

11 June 2026

PHARMAC  
PO Box 10254  
The Terrace  
Wellington 6143

Sent via email to: [consult@pharmac.govt.nz](mailto:consult@pharmac.govt.nz)

Dear Sir/Madam,

**Re: Proposal to amend the Special Authority access criteria for type 2 diabetes medicines**

The Pharmacy Guild of New Zealand (Inc.) (the Guild) is a national membership organisation and the largest representative of community pharmacy owners in New Zealand. We provide leadership on all issues affecting the sector and advocate for the business and professional interests of community pharmacy.

Community pharmacies support large numbers of people living with type 2 diabetes and have a strong interest in ensuring access criteria supports timely access to effective treatment and equitable health outcomes.

**Broadening access to treatment**

We support the proposal to lower the cardiovascular disease risk threshold from 15% to 10%, recognising the potential benefits of earlier access to treatment, improved long-term cardiovascular and renal outcomes, and the opportunity to reduce the burden of diabetes-related complications for people living with type 2 diabetes.

**Equity considerations**

The proposal would remove the current pathway that enables Māori and Pacific peoples living with type 2 diabetes to access these medicines without the need to demonstrate specific cardiovascular or renal risk factors.

Given the well-documented higher prevalence of type 2 diabetes, earlier age of onset, and disproportionate burden of diabetes-related complications experienced by Māori and Pacific peoples, we are concerned that the proposed changes will impact access and health outcomes for these populations. These factors have historically informed targeted approaches to improving access to diabetes medicines and reducing inequities in diabetes outcomes.

Has any modelling been undertaken on the impact of the proposed changes on Māori and Pacific peoples, including expected access and health outcomes? Or comparative analysis undertaken to assess how many people currently accessing treatment through the ethnicity pathway would continue to meet the proposed criteria?

While increasing overall access is positive, equitable health outcomes remain an important consideration, and stakeholders would benefit from greater visibility of the evidence, modelling, and analysis underpinning this aspect of the proposal. We consider it important that the success of the proposal be assessed not only by the number of people who gain access to treatment, but also by its impact on reducing inequities in diabetes-related health outcomes.

### **Practical implementation considerations**

We note that the proposed criteria place increased emphasis on cardiovascular risk assessment as a determinant of eligibility. It is important that Pharmac identify and address any practical barriers that may affect access to cardiovascular risk assessment and documentation across different population groups, geographical locations, and healthcare settings.

Feedback from healthcare professionals to date has highlighted concerns that widening access criteria may not achieve its full intended benefit if eligible patients face barriers to obtaining the assessments required to demonstrate eligibility. We welcome further consideration of how consistently cardiovascular risk assessments are currently undertaken across different settings and populations, and whether any implementation support or monitoring may be required to ensure equitable application of the revised criteria.

Should the proposal proceed, we also recommend that clear guidance be made available to prescribers, pharmacists, and other healthcare professionals on the interpretation and application of the revised eligibility criteria.

### **Monitoring and evaluation**

Given the significance of this proposal and the considerable sector interest it has generated, we strongly encourage Pharmac to undertake comprehensive post-implementation monitoring and publicly report the findings.

We would also support a formal review of the eligibility criteria within 12-24 months of implementation to evaluate whether the intended benefits and equity outcomes have been realised and whether any unintended inequities have emerged.

Thank you for the opportunity to provide feedback. If you have any questions about our feedback, please contact our Senior Advisory Pharmacists, Martin Lewis ([martin@pgnz.org.nz](mailto:martin@pgnz.org.nz), 04 802 8218) or Cathy Martin ([cathy@pgnz.org.nz](mailto:cathy@pgnz.org.nz), 04 802 8214).

Yours sincerely,



**Nicole Rickman**

General Manager – Membership and Professional Services