

MEDICINE ACCESS EQUITY DRIVER DIAGRAM

AIM



To eliminate inequities in access to medicines by 2025

KEY

- PHARMAC has control
- PHARMAC has a role
- PHARMAC has influence
- Out of scope for PHARMAC

PRIMARY DRIVERS



MEDICINE AVAILABILITY



MEDICINE ACCESSIBILITY



MEDICINE AFFORDABILITY



MEDICINE ACCEPTABILITY

SECONDARY DRIVERS

PHARMAC's decision-making processes for investment in medicines

Funding restrictions and schedule rules

Prescriber awareness of funded medicine(s) available

Unwarranted variation in prescribing

Physical & timely access to a prescriber/prescription

Physical & timely access to a community pharmacy

Physical & timely access to diagnostic and monitoring services eg labs, scans

Prescriber costs eg consult, repeat prescription and medicine administration fees

Prescription costs eg copayment, blister pack costs, prescription subsidy card

Indirect costs eg transport, time off work, childcare

Patient/whānau experiences bias from the health system

Beliefs and perceptions of treatment prescribed not adequately explored/sought

Medicine suitability not adequately considered

Patient/whānau is not empowered with knowledge about the medicine(s)