

Appendix One



Quarter One Performance Report July to September 2024

Highlights for the Quarter One 2024/25

- We have invested in 11 new treatments and 29 access widenings benefiting 42,220 new patients) including:
 - 18,000 New Zealanders to benefit from Oestradiol gel funding.
- Cancer medicines funding continues at pace (11 cancer medicines funded, with a further 9 under consideration/consultation).
- Continuous glucose monitors (CGMs) will be funded from 1 October for type 1 diabetic patients alongside new arrangements for funded insulin pumps and consumables. About 12,000 people with type 1 diabetes are expected to receive CGMs in the first year of funding, rising to more than 18,000 after five years.
- We have undertaken a comprehensive review of all the funding applications/proposals that are currently 'inactive', to determine whether they could be progressed to a decline decision or be otherwise closed. To date, 566 applications have been considered through this process and 504 inactive funding applications have been declined. The applications that have not been declined remain under active consideration.
- We submitted to the Health Quality and Safety Commission our third Consumer Quality Safety Marker (CQSM) self-assessment for the reporting period April 2024 to September 2024.
- At the end of quarter one, we have 171,000 contracted line items from over 140 suppliers for hospital medical devices in the Pharmaceutical Schedule. These contracts cover approximately \$629 million of annual Health NZ hospital expenditure on medical devices.
- Work is underway with Health NZ on the development of Health Technology Assessment (HTA) function for medical devices.
- Work is underway to explore options for how our assessment and decision-making processes could take account of societal impacts.
- The Board considered the annual update of our Exceptional Circumstances work – which highlighted a significant improvement in response times despite a 20% increase in the volume of applications from the previous year. We also cleared the large backlog of NPPA applications awaiting an outcome that had been present for a number of years.
- Planning is well underway to support our Board Chair host two independent workshops with consumer and patient representatives in November. These workshops will be run independently of Pharmac, with an independent chair (Dame Kerry Prendergast DNZM, CNZM) and report writer with the aim of a report being presented to Board in February 2025.
- The Board agreed in principle, an updated and revised Te Tiriti policy to reflect the Pae Ora (Healthy Futures) Act 2022, the Letter of Expectations and the recent Government Policy Statement on Health.
- We have provided support to both Māori doctors and nurses (through awards and scholarships presented at recent conferences) – helping them to advance their expertise and professional development.

Strategic Priority 1: Strategic Management of Medicines

We are planning and managing our Medicines Budget (Combined Pharmaceutical Budget) over a medium-term horizon to achieve the best health outcomes and value for the public.

Investments for implementation in the 2024/25 Financial Year

We have invested in 11 new treatments and 29 access widenings in quarter one.

Decision type	No. of pharmaceuticals	Estimated new patients 2024/25	Estimated Gross spending 2024/25
Widened access ¹	29	12,923	\$75,204,000
New listing ²	11	29,297	\$47,541,000
Total	40	42,220	\$122,745,000

¹ Changes in access criteria for existing funded medicines, making them more accessible and/or available for a wider patient population(s).

² Any medicine not currently listed on the Pharmaceutical Schedule and any new presentations (e.g., tablet, infusion, injection) that represent a significant shift in treatment options for patients.

Improved access to cancer medicines and other treatments

In June 2024, the Government provided additional funding to Pharmac to fund new medicines and widen access to medicines that are already funded.

In response to this, we have been progressing a significant number of investments. At the end of quarter 1 (30 September 2024), a total of 38 new/widened access medicines were at various stages in the funding process summarised in the table below:

Status	Cancer medicines	Non-cancer medicines	Total medicines
Funded	11	12	23
Considering feedback	9	6	15
Consultation open	0	0	0
Total	20	18	38

Improving access to CGMs for patients with type 1 diabetes

In September we announced that from 1 October 2024, continuous glucose monitors (CGMs) will be funded and available to those with type 1 diabetes, alongside new arrangements for funded insulin pumps and consumables.

About 12,000 people with type 1 diabetes are expected to receive CGMs in the first year of funding, rising to more than 18,000 after five years. There are about 4,800 people currently using insulin pumps and Pharmac expects this number to increase to nearly 10,000 over five years.

We have maintained close collaboration with the suppliers and key stakeholders involved in the CGM/insulin pump proposal including Diabetes NZ, NZSSD, The New Zealand Formulary, Health Pathways, and Healthify to ensure effective support is in place for the October listing of CGMs and the upcoming insulin pump changes.

Targeting population groups with the highest health need

Consideration of populations with the highest health needs are an integral part of our assessment and transaction work. This work is reflected in funding proposals we have recently consulted on, and active procurement processes for: breast cancers (where Māori are more likely to get breast cancer and experience worse outcomes)

- lung cancers, including support for oral treatments (which Māori and Pacific Peoples can more easily access and are more likely to be positively impacted)
- triple inhalers (which positively impacts people living in areas of highest deprivation – and reduces barriers for population groups experiencing inequities, including Māori and Pacific Peoples)
- RSV (Respiratory illnesses) prevention (which benefits Māori and Pacific children who experience increased likelihood of infection and hospitalisation)
- liver cancers (people facing socioeconomic deprivation, including Māori and Pacific Peoples, are also more likely to be diagnosed with liver cancer)
- COVID-19 vaccines and treatments (which positively impact people experiencing socioeconomic deprivation, including Māori and Pacific Peoples).

Streamlining our funding processes

We are working at pace to deliver the investment portfolio of medicines. We are doing things differently where possible, such as seeking delegation to speed up decisions and notifications for non-contentious funding proposals. This streamlines our processes, by making decisions at the earliest opportunity rather than waiting for upcoming Board meetings. This helps us to make decisions faster and get more medicines to people who are waiting, as fast as possible, and provides earlier certainty for people and suppliers.

Decisions on inactive funding applications

As part of our work to increase transparency and to provide clarity to stakeholders about which medicines we are actively considering for funding, we have undertaken a comprehensive review of all the funding applications/proposals that are currently 'inactive', to determine whether they could be progressed to a decline decision or be otherwise closed.

An 'inactive' proposal is one that Pharmac is not currently intending to progress for funding.

To date, 566 applications have been considered through this process and 504 inactive funding applications have been declined. This includes a decision in July 2024 to decline 81 applications (out of 94 applications we consulted on in December 2023). The applications that have not been declined remain under active consideration.

With this significant backlog cleared, we are now working on transitioning to declining active applications to a 'business as usual' process. The aim being to decline inactive applications on a quarterly basis, in line with our quarterly prioritisation meetings. This will help prevent a backlog of inactive applications without decisions from building up in future.

Improvements to the Pharmaceutical Schedule

We are working in partnership with Health NZ on improvements to how Pharmaceutical Schedule subsidies are processed and paid as part of Health Sector Agreements and Payments (HSAAP) programme. The HSAAP programme is transforming the Health NZ's agreements and payments environment responsible for over 120 million transactions and \$12 billion funding annually.

On 2 July, the HSAAP system went live for medicines that Health NZ hospitals directly claim for. We fund approximately \$300 million per annum of medicines via this route.

Strategic Priority 2: Enhanced assessment and decision-making

We are improving our assessment and decision-making processes by increasing consumer input and participation; improving timeliness, efficiency and transparency; and updating our approaches to include wider fiscal impacts to whole of Government – and how we consider societal impacts.

Increasing our consumer focus and patient voice

We are working to be more responsive and engaged with consumers and patients as part of assessment and decision making. Key progress made in the quarter has included:

- planning two consumer-based workshops to be held in the next quarter. Independently chaired these are part of our efforts to ‘reset’ relationships with key consumer representatives and provide an opportunity to hear and work through what representatives consider Pharmac’s issues and opportunities are from a consumer perspective
- inviting the participation of patients with lived experiences in our expert advisory group meetings
- recruitment of new members of the Consumer Advisory Committee targeting those with consumer and patient advocacy experience
- hosting meetings of the Consumer Advisory Committee in July and August and involving members in our implementation and responsible use work. Also provided opportunities for member input in our strategic priorities, response to the Letter of Expectation and an update on our medicine assessment process
- significant recruitment activity to update our clinical advisory network membership has begun. Recruitment activities are planned for PTAC membership (new members and renewals), new PTAC Chair, PTAC consumer membership and review and refresh membership of all Specialist Advisory Committees
- using our media releases to incorporate input and comments (and audio clips) from external clinical and consumer spokespeople where possible. For example, consumer-facing videos posted on Facebook and LinkedIn were viewed by about 12,000 people and drove traffic to our website.

Improving the timeliness of our assessment and decision making

We are improving the efficiency of our advice and assessment process. Despite receiving an increasing volume of applications, we are working to continuously reducing the number of proposals and applications awaiting advice and assessment – as well identifying and streamlining improvements to our processes.

Reducing the backlog of applications and proposals

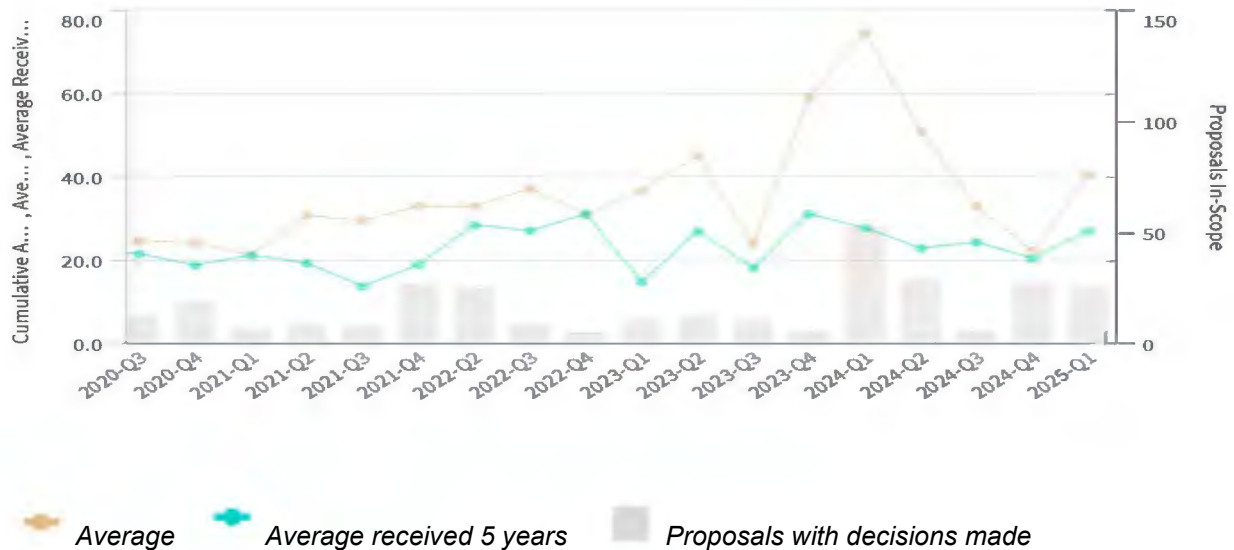
The current combined backlog (both applications and proposals) is 322. (Quarter four 2023/24 was 289). While we remain focused on reducing the backlog, our efforts have been hampered through an increasing volume (and increasing complexity) of applications and proposals received. Priority has also been given to progressing proposals following the funding uplift.

Proposal and Application Backlog Timeline



Timeliness of funding assessment¹

Timeliness of funding assessment is a measure of the time from date of receipt of an application to the date it is placed onto one of our priority lists – Options for Investment, Cost Neutral/Cost Saving or Recommended for Decline. It measures those aspects of assessment and decision-making process that we have more control over. The blue line records the average time to rank of proposals received in the last five years and more closely reflects current performance. The grey bar in the chart represents the number of proposals ranked during the quarter.



Time to decision

In this quarter, decisions (to approve or decline funding) were made for 95 proposals, taking an average of 110.4 months overall. The average for applications received in the last 5 years is 37.1 months. The large number of proposals with decisions for quarter one is largely due to decisions to decline 81 inactive proposals.

¹ Previously referred to as Time to Rank.

Proposal Average Months to Decision by First Decision Date



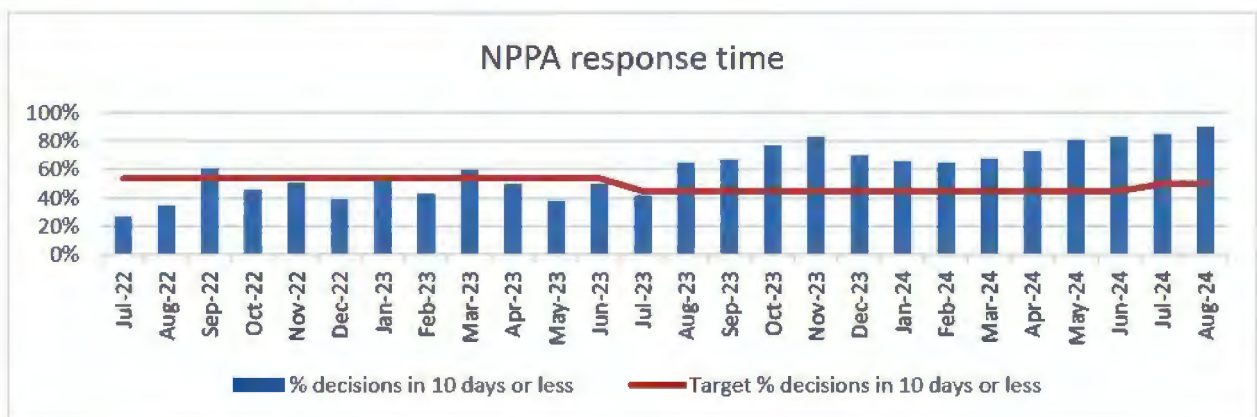
Note

- Average = average time to decision for funding proposals decided on during the quarter, regardless of when the application was received.
- Average received 5 years = average time to decision for funding proposals decided on during the quarter, only for applications received in the previous 5 years.

Process Improvements/Results to date (Exceptional Circumstances)

Despite a 20% increase in volume of Exceptional Circumstances applications in 2023/24, we have seen a significant improvement in response times.

Between 2018/19 and 2022/23, 10-day response times were consistently between 45% and 51%, despite a significantly lower volume of applications. Our responsiveness has improved month on month since February 2024 and we have exceeded 80% every month since May 2024, as shown in the graph below.



In addition to our improvement in timeliness, we have significantly reduced the backlog of applications awaiting an outcome. The list of NPPA applications awaiting an outcome has reduced from over 100 at the start of 2023/24 to less than 30 by the end of the year. This backlog had been present for a number of years and clearing it has allowed greater oversight of all active applications, reducing the risk of urgent applications being incorrectly triaged.

Strategic Priority 3: Strategic management of medical devices

We are developing and implementing an integrated approach to hospital medical devices so that we drive better value and more consistent and equitable access.

The new approach drives a new way of managing medical devices used or supplied in hospitals. As the contracts are finalised, Health NZ will be able to determine the mix of products that offers the best value, the priority populations who are best served, and where changes to usage may be required to achieve this.

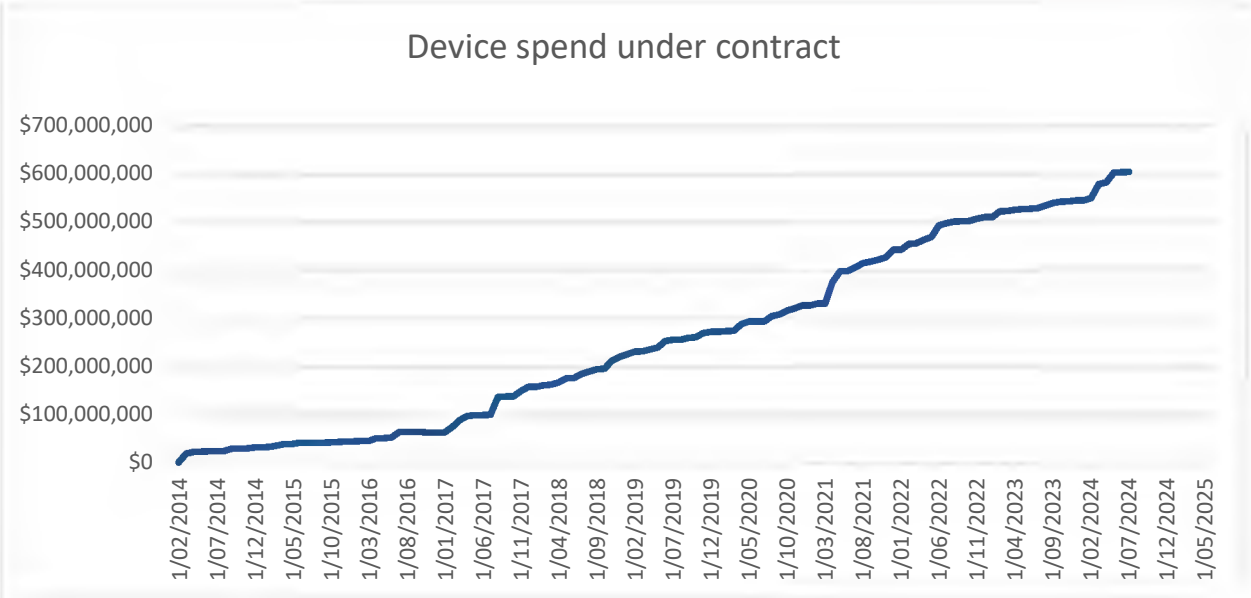
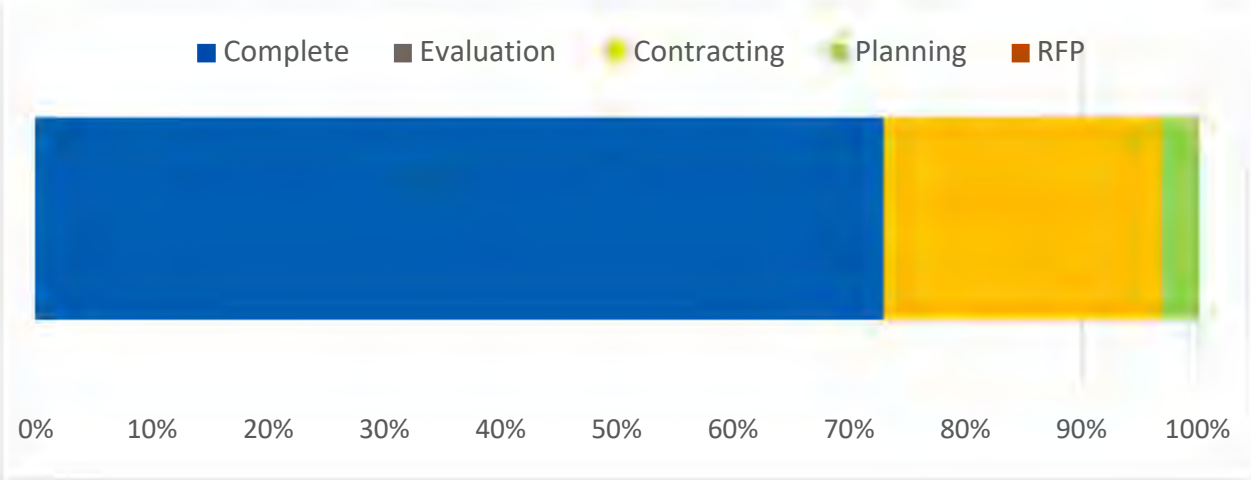
The Health Technology Assessment (HTA) working group is meeting fortnightly to support Health NZ and Pharmac to set up a collaborative HTA function. Pharmac health economists are leading development of criteria for selecting which medical devices should be assessed.

Medical devices spend under agreement

At quarter one, we have 171,000 contracted line items from over 140 suppliers (for hospital medical devices) in the Pharmaceutical Schedule. The contracts cover approximately \$629 million of annual Health NZ hospital expenditure on medical devices.

Three agreements were approved in August and September covering an annual spend of \$8 million. One further agreement in a consultation process, covering an estimated \$2 million in annual spend.

The chart below presents the level of expenditure covered by the Schedule as a proportion of the estimated total on devices. We estimate that the total spend is around \$850 million, which would mean we have 74% of devices spend contracted.



Developing an integrated approach to hospital medical devices

The Ministry of Health has commissioned an external review of the opportunities and challenges of the current medical devices programme. The review will support advice to Ministers in early 2025 on the future direction of the programme, including roles and responsibilities across Pharmac and Health NZ.

We provided feedback to the Ministry of Health on the proposed objectives, scope and outcomes of the planned review. The final document reflects our feedback. The Ministry are looking to confirm in early November who shall undertake the review and for the review. The review is expected to be completed in 6-8 weeks.

In the meantime, we are consolidating work to date particularly in contracting and procurement, scaling up operational activity, and shifting focus from compiling the national list to proactive competitive procurement activity to drive additional value from the list and deliver further benefits for the health and disability system.

Organisational Priorities and Capability

Key highlights and/or progress undertaken in the quarter includes:

People & Capability

- We are working on finalising our 2024 – 2028 People Strategy and year one implementation plan and hope to have this completed next quarter.
- Work is underway to review our Flexible Working Policy, which will take into consideration the Public Service Commission's guidance once released.
- As part of our work on Leadership and Culture to increase visibility of our Senior Leaders, we agreed to hold 'Ask Me Anything' sessions with our Senior Leadership Team (SLT). The purpose of these sessions is to provide our people with a space to engage with our Senior Leaders on what is top of mind for them. Our first session was held in mid-September and will be held bi-monthly.
- In August we commenced bi-monthly SLT wānanga sessions which allow staff to learn from internal and external speakers about their work and how it supports the organisation or the healthcare sector.
- The 2024 Kia Toipoto pay equity action plan was finalised in July; however, the Public Service Commission Equal Pay task force was disbanded on 1 July. While our goals will no longer be specifically tied to Kia Toipoto, we will continue to review our pay data and people processes to ensure they remain equitable. This work will be built into our Diversity, Equity, and Inclusion workstreams.
- It is Pharmac's fourth year in partnership with TupuToa who support the delivery of an innovative internship programme creating pathways for Māori and Pacific students. We have intern placements available and are currently finalising the offer process for selected interns who will commence their internship from November 2024.
- In August, we closed the annual Performance and Remuneration Review process for 2024. Pharmac provided all eligible employees with a salary review and increase.

Other activity

- Progressing our partnerships work. Memorandum of Understanding (MoUs) have been agreed with Medsafe and for the first time with the Cancer Control Agency and Health NZ.
- Pharmac's *Equity policy*, which was published in July. The policy sets out our commitments to achieve equitable health outcomes and organisational equity.²
- We reviewed our approach to Pacific Health to better align with Te Mana Ola: The Pacific Health Strategy³ as part of wider efforts by the health system to reduce health inequities for Pacific peoples.
- We submitted to the Health Quality and Safety Commission our third CQSM self-assessment for the reporting period April 2024 to September 2024.

² Available at: <https://pharmac.govt.nz/about/access-equity/equity-policy>

³ Available at: <https://www.health.govt.nz/strategies-initiatives/health-strategies/te-mana-ola-the-pacific-health-strategy>

- A draft *Data and Digital Strategy* has been prepared and will be reviewed externally in the next quarter.
- An ongoing reduction in carbon emissions. Pharmac has already reached its carbon emissions target for 2030.

Providing support to Māori Nurses

Pharmac presented awards to 15 nurses at the recent Indigenous Nurses Aotearoa Conference in Auckland to support their further study and professional development. The awards provide financial support to nurses so that they can advance their expertise and have an even greater impact in their communities.

Pharmac established the awards in 2016 with Te Rūnanga o Aotearoa to acknowledge nurses' role as key influencers, advocates and positive role models for whānau.

Providing support to Māori Doctors

In partnership with Te Ohu Rata o Aotearoa, Māori Medical Practitioners Association, Pharmac presented two scholarships to Māori medical students for excellence in research and excellence in leadership. Pharmac also attended and provided sponsorship to the 2024 Te ORA hui a tau and scientific conference.

Provided career pathway advice to Māori Pharmacy students as an invited speaker to their national hui at the University of Otago.

Our new approach to Responsible Use targets populations with high health needs

We are changing how we promote the responsible use of medicines. In the past, we have contracted external providers to create educational resources to support prescribing practice in primary care. Our new approach focuses on establishing relationships with a range of providers and commissioning work as needed. This approach recognises that improving the responsible use of pharmaceuticals requires a system-wide approach to address the wider determinants of health — the circumstances in which people are born, grow up, live, learn, work, and age.

In the next quarter we will be inviting people to advise work programmes or groups related to the responsible use of medicines - and which align with the government's health priorities.

Improving our OIA Timeliness

Recently, the Chief Ombudsman reviewed seven public sector agencies to assess the OIA timeliness under the Ombudsman Act. Pharmac was included in the review and participated in the identification of a range of process improvement activities. This investigation and report has been a good opportunity for us to work with the Ombudsman to identify ways to improve our processes. We have received the provisional report and have responded to the Ombudsman. We are currently developing an action plan to address the action points identified.

Reporting on staffing

As of 30 September 2024, Pharmac had 178 employees (154 permanent and 24 fixed term). The total FTE was 174.25, including two on parental leave and three on long term leave. There were no contractors engaged. 14 positions were vacant.

Māori and Diversity Targets

At the Board's request, we have provided our current workforce and expert advice diversity, compared with the previous year (and recently prepared for the Annual Report). This shows an increase in the percentage of Māori in our workforce and on expert advisory committees.

Workforce

Ethnicity	22/23 Percentage	23/24 Percentage
European	75%	87%
Māori	6%	9%
Pacific peoples	1%	1%
Asian	14%	12%
Middle Eastern/Latin American/African (MELAA)	1%	4%
Other	10%	6%
Total	108 percent	118 percent⁽¹⁾

Board/Committees

Proportion of Māori	22/23 Percentage	23/24 Percentage
Pharmac Board	33%	33%
PTAC & SAC	3%	3%
CAC	33%	33%
RUAC	12.5%	37%

Appendices:

Appendix A Progress against 2024/25 Letter of Expectations

Appendix B Summary of performance measures

⁽¹⁾ Some staff have declared more than one ethnicity.

Appendix A : Progress against 2024/25 Letter of Expectations

Expectation	Source	Status	Comment
Organisational Culture and Collaboration			
Strengthen partnership work	LoE #1	Started	<p>Planning two consumer-based workshops to be held in the next quarter. Independently chaired these are part of our efforts to 'reset' relationships with key consumer representatives and provide an opportunity to hear and work through what representatives consider Pharmac's issues and opportunities are from a consumer perspective.</p> <p>Wide range of activity underway as part of implementation of our Engagement Strategy.</p>
Prioritise collaboration with sector	LoE #2	Started	<p>We have finalised MoUs with various health entities.</p> <p>Working closely with health entities to support implementation of new medicines investment.</p> <p>Working with Health NZ on medical devices programme.</p>
Report on Culture & Stakeholder Sentiment	LoE #3	On track	<p>The Board receive regular quarterly reports on media sentiment.</p> <p>We participate in the annual public sector index survey.</p> <p>Work on organisational underway as part of implementation of People & Capability strategy.</p>
Ensure Right Information is going to the Board	LoE #4	On track	Annual Board Programme reviewed and agreed.
Role of Pharmac			
Review Pharmac statutory objectives	LoE #5	Started	§ 9(2)(f)(iv)
Clarify role delineation (assessment & decision-making)	LoE #6	Started	Paper will be considered by the Pharmac Board at its October meeting and advice will then be provided to the Minister.
Role clarity (Medical Devices)	LoE #7	Started	Review commissioned by Ministry of Health.
Prepare Budget requests to support future investment	LoE #8	On track	§ 9(2)(f)(iv)

Methods and processes (including SPE commitments for Assessment & Decision-making)			
Increase participation into decision-making (including consumers and those with lived experience)	LoE #9 SPE	started	Activities include researching best practice, consumer workshops, recruitment for expert advisory groups, engagement strategy.
Comply with Consumer Quality Safety Marker (CQSM) expectations	LoE #10	On track	Third CQSM self-assessment for the reporting period April 2024 to September 2024 submitted.
Report publicly (LoE# 9 & 10)	LoE #11	On track	Embedded into statutory reporting.
Explore new assessment approach (fiscal and societal impacts)	LoE #12 SPE	Started	s 9(2)(f)(iv)
Publish agendas/minutes in a timely fashion	LoE #13	Not on track	Current focus is on addressing the backlog and inactive applications. An improvement programme is yet to commence for the publication process – and so timelines are static.
Publicly report on timeliness	LoE #14	On track	Embedded into statutory performance reporting
Improve timeliness of assessment & decision-making	SPE	Started	Work on backlog, inactive applications, NPPA processes, and streamlining front-end (rapid) assessment processes.
Increase transparency of assessment & decision-making	SPE	Started	Online information is improving (including trackers) with plain language explanations increasing.
Harness innovation in the use of the CPB	SPE	Started	Refer social investment activities underway
Strategic Management of Medicines and Devices (SPE commitments)			
Work with Health New Zealand to increase access to cancer treatments and other medicines	SPE	On track	Progress tracked and reported via online (web tracker). We are working closely with Health NZ to plan implementation.
Promote sustainability of our current portfolio of funded medicines	SPE	On hold	Approach has been developed but is pending appointment of Principal Adviser Commercial.
Update and develop our commercial approach	SPE	On hold	Pending appointment of Principal Adviser Commercial.
Improve reimbursement arrangements for medicines	SPE	On hold	Planning underway to improve reimbursement arrangements for medicines used in hospitals.
Comprehensive list of medical devices that hospitals are using	SPE	On track	First review of HSC codes completed with around 15,000 items identified.
A category management approach for hospital medical devices	SPE	Started	Ongoing engagement with Health NZ on category management roles. Work begun on category plans in several areas including Dialysis, and some surgical devices.

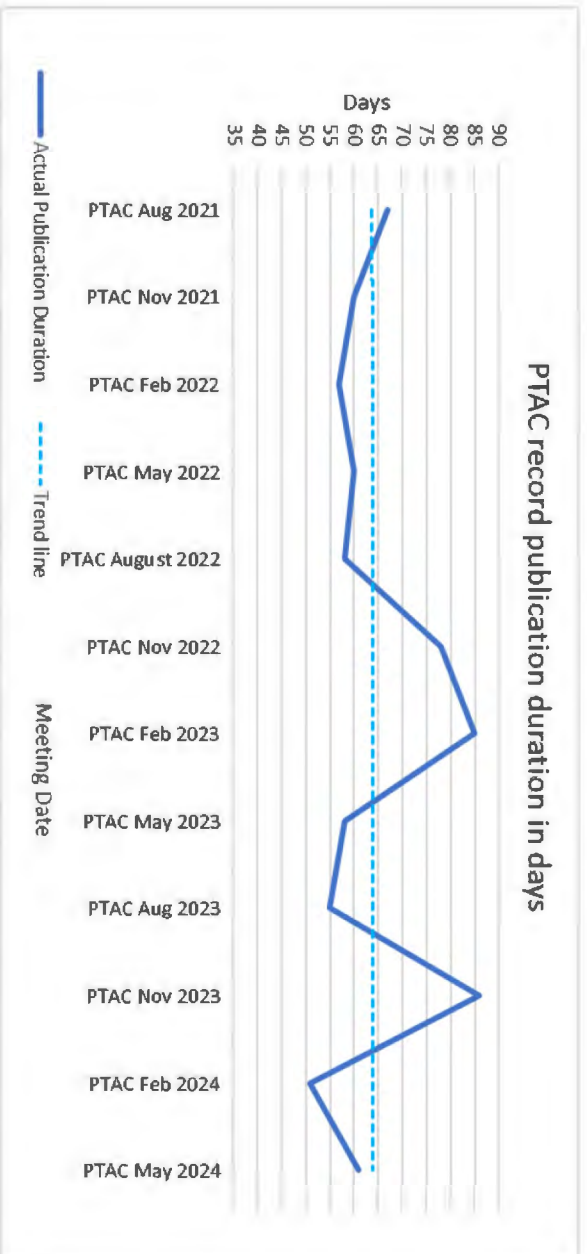
A national assessment process for hospital medical devices	SPE	Started	Under development – with An Interim Medical Device Advisory Group (IMDAG) established.
New IT system to support our medical devices work.	SPE	On hold	Proposal developed – Board agreed to defer pending Ministry of Health review of medical devices.
Health System Priorities			
Give effect to the Government Policy Statement on Health	LoE #15	On track	Alignment captured in SPE and will be captured in work underway to refresh SOI.
Support Government priorities & targets	LoE #16	On track	Commitments captured in SPE and will be captured in work underway to refresh SOI.
Work with Health NZ on health plan	LoE #17	Started	Input provided to Health NZ as they develop and progress the plan.
Work with Ministry of Health on rare disorders	LoE#18	Started	Rare Disorders Strategy published. Awaiting implementation plan/approach from Ministry of Health.
Accountability			
Complete 2024/25 Statement of Performance Expectations	LoE #19	Completed	2024/25 SPE completed. Published on website.
Refresh Statement of Intent (SOI)	LoE #20	On track	Draft SOI will be considered by the Board at its October meeting.
Progress Pharmac review actions	LoE #21	Started	Embedded into statutory performance reporting.

Appendix B : Summary of performance measures

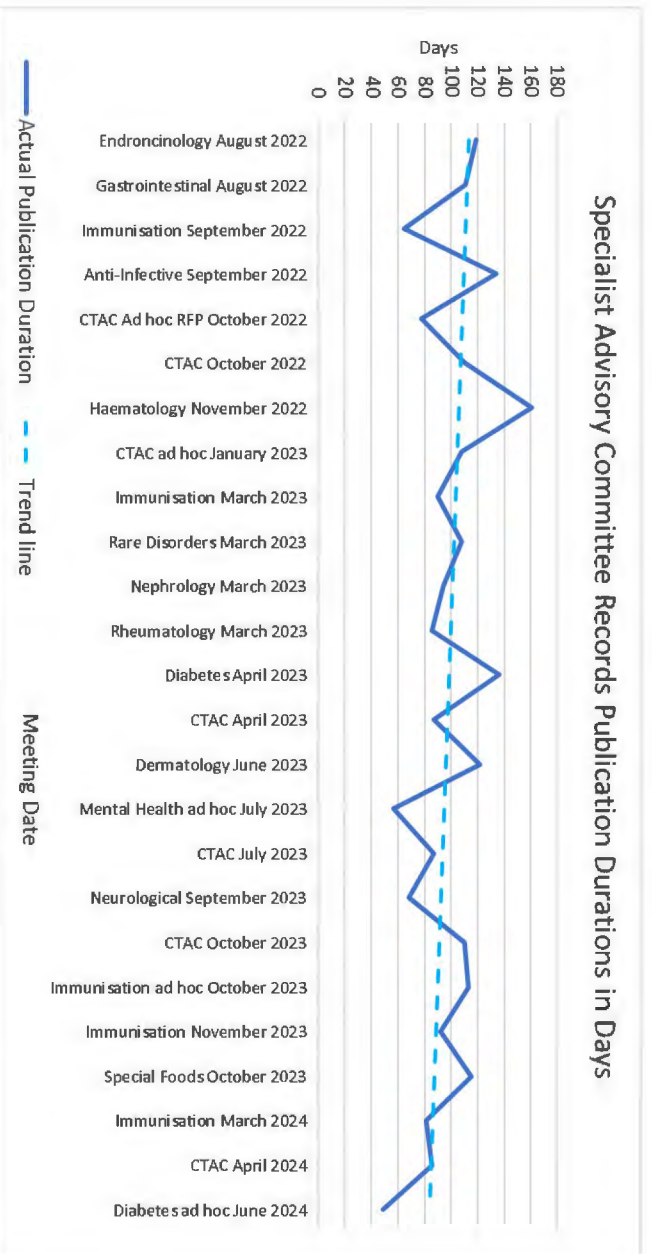
No	Performance measure	2023/24 result	Q1 result 2024/25
1	Increase in the number of New Zealanders receiving funded medicines. (A) ⁴	4.1 million New Zealanders	Result calculated at year end
2	Increase in the number of new medicines funded. (A)	12 new treatments funded	11
3	Access is widened to an increased number of medicines that are already funded. (A)	16 access widenings	29
4	Increase the estimated number of New Zealanders benefitting from new medicines funded. (A)	19,851 additional New Zealanders received new medicines	Q1= 42,220 additional New Zealanders receiving new medicines
5	A reduction in the average time to assess and rank new applications. (A)	Average is 54 months Average over 5 years is 23.7 months	Average is 40 months Average over 5 years is 27.8
6	A reduction in average time to publish PTAC and sub-committee records (SAC). (A)	PTAC = 63 days SAC = 90 days	Targets for 24/25 are PTAC: less than 70 days (14 weeks). Advisory panels: less than 108 days (22 weeks).
7	Average time from funding application to decision date.	38.6 months average for applications received in last 5 years	Average of applications received for last 5 years at end of Q1 = 37.1
8	% of decisions Named Patient Pharmaceutical Applications made within 10 working days.	68%	90%
9	The number (volume) and range (mix) of medicines have increased over time within budget.	In 2023/24 and 2022/23 volume and mix went up relative to the cost.	Result calculated at year end
10	An increase in Māori trust and confidence (external survey)	Advocates 11% (23/24) Critics 2023/24 = 31%	Result available at year end
11	Increased public trust in Pharmac (external survey)	2023 = 59 2024 = 60	Result available at year end
12	Assessment of consumer engagement (based on the Consumer Quality Safety Marker (CQSM) self-assessment)	Self-reported scores Engagement: 3 Responsiveness: 2 Experience: 2	Results available Q2 and Q4
13	A comprehensive list of medical devices on the Pharmaceutical Schedule by 30 June 2025	New measure	First review of HSC codes completed with around 15,000 items identified
14	Manage expenditure on hospital medical devices under Pharmac contract to within 1.5% of budget for the year. (New measure)	New measure	0.4% variance at 1 October (Expected to fluctuate during the year due to commercial activity and price volatility)

⁴ (A) = Appropriation measure

Timeliness of PTAC committee records published (18 months)



Timeliness of Specialist advisory committee records published (18 months)



Appendix Two

Medicines Budget investment decisions made to 31 October 2024 for implementation in 2024/25

Investments for implementation in the 2024/25 Financial Year

The table below provides information about the new investment decisions that Pharmac has made to 31 October 2024, for implementation in the 2024/25 financial year. Investment decisions are classified as new listings (NL)¹ or access widening (AW).² As at 31 October, we have made 11 NL and 29 AW decisions for implementation in 2024/25.

Pharmaceutical	Used to treat	Decision type	Implementation Month	Estimated # new patients in 2024/25 ¹
Ribociclib	Breast cancer (HR-positive, HER2-negative)	NL	Jul-24	400
Midostaurin	Acute myeloid leukaemia (FLT3-mutated)	NL	Jul-24	19
Varicella zoster (shingles) vaccines (Shingrix)	Prevention of shingles in immunocompromised people	AW	Jul-24	7,495
Levetiracetam injection	Seizures in palliative care	NL	Jul-24	1,057
CDK4 inhibitors	Breast cancer (HR-positive, HER2-negative)	AW	Jul-24	38
Lenalidomide	Multiple myeloma, myelodysplastic syndrome, plasma cell dyscrasia not including Waldenström macroglobulinemia	AW	Aug-24	437
Pomalidomide	Relapsed or refractory multiple myeloma, relapsed or refractory plasma cell dyscrasia not including Waldenström macroglobulinemia	NL	Aug-24	430
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Immunisation against diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B - additional doses for (re-)immunisation for children and young people aged between 10 and 18 who are patients post haematopoietic stem cell transplantation, or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens	AW	Aug-24	10
Nutricia supplements	Phenylketonuria and other inherited metabolic diseases	NL	Aug-24	118
Pembrolizumab	Triple negative breast cancer	AW	Oct-24	31
Pembrolizumab	Recurrent or metastatic head and neck squamous cell carcinoma (head and neck cancer)	AW	Oct-24	67
Pembrolizumab	Unresectable or metastatic colorectal (bowel) cancer - first line	AW	Oct-24	103
Pembrolizumab	Unresectable or metastatic colorectal (bowel) cancer - second line	AW	Oct-24	112
Pembrolizumab	Advanced urothelial carcinoma (bladder cancer)	AW	Oct-24	65
Pembrolizumab	Relapsed/refractory Hodgkin Lymphoma	AW	Oct-24	16
Nivolumab	Second line treatment of advanced renal cell carcinoma (kidney cancer)	AW	Oct-24	90

Pharmaceutical	Used to treat	Decision type	Implementation Month	Estimated # new patients in 2024/25 ¹
Posaconazole	Prevention of invasive fungal infections (IFI) for those at high risk of severe fungal infection	AW	Oct-24	280
Voriconazole	Prevention of invasive fungal infections (IFI) for those at high risk of severe fungal infection	AW	Oct-24	42
Continuous glucose monitors	Type 1 diabetes	NL	Oct-24	12,386
Insulin pumps	Type 1 diabetes	AW	Oct-24	131
Aripiprazole depot	Schizophrenia and other psychotic disorders	AW	Nov-24	279
Ferric carboxymaltose	Iron deficiency anaemia in people with chronic inflammatory disease	AW	Nov-24	430
Methylnatrexone bromide	Opioid induced constipation for people in hospital	AW	Nov-24	2,869
Adalimumab	Severe, chronic, localised genital or flexural plaque psoriasis	AW	Nov-24	30
Etanercept	Severe, chronic, localised genital or flexural plaque psoriasis	AW	Nov-24	3
Secukinumab	Severe, chronic, localised genital or flexural plaque psoriasis	AW	Nov-24	36
Infliximab	Severe, chronic, localised genital or flexural plaque psoriasis	AW	Nov-24	2
Fosfomycin	Uncomplicated urinary tract infections	NL	Nov-24	1,996
Oestradiol gel	Menopause, Gender Affirming Hormone Therapy, osteoporosis, premature ovarian insufficiency	NL	Nov-24	11,666
Fexofenadine hydrochloride Tab 180 mg	Hay fever and hives	NL	Feb-25	958
Levodopa with carbidopa and entacapone	Parkinson's disease	NL	Feb-25	242
Lanreotide	Neuroendocrine tumours	NL	Feb-25	25
Lanreotide	Malignant bowel obstruction	WA	Feb-25	2
Lanreotide	Growth disorders	WA	Feb-25	5
Total				42,220

¹ Any medicine not currently listed on the Schedule and any new presentations (i.e., tablet, infusion, injection) that represent a significant shift in treatment options for patients.

² Changes in access criteria for existing funded medicines, making them more accessible and/or available for a wider patient population(s).

The following 17 pages have been removed (Appendix 3 and Appendix 4) as they are withheld under the following sections of the Act:

Section 9(2)(j)

Section 9(2)(b)(ii)

Section 9(2)(g)(i)