Response to Pharmac's proposal to decline medicine funding applications on the Options for Investment list

13 November 2025

This submission is from Migraine Foundation Aotearoa New Zealand (MFANZ), a charity established in 2022 with the mission to raise awareness of the impact of migraine disease and support people living with migraine in Aotearoa New Zealand (NZ).

This submission is supported by MFANZ's Clinical Advisory Group:

Dr Desiree Fernandez (Neurologist/Headache Specialist, Nelson)
Dr Kiri Brickell (Neurologist, Auckland)
Dr Jonathan Kennedy (General Practitioner, Wellington)
Dr Ray Bose (Neurologist/Headache Specialist, Auckland)
Dr Rosamund Hill (Neurologist/Headache Specialist, Auckland)

Correspondence:

Sarah Cahill, Chief Executive, Migraine Foundation Aotearoa New Zealand
sarah@migrainefoundation.org.nz

Summary

- We request continued emphasis on securing adequate funding for medicines in NZ, rather than trimming the OFI list to make it look less outrageous.
- We oppose the proposed approach for ongoing decline of applications on the bottom of the list and we urge Pharmac to make the OFI list more transparent by indicating the priority at which applications are ranked (e.g. high, medium, low) and the reasons for the ranking.
- We support greater clarity and transparency in the process for declining applications but urge that criteria for deciding which applications may be declined should be based only on changes in the relative merit and need for the medicines, not length of time or position on the OFI list. No medicines that are clinically significant or 'important' should ever be removed from the list.
- We request that all proposals to decline a medicine must include meaningful consultation with patient representatives and relevant clinicians.
- We request greater transparency and openness about the process for providing new information to Pharmac about medicines on the OFI list, how this new information is dealt with, the impact on the prioritisation and what measures Pharmac takes to keep up to date with new data on medicines on the OFI list.

Thank you for the opportunity to provide feedback on Pharmac's proposal to decline some medicine funding applications on the Options for Investment (OFI) list, issued 20 October 2025.

We agree that greater clarity and transparency on how Pharmac manages medicine funding applications is needed.

We note that the proposal to begin a process to decline medicines in the bottom 10-20% of the OFI list for more than two years will reveal, as part of the consultation process on the declines, which medicines are currently low-ranked on the OFI list. Since Pharmac is obviously comfortable with making this public, we would like to see this done as a matter of course.

Pharmac's stated objective of this proposal is to improve transparency and provide clear communication about the status of medicines and which has the highest likelihood of funding. If this is the case, then all medicines that make it onto the OFI list should be tagged with whether they are high, medium or low priority, and with an indication of why they are ranked at this priority. Currently, we have no idea either of the ranking status of medicines, or how they came to be ranked. This is antithetical to transparency and urgently needs to be improved.

We also need further clarity about how and when applications become 'inactive' and the process for managing inactive applications. It is not clear how this proposal to decline low ranked applications on the OFI list relates to the process Pharmac has been using to decline 'inactive' applications. Will there continue to be a parallel process to identify and decline 'inactive' proposals, or will this be the same process going forward? The identification of 'inactive' applications is also lacking transparency.

The proposal notes that older 'inactive' applications are reviewed if they are unlikely to be funded due to factors such as:

1. A recommendation to decline from our clinical experts over a year ago.
2. Other funded medicines already available for the same condition.
3. No additional benefit or potential harm.
4. No supplier able to provide the medicine in New Zealand.

Re factor 1, if the clinical experts have recommended to decline a medicine over a year ago and the application is still active, this points to internal inefficiencies in the application process that need addressing. Re factor 2, this appears to cover at least some of the applications on the OFI list that Pharmac is proposing to decline (i.e. if there are 'newer and more effective medicines for the same condition' that have been funded), suggesting that the process for dealing with 'inactive' applications and 'low-ranked' applications could be combined. For point 3, benefits and harms need to be weighed up with active consultation with consumers, who may have direct experience of

benefits and harms that are not apparent when considering the clinical trial evidence and economic evaluations. For point 4, this is not an adequate reason to decline an application. This makes no consideration of reasons for lack of supply and puts no requirement on Pharmac to actively engage and seek supply. This should be removed as a reason to decline an application.

We also do not agree that an application that has been on the OFI list for **more than two years** should be automatically considered for decline. The two-year timeframe is arbitrary and inappropriate. For example, the Epipen was on the OFI list for decades before it was finally funded. This was and is an extremely important medicine. Applications should be assessed according to their merit and potential to improve the health and wellbeing of New Zealanders, not on how long they have been waiting for funding. We do not support the inclusion of any time-frame as a criterion for declining an application.

In the consultation document, Pharmac notes that some applications are ranked low but are unlikely to be funded '**not because they aren't important**, but because other applications are assessed as having higher priority [emphasis added].' This is somewhat disingenuous. Although we don't know the ranking of items in the OFI list, we do know that lower ranked items sometimes get funded through bundling, when a negotiation with a supplier for another medicine(s) ends up including an additional medicine. If a medicine is important enough to be included in the OFI list, it should stay there until it is no longer considered important.

Pharmac has suggested if a medicine has been superseded by newer and more effective alternatives this could be a reason for declining the application. This sounds reasonable but would still have to go through the process of consultation to see whether there are any other reasons this should be retained.

We request that Pharmac put more effort into meaningful consultation with consumers when proposing to decline medications. A consultation that receives no submissions is not an acceptable engagement. It certainly does not mean that there is no opposition or reason against declining an application. For example, Pharmac did not receive any submissions to the consultation to decline triptans (P-000871) but this occurred before MFANZ was in existence. We did not know about this consultation but we would have opposed it and provided reasons and evidence for this not to be declined. When the proposal to decline zolmitriptan was put out (P-000151), we submitted against this and it was not declined.

This demonstrates that in the case of diseases without an active advocacy group, these consultations do not reach affected members of the community nor relevant clinicians. This is unfair and may well exacerbate inequities, as diseases that are under-resourced, stigmatised and under-recognised are less likely to have advocates and people able to respond to consultations. Improved processes for engaging with consumers in cases such as these are needed and may include keeping a register of consumer and clinician contacts for diseases and ensuring that whenever a proposal to decline a medicine is made, at least one relevant consumer and clinical representative is contacted and feedback is received. If there are no known contacts, then Pharmac needs to seek these out and build them up or else the consultation is not effective or meaningful.

When consulting on applications it wishes to decline, Pharmac considers new information that may have been published since the initial application. This appears to rely on submitters to identify and present this new information. What processes Pharmac has in place to monitor and keep up to date with new clinical trials or other evidence pertinent to the medicines on the OFI list is not clear to those outside of Pharmac. We would like to know what ongoing measures Pharmac takes to gather, analyse and input new information into the prioritisation decisions and seek a commitment from Pharmac that this type of ongoing scanning of the literature and inclusion in decision making is taking place or will be put in place in the near future.