

MEMORANDUM FOR BOARD MEETING

To: Pharmac Directors
From: Director Advice and Assessment/Chief Medical Officer
Meeting Date: 27 May 2025
Item: 5.2

Proposal to fund Estradot as an alternative brand of oestradiol patches**Recommendations**

It is recommended that, having regard to the decision-making framework set out in Pharmac's Operating Policies and Procedures, the Board:

resolve to revoke the decision to delist Sandoz's brand of oestradiol patches (Estradot) from the Pharmaceutical Schedule on 1 December 2025, as set out in Appendix One

resolve to amend the price and subsidy of Sandoz Limited's brand of oestradiol patch in the Pharmaceutical Schedule from 1 July 2025, as set out in Appendix One

resolve to approve the February 2025 agreement with Sandoz Pty Limited

resolve to approve the March 2025 agreement with Viatriis Limited

note that the resolutions as per the September 2024 tender decision, are effective (refer to Appendix Two), including the Brand Switch Fee on the Estradiol TDP Mylan brand from 1 December 2025 until 28 February 2026, and application of Principal Supply Status to Estradiol TDP Mylan from 1 December 2025

note that while this proposal secures supply of Estradot, there may be times where it is unavailable for everyone who needs it

note that extensive consultation on this proposal was undertaken, and all responses have been carefully considered.

Purpose

This paper seeks a decision from the Board on a proposal to fund Estradot as an alternative brand of oestradiol patches. The proposal would result in two brands of oestradiol patches being funded. Either brand could be used, subject to availability.

Why this proposal should not be considered under Delegated Authority

In accordance with Pharmac's Chief Executive Delegation Policy, it is appropriate to escalate the decision on this proposal to the Board for the following reasons:

- The estimated Financial Impact (NPV) of this proposal is more than \$10,000,000 of the Pharmaceutical Budget;
- The proposal recommends amendments to a Principal Supply Status arrangement; and
- There is considerable public interest in oestradiol patches. As the Board will be aware, the topic can be publicly contentious.

Strategic direction

Pharmac's role is to secure the best health outcomes from medicines and medical devices. This work directly responds to stakeholder feedback, is supported by engagement with consumers about their lived experiences and aims to develop a solution that addresses the health needs of New Zealanders requiring oestradiol patches.

Executive summary

- Oestradiol patches are a hormone treatment, most commonly used as part of menopausal hormone therapy (MHT). Approximately 100,000 people currently use oestradiol patches.
- Oestradiol patches have been subject to supply constraints since 2020, with disruption to individuals since mid-2022. We received substantial feedback highlighting the significant impact these supply issues have had for people requiring oestradiol patches, their whānau, families and loved ones, and the health care professionals who care for them.
- In September 2024, we made a decision to secure supply of Viatrix' brand of oestradiol patches (brand name Estradiol TDP Mylan) under the 2023/24 Tender. This decision was based on the feedback we had received at that time about the ongoing supply issues impacting oestradiol patches.
- When we publicly notified of our decision to fund only the Estradiol TDP Mylan brand of oestradiol patches in November 2024, we received significant feedback, including a petition with over 23,000 signatures. This feedback highlighted that while different brands of patches should work the same, this is not everyone's experience and there was considerable concern regarding the delisting of the Estradot brand.
- We understood that people felt like they weren't consulted enough on the change which caused a lot of distress. As a result of the feedback we engaged with stakeholders, including consumer, pharmacy and prescriber representatives to listen to their experiences and understand what was important to them.
- We heard that although certainty of supply is important, we need to provide people with a funded brand that works for them. Based on this, we developed the proposal to maintain the fund Estradot as an alternative brand to the Estradiol TDP Mylan brand. We sought the Board's agreement on the approach in February 2025 and we have now contracted with the suppliers of Estradiol TDP Mylan and Estradot brands to maintain funding of both.
- We have secured, through this proposal, as much Estradot as the supplier can provide. However, there may be times where there is not enough Estradot for everyone who wants it.
- We publicly consulted on the proposal to fund Estradot as an alternative brand in March 2025. We received over 1,100 responses. Respondents were supportive overall and highlighted the importance of maintaining Estradot funding. People highlighted that they were concerned about Estradot not being available at times. Some respondents were not supportive of the proposal because they did not want the Estradiol TDP Mylan brand to be funded and/or wanted other brands funded in addition to Estradot.
- In consultation many people requested that the patch limit be removed and that 'all at once' dispensing be applied to oestradiol patches. We have considered these requests and propose to not make these changes at this time due to concerns that they could further impact the supply of Estradot. We plan to revisit these requests in 12 months'

time. By this time, we estimate usage patterns to have stabilised with the proposed new supply arrangements.


- The estimated cost of this proposal is \$16.7 million to the medicines budget (5-year NPV, 8%), with an increase in expenditure of \$340,000 to the health sector.

Summary of impact on health outcomes for populations with the highest needs

The impact on populations with the highest needs has been considered through the development of this proposal and our recommendations take that consideration into account.

Budget impact summary

s 9(2)(b)(iii), s 9(2)(j)




The proposal

This proposal is to maintain funding of the Estradot brand, supplied by Sandoz alongside the Estradiol TDP Mylan brand, supplied by Viatris. There would be no eligibility criteria for funded access to either brand. This would provide people funded access to the brand which works for them, subject to availability. Both brands would continue to have a '2 patch per week' limit on each strength.

To minimise the risk of supply issues with Estradot, the contract we have negotiated with Sandoz is for as much Estradot as Sandoz can currently supply. This is a minimum of

3,000,000 Estradot patches each year (approximately 50% of current demand). The provisional agreement, conditional on consultation and approval, between Sandoz Pty Ltd and Pharmac dated February 2025 can be made available to any Board member upon request.

s 9(2)(b)(ii), s 9(2)(j)



Together both contracts with Sandoz and Viatris would secure stock to cover 125% of anticipated market demand. This would provide a buffer should either supplier experience supply issues or should demand increase more than forecast. This approach is intended to ensure we can continue to address the health needs of people who require treatment with oestradiol patches.

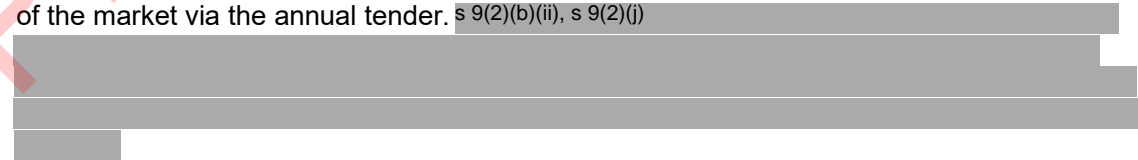
There are no other brands of oestradiol patches that have received or are in the process of receiving full regulatory approval from Medsafe. The unapproved and provisionally consented brands currently funded to assist with the supply issues will be delisted from 1 December 2025.

Background

Oestradiol patches are indicated for use in menopausal hormone therapy and postmenopausal osteoporosis (thinning of the bones). They may also be used for other, “off-label” indications. Oestradiol patches are currently listed on the Pharmaceutical Schedule with restrictions that no more than two patches of each strength per week are funded.

There have been significant supply disruptions for oestradiol patches since 2020. These supply issues have left people without available patches at times. In response to these issues, Pharmac has funded a number of different brands to ensure availability as well as oestradiol gel.

Oestradiol patches were included in the 2023/24 Annual Tender, to resolve the supply issues. In September 2024, Pharmac decided to conditionally¹ accept the 2023/24 tender bid from Viatris, for its brand of oestradiol patches (Estradiol TDP Mylan). This decision was made as we had assurances from Viatris that it could meet market demand if awarded 95% of the market via the annual tender. s 9(2)(b)(ii), s 9(2)(j)



¹ Conditional on Viatris gaining full regulatory approval from Medsafe. Approval has now been granted and acceptance is no longer conditional.

In November 2024, Pharmac [notified of the conditional award](#). This was intended to provide certainty to people that we had secured supply, and that supply issues would resolve. Since this time, we have received significant feedback, which has highlighted the unique health journeys for people with menopause, and that an individual's experience on different brands of oestradiol patches may vary substantially. The feedback we received highlighted that while different brands of patches should work the same, this is not everyone's experience, and that for some people only the Estradot band had worked for them.

In February 2025, we sought agreement from the Board on a proposed approach to fund two brands of oestradiol patches and the Board approved the approach.

Please see the February 2025 Board update for a more fulsome background (refer to Appendix Three).

Commercial Strategy

The commercial strategy of this proposal was presented in depth in the February 2025 Board paper (refer to Appendix Three). Negotiations were successful and in line with the approach outlined in that paper.

s 9(2)(j)

The dynamics of the market for oestradiol patches

The demand for oestradiol patches, in New Zealand and internationally, continues to grow substantially. The manufacturer of Estradot is currently unable to keep up with demand. Through this proposal, we have secured the maximum amount of Estradot patches the supplier, Sandoz, can supply to New Zealand.

This proposal would result in a dual supply type scenario for oestradiol patches, despite the Estradiol TDP Mylan brand being the Principal Supply brand until 30 June 2027. From 1 July 2027, both brands would continue to be funded.

Staff consider that the market would likely take some time, potentially up to 12 months, to settle into the new supply arrangement. There may be times where Estradot is not available for everyone that needs it; however, there would be enough Estradiol TDP Mylan. We would work closely with suppliers to monitor use and stock levels.

Pharmac also fully funds an oestradiol gel which individuals may use instead of, or as an additive treatment to oestradiol patches. Plenty of stock of the gel is available.

Consultation requests

In consultation, many people requested that the patch limit be removed and that 'all at once' dispensing be applied to oestradiol patches. We heard that these factors can result in substantial frustration, particularly when Estradot stock may not be available at every pharmacy. We have considered these requests and consider that if either of these changes were made now, they could further impact the availability of Estradot, as stock would be used considerably faster. This is of particular concern because supply with this product is somewhat uncertain and would be intermittent. We have heard strongly that Estradot being available is very important and we consider this is the best way to help with this. We empathise that these limits can create frustration for people, so we plan to review this in 12 months' time to see if the changes would be appropriate then.






A small proportion of responders considered that Estradot should be funded only for certain people to save stock for people who have no other funded options. We consider that applying access criteria to Estradot would create additional access barriers for people. This

approach would also not guarantee that Estradot would be available for everyone. As such, we do not propose to make this change.

Some respondents expressed that they did not want the Estradiol TDP Mylan brand to be funded and/or wanted other brands funded in addition to Estradot. We also heard from some people that preferred or had no concerns with the Estradiol TDP Mylan brand. We have contracted with Sandoz for as much Estradot as it can currently supply, this is approximately 50% of market demand. We consider it important to continue to fund the Estradiol TDP Mylan brand to ensure there are enough patches for everyone who needs them. At this time Estradot and Estradiol TDP Mylan are the only brands of patches fully approved by Medsafe for use in New Zealand and we have therefore not included ongoing funding for other brands in our approach.

Factors for Consideration

This paper sets out Pharmac staff's assessment of the proposal using the Factors for Consideration in the [Operating Policies and Procedures](#). Some Factors may be more or less relevant (or may not be relevant at all) depending on the type and nature of the decision being made and, therefore, judgement is always required. The Decision Maker is not bound to accept Pharmac staff's assessment of the proposal under the Factors for Consideration and may attribute different significance to each of the Factors from that attributed by Pharmac staff.

 <p>Health Need</p> <ul style="list-style-type: none"> Oestradiol patches are used to increase oestradiol levels in the body. They are commonly used to manage menopause symptoms and other conditions associated with low levels or a lack of oestradiol. Pharmac made a decision in September 2024 to fund only one brand of oestradiol patches from 1 December 2025, Estradiol TDP Mylan. Pharmac also funds other oestradiol preparations including tablets and a gel. Pharmac has received significant negative feedback regarding the decision to delist the Estradot brand of oestradiol patches. We have heard that for many people, the Estradiol TDP Mylan does not provide the same therapeutic effect as Estradot for them, which causes significant distress. Menopause is not a government health priority, or Māori health area of focus Hauora Arotahi. However, menopause is encompassed within the Women's Health Strategy, which is one of six strategies which provides direction for health in New Zealand. 	 <p>Health Benefit</p> <ul style="list-style-type: none"> Estradot is a brand of oestradiol patches. We have heard from people who use Estradot and some medical professionals that maintaining the funding of Estradot would mean that many people can continue to manage symptoms effectively. This proposal is anticipated to have a large positive impact on individuals' wellbeing, as well as their wider whānau. Specialist Advisory Committee advice has not specifically been sought regarding the proposal to fund these two brands of oestradiol patches. Previous clinical advice had been sought which indicated that funding of oestradiol products such as patches, tablets and gel would meet the health needs of people requiring oestradiol.
 <p>Suitability</p> <ul style="list-style-type: none"> Estradot and Estradiol TDP Mylan patches are both commonly used in New Zealand. We have received substantial feedback that for many people the Estradiol TDP Mylan brand is unsuitable as it is less sticky, may cause a rash, and/or does not provide the same therapeutic effect as other brands. A smaller proportion of people have reported a preference for Estradiol TDP Mylan over Estradot. While others report no concern with either brand. Both products are approved by the medicine regulator, Medsafe. The reference product for Estradiol TDP Mylan is Estradot. In principle, this means that both products should work in the same way for most people; however, this does not appear to be the lived experience of many New Zealanders. 	 <p>Costs and Savings</p> <ul style="list-style-type: none"> The five-year NPV of this proposal is estimated to be \$16.7 million (8% discount) to the medicines budget. s 9(2)(b)(ii), s 9(2)(j) Our estimates of the cost of this proposal include an assumption that 50% of people would use Estradot. An additional \$340,000 cost to the health sector is from increased distribution costs (pharmacy and wholesaler costs). s 9(2)(b)(ii), s 9(2)(j)
 <p>Cost-Effectiveness</p> <p>The cost effectiveness of this proposal has not been calculated. This is because the proposal relates to maintaining supply of a treatment that is already funded. The proposals on the Options for investment list relate to new funding investments. We have therefore not assessed continued supply of oestradiol patches relative to other Options for Investment.</p>	

Consultation and consumer engagement

Summary of health system impacts

If approved, this proposal would mean that community pharmacies in particular would need to actively manage stock to ensure its availability for those who need it. To assist with this, we have consulted with key pharmacy groups and would release guidance on how to help manage this.

Engagement

Following the feedback received from the September 2024 decision to move to one funded brand of oestradiol patch, Pharmac staff met with a number of key representatives of people using oestradiol patches (including those who started the petitions to maintain Estradot funding²) and healthcare professionals, to understand concerns and experiences. We used the learnings from these meetings to inform our approach to an updated proposal.

Pharmac staff met with these stakeholders both before release of the consultation, in order to outline the proposal and discuss the feedback. Meetings were also offered after consultation closed.

Consultation

Section 70(a) of the Pae Ora (Healthy Futures) Act 2022 (the Act) requires Pharmac to consult, when it considers appropriate to do so, on matters that relate to the management of pharmaceutical expenditure with any sections of the public, groups or individuals that, in the view of Pharmac, may be affected by decisions on those matters.

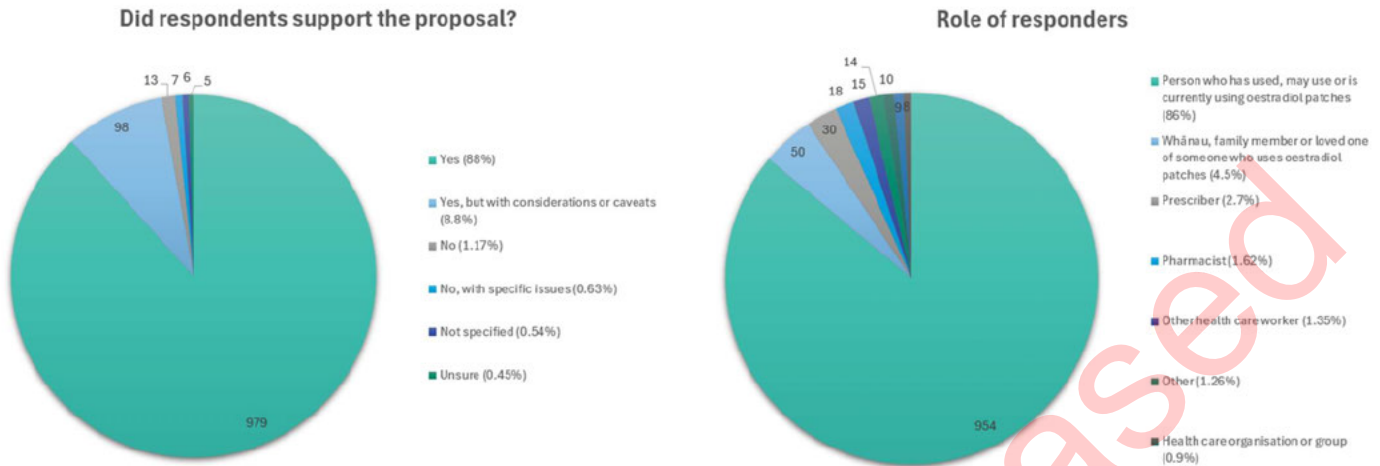
Accordingly, a consultation letter was circulated on 27 March 2025 to all suppliers and other parties that, in the view of Pharmac, may be affected by the recommendations contained in this paper. This included key consumer stakeholders as described above.

The consultation letter, the distribution list, and all responses received by 22 April 2025 are attached as Appendix Four. Summaries of what Pharmac staff believe are the significant matters raised in these responses are provided below.

We received 1,108 responses. Overall, respondents were supportive of the proposal and had a variety of concerns on how it would impact them because as one person stated, “menopause is an individual journey.” As shown in Figure 1 below the majority of respondents (954 people) were individuals who had used, may use or were currently using oestradiol patches; this represents approximately 1% of people who currently receive funded oestradiol patches in New Zealand.

² [Mandate Government Funding for keeping ESTRADOT HRT Patches funded for Menopausal Women](#) and [Continue funding Estradot patches in New Zealand](#)

Figure 1: Summary of whether respondents supported the proposal and their role



Theme	Pharmac Comment
Supportive of funding Estradot as an alternative brand	
<p>Relief that Estradot would continue to be funded. People told us this proposal would positively impact their lives by helping them manage symptoms effectively. Families and friends shared similar feedback.</p> <p>One brand does not suit everyone, and choice is very important. For example, Estradot is the best brand for some people and for others the best brand is Estradiol TDP Mylan.</p> <p>Funding more options would help to reduce financial costs for changing medications or new prescriptions, and the need for multiple GP appointments.</p>	<p>We understand there are different lived experiences for people who use oestradiol patches. We are pleased to be progressing a proposal which would meet the health needs of New Zealanders.</p>
Restrict Estradot stock	
<p>People expressed concern about Estradot not being available at times. Estradot should be funded only for certain people (e.g. those who can't use other funded treatment options including Estradiol TDP Mylan patches and/or oestradiol gel).</p>	<p>We consider that applying access criteria to Estradot would create additional access barriers for people requiring Estradot. This would also result in substantial resource burden on the health sector (e.g. the need to apply for Special Authority approvals).</p> <p>This approach would not guarantee that Estradot would be available for everyone with active Special Authority approvals. While we don't have exact figures, from the feedback we have received many people consider Estradot as the brand that works for them and funded alternatives are not suitable.</p> <p>To help manage the availability of Estradot we plan to target communications to pharmacists and prescribers about using the Estradiol TDP Mylan brand for people who are able to use it.</p> <p>§ 9(2)(b)(ii), § 9(2)(i)</p>

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<p>People expressed concerns that the Estradiol TDP Mylan was less effective, and they felt their symptoms were less well managed on this. Additionally, the adhesive of the Mylan product was not felt to be as effective, resulting in the patch falling off.</p>	<p>Both products are approved by the medicine regulator, Medsafe. The reference product for Estradiol TDP Mylan is Estradot. In principle, this means that both products should work in the same way for most people; however, we recognise that this does not appear to be many New Zealanders' lived experience.</p> <p>This proposal would mean that people would be able choose which ever brand of oestradiol patch works best for them.</p>
<p>Estradot should be subject to a part charge. Some responders considered that there was no clinical reason that Estradot should be used over other brands, other than patient preference.</p>	<p>We have heard from people that while different brands of patches should work the same, this is not everyone's experience. In order to ensure that there is equitable access to Estradot, we do not consider it appropriate to not fully fund Estradot (i.e. apply a part charge). We plan to communicate to prescribers and pharmacies to reserve use of Estradot for those who are unable to use Estradiol TDP Mylan.</p>
<p>Dispensing restrictions</p>	
<p>People told us that there is frustration in having to pick up a dispensing each month, and requested three monthly dispensing, in line with prescription amounts.</p> <p>When a pharmacy does not have a particular brand when someone is due for their repeat, people often then pay for a new prescription to go to a different pharmacy to find their brand.</p>	<p>We appreciate the frustration that comes with visiting multiple pharmacies to find stock and/ or paying for new prescriptions. We consider that the need for this would reduce as stock availability becomes more reliable.</p> <p>Unfortunately, at this time we are concerned that if we applied three monthly dispensing that this could impact the supply of Estradot. We consider it is important for usage patterns to stabilise before we make any changes that could affect supply. We plan to revisit this request in 12 months' time. By this time, we estimate usage patterns would have stabilised with the proposed new supply arrangements.</p> <p>We have considered whether different rules could apply to the two different brands, i.e. to make the Estradiol TDP Mylan brand more widely available as there would be enough supply. However, under the current Pharmaceutical Schedule IT infrastructure, this is not possible. Development of Pharmac's IT infrastructure could make such things possible in the future.</p>
<p>The limit of two patches of each strength each week is too restrictive for people requiring more than 200 mcg per week, or people who require a dose made up of more than two patches. Funding limits should be aligned with total dose and clinical need.</p>	<p>The patch restriction applies to each of the four strengths of patch. Therefore, someone could be dispensed more than 200 mcg worth of funded patches per week; however, this would consist of many patches and may not be a suitable option.</p> <p>We consider that changing or removing the limit at this time would put further pressure on the demand of lower strength patches, in the instance of a supply disruption with Estradot. This would increase the risk of these patches not being available and more people would not have access to Estradot.</p> <p>If a strength of Estradot was unavailable, depending on how the prescription was written a pharmacist may be able to make up the prescription with patches of other strengths, provided this does not exceed two per each strength. For example, dispense 2 x 25 mcg and 2 x 75 mcg to make up a 200 mcg weekly dose. Or the pharmacist could dispense the Estradiol TDP Mylan patches of the required strength instead, if appropriate for the individual.</p> <p>Alternatively, it would also be possible for pharmacists to dispense more than two patches per week of the same strength to ensure someone gets the right dose, but they would need to self-fund and pay an additional charge. We understand the frustration having to pay extra may cause.</p> <p>We plan to revisit the request to remove the patch limit in 12 months' time. By this time we estimate usage patterns to have stabilised with the proposed new supply arrangements. We also plan to seek clinical advice on the unmet health need for people who require more than two patches</p>

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	<p>of each strength per week and plan to review the need for the restriction at the same time as we review the need for monthly dispensing.</p> <p>We do not anticipate the patch limit to be a barrier to access to the Estradiol TDP Mylan brand for most people, as there would be enough stock for everyone who needs it. We have considered whether different rules could apply to the two different brands, i.e. to make it the Estradiol TDP Mylan brand more widely available as there would be enough supply. However, under the current Pharmaceutical Schedule IT infrastructure, this is not possible. Development of Pharmac's IT infrastructure could make such things possible in the future.</p> <p>In addition to the above requests, we have received a funding application for access to an unlimited amount of oestradiol patches for gender dysphoria among male to female transgender people. The next step in our process is to seek clinical advice from our expert advisors.</p> <p>Application Tracker Oestradiol patches</p>
Fund more than two brands	
<p>People would like funded access to other brands, particularly when Estradot is unavailable if they cannot tolerate Estradiol TDP Mylan. E.g. Currently funded Estradiol Sandoz or Lyllana brands.</p> <p>We also heard that the Sandoz's other brand of oestradiol patch 'Estradiol Sandoz' did not work for some people.</p>	<p>The agreement we have negotiated with Sandoz requires Sandoz to bring in as much stock as it can currently supply, this is approximately 50% of the market demand. With this contract in place and certainty of supply with Estradiol TDP Mylan, supply issues with Estradot should be minimised. We also plan to communicate with health care professionals about the need to reserve Estradot for those who are unable to use the Mylan brand, to minimise the number of people who need the Estradot brand not being able to get it.</p> <p>At this time Estradot and Estradiol TDP Mylan are the only brands of patches fully approved by Medsafe for use in New Zealand and we have therefore not included ongoing funding for these other brands in our approach. In addition, staff note that if there were more brands listed this could create further supply risks with Viartis and Sandoz as they would have less certainty of the levels required to be manufactured.</p>
Implementation	
<p>Regular updates about availability of stock are important. Updates could be available via email, website or directly from a pharmacist or prescriber.</p>	<p>Pharmac has access to information about when new stock arrives in New Zealand. This information may not accurately reflect what is happening in each community pharmacy, as it can take time for stock to work its way through the supply chain.</p> <p>We are proposing to provide updates about the availability of stock on the Pharmac website. The webpage would include information on shipments; however, it may not reflect a "real time" picture of stock availability in community pharmacies. This approach is consistent with how we have recently communicated other supply disruptions.</p>
<p>Education about menopause hormone treatments, including brands and patch alternatives (e.g. oestradiol gel) is important.</p>	<p>Pharmac would work with health sector providers to develop educational resources about this decision for both healthcare professionals and consumers.</p>
<p>The availability of multiple brands of oestradiol patches may create confusion among healthcare providers regarding appropriate product selection and patient management. Requested Pharmac provide comprehensive and practical educational resources for healthcare professionals regarding the different brands of patches.</p>	<p>Pharmac would work with health sector providers to ensure there are resources available to support healthcare professionals regarding appropriate product selection and patient management.</p> <p>Pharmac would also release messaging with information about prescribing and dispensing, to help manage availability of stock.</p> <p>We would also look at providing further educational support as part of longer-term actions to assist healthcare professionals in supporting patients.</p>

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<p>There has been a considerable level of counselling required from pharmacists about oestradiol patches and this would continue with ongoing supply restraints. Request that community pharmacies be compensated for their time.</p>	<p>A Brand Switch Fee on the Estradiol TDP Mylan patch would be in place from 1 December 2025 until 28 February 2026 to support pharmacies.</p>
<p>Fund more treatments for menopause</p>	
<p>Respondents requested funding of other treatments including other brands of oestradiol gel, testosterone, oestrogen and progesterone combination patches, oestradiol implants, progesterone pessaries, and oestradiol spray.</p> <p>People cited that Viagra (sildenafil) was funded for male sexual dysfunction and there are not shortages of supply. This was highlighted this as a gender inequality.</p>	<p>We currently fund one brand of oestradiol gel as a result of a competitive process for principal supply of this product. There is plenty of stock available in New Zealand.</p> <p>We have received a funding application for testosterone cream for the treatment of hypoactive sexual desire dysfunction (HSDD) in postmenopausal women. This was considered by PTAC in November 2024. The application was recommended for decline. It was then considered by the Reproductive and Sexual Health Advisory Committee in March 2025, s 9(2)(g)(i) [REDACTED]</p> <p>We would welcome further evidence for this application.</p> <p>Application Tracker – testosterone cream</p> <p>Medicine funding application</p> <p>We have not received funding applications for oestrogen and progesterone combination patches, oestradiol implants, progesterone pessaries, or oestradiol spray. We would welcome funding applications for these products, should there be a relevant product approved, or under consideration by Medsafe.</p> <p>Medicine funding application</p> <p>Pharmac's process for funding new medicines</p> <p>Sildenafil is currently only funded for male sexual dysfunction due to spinal cord injury; it is not funded for male sexual dysfunction with any other cause. Sildenafil is also funded for people living with Raynaud's Phenomenon and pulmonary arterial hypertension.</p>

Legal advice

Where necessary, management will obtain legal advice on issues such as whether any proposal is consistent with Pharmac's legislative and public law obligations, including those which may have specific relevance to the particular proposal eg human rights implications of a proposal. If the Board considers that further legal advice is required on any issue, this should be communicated to management in advance of the Board meeting. Management will then obtain the required advice.

Legal advisors' view

s 9(2)(h)

[REDACTED]

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s 9(2)(h)

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Financial implications


The financial implications of this proposal are outlined in the Cost and Savings discussion under the Factors for Consideration section of this paper and in the Summary BIA table.

Risks

s 9(2)(g)(i)

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s 9(2)(g)(i)



Implementation and communication

Section 70(b) of the Act requires Pharmac to take measures to inform the public, groups and individuals of Pharmac's decisions concerning the pharmaceutical schedule. Accordingly, if the recommendations contained in this paper are adopted, Pharmac staff would take the following measures to inform the public, groups and individuals of that decision:

- Notify Sandoz, Viatris and other pharmaceutical suppliers that might be affected by this proposal.
- Inform the Schedule Analyst.
- Notify health professionals, pharmacists and the public through the Pharmaceutical Schedule Update.
- Communicate key messages to health professionals and consumers through email and the Pharmac website.
- Commission educational resources to support health care professionals and consumers.
- Provide updates on the stock/supply situation of patches on the Pharmac website.
- Implement a prescribing software prompt for prescribers to help manage the availability of Estradot.

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We anticipate that there may be some media attention with this decision, as well as ongoing interest as stock fluctuates. We would develop a comprehensive communications plan to support the notification of a decision.

Appendices

Appendix One: Resolutions.

Appendix Two: September tender decision paper.

Appendix Three: February 2025 Board Paper – Oestradiol patches.

Appendix Four: Consultation feedback.

Appendix Five: Implementation plan.

Proactively released