



PHARMAC

YEAR IN REVIEW 2024

PHARMAC
TE PĀTAKA WHAIORANGA

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Tēnā koutou katoa,

I am pleased to present the 2024 Year in Review for Pharmac | Te Pātaka Whaioranga. There have been a number of significant highlights in the past year, as well as challenges, changes, and opportunities.

In April 2024, we welcomed Hon Paula Bennett as Pharmac's new Board Chair. In May, the Minister provided his Letter of Expectations, outlining his expectation that we work closely with our stakeholders – consumers, clinicians, medicine suppliers, and health sector partners – to ensure New Zealanders have the medicines and medical devices they need.

The need to strengthen the way we engage with stakeholders, particularly consumers, has been an enduring theme for Pharmac throughout 2024. In November, Pharmac's Board commissioned two independently facilitated workshops with consumer groups to understand consumer experiences of working with Pharmac and where we need to improve to ensure consumer voices are heard, valued, and included throughout our work. Consumer engagement will continue to be a priority for Pharmac in 2025.

The number of people needing medicines keeps growing, last year more than 4 million New Zealanders received funded medicines – 100,000 more people than the previous year.

A highlight during the year was undoubtedly the Government's \$604 million budget boost for Pharmac, which enabled us to fund new medicines and widen access to some of the ones we already fund. We made good use of this additional budget, funding more medicines for a range of cancers and other health conditions including schizophrenia, heart failure, and osteoporosis.

During the year, we made other decisions that had a significant impact on the lives of thousands of New Zealanders, including funding continuous glucose monitors for people with type 1 diabetes.

Working closely with other health agencies has been important for the success of our work in 2024. For example, we have worked with Health New Zealand to allow pharmacies to offer childhood immunisations, carried out joint consultations with Medsafe on ADHD medicines, worked with Health New Zealand on hospital medical devices, and worked with Health New Zealand, the Cancer Control Agency, and the Ministry of Health on the funding of new cancer medicines.

We have also improved a number of our processes. For example, we now allow parallel assessments for all medicines, meaning Pharmac can assess a funding application at the same time Medsafe is assessing the application for regulatory approval.

In 2024, we continued our work to improve the way medical devices are managed in New Zealand. Medical devices are essential to the care people receive in hospitals and their communities. By the end of 2024, 75 percent of medical devices used in public hospitals were under Pharmac contracts. In 2025, work will continue towards closing the list of medical devices that public hospitals purchase from. This work will ultimately mean that no matter where you live in the country, your hospital will have access to the same medical devices, for the same price, under the same terms and conditions.

By knowing what is in use, the health system will be able to make the best investments and long-term decisions about what medical devices need to be funded and used.

I'm proud of all that Pharmac has achieved in the past year and the team is looking forward to working with you all throughout 2025.



Sarah Fitt
Chief Executive

Ngā uaratanga | *Our values*



Whakarongo | *Listen*

Whakarongo means listening with more than your ears. It's perceiving with all senses – listening with intent and empathy, listening to understand. We must seek out all voices to truly understand, and we must be ready to change our minds when needed, based on what we hear. With whakarongo shaping the way we communicate, people will trust us and know that we'll engage with them in a meaningful way.



Tūhono | *Connect*

As a concept tūhono means that everything in the universe is interconnected and interdependent. It's a warm word that reminds us that relationships and connections are taonga and must be treasured. We combine tūhono with whakatatū, which means coming to an agreement or decision together. To help us find the best way forward for everyone, we must connect with people, communities, the health system, and each other. We must see each other as people first and tūhono with sincerity.



Wānanga | *Learn together*

To keep growing and changing for the better, we must share knowledge and ideas to feed our appetite to learn. We must balance empirical evidence with the unique experiences people share and use this to inform our mahi. Only by combining māhirahira (curiosity), whāwhāki (revelation), and maramatanga (insight), can we reveal the best way forward. We can learn together. We can wānanga.



Māia | *Be courageous*

Ihi, wana, and wehi are central to māia, capturing the joy and excitement of life, wonderment, and gratitude for the world itself. They ensure we face change with optimism, don't avoid difficult conversations, and continue to challenge ourselves and each other. We must stand up when we see opportunities to do better. We must be courageous to deliver better health outcomes for New Zealanders.



Kaitiakitanga | *Preserve, protect, and shelter our future*

Te Pātaka Whaioranga, our te reo Māori name, means 'the storehouse of wellbeing'. Whaioranga describes recovering to good health and te pātaka symbolises the solid and reliable structure that safeguards supplies. For Pharmac, that's supplies of medicines and medical devices. As kaitiaki of Te Pātaka Whaioranga, we play our part to preserve, protect, and shelter the future wellbeing of everyone in New Zealand. We whakarongo, tūhono and wānanga with māia to strengthen Te Pātaka Whaioranga.

Our strategic priorities

Pharmac's strategic priorities sit within the broader health and disability sector. Our work contributes to the Government's vision of pae ora (healthy futures) for New Zealanders. Our strategy is built around improving the way we assess, manage, and invest in medicines and medical devices.

In 2024, Pharmac has been focused on making improvements in three key areas - strategic management of the medicines budget, enhanced assessment and decision making, and strategic management of hospital medical devices.

Strategic management of the medicines budget

"The medicines budget is set by the Government, and it's what we use to pay for the medicines you need to stay healthy, the medicines that support your care in your hospitals, as well as vaccines and other health products that support your wellbeing.

"Each year we have to carefully plan and manage our medicines budget to make sure that we get the best health outcomes for New Zealanders and improve health equity.

"The number of people requiring medicines grows each year. In 2023/24, over 4 million New Zealanders received funded medicines - 100,000 more people than the previous year. And there are constantly new medicines being developed.

"As a result of the Government's \$604 million budget boost in June 2024, by the end of 2024 we had funded or expanded access to 32 medicines and were consulting on a further 12 medicines. More decisions are coming in 2025.

"It's been incredible to be able to fund and widen access to so many new medicines this year for so many New Zealanders who need them.

"Another area of focus for us has been to make sure that once medicines are funded, people who need them can actually get them. This year, we have been working closely with Health New Zealand, the Cancer Control Agency, and the Ministry of Health as part of a cross-sector group focused on making sure that services are ready and available for people to start on their new medicines as soon as possible."

"It's been incredible to fund and widen access to so many medicines this year for New Zealanders who need them."

- **Geraldine MacGibbon**
Director Pharmaceuticals



Enhanced assessment and decision-making

“Pharmac goes through a thorough, evidence-based assessment process for every medicine that we consider funding. A priority for Pharmac this year has been looking at ways to increase consumer input and participation in our decision making.

“We have also been improving our processes and the way we work.

“We changed our process to allow parallel assessments for all medicines, meaning Pharmac can assess a funding application at the same time Medsafe is assessing the application for regulatory approval. As a result, medicines will be able to be

considered for funding sooner in New Zealand.

“We significantly reduced the time it takes for us to assess Named Patient Pharmaceutical Assessment (NPPA) applications. This is when we consider funding a treatment for an individual patient, following a request from their doctor. Our target is to make decisions on at least half of all applications within 10 days. In October 2024, over 90% of NPPA applications were closed within 10 working days, well exceeding this target.

“Alongside these improvements, we’ve been laying the foundations internally to improve how we make assessments and that work will continue in the coming year.”



“A priority for Pharmac this year has been looking at ways to increase consumer input and participation in our decision making.”

- Dr David Hughes

Director Advice and Assessment, Chief Medical Officer

Strategic management of hospital medical devices

“Pharmac has continued our work to improve the way medical devices are managed in New Zealand in 2024.

“Medical devices are essential to the care you receive in hospitals and in your communities. They range from things like bandages and cotton swabs, to pacemakers, hip replacements, even hospital beds and robotic surgery machines.

“Our team has continued work to finalise a comprehensive list of medical devices used by Health New Zealand. By the end of 2024, approximately 75 percent of devices used in public hospitals (by spend) were now under Pharmac contracts. In 2025, work will continue towards

closing the list of medical devices that public hospitals purchase from. This work will ultimately mean that no matter where you live in the country, your hospital will have access to the same medical devices, for the same price, under the same terms and conditions.

“By knowing what is in use, the health system will be able to make the best investments and long-term decisions about what medical devices need to be funded and used.

“We’ve continued to strengthen our key relationships with suppliers and our other health sector partners to ensure that we get the best health outcomes for New Zealanders.”

“This work will mean no matter where you live in the country, your hospital will have access to the same medical devices. ”

- Catherine Epps

Director Medical Devices



Budget increase for more medicines

In June 2024, Pharmac received a \$604 million increase to the medicines budget from the Government to fund or widen access to many more medicines, including cancer medicines.

Pharmac staff worked fast to turn this new money into the medicines that New Zealanders need. In just over 6 months, Pharmac had progressed proposals for 50 medicines for funding.

“We’re very aware that every dollar we spend has an impact,” says Director of Pharmaceuticals Geraldine MacGibbon.

“Our staff were ecstatic when we found out about the increase to the medicines budget. There are so many medicines that we want to fund and that we know New Zealanders need. Being able to make so many new medicines available has been a career highlight for so many of us,” she says.

We started with medicines that were already funded for some conditions, but where we wanted to expand access – because we already had agreements in place for these medicines – it meant we could move fast.

“We had first funded pembrolizumab (brand name Keytruda) for some types of cancer in 2016, but we were very aware that more New Zealanders needed access to this life changing medicine,” she says.

Twelve days after the increase was announced, we opened consultation on our proposal to widen access to pembrolizumab for New Zealanders with five types of cancer, including breast cancer.

Just over three months later, people with these conditions could start their new treatments.

“We also looked at funding medicines that were on our priority lists, but where we didn’t have supply contracts in place with suppliers. These decisions took slightly

longer, as our teams had to negotiate new contracts with suppliers,” she says.

In mid-September, Pharmac opened consultation on a proposal to fund medicines for lung cancer, breast cancer, and respiratory conditions as part of a bundle deal with the supplier AstraZeneca.

From 1 January 2025, people with HER2-positive metastatic breast cancer could start their treatment on trastuzumab deruxtecan (brand name Enhertu).

Ah-Leen Rayner, Chief Executive of Breast Cancer Foundation NZ, said: “Every day, nine women in New Zealand are given the news they have breast cancer. While this can be devastating, having access to modern, safe, and effective treatments can offer the best opportunity for survival. But we know too many Kiwis are resorting to selling their homes or fundraising tens of thousands of dollars for unfunded medicines that could save or extend their lives. Many of these are widely accepted as standard or best practice drugs elsewhere in the world.

“The alarming reality is Kiwis with advanced breast cancer die at faster rates than women overseas and that’s largely due to fewer funded treatments. Having more investment for cancer drugs and faster approvals processes is what women with breast cancer need more of. With timely access to medicines like Enhertu, advanced breast cancer can become a chronic condition that women live with, rather than die from, but we also need drugs like Keytruda for early breast cancer to prevent women progressing to an incurable stage.”

Budget boost in numbers (as at 31st December 2024)

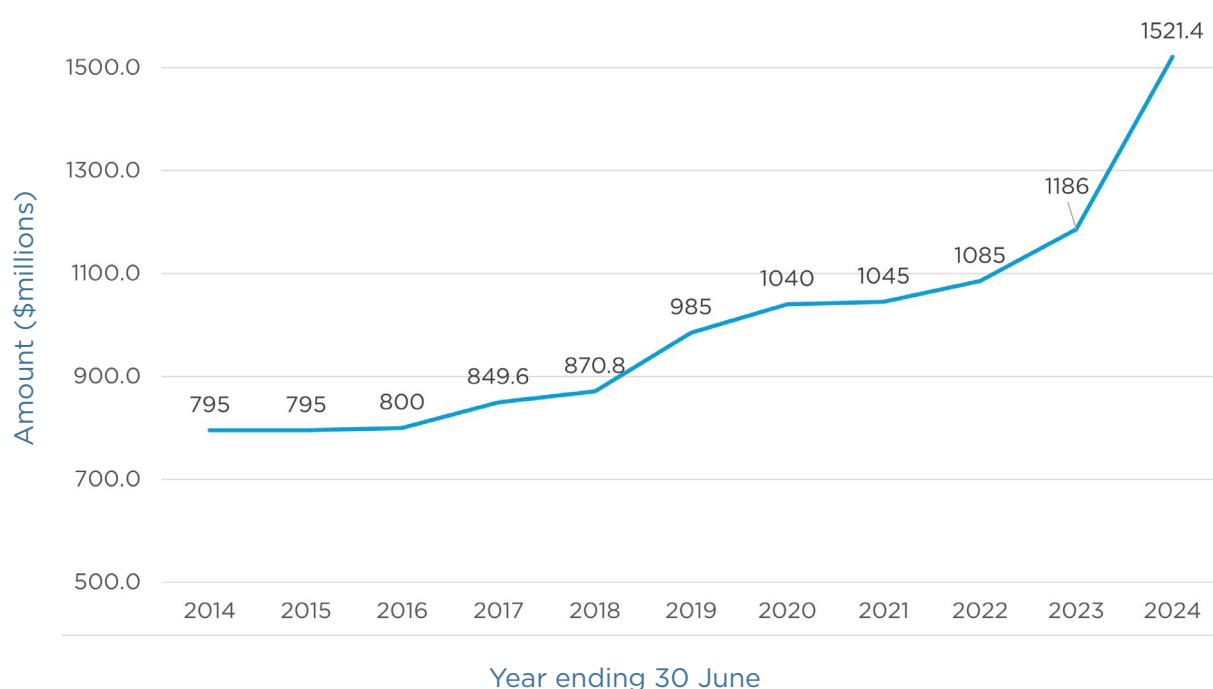
STATUS	CANCER MEDICINES	NON-CANCER MEDICINES	TOTAL
Funded	17	19	36
Considering feedback	3	3	6
Consultation open	7	1	8
Total	27	23	50

Pharmac manages a fixed budget set by the Government and decides which treatments will be funded. We're also working on a new way of managing hospital medical devices.

Our job is to get the best health outcomes from treatments for New Zealanders, while staying within the fixed budget the Government sets. This means we must make difficult decisions about which treatments we will fund – there will always be more treatments we want to fund than we can afford.

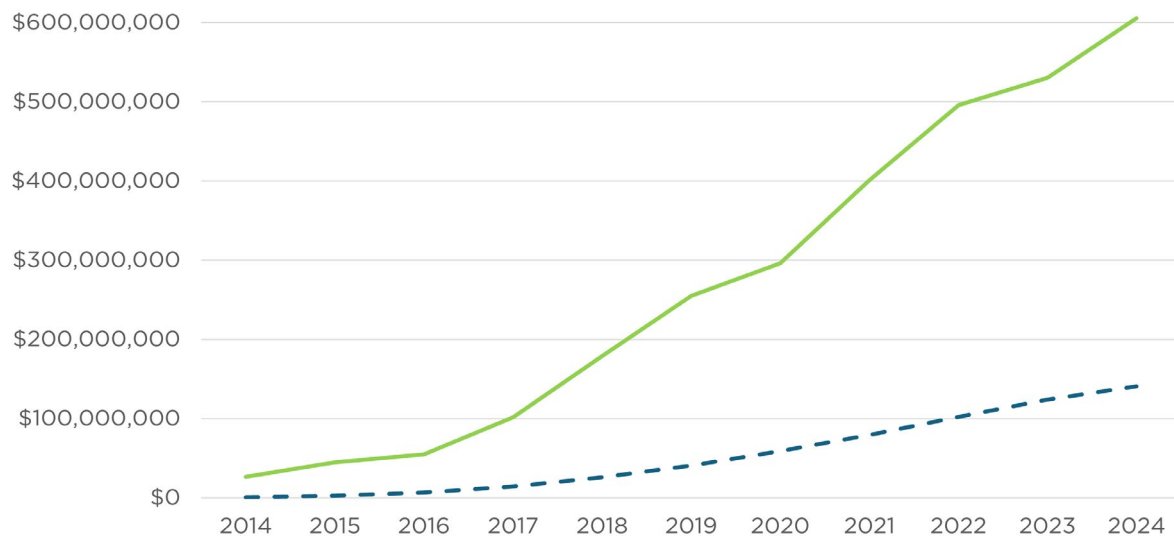
Our budget has increased over time to enable us to fund new treatments, widen access to treatments already funded, and meet other costs, such as those related to price increases and population growth. To help free-up budget to fund new treatments, we also work hard to reduce the cost of the treatments we already fund.

Combined pharmaceutical budget (medicines budget) expenditure, 2014–2024



Spend and savings for hospital medical devices, 2014–2024

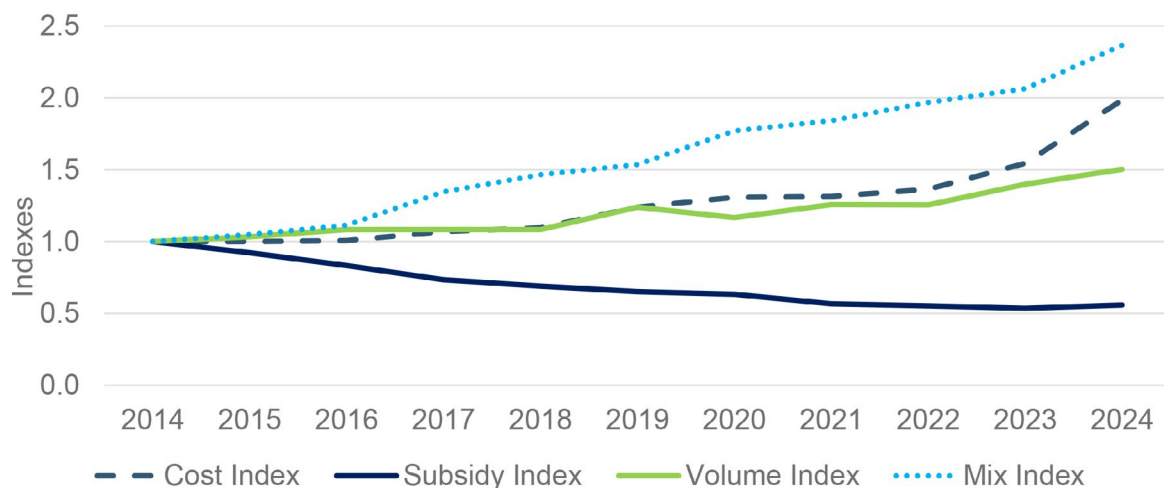
This graph shows our impact on medical devices spending and savings over the past decade. The total annual expenditure under agreement line (solid line) shows how much hospitals have spent on devices we have under contract each year. The cumulative savings line (dotted line) shows what savings have accumulated through Pharmac's national contracting.



Price, volume, mix, and subsidy for treatments in New Zealand, 2014–2024

This graph shows that the number of treatments (volume index) and the variety of treatments (mix index) have increased – meaning we're seeing more, and varied, treatments in New Zealand. At the same time, the cost of treatments (the cost index) has increased but the actual price paid (the subsidy index) has decreased – showing Pharmac is getting more treatments for less money. The rise in the cost index represents the inclusion of COVID-19 treatments and vaccines in the CPB. From 1 July 2023, the budget for COVID-19 vaccines and treatments was added to the medicines budget.

Price, volume, mix of medicines in New Zealand over the last 10 years



Our year in numbers

Hospital medical devices 2023/24

5,000

Line items added to the
Pharmaceutical Schedule
under national contracts



168,266

Total line items on the
Pharmaceutical Schedule
under national contracts



\$75 million

Value of additional hospital
medical devices secured
under contract in 2023/24



\$605 million

Total value of hospital
medical devices under
Pharmac contracts



\$162.16 million

Savings reinvested in
medicines medical devices,
and related products

Medicines budget 2023/24

4.086 million

Number of New Zealanders
receiving funded medicines,
medical devices, and related
products



19,851

Estimated number of
additional patients
benefitting from Pharmac's
decisions implemented in
2023/24



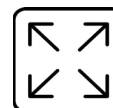
12

Number of new treatments
funded



16

Number of treatments with
access criteria widened



\$1.806 billion

Total gross CPB spending



\$1.578 billion

Total net CPB expenditure





Georgie Hayes on a holiday in Bali in 2024.

From finger pricks to freedom

For Georgie Hayes, the news that Pharmac would fund her diabetes continuous glucose monitors (CGMs) was a welcome relief after years of finger pricking and manually tracking her blood sugar levels.

“Life was just admin heavy. I was doing injections every day and testing my blood sugar at every meal, so I was ecstatic when I heard the news,” she says.

“I think back to when I was 10, and my mum would wake me up two-to-three times every night to check my blood sugar. This technology will make a real difference for people with diabetes, especially children.”

The process of funding CGMs alongside insulin pumps involved innovation, commercial processes, collaboration, and the input of the wider health and disability system.

The process began in February 2023 when Pharmac gave notice of a future procurement opportunity to suppliers. In July 2023, Pharmac invited proposals from suppliers through a request for proposals. Pharmac then developed a proposal to fund CGMs alongside insulin pumps and insulin pump consumables and asked the public what they thought.

“We received significant feedback. While most of the feedback supported our proposal, it was clear that we needed to do further work with clinicians, consumer groups, and suppliers, to better understand the options and the needs of people with diabetes. We knew how important it was to get this right,” says Pharmac Senior Therapeutic Group Manager, Conal Edwards.

In May 2024, Pharmac extended the funding timeline to ensure we had all the information needed to make the right decision.

Throughout June and July, Pharmac staff met with a large range of people to discuss the feedback. This included the Pharmac Diabetes Advisory Committee, Diabetes NZ, the New Zealand Society for the Study of Diabetes, Health New Zealand, and other government agencies, as well as suppliers, and other interested parties.

Pharmac hosted an online webinar for the first time, attended by over 700 people, to provide an update on the CGM work. This provided the community a chance to engage directly with Pharmac and have their questions and concerns addressed by Pharmac staff.

In August, Pharmac staff presented the updated proposal, including the feedback and amendments made, to the Pharmac Board. The Board approved the proposal and from 1 October 2024, CGMs were funded and available to people with type 1 diabetes, alongside new arrangements for funded insulin pumps and consumables. Since then, more than 16,000 people with type 1 diabetes have been prescribed funded CGMs.

“It really is a testament to all of the people with type 1 diabetes who saw these devices as life changing for their health care and were determined to work with Pharmac to see them funded,” Edwards says.

For Georgie, having access to funded CGMs is ‘life changing’.

“Understanding how to monitor my blood sugars, knowing how certain foods affected me, and when, and how much insulin I should be using has changed my life. Once upon a time you didn’t know how you were going until you felt it. This is better.”



*“One of my goals is to include
patient voice at every step
of the assessment process.”*

- Dr Robyn Manuel, CAC Chair

Working with consumers

One of the most important relationships for Pharmac is with consumers. That's anyone who needs medicines in New Zealand and their whānau.

Our Consumer Advisory Committee (CAC) is one of the ways Pharmac gets a consumer perspective on its work. It is made up of 10 members with interests in a wide range of areas, such as the health and wellbeing of Māori and Pacific peoples, people with disabilities, ethnic communities, people living in rural areas, older people, and youth. This year, the CAC met eight times and provided a range of advice, including advice on how we support consumers with several significant medicine brand changes.

Two independent consumer workshops were held in November 2024, commissioned by our Board Chair. These workshops were chaired by Dame Kerry Prendergast

as part of our ongoing work to reset relationships with key consumer and patient representatives. The purpose of the workshops was to discuss what Pharmac's issues and opportunities are from a consumer-experience perspective. An independent report on the workshop was to be considered by Pharmac's Board in 2025, and solutions developed to address recommendations from the workshops.

Throughout 2024, we have laid the foundations for good engagement. We have started implementing our new organisation-wide Engagement Strategy, which will strengthen our engagement with the public and the people and groups we work with.

Ryan Perica

Principal Advisor, Engagement

"In 2024, we've been establishing the foundations for good engagement with tools and training, processes, specialist advice, and coaching to lift the confidence and capability of our staff. This has given us a good platform to make more improvements to how we engage with consumers and other key stakeholders in 2025 and beyond."





*“Clinicians understand how best
to treat their patients.”*

*- Jared Solloway
Senior Therapeutic Group Manager*

How clinicians shape our decisions

Getting advice and feedback from clinical experts is an essential part of how Pharmac makes decisions. These are the people on the front line of New Zealand's health care – our doctors, nurses, pharmacists, and other specialists – who have first-hand knowledge of treating health conditions.

“All our decisions are underpinned by expert clinical advice and this is such an important part of the funding process,” says Jared Solloway, Senior Therapeutic Group Manager.

We draw on their expertise through our network of clinical advisory committees, our ongoing relationships with clinician groups, and through the feedback they provide on our public consultations.

“It's so important to us that we have good relationships with clinicians right around the country. Health care professionals with lived experiences of providing these treatments to patients and expertise in highly specialised areas give us invaluable insight,” Solloway says.

In October 2024, Pharmac announced that the medicine cetuximab (branded as Erbitux) would be funded for a particular type of bowel cancer.

Before this decision was made, during our consultation process on our proposal to fund cetuximab, we received detailed feedback from advocacy groups, clinicians, and members of the public.

Overall, the feedback supported what Pharmac was proposing but clinicians who treat people with colorectal cancers told us we should consider removing our

proposed requirement that cetuximab needs to be used alongside chemotherapy. After considering this feedback, Pharmac decided to change the access criteria and this requirement was removed.

“Clinicians understand how best to treat their patients, who is in greatest need, and how a medicine will be used in practice,” Solloway says.

Dr Vanessa Durandt, Medical Oncologist and Chair of Gastroenterologists Special Interest Group, says gastroenterologist specialists wanted the option of using cetuximab on its own. In their experience, chemotherapy was not suitable for every patient and frail or elderly patients were often unable to tolerate chemotherapy.

Durandt says that by working with Pharmac, people who may have missed out but could still benefit will now be able to access cetuximab.

“We really appreciated the chance to have a look at this and say from our experience with our patients, and what we know, we can recommend giving cetuximab on its own,” she says.

“Pharmac was responsive to our feedback, they sat down and talked through our concerns with us, took it on board, and this was reflected in the updated access criteria.

“Patients I work with tell me that those few extra months can make all the difference.

One patient said, ‘I just want to get to my daughter's wedding’ – it's those important milestones in life, that you want to get to – and we forget just how important that can be,” she says.



Nat James, Manager of Procurement & Contracts

Working with suppliers

Pharmac works with pharmaceutical companies to supply medicines to New Zealand that people need, and to resolve any supply issues or medicine changes.

“Maintaining strong relationships with suppliers helps us anticipate and manage supply issues to minimise the impact on people who need medicines,” says Pharmac’s Manager of Procurement & Contracts, Nat James.

“Supply issues affecting New Zealand are often the result of global supply issues. If there is likely to be a shortage of a medicine, we work with suppliers, clinicians and consumer groups to give them up to date information they can act on,” she says.

It’s also important that Pharmac works with suppliers to ensure that New Zealanders are aware of any changes to medicines. For example, in early 2024 a supplier planned to change the formulation and shape of

levothyroxine (brand name Eltroxin) tablets, a medicine that helps people manage an underactive thyroid and lead a normal, healthy life.

Pharmac worked closely with the supplier and Medsafe to communicate information about these changes to the public. The supplier created a range of resources to communicate the change and worked with Pharmac to distribute these materials to health professionals across New Zealand, people who take levothyroxine, advocacy groups, and wholesalers.

“Our positive working relationship with the supplier meant that both they and Pharmac were able to provide accurate timely information, so people could make informed decisions about their own care.”

Our health sector partners

When a global supply issue affected the availability of olanzapine depot injections, a medicine used to treat schizophrenia, Pharmac and Health New Zealand worked together to support people until it could be resolved.

“We knew this supply issue would affect people with high health needs and would require a collective effort from the health care sector,” says Pharmac’s Contracts Manager Team Leader, Marinda Van Zyl-Greene.

In mid-2023, the supplier notified Pharmac that there were limits to how much olanzapine depot injection they could make due to a shortage of the active ingredient.

“New Zealand was being allocated a set amount of stock. This led to shortages and we were concerned about the impact on people if they couldn’t get the medicine they normally used,” says Van Zyl-Greene.

Health New Zealand and Pharmac worked together to share information about medicine usage, to get a better understanding of what was available across the country, and where it needed to be. Armed with this information, Health New Zealand was able to create a prioritisation framework to make sure people who needed the depot injection, and couldn’t use alternatives, would get it.

In January 2024, Pharmac also funded aripiprazole depot injection for people with schizophrenia, as another option for people who were unable to access olanzapine depot injection.

“We were told by clinicians, and our partners at Health New Zealand, that aripiprazole depot injection would be a possible alternative to olanzapine depot injection. So, we moved quickly to fund this medicine and get stock into the country from Australia,” she says.

Kyra Sycamore, Specialist Mental Health Pharmacist and convenor of the New Zealand Hospital Pharmacists Association Mental Health Special Interest Group, says that impact to patients was minimised due to the health sector working together.

“When we found out there was a shortage, we had weekly meetings where New Zealand’s mental health pharmacy network could get up-to-date, accurate information from Pharmac about stock coming into the country and we could share information with Pharmac about stock levels in hospitals and pharmacies.”

“It was transparent, two-way information sharing, and having all the facts on the table allowed the prioritisation system to be set up quickly and work effectively,” she says. Sycamore says the key to avoiding impact for patients was joint decision making.

“We were all in the same meeting working together to reduce the impact on patients. There was a mental health pharmacist and a psychiatrist from every region at the table – we were really making decisions together,” she says.



Marinda Van Zyl-Greene, Contracts Manager Team Leader



Improving how medical devices are managed in New Zealand

Pharmac is continuing to improve the way medical devices are managed for New Zealanders. Our focus this year has been making sure people who interact with devices help shape this work.

“We can’t deliver this programme without input from suppliers who make these devices, health care professionals who purchase and use them, and the patients who need them,” says Pharmac’s Medical Devices Engagement Lead, Megan Nagel.

Almost everyone diagnosed or treated at a public hospital in New Zealand relies on medical devices for their care. These devices range from simple things, such as bandages and cotton swabs, to more complex technology, such as pacemakers, hip replacements, even hospital beds, and robotic surgery machines.

Over the course of 2024, Pharmac’s medical devices directorate have been expanding their engagement focus to learn about the challenges and opportunities people who supply and use medical devices are facing. In May, we held our first ‘health care hui,’ with a range of professional health care organisations.

“These health care organisations provide an important link for us to meet with different experts about the medical devices they

use. Their feedback is vital to ensure we understand how devices are used and what is important to the experts who use them,” she says.

Pharmac also participated in the Medical Technology Association of NZ (MTANZ) Healthtech conference in late June.

“MTANZ’s members supply many of the medical devices used in New Zealand public hospitals and they are vital to supporting a sustainable health care system,” Nagel says.

The medical devices directorate also held their first online supplier webinar, with nearly 200 suppliers attending. This webinar gave Pharmac the chance to hear directly from suppliers and respond to their questions.

The team also attended a range of other conferences during 2024, to connect with experts who are working in laboratories, sterile sciences, infection prevention, and orthopaedics.

“We want to continue to build connections with those people who are using medical devices, so that our work makes a difference in the lives of New Zealanders who rely on these devices to support their care,” says Nagel.



Salī Salī: Manager, Equity and Engagement

Achieving equitable health outcomes

Ensuring people with the greatest health needs get the medicines they need is a priority for Pharmac.

“Achieving equity in health outcomes requires Pharmac to proactively address the needs of the population groups furthest behind, or who have been most poorly served by the health system,” says Pharmac’s Manager, Equity and Engagement, Salī Salī.

In 2024, Pharmac finalised its first Equity Policy. This policy outlines a series of commitments Pharmac will make to achieve equitable outcomes and foster organisational equity. It focuses on those with severe health conditions and individuals facing multiple disadvantages that affect their health needs.

“To support better health outcomes for people with higher needs, we need to make changes to how we do things. We need to consider how we use data, build internal

capability, invest in health interventions, and update our processes and decision-making,” says Salī.

Pharmac is now working with other government agencies to align our efforts to improve health equity for New Zealanders. We have recently established a new cross-agency equity working group to coordinate initiatives across the health sector and promote an equitable and healthy future for all.

This group comprises staff from eleven health agencies, including Health New Zealand and the Ministry of Health, as well as specialised agencies, such as the Ministry of Disabled People and the New Zealand Blood Service.

“It’s vital for Pharmac to work closely with the rest of the health system, as the inequitable access to medicines and medical devices extends beyond Pharmac alone,” says Salī.

Empowering Māori health professionals

In the past year, Te Pātaka Whaioranga has strengthened its commitment to Māori health advancement through our partnerships with four key Māori health professional bodies:

- Te Rūnanga o Āotearoa Tapuhi Kaitiaki o Aotearoa
- Ngā Pou Mana Tangata Whenua | Allied Health
- Te Ohu Rata o Aotearoa | Māori Medical Practitioners Association
- Ngā Kaitiaki o Te Puna Rongoā | Māori Pharmacists' Association.

These collaborations support educational opportunities, annual gatherings, and nurture leadership within the Māori health workforce.

“These events serve as vital platforms for knowledge exchange, professional development, and the reinforcement of cultural identity among Māori health practitioners,” says Pharmac’s Kaituruki Māori – Director Māori, Trevor Simpson.

Simpson says that Te Pātaka Whaioranga understands just how important leadership is in driving systemic change and is backing various initiatives aimed at developing leadership skills among Māori health professional bodies.

In 2024, Te Pātaka Whaioranga provided scholarships in partnership with these organisations. This year a total of 31 scholarships were awarded. These scholarships aim to alleviate financial barriers, enabling recipients to pursue studies, and contribute meaningfully to their communities.

Te Pātaka Whaioranga, in collaboration with Ngā Kaitiaki o Te Puna Rongoā o Āotearoa (Māori Pharmacists' Association), created the Hiwinui Heke Māori Pharmacy Scholarship to tautoko tauira Māori studying toward their Bachelor of Pharmacy degree and to promote pharmacy as a career. The awards are named after Hiwinui Heke, the first ever Māori pharmacist.

The Hiwinui Heke scholarship was established and is awarded annually to outstanding Māori pharmacy students. In 2024, there were three recipients – Jade Tau-Manual, Te Aniwa Tutua, and Pamela Conway.

“By continuing to invest in scholarships, support annual hui, and foster leadership, Te Pātaka Whaioranga is committed to empowering Māori health professionals and, in turn, enhancing the wellbeing of Māori communities across Aotearoa,” says Simpson.

“Te Pātaka Whaioranga remains dedicated to its partnerships with these Māori health professional bodies, acknowledging that such collaborations are essential in addressing health disparities and promoting equity.”



Trevor Simpson

Kaituruki Māori – Director Māori

A black and white portrait of Dr. Nicola Ngawati, a woman with curly hair and glasses, wearing a light-colored blazer over a patterned shirt. The portrait is set against a background of concentric blue and teal circles. The image has a torn-edge effect.

*“We want to invest in and support
the next generation of pharmacists.”*

*- Dr Nicola Ngawati
Director, Equity & Engagement*

Supporting the next generation of pharmacists

He Rau Kawakawa (Otago School of Pharmacy) provides training for new cohorts of pharmacists each year. Pharmacists play an important part in the health workforce, preparing and dispensing prescribed medicine and discussing conditions and treatments with patients.

Pharmac's Director of Equity and Engagement, Dr Nicola Ngawati, says it's important for Pharmac to have a strong relationship with the School of Pharmacy.

"We want to support the next generation of pharmacists, because one day we'll need their skills and passion to help us get New Zealanders the medicines they need to live healthy lives," Ngawati says.

Visiting the School of Pharmacy in 2024 and talking to the students about Pharmac and what we do was invaluable, Ngawati says.

"We highlighted how Pharmac plays an important role in the health system, the range of careers available with a pharmacy qualification in Pharmac, together with profiling our participation in the TupuToa intern programme."

Ngawati also attended the School of Pharmacy's Annual Research Symposium during 2024, and the Annual Hui of Māori Pharmacy Students (which includes students from the University of Auckland). Associate Dean Māori and Senior Lecturer in Clinical Pharmacy, Dr Lisa Kremer (Kāi Tahu, Kāti Māmoe, Waitaha) invited Pharmac

to visit the School of Pharmacy regularly to connect and engage with students on Pharmac's work.

She says that He Rau Kawakawa and Te Pātaka Whaioranga (Pharmac) share common values, with one being ensuring all New Zealanders get the best health outcomes possible.

"At He Rau Kawakawa we are working hard at ensuring pharmacy graduates are equipped with the ability to deliver pharmacist services equitably, to ensure everyone benefits," she says.

Growing the relationship with Pharmac has had positive benefits for future pharmacists. "The investment in time for whanaungatanga has opened the door for career opportunities at Pharmac, with one tauira Māori taking up the opportunity to complete a Pharmac summer internship," she says.

"Pharmacy tauira Māori are looking for ways to make a positive difference on health equity for their whānau, and the relationship with staff at Pharmac has provided opportunities for tauira Māori to gain an understanding of the different roles within Pharmac."



Pharmac's 2024 TupuToa interns : Trent Peterson, Tania Guttenbeil, and Aiga Pinota Leo.

TupuToa intern programme

Each year Pharmac offers three paid TupuToa internships for Māori and Pacific taura. The TupuToa Internship Programme is an employment pathway that provides professional opportunities for Māori and Pacific tertiary students in corporate, government, and community organisations.

“It’s so important to have the different perspectives that our interns bring to their work and to Pharmac. They bring their life experiences, youth, and fresh ideas that help us understand and connect with a much wider range of New Zealanders.” says Pharmac’s Director of Equity and Engagement, Dr Nicola Ngawati.

“We are so appreciative of the time and effort our three interns, Aiga Pinota Leo, Tania Guttenbeil, and Trent Peterson gave us during their 12 weeks at Pharmac. Through their dedication and diligent work they have made important contributions to Pharmac and our work,” Ngawati says.

Aiga Pinota Leo says she applied for the internship to put her public health studies into practice.



“Choosing Pharmac as a place to intern was a great decision. Somewhere that aligns perfectly with my field of studies especially within the equity and engagement directorate and it’s an area I can see myself working in in the future.”

Pinota Leo created a reference resource detailing the regular communication channels used by other government agencies. This will give Pharmac an idea of further ways to engage and communicate with New Zealanders. She also collated educational resources used across the public sector to develop the understanding of equity.

“I have learnt a lot about the processes of how the organisation runs, how genuine everyone is in their area of work.”

Trent Peterson studied commerce in information systems and marketing at Victoria University of Wellington, and applied for the TupuToa internship to gain more work experience, particularly in the use of IT within organisations.



Peterson explored test automation and learned about how people in a variety of roles like project managers, business analysts, testers and developers work together.

The internship has been helpful in starting his IT career, Peterson says. “By learning about the process for a project and various roles, I believe this experience will open more doors for me in the future.

“It has also helped me develop other skills, such as confidence in my work and public speaking. I even had the opportunity to teach Te Reo to the ICT team, which was a great experience.”

Tania Guttenbeil studied health science at Otago University, majoring in public health, and says she was stoked to be offered an internship with the policy team at Pharmac.



Guttenbeil developed a discovery paper regarding Pharmac’s draft access criteria following external feedback. This discovery paper proposes an approach to reviewing Pharmac’s draft access criteria policy.

Pharmac sets specific criteria that must be met before some medicines will be funded. We do this to ensure medicines are targeted to those who would benefit most from treatment.

“Through the project I have gained insight of the policy processes used at Pharmac, as well as the intricacy of all the work that goes on at Pharmac,” Guttenbiel says.

She says her time at Pharmac opened her eyes up to the various pathways she could follow in her career.

Gaining global insights to improve health

Pharmac has joined new international networks to allow us to share knowledge and best practices across the world.

In 2024, Pharmac joined the International Network of Agencies for Health Technology Assessment (INAHTA), a network of 55 agencies from 35 countries that brings together public agencies around the world that assess technology in health care.

Together, these agencies influence the health care of over a billion people across the world.

Health technology assessment involves the review of medicines, vaccines, devices,

and other types of health technologies, to determine their potential value. This may involve how well these technologies work, how much they cost, and what impact they are likely to have on people's lives, and on the health system.

This builds on earlier work in 2023, where Pharmac joined a network with HTA partners from Australia, the United Kingdom, and Canada.

Gaining membership, which requires approval by the INAHTA board in Canada, shows that Pharmac is recognised as a health technology assessment agency internationally.

"The pharmaceutical environment is constantly changing, with the rise of artificial intelligence (AI), new types of technologies, and increasing growth in the number of new medical technologies on the horizon.

Other agencies around the world are facing the same challenges as we are, and so it is valuable to learn from others about how they are adapting the way they do things in light of these challenges. Joining these networks also allows Pharmac to learn not only from large partner agencies, such as NICE (in the UK) and CDA-AMC (in Canada), but also from smaller agencies similar in size to Pharmac.

Being a part of these networks means New Zealand can draw on the lessons learned across the world, rather than trialling each new idea ourselves. It means that Pharmac can stay current with international approaches to assessing technologies and making decisions. It also means that the public can have confidence that Pharmac is drawing on the best evidence available to provide a good assessment and decision-making framework, to achieve better health outcomes for them and their communities."



Evan Hinds

Senior Health Economist / Team Leader

The journey of a medicine funding application

Anyone can apply for a medicine or related product to be funded. This is the general process applications go through. It's not always linear or this simple, but our Factors for Consideration are used throughout to make sure we are getting the best health outcomes for New Zealand.

The Government sets a fixed budget for medicines so not every application moves forward.



The factors we consider when making decisions

To get the best health outcomes for New Zealanders, we use a comprehensive decision-making framework, the Factors for Consideration.

The four factors are need, health benefit, suitability, and costs and savings. They are shown by the coloured quadrants in the graphic.

These factors ensure we think about each application and its impact. We consider the individual person (the inner layer), their whānau, caregivers, and society (the middle layer), and the health and disability system (the outer layer).

Not every Factor may be relevant to every funding decision, but we expect all applicants to use this framework to prepare their submissions.

Need

To work out what the level of 'need' is, we consider the impact of the disease, condition, or illness on the person, their family or whānau, wider society, and the broader New Zealand health system.

Consideration of need includes the impact of a decision on those who are facing health disparities as a result of an underlying disadvantage, separately from the illness itself. These people may be characterised by ethnicity, culture, location, or socio-economic status.

Health benefit

'Health benefit' is about the potential health gain from the medicine or medical device based on evidence from clinical trials. Our health economists work out how many extra years of life a person may live or live with reduced symptoms.

A medicine may have health benefits beyond the person receiving the treatment. For example, reducing antibiotic resistance will have positive benefits for all New Zealanders.

Suitability

'Suitability' considers the non-clinical features of the medicine or medical device that might impact on health outcomes. These can include features of the medicine or medical device that impact on ease of use, such as whether a medicine is administered by injection or in a pill.

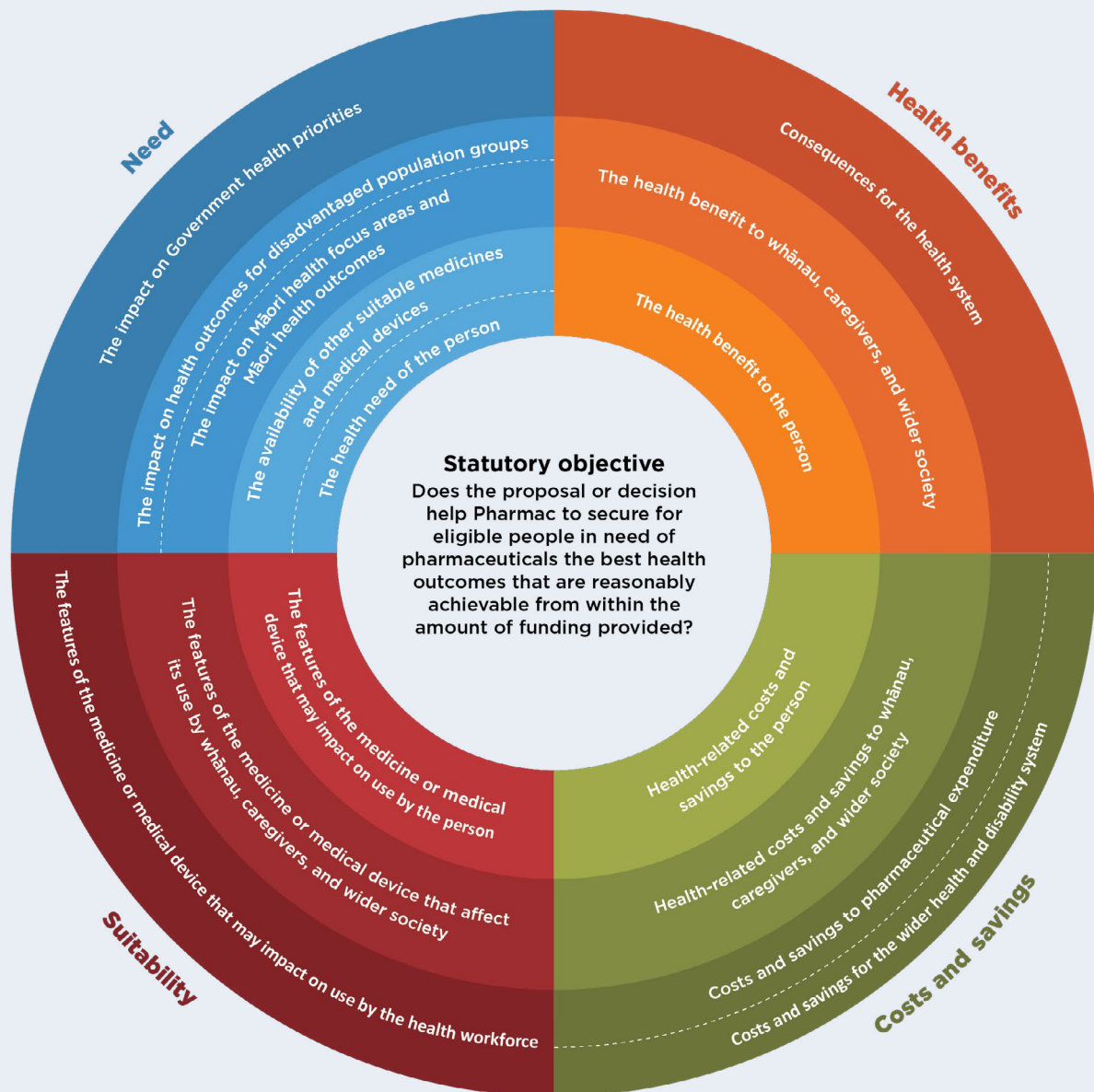
Costs and savings

We consider the 'costs and savings' to the person and their family or whānau, and to the wider society. These include, for example, whether the treatment would reduce the cost of caring for someone. The costs and savings to the health system cover both the pharmaceutical budget and the wider health system.

Funding medicines or medical devices can have flow-on impacts for the health system. For example, when a treatment can be given at home rather than in hospital, it can free up a hospital bed for someone else.

The future for the Factors for Consideration

The Factors for Consideration were last reviewed in 2016. The Pharmac Review raised questions about whether we are considering the right factors and explaining how they are applied in our decisions. Given this feedback, and the health and disability system changes, we are planning to review our Factors for Consideration.





Top 20s

Dig into the pharmaceutical landscape of New Zealand with Pharmac's top 20s for 2023/24

Therapeutic groups

by gross spend in millions

Ranking	Therapeutic group	Main indication (cost of 2024)	2021	2022	2023	2024
			\$m	\$m	\$m	\$m
1	Immunosuppressants	Autoimmune conditions and cancer	\$361.3	\$396.0	\$374.9	\$440.2
2	Vaccinations	Vaccine preventable diseases including COVID-19	\$113.9	\$112.0	\$130.1	
3	Diabetes	Diabetes	\$91.8	\$123.7	\$148.3	\$173.2
4	Chemotherapeutic agents	Cancer	\$137.7	\$148.9	\$154.2	\$158.0
5	Mucolytics	Cystic fibrosis	\$4.7	\$14.1	\$44.3	\$130.3
6	Antivirals	Hepatitis C and COVID-19	\$61.3	\$42.2	\$54.5	
7	Antifibrinolytics, haemostatics and local sclerosants	Haemophilia	\$54.7	\$58.8	\$60.6	\$90.6
8	Inhaled long-acting beta-adrenoceptor agonists	Respiratory conditions	\$67.4	\$75.6	\$74.2	\$75.8
9	Antithrombotic agents	Stopping blood clots	\$86.2	\$96.5	\$104.7	\$57.0
10	Multiple sclerosis treatments	Multiple sclerosis	\$39.3	\$44.0	\$50.1	\$52.9
11	Agents affecting the renin-an-giotensin system	Heart failure and high blood pressure	\$22.1	\$31.7	\$39.1	\$49.5
12	Endocrine therapy	Cancer	\$47.8	\$43.7	\$40.7	\$43.0
13	Antipsychotics	Mental health	\$37.2	\$38.5	\$40.8	\$42.2
14	Anticholinergic agents	Respiratory conditions	\$31.4	\$33.3	\$35.0	\$38.1
15	Antiretrovirals	Human immunodeficiency virus / acquired immu-nodeficiency syndrome	\$26.6	\$28.2	\$31.9	\$34.9
16	Diabetes management	Diabetes	\$26.7	\$29.4	\$32.0	\$32.5
17	Antiepilepsy drugs	Epilepsy and pain relief	\$25.6	\$27.6	\$29.7	\$31.3
18	Oral and enteral feeds	Nutritional needs	\$20.2	\$23.5	\$26.2	\$29.8
19	Analgesics	Pain relief	\$27.5	\$26.6	\$27.0	\$29.6
20	Stimulants/ADHD treatments	Attention deficit hyperac-tivity disorder	\$11.4	\$13.4	\$17.0	\$22.5
Total			\$1,294.8	\$1,407.7	\$1,515.3	\$1,835.2

- Medicines purchased by hospitals (worth \$145 million in 2023/24) are excluded
- Gross spend is shown in millions NZD, is exclusive of GST, and is prior to the application of rebates and discounts
- Gross spend for 2020/21 to 2022/23 is different to what was reported in previous YIR Top 20 lists as the methodology has been revised due to an increase in the number and type of medicines funded
- The total gross spend for 2023/24 was \$2,511 million, and the top 20 therapeutic groups account for 72% of the total
- COVID-19 Treatments and Vaccines were funded from the National Pharmaceutical Purchasing Appropriation from 2023/24
- COVID-19 Treatments and and COVID-19 Vaccines pricing is confidential, and as COVID-19 gross spend is only included from 2023/24, gross spend for those therapeutic groups is not stated for confidentiality

Medicines gross spend

Gross spend in millions

Ranking	Medicine	Therapeutic group	2024
			\$m
1	COVID-19 treatments and vaccines	Antivirals, vaccinations	\$126.5
2	Elexacaftor with tezacaftor, ivacaftor and ivacaftor	Mucolytics	\$122.1
3	Pembrolizumab	Immunosuppressants	\$100.8
4	Emicizumab	Antifibrinolytics, haemostatics and local sclerosants	\$59.6
5	Adalimumab	Immunosuppressants	\$54.7
6	Lenalidomide	Chemotherapeutic agents	\$44.7
7	Budesonide with eformoterol	Inhaled long-acting beta-adrenoceptor agonists	\$43.8
8	Dabigatran	Antithrombotic agents	\$37.4
9	Infliximab	Immunosuppressants	\$36.7
10	Insulin glargine	Diabetes	\$35.5
11	Meningococcal B multicomponent vaccine	Vaccinations	\$33.6
12	Sacubitril with valsartan	Agents affecting the renin-angiotensin system	\$33.0
13	Palbociclib	Chemotherapeutic agents	\$32.8
14	Abiraterone acetate	Endocrine therapy	\$32.2
15	Secukinumab	Immunosuppressants	\$31.6
16	Aflibercept	Immunosuppressants	\$31.1
17	Glecaprevir and pibrentasvir	Antivirals	\$30.8
18	Empagliflozin	Diabetes	\$30.8
19	Dulaglutide	Diabetes	\$26.7
20	Etanercept	Immunosuppressants	\$25.9
Total			\$970.3

- Medicines purchased by hospitals (worth \$145 million in 2023/24) are excluded
- Gross spend is shown in millions NZD, is exclusive of GST, and is prior to the application of rebates and discounts
- The total gross spend for 2023/24 was \$2.511 million, and the top 20 medicines account for 39% of the total
- Medicines are by chemical, not by brand
- COVID-19 treatments and vaccines are aggregated for confidentiality

Medicines prescription count

Ranking	Medicine	Therapeutic group	2024
1	Paracetamol	Analgesics	3,720,000
2	Atorvastatin	Lipid-modifying agents	1,990,000
3	Omeprazole	Antiulcerants	1,770,000
4	Ibuprofen	Non-steroidal anti-inflammatory drugs	1,300,000
5	Amoxicillin	Antibacterials	1,290,000
6	Colecalciferol	Vitamins	1,260,000
7	Aspirin	Antithrombotic agents	1,090,000
8	Metoprolol succinate	Beta-adrenoceptor blockers	920,000
9	Salbutamol	Beta-adrenoceptor agonists	840,000
10	Candesartan cilexetil	Agents affecting the renin-angiotensin system	790,000
11	Amlodipine	Calcium channel blockers	760,000
12	Cetirizine hydrochloride	Antihistamines	750,000
13	Levothyroxine	Thyroid and antithyroid agents	740,000
14	Prednisone	Corticosteroids and related agents for systemic use	710,000
15	Zopiclone	Sedatives and hypnotics	670,000
16	Docusate sodium with sennosides	Laxatives	660,000
17	Celecoxib	Non-steroidal anti-inflammatory drugs	650,000
18	Loratadine	Antihistamines	620,000
19	Codeine phosphate	Analgesics	610,000
20	Metformin hydrochloride	Diabetes	610,000
Total			21,750,000

- Medicines purchased by hospitals (worth \$145 million in 2023/24), some hepatitis C medicines, risdiplam, most vaccines, COVID-19 treatments and vaccines, condoms, NRT, and naloxone purchased by Pharmac are not included as Pharmac does not hold prescription data. The total prescription count for 2023/24 was 58.5 million and the top 20 medicines account for 37% of the total.

Our expert advisors

Pharmacology and Therapeutics Advisory Committee

PTAC is a statutory advisory committee. It provides objective clinical advice and recommendations to help Pharmac make funding decisions for medicines and medical devices to get the best health outcomes for all New Zealanders.

PTAC is made up of experienced health practitioners with expertise in general evidence assessment/critical appraisal and with experience from a range of clinical fields. PTAC also has a consumer member.

- Dr Jane Thomas (Chair) – Paediatric Anaesthesia and Pain Medicine Specialist MBChB, FANZCA, FFPMANZCA
- Prof Brian Anderson – Anaesthesia & Intensive Care Medicine Specialist MBChB, Dip Obst, FANZCA, FCICM, PhD
- Prof Rhiannon Braund (Deputy Chair) – Head, School of Pharmacy & Biomedical Sciences
- Dr Matthew Dawes – Physician and Clinical Pharmacologist BSc, MB BS, MRCP, PhD
- Dr Elizabeth Dennett – General Surgery - Colorectal BMedSci, MBChB, GradDipMed, MMedSci, MAppMgt(Hlth), FRACS, FASCRS
- Dr Helen Evans – Paediatric Gastroenterology and Hepatology BSc, MBChB, MRCPCH, FRACP
- Dr Bruce King – Specialist Internal Medicine and Nephrology MBChB, FRACP
- Dr Liza Lack – Clinical Director, National Hauora Coalition – Waikato BMed Sci, MB,BS,DRCOG,DFFPA,DCH,PG Dip GP (Hons),Dip Strategic Management (Hons),Master Health Science
- Dr James Le Fevre - Emergency Medicine Specialist MBChB, FACEM, MBA, CMInstD
- Dr Robyn Manuel – Consumer Member- BSc, MSc (1st class), PhD (Chemistry), PGDip.Public Health, Dip.Te Reo Maori, GradDip.Teaching (Secondary). Te Rarawa, Ngāti Kahu, Ngāti Kurī and Te Aupōuri
- Dr John Mottershead – Consultant Neurologist- FRACP, FRCP BM BCh, BA (oxon), MSc (Distinction)
- Dr Stephen Munn – Transplant Surgeon MBChB, FRACS, FACS
- Prof Lisa Stamp – Internal Medicine and Rheumatology MBChB, FRACP, PhD, PGCertStratLdrship
- Dr Matthew Strother – Medical Oncologist MD (USA), FRACP
- Dr Paul Vroegop – Child & Adolescent Liaison Psychiatrist and Specialist Pain Medicine Physician MBChB, FRANZCP, FFPMANZCA

Consumer Advisory Committee

The Consumer Advisory Committee provides a consumer perspective on our work.

- Robyn Manuel (Chair) - Te Rarawa, Ngāti Kahu, Ngāti Kurī and Te Aupōuri
- Nele Kalolo (Deputy Chair)
- Georgina Johnson - Ngāti Porou, Ngāti Raukawa
- Hazel Heal
- Mary Schnackenberg
- Tui Taurua – Ngāpuhi
- Dr Sione Vaka
- Janfrie Wakim
- Dr Vivien Wei Verheijen

Specialist Advisory Committees

Pharmac has 21 Specialist Advisory Committees that provide objective specialist knowledge and expertise within specific clinical areas, such as diabetes, cancer, and mental health.

The lists below include all contributing advisors throughout 2024, including members who are no longer on the committee. For current membership lists, refer to the Pharmac website.

Analgesic Advisory Committee

- Dr Paul Vroegop - Child & Adolescent Liaison Psychiatrist and Specialist Pain Medicine Physician - (Chair, PTAC Member)
- Prof Brian Anderson - Paediatric Anaesthetist / Intensivist (PTAC Member)
- Dr Tipu Aamir - Pain Medicine Specialist
- Dr Leinani Aiono-Le Tagaloa - Pain Specialist
- Dr Catherine D'Souza - Director Palliative Care
- Dr Giles Newton-Howes - Psychiatrist
- Dr Christopher Lynch - Neurologist
- Dr Alana Wilson - Specialist General Practitioner

Anti-Infective Advisory Committee

- Dr James Le Fevre - Emergency Medicine Specialist (Chair, PTAC Member)
- Assoc Prof Elizabeth Dennett - General Surgery - Colorectal (PTAC Member)
- Prof Rhiannon Braund - Head, School of Pharmacy & Biomedical Sciences (PTAC member)
- Dr Simon Briggs - Infectious Diseases Physician
- Dr James Chisnall - General Practitioner
- Dr Simon Dalton - Infectious Diseases and General Physician
- Eamon Duffy - Antimicrobial Pharmacist
- Prof Ed Gane - Hepatologist
- Dr Sean Hanna - General Practitioner
- Dr Jane Morgan - Sexual Health Physician
- Dr Susan Morepeth - Clinical

Microbiologist

- Dr Nigel Raymond - Infectious Diseases Physician

Cancer Treatments Advisory Committee (previously CaTSOP)

- Prof Stephen Munn - Transplant Surgeon (Chair, PTAC Member)
- Dr Matthew Strother - Medical Oncologist (PTAC Member)
- Dr Scott Babington - Radiation Oncologist
- Dr Oliver Brake - Haematologist
- Prof Christopher Frampton - Biostatistician
- Assoc Prof Chris Hemmings - Anatomic Pathologist
- Dr Alice Minhinick - Medical Oncologist
- Dr Richard Isaacs - Medical Oncologist
- Dr Allanah Kilfoyle - Haematologist
- Dr Alice Loft - Medical Oncologist
- Dr Anne O'Donnell - Oncologist
- Dr Vidya Mathavan - Haematologist
- Dr Lochie Teague - Paediatric Haematologist / Oncologist
- Dr Michelle Wilson - Medical Oncologist

Cardiovascular Advisory Committee

- Dr Bruce King - Specialist Internal Medicine and Nephrology (Chair, PTAC Member)
- Dr Andrew Aitken - Cardiologist
- Dr Liza Lack - Clinical director, National Hauora Coalition - Waikato (PTAC Member)
- Dr Mayanna Lund - Cardiologist
- Dr Richard Medicott - General Practitioner
- Prof Tim Stokes - General

Practitioner

- Prof Mark Webster - Consultant Cardiologist
- Dr Samuel Whittaker - General Practitioner

Dermatology Advisory Committee

- Prof Rhiannon Braund - Head, School of Pharmacy & Biomedical Sciences (Chair, PTAC member)
- Dr Liza Lack - Clinical director, National Hauora coalition - Waikato (PTAC Member)
- Dr Martin Denby - General Practitioner
- Dr Paul Jarrett - Dermatologist
- Dr Sharad Paul - General Practitioner
- Dr Diana Purvis - Dermatologist / Paediatrician
- Dr Marius Rademaker - Dermatologist

Diabetes Advisory Committee

- Dr Liza Lack - Clinical director, National Hauora coalition - Waikato (Chair, PTAC Member)
- Dr Bruce King - Specialist Internal Medicine and Nephrology (PTAC member)
- Dr Nic Crook - Diabetologist
- Dr Sean Hanna - General Practitioner
- Dr Helen Lunt - Adult Diabetes Specialist
- Dr Karen MacKenzie - Paediatric Endocrinologist
- Dr Diana McNeill - General Physician / Diabetes Specialist
- Prof Rinki Murphy - Specialist Diabetes Physician
- Angela Renall - Clinical Pharmacist
- Kate Smallman - Diabetes Nurse Specialist / Prescriber

- Dr Esko Wiltshire – Paediatric Endocrinologist

Endocrinology Advisory Committee

- Dr Liza Lack – Clinical director, National Hauora coalition – Waikato (Chair, PTAC Member)
- Dr Bruce King – Specialist Internal Medicine and Nephrology (PTAC member)
- Dr Richard Carroll – Endocrinologist
- Dr Carl Eagleton – Endocrinologist
- Prof Alistair Gunn – Paediatric Endocrinologist
- Dr Stella Milsom – Endocrinologist
- Dr Esko Wiltshire – Paediatric Endocrinologist

Gastrointestinal Advisory Committee

- Dr Bruce King – Specialist Internal Medicine and Nephrology (Chair, PTAC member)
- Dr James Le Fevre – Emergency Medicine Specialist (PTAC Member)
- Prof Murray Barclay – Clinical Pharmacologist / Gastroenterologist
- Dr Jonathan Bishop – Paediatric Gastroenterologist
- Dr James Fulforth – Consultant Gastroenterologist
- Assoc Prof Michael Schultz – Gastroenterologist
- Assoc Prof Catherine Stedman – Gastroenterologist / Hepatologist and Clinical Pharmacologist
- Dr Russell Walmsley – Gastroenterologist

Haematology Advisory Committee

- Prof Brian Anderson – Anaesthesia and Intensive Care Specialist (Chair, PTAC member)
- Dr Helen Evans – Paediatric Gastroenterology and Hepatology (PTAC Member)
- Dr Paul Harper – Haematologist
- Dr Eileen Merriman – Haematologist

- Dr Annette Neylon – Haematologist
- Assoc Prof Paul Ockelford – Haematologist
- Dr Julia Phillips – Haematologist
- Dr Lochie Teague – Paediatric Haematologist / Oncologist

Immunisation Advisory Committee

- Prof Stephen Munn – Transplant Surgeon (Chair, PTAC member)
- Dr Helen Evans – Paediatric Gastroenterology and Hepatology (PTAC Member)
- Prof Stuart Dalziel – Paediatrician
- Dr Sean Hanna – General Practitioner
- Prof Karen Hoare – Nurse Practitioner / Senior Lecturer
- Assoc Prof Lance Jennings – Clinical Virologist
- Dr Osman Mansoor – Public Health Physician / Medical Officer of Health
- Prof David Murdoch – Clinical Microbiologist/Infectious Diseases Specialist
- Dr Edwin (Gary) Reynolds – General Practitioner
- Dr Erasmus Smit – Clinical Virologist
- Dr Michael Tatley – Director of New Zealand Pharmacovigilance Centre
- Assoc Prof Nikki Turner – Director of Immunisation
- Prof James Ussher – Consultant Clinical Microbiologist
- Dr Tony Walls – Paediatrician / Infectious Diseases Specialist
- Dr Elizabeth Wilson – Paediatric Infectious Diseases Specialist

Mental Health Advisory Committee

- Dr Matthew Dawes – Physician and Clinical Pharmacologist (Chair, PTAC Member)
- Dr Paul Vroegop – Child & Adolescent Liaison Psychiatrist and Specialist Pain Medicine Physician (PTAC Member)
- Dr David Chinn – Child and Adolescent Psychiatrist
- Dr Bronwyn Copeland – Consultant Psychiatrist
- Dr Sean Hanna – General Practitioner
- Dr Verity Humberstone –

Psychiatrist

- Dr Jeremy McMinn – Consultant Psychiatrist Addiction Specialist
- Assoc Prof David Menkes – Psychiatrist
- Dr Giles Newton-Howes – Psychiatrist
- Dr Cathy Stephenson – General Practitioner / Sexual Assault Medical Examiner
- Kyra Sycamore – Pharmacist
- Karyn Watson – Nurse Practitioner

Nephrology Advisory Committee

- Assoc Prof Elizabeth Dennett – General Surgery – Colorectal (Chair, PTAC member)
- Dr Bruce King – Specialist Internal Medicine and Nephrology (PTAC member)
- Dr Caroline Chembo – Renal Physician
- Dr Nick Cross – Nephrologist
- Dr Colin Hutchison – Nephrologist
- Dr Kannaiyan Rabindranath – Consultant Nephrologist

Neurological Advisory Committee

- Prof Brian Anderson – Paediatric Anaesthetist / Intensivist (PTAC Member)
- Dr Paul Vroegop – Child & Adolescent Liaison Psychiatrist and Specialist Pain Medicine Physician (PTAC Member)
- Dr Sarah Buchanan – Neurologist
- Dr John Fink – Neurologist
- Dr John Mottershead – Neurologist
- Dr Giles Newton-Howes – Psychiatrist
- Prof Lynette Sadler – Paediatric Neurologist
- Dr Paul Timmings – Neurologist

Ophthalmology Advisory Committee

- Dr John Mottershead – Neurologist (Chair, PTAC Member)
- Prof Stephen Munn – Transplant Surgeon (PTAC member)
- Dr Jim Bartley – Otolaryngologist

- Richard Johnson – Optometrist
- Dr Sam Kain – Ophthalmologist
- Dr Logan Robinson – Ophthalmologist and Vitreoretinal Surgeon
- Dr Jo Sims – Ophthalmologist
- Dr Samuel Whittaker – General Practitioner
- Dr Michelle Wong – Otolaryngologist

Rare Disorders Advisory Committee

- Dr Helen Evans – Paediatric Gastroenterologist (Chair, PTAC member)
- Prof Rhiannon Braund – Head, School of Pharmacy & Biomedical Sciences (PTAC member)
- Dr James Cleland – Neurologist and Neurophysiologist
- Dr Emma Glamuzina – Metabolic Consultant
- Prof Carlo Marra – Dean of the School of Pharmacy, University of Otago
- Dr Katherine Neas – Clinical Geneticist
- Prof Tim Stokes – General Practitioner

Reproductive and Sexual Health Advisory Committee

- Assoc Prof Elizabeth Dennett – General Surgery – Colorectal (Chair, PTAC Member)
- Prof Rhiannon Braund – Head, School of Pharmacy & Biomedical Sciences (PTAC member)
- Dr Elizabeth Messenger – Medical Director, Sexual Wellbeing Aotearoa
- Dr Ruth Swarbrick – Obstetrician and Gynaecologist
- Julie Avery – Nurse Practitioner
- Dr Jane Morgan – Sexual Health Physician
- Dr Helen Paterson – Obstetrician and Gynaecologist
- Dr Martin Wilson – General Practitioner

Respiratory Advisory Committee

- Dr Matthew Strother – Medical Oncologist (Chair, PTAC

- Member)
- Dr Matthew Dawes – Physician and Clinical Pharmacologist (PTAC Member)
- Dr Tim Christmas – Respiratory Physician
- Prof Stuart Dalziel – Paediatrician
- Dr Greg Frazer – Respiratory Physician
- Dr David McNamara – Paediatric Respiratory Physician
- Betty Poot – Nurse Practitioner
- Dr Justin Travers – Respiratory Physician
- Dr Neil Whittaker – General Practitioner

Rheumatology Advisory Committee

- Dr Paul Vroegop – Child & Adolescent Liaison Psychiatrist and Specialist Pain Medicine Physician (Chair, PTAC Member)
- Assoc Prof Elizabeth Dennett – General Surgery – Colorectal (PTAC Member)
- Dr Priscilla Campbell-Stokes – Paediatric Rheumatologist
- Dr Keith Colvine – Rheumatologist and General Physician
- Dr Michael Corkill – Rheumatologist
- Assoc Prof Andrew Harrison – Rheumatologist
- Dr Janet Hayward – General Physician
- Assoc Prof Will Taylor – Rheumatologist

Special Foods Advisory Committee

- Dr John Mottershead – Neurologist (Chair, PTAC Member)
- Prof Stephen Munn – Transplant Surgeon (PTAC member)
- Kim Herbison – Paediatric Dietitian
- Nicola Hartley – Dietitian, Clinical Leader – Acute Inpatient Services
- Prof Jennifer Martin – Clinical Pharmacologist
- Nicola McCarthy – Clinical

- Dietitian
- Dr Amin Roberts – Paediatric Gastroenterologist
- Dr Russell Walmsley – Gastroenterologist
- Dr Jocy Wood – General Practitioner
- Victoria Woollett (nee Logan) – Community Dietitian

Tender Clinical Advisory Committee

- Prof Rhiannon Braund – Clinical Pharmacist (Chair, PTAC member)
- Prof Brian Anderson – Anaesthesia and Intensive Care Specialist (PTAC member)
- Nerissa Dalusong – Pharmacy Technician & Team Leader, Aseptic Production Unit
- Amy Hina – Nurse Practitioner
- Dr Liza Lack – General Practitioner, Clinical Director (PTAC Member)
- Craig MacKenzie – Hospital Pharmacist
- Clare Randall – Palliative Care Clinical Pharmacist
- Geoff Savell – Pharmacist
- Amanda Stanfield – Community Pharmacist
- Helen Topia – Nurse Practitioner / Clinical Educator
- Lorraine Welman – Chief Pharmacist

Transplant Immunosuppressant Advisory Committee

- Dr Matthew Dawes, Physician and Clinical Pharmacologist (Chair, PTAC member)
- Dr Helen Evans – Paediatric Gastroenterologist
- Prof Stephen Munn – Transplant Surgeon (PTAC member)
- Dr Grant Pidgeon – Renal Physician
- Dr Marius Rademaker – Dermatologist (PTAC member)

Names, roles and titles current as of **December 2024**

Keep in touch

The views of people who may be impacted by the decisions we make are important to us.

Find out how to get in touch on our website.

pharmac.govt.nz/contact

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