

## **Minutes of the Supplier Advisory Panel Meeting**

### **Wednesday 9 September 2026**

This meeting was held in person and online from 2:00pm to 3:30pm.

#### **Present:**

#### **Members**

Francis Lawes (Pfizer) – Chair

Lindsay Ancelet (GSK)

Kylie Earle (Sanofi)

Olivia Fenwick (MSD)

Kate King (Medtronic)

Matt Needham (Roche)

Angela Pantano (Roche)

#### **Pharmac staff attendees**

Karl McDiarmid (Programme Director)

David Bowers-Mason (Programme Coordinator)

Augusta Connor (Principal Technical Specialist)

Caroline De Luca (Principal Technical Specialist)

Brian Nevin (Project Manager)

Claire Pouwels (Principal Technical Specialist)

Alison Yeung (Business Analyst)

#### **Apologies**

Liz Naylor (Astrazeneca)

#### **Karakia and welcome**

The meeting opened with karakia. The Panel welcomed Brian Nevin, who has joined the Timely Assessment Programme as Project Manager.

The Chair advised that Lindsay Ancelet would assume the role of Chair from the next meeting.

### **Action items**

Members reviewed the action relating to a wider supplier meeting. Pharmac advised that the proposed timing had moved from October to November 2026 because a separate supplier hui was already planned for October. Planning and invitations would follow.

### **Timely Assessment Programme feedback**

Pharmac thanked members for their written feedback on the Timely Assessment Programme and sought clarification on priority recommendations.

### **Historic application backlog**

Members discussed using a structured framework to manage the backlog. Feedback was provided that decisions should consider clinical relevance, unmet need, application age, supplier readiness, information completeness and the likely assessment pathway.

Members noted that supplier readiness was broader than supply feasibility and could change over time. Pharmac should engage with applicants before closing applications where their continued relevance or supply readiness was uncertain.

Members also supported using relevant evidence and assessments from overseas health technology assessment agencies where appropriate to accelerate review. Pharmac advised that it already uses available overseas information where relevant but may retain discretion where New Zealand circumstances or newer evidence require a different approach.

### **Application criteria and assessment pathways**

Pharmac advised that publishing clearer application acceptance criteria is an early programme priority. A broader review of application, advice and assessment pathways will follow.

Members supported proportionate, risk-based assessment pathways, including lighter-touch approaches for lower-risk, non-inferiority and new formulation or presentation applications. Pharmac advised that it already adapts existing analyses or uses cost-minimisation analysis where appropriate. Members said these processes and requirements were not sufficiently visible to suppliers.

Members also raised concerns about limited guidance on the pricing and process needed to progress cost-neutral applications. Pharmac acknowledged the need for clearer communication while noting that any approach must protect confidential pricing information.

### **Assessment timeframes**

Pharmac acknowledged previous feedback supporting a 12-month medium-term goal. The programme remains focused on achieving an 18-month assessment timeframe. Pharmac will consider other ways to provide information about processing times so applicants can better anticipate individual stages. Members noted that greater visibility of assessment timeframes at each stage of the process would improve transparency and provide clearer expectations regarding progress and next steps.

### **Pre-submission engagement**

Members supported early engagement to align on the population, intervention, comparator and outcomes, evidence requirements and economic approach. They advised that application preparation times vary significantly and that 12 weeks would often be insufficient.

Members were open to providing structured briefing information before meetings, subject to flexibility in timing and content. Availability of overseas economic analyses would depend on launch sequencing, access to models and differences in clinical practice.

### **Guidance updates**

Pharmac advised that it is working with Health New Zealand to improve cost and resource guidance. Members supported modular publication of updates to the Prescription for Pharmacoeconomic Analysis where this would enable earlier release, provided suppliers received clear information about the intended changes, timing and transition arrangements.

Two remaining questions on transparency and the Application Tracker were deferred for later consideration.

### **Key Messages**

- Pharmac will work towards holding a wider supplier meeting in November 2026.

- Pharmac is developing clearer application acceptance criteria and reviewing proportionate assessment pathways.
- Members supported the implementation of risk-based approaches to assessment, and greater transparency about assessment and cost-minimisation processes.
- Early pre-submission engagement was supported, with flexibility required for supplier preparation timeframes.
- Further feedback may be considered electronically or at a future meeting.

The Chair thanked members for their contributions and closed the meeting with karakia.

Close of meeting.

**Next meeting:** 14 October.