register.

7.2. Board Correspondence

The Board ***noted*** the correspondence sent / received for the prior month.

7.3. Board Actions

The Board ***noted*** there were no Board Actions.

7.4. Matters Arising

The Board ***noted*** the Matters Arising schedule.

7.5. Board Annual Agenda and meeting dates for 2026

The Board ***noted*** the Board Annual Agenda and meeting dates for 2026.

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7.6. Glossary of Terms and Abbreviations

The Board **noted** the Glossary of Terms and Abbreviations.

7.7. Summary of February 2026 PTAC advice and recommendations

This paper updated the Board on recommendations made and advice given by PTAC at its meeting held online on 12-13 February 2026.

The Board were advised that the Acting PTAC Chair has accepted a new role and will stay on as long as she can to support the Committee. Staff are progressing recruitment of a new Chair.

The Board **noted** the:

- summary of the record of the Pharmacology and Therapeutics Advisory Committee (PTAC) meeting held on 12 13 February 2026
- provisional recommendations from the February 2026 PTAC meeting were published 18 March 2026, before 30 business days following the meeting.

8. General business

The Chair acknowledged **Anna Adams** and thanked her for her time on the Board. Anna was presented with a gift from the Board.

The meeting closed at 3.58pm.

Date of Next Meeting: Tuesday 28 April at 9.00am (short virtual meeting)

Approved

28 April 2026

Paula Bennett, Chair

Date