



## Response to: Proposal to amend the Special Authority access criteria for type 2 diabetes medicines

*He kawau ka tuku ki roto i te aro maunga*

E topa ana ōku whakaaro ki ngā rangi e tū ake nei. He hau mirimiri i te kiri, he hau mirimiri i te whenua. Ko ngā rau mahara kia koutou te hunga kua takahia te ara otinga ki roto i te waikanaetanga o te kengo o Hine-nui-te-Pō. Haere atu rā koutou.

Ka noho tātou ki ngā taha motuhake o ngā kaupapa mō te oranga o te iwi te take. Kia anga whakamua tātou ki ngā whenua haumako o te māramatanga me te whakaaro nui. Me whakatinana hoki tātou i te mana ora, i te mana tangata, me te mana taurite ki roto i ngā mahi me ngā whakaaro o ia rā haere ake nei.

Te Ohu Rata o Aotearoa (Te ORA) is the Māori Medical Practitioners Association, comprising around 350 doctor members, as well as associate (non-Māori) members and Māori medical students. Te ORA represents a large number of the Māori medical workforce. Te ORA's vision is to provide Māori medical leadership to the health sector to effect Māori health development.

Te ORA and Pharmac have an enduring Memorandum of Agreement, signed in February 2016, focused on the shared goal of supporting hauora Māori aspirations through equitable access to medicines and medical devices. As such, Te ORA believes it is critical to raise serious concerns about Pharmac's current proposal to change eligibility for diabetes medications.

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### The proposal

- On 14<sup>th</sup> May, Pharmac sought feedback on proposed changes to the special authority criteria for empagliflozin, empagliflozin with metformin, dulaglutide, and liraglutide for people living with type 2 diabetes.
- They propose lowering the eligibility threshold (from >15% currently to ≥10% for 5-year cardiovascular risk) **and** removing the existing criteria that enable access to these medicines for Māori and Pacific people living with type 2 diabetes without the need to demonstrate specific cardiovascular or renal risk factors.
- Pharmac estimates “that in the first year of the proposed changes being introduced, an additional 10,000 people would be able to access these medicines, growing to 23,000 people over five years”, but without sharing any supporting data or analyses.

## Te ORA's position

- We support the proposal to lower the cardiovascular risk threshold from 15% to 10%
- We **do not support** the removal of the existing criteria for Māori and Pacific people living with type 2 diabetes with control above target.
- We are concerned about the lack of transparency around this decision, including concerns about the rushed consultation, the rejection of expert advice, and urgently call upon Pharmac to release further information and modelling about the estimated impact of this decision (and the alternatives considered) on Māori and Pacific people, who have the greatest clinical need, along with the poorest access to CVD risk assessment and diabetes care.

### 1. The process for this decision does not meet Pharmac's commitment to transparency and engagement

#### Rushed consultation with limited information

- In October 2025, Pharmac committed<sup>1</sup> to providing greater transparency and clarity regarding funding decisions. This includes making information more accessible, proactively publishing material of public interest, and engaging more proactively and effectively with consumers, patient groups, clinicians, and the wider health sector when considering funding decisions<sup>2</sup>.
- Despite these commitments, feedback on proposed changes to this Special Authority criteria is being sought with a very short 2-week consultation period (the shortest of all of the consultation documents currently available on the Pharmac website).
- Pharmac has not shared technical information to explain the evidence base used to make this decision. In the media, Pharmac's Dr David Hughes has stated that "**around a third of the people** who will benefit from widened access to these medicines will be from Māori and Pasifika backgrounds"<sup>3</sup>, but no evidence of modelling or equity impact assessment has been shared to understand what a statement such as this means to Māori and Pacific populations.
- With insufficient time and information, it is impossible for stakeholders to meaningfully consult on and provide feedback on a special authority decision, let alone one with such a significant impact on Māori and Pacific populations.
- In 2025, Pharmac committed<sup>4</sup> to a new target of publishing provisional recommendations from advisory committees within 30 days to strengthen transparency. We note that the minutes from two key advisory groups relevant to this proposal (Diabetes Advisory Committee, June 2025, and Obesity Treatments Advisory

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<sup>1</sup> Pharmac proposes greater transparency for medicine funding decisions.

<https://www.pharmac.govt.nz/news-and-resources/news/pharmac-proposes-greater-transparency-for-medicine-funding-decisions>

<sup>2</sup> <https://www.pharmac.govt.nz/assets/Uploads/2025-11-06-LoE-summary-of-progress.pdf>

<sup>3</sup> <https://www.1news.co.nz/2026/05/21/pharmac-proposes-removing-priority-access-of-type-2-diabetes-meds-for-maori-pasifika>

<sup>4</sup> Letter of Expectations progress update - November 2025, <https://www.pharmac.govt.nz/news-and-resources/publications/corporate-publications/letter-of-expectations/letter-of-expectations-progress-update-november-2025>

Group, December 2025) were published online only in May 2026, days before this consultation was announced.

### Appropriate use of expert advisory groups

- We have concerns about whether Pharmac has appropriately used its specialist expert advice in relation to this Special Authority change. Pharmac has a highly specialised, well-established Diabetes Specialist Advisory Committee that has considered the evidence regarding this Special Authority criteria on multiple previous occasions, as recently as June 2025. Yet in December 2025, the decision was made to seek expert advice from a separate, targeted “Obesity Treatments” advisory group. It is unclear from publicly available documents why this step away from the usual process was made.
- The decision to consider a change in cardiovascular risk  $\geq 10\%$  as a factor in widening access is also unclear. The Obesity Advisory Group reviewed “a proposal to reduce the 5-year cardiovascular disease (CVD) risk score from  $\geq 15\%$  to  $\geq 10\%$  **had been developed by Pharmac staff**, following previous clinical advice from the Diabetes Advisory Committee in June 2025” despite no record of such clinical advice being available in the record of the meeting in June 2025.
- Internal Pharmac documents show that the Pharmacology and Therapeutics Advisory Committee met in August<sup>5</sup> and November to consider Tirzepatide and Semaglutide (for type 2 diabetes), respectively, and both meetings utilised summaries for assessment not including ethnicity as a criterion, but were otherwise identical to the current Special Authority criteria. These meetings predate the Obesity Treatments Advisory Group meeting and the release of the Access Criteria Policy<sup>6</sup>. The use of Special Authority criteria that differ from those currently in place for medications with the same target population raises concerns that internal Pharmac decisions about the ethnicity criterion had already been made and were not informed by clinical advice or policy change.

Overall, this process is completely inconsistent with Pharmac’s commitments for transparency, information-sharing and better engagement, and raises serious concerns about Pharmac’s appropriate use of expert advisory committees **before** making a decision.

## **2. Māori and Pacific peoples remain the groups of highest need, since Pharmac’s previous decision that the ethnicity eligibility criterion was necessary**

- Māori and Pacific ethnicity were included as explicit eligibility criterion for funded SGLT2 inhibitors and GLP-1 receptor agonists in 2021, based on a robust assessment of **clinical** need<sup>7</sup>.
- Evidence consistently shows that Māori and Pacific groups are likely to be systematically disadvantaged by eligibility criteria based on clinical/biochemical thresholds alone – especially criteria such as CVD risk assessment and laboratory testing, which require access to health care and investigations. Access to these “preconditions for eligibility” is unevenly distributed across ethnic groups in NZ. A

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<sup>5</sup> August 2025 Meeting <https://www.pharmac.govt.nz/assets/2025-08-PTAC-Record.pdf>; November 2025 Meeting <https://www.pharmac.govt.nz/assets/2025-11-PTAC-meeting-record.pdf>

<sup>6</sup> <https://www.pharmac.govt.nz/medicine-funding-and-supply/the-funding-process/policies-manuals-and-processes/access-criteria-policy>

<sup>7</sup> Tamatea J, Te Karu L, Grey C, et al. Indigenous leadership and advocacy in pro-equity eligibility criteria for new diabetes medicines in Aotearoa New Zealand [policy report]. *Health Syst Reform*. 2025;11(1).

recent 2025 systematic review<sup>8</sup> identified extensive and inequitable gaps in cardiovascular risk assessment and management in primary care for Māori and Pacific peoples.

- Māori and Pacific also have an increased risk of diabetes complications and consequences compared to other ethnic groups, independent of other criteria, so targeting these medications based on a universal clinical threshold(s) does not appropriately consider groups with disproportionately more diabetes complications.
  - For example, Māori with diabetes experience double the mortality rate of non-Māori with diabetes, even after adjusting for sex, age, socio-economic status, smoking, obesity, birth-cohort and period effects<sup>9</sup>.
  - This includes **both** cardiovascular-specific mortality and nephropathy-related mortality, the two secondary complications with the strongest outcome evidence for the medication classes within this funding criteria, and risk specified in the ‘target population’.
- We also know from Pharmac’s own work<sup>10</sup> that Māori receive substantially fewer medicines than non-Māori, relative to health need, in what has become known as the “missing million prescriptions”. These missing millions represent untreated hypertension, delayed diabetes management, preventable strokes, avoidable kidney failure and lives cut short<sup>11</sup>.

### **3. Evidence suggests the ethnicity criterion is working to reduce inequity for Māori and Pacific people**

- Pharmac has not shared data on the uptake or continuity of prescribing of these medications. Despite this, the evidence for an ethnicity eligibility criterion has only strengthened since 2021, based on published literature in the area.
- Preliminary evidence demonstrates a reduction in ethnic inequities in medication access. Early prescribing data<sup>12</sup> showed higher uptake of funded SGLT2 inhibitors and GLP-1 receptor agonists among Māori and Pacific peoples compared with unrestricted diabetes medicines access pathways.

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<sup>8</sup> Wheeler A, Rahiri JL, Ellison-Lupena R, et al. Assessing the gaps in cardiovascular disease risk assessment and management in primary care for Māori and Pacific peoples in Aotearoa New Zealand: a systematic review. *Lancet Reg Health West Pac*. 2025;56:101511.

<sup>9</sup> Yu D, Zhao Z, Osuagwu UL, Pickering K, Baker J, Cutfield R, et al. Ethnic differences in mortality and hospital admission rates between Māori, Pacific, and European New Zealanders with type 2 diabetes between 1994 and 2018: a retrospective, population-based, longitudinal cohort study. *The Lancet Global health*. 2021;9(2):e209-e17

<sup>10</sup> Metcalfe S, Beyene K, Urlich J, et al. Te Wero tonu – the challenge continues: Māori access to medicines 2006/07–2012/13 update. *N Z Med J*. 2018;131(1485):27–47.

<sup>11</sup> Te Karu L. Equity at risk? Call to retain ethnicity criteria for key diabetes medicines. *NZ Doctor*; 18 May 2026 <https://www.nzdoctor.co.nz/article/opinion/equity-risk-call-retain-ethnicity-criteria-key-diabetes-medicines>

<sup>12</sup> Paul R, Keenan R, Rodrigues M, et al. Inclusion of ethnicity in Special Authority criteria improves access to medications for Māori and Pacific peoples with type 2 diabetes. *N Z Med J*. 2023;136(1574):93–97.

- Furthermore, survival for Māori and Pacific peoples with type 2 diabetes who are prescribed SGLT2 inhibitors improves and moves closer to that of non-Māori, non-Pacific peoples<sup>13</sup>.

#### **4. Pharmac's internal advice shared publicly supports retaining the ethnicity eligibility criterion**

- In terms of the expert advice received by Pharmac, the most recent advice made public indicates that both the Diabetes Advisory Committee and the Obesity Treatments Advisory Group saw the value of the ethnicity special authority criterion. We believe this advice has been misrepresented by Pharmac in public discussion, with Pharmac's Dr David Hughes saying, "expert advisors said expanding clinical eligibility would mean most Māori and Pacific peoples with type 2 diabetes would meet the proposed criteria, and that clinical criteria were an effective way to determine who has high health need." This does not align with the meeting records for these two advisory groups, and no support data has been made available.
- For example, the Diabetes Advisory Committee noted in 26 June 2025 that:
  - "Members considered that no evidence had been provided to change its previous considerations that the ethnicity criteria were clinically appropriate."
  - "The Committee agreed with past assessment and evidence used to support Pharmac's 2020/21 funding decision made using the strict analytical criteria for 'Special Measures'..., and considered the evidence remained unchanged and that the reasons for including ethnicity criteria remained valid."
  - "Having ethnicity criteria recognised that SA criteria are but one of many parts of a system that will be required to redress funded access inequities; alone as an action it was insufficient, but it was still necessary."
- The Obesity Treatments Advisory Group noted in December 2025 that:
  - "The Group considered that removing ethnicity-based Special Authority criteria may introduce additional barriers to access for Māori and Pacific peoples as it would require additional testing and health care visits."
- It is therefore hard to understand what additional evidence or advice to the contrary could have arisen since 2025 to justify Pharmac's proposal, and why such a shift in the direction of the evidence has not been shared transparently by Pharmac.
- This proposal was announced jointly in a press release by Associate Health Minister David Seymour and Health Minister Simeon Brown, with Seymour explicitly stating: "Ethnicity shouldn't decide what funded options you can access to manage type 2 diabetes."<sup>14</sup> Pharmac's enabling legislation requires funding decisions to be made on the basis of clinical evidence and health need. The simultaneous announcement by two government ministers with explicitly political framing raises legitimate questions about whether this decision is being made on clinical grounds.

#### **5. Whole-of-society fiscal impact**

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<sup>13</sup> Chepulis L, Gan H, Simmons D, et al. SGLT2 inhibitor use and disparities in all-cause mortality in type 2 diabetes: insights from a multi-ethnic population. *Diabetologia*. 2026.

<sup>14</sup> <https://www.beehive.govt.nz/release/pharmac-proposes-improving-access-type-2-diabetes-medicines>

- In the 2025, Letter of Expectation<sup>15</sup> to Pharmac, the Minister specifically requested Pharmac to work on “updating Pharmac’s assessment methodologies and approach, including: a. The wider fiscal impacts to the government of funding medicines and medical devices, and how you consider societal impacts.”
- How has the overall fiscal impact for the government of continuing to restrict access to GLP-1 and SGLT-2 medicines been considered? Have the costs of dialysis, hospitalisations, amputations and other diabetes/CVD/renal-related consequences, including premature mortality, been included in the assessment of the overall fiscal impact for the government budget?

## 6. Pharmac must ensure its decision will not harm Māori

- As a Crown entity, Pharmac has an obligation to uphold Te Tiriti o Waitangi and ensure that its actions do not worsen inequities for Māori.
- In Pharmac’s own Te Tiriti o Waitangi Policy, “Pharmac acknowledges the Crown intention to give effect to the principles of Te Tiriti o Waitangi.....Pharmac’s te Tiriti o Waitangi policy expresses our unequivocal commitment to upholding the mana of te Tiriti o Waitangi (te Tiriti) and supports us to strive for excellence in enacting te Tiriti partnership in everything we say and do”<sup>16</sup>. This policy includes commitments that:
  - “Prioritisation and decision-making processes are explicitly designed to align with our Equity policy.
  - We extend our perspective beyond the limitation of ethnicity as a “risk factor”.
  - When analysing and drawing conclusions from data, disseminating results, or monitoring and measuring outcomes, we will consider the wider context of underlying health determinants, and the existent and continuing impact of colonisation on Māori health outcomes.
  - Research and analysis are prioritised to generate insights that help to improve health outcomes for Māori.”<sup>16</sup>
- No evidence is provided on how the proposed changes comply with Pharmac’s obligations to Māori under Te Tiriti o Waitangi, and Pharmac does not appear to have followed its own processes for equity analysis or Māori engagement in this decision. Given that Pharmac has disestablished the Rōpū Māori Advisory, where has Pharmac sought this specialist expertise?
- The argument for ethnicity as an evidence-based marker of need has been well articulated<sup>17</sup>. Given the evidence that the current criterion is overcoming barriers, improving access and impacting outcomes, Pharmac must at least provide evidence of modelled equivalence in this proposed change. Without this, we have concerns that this change could cost Māori lives, and actively dishonour Te Tiriti o Waitangi obligations.

## Summary

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<sup>15</sup> [https://www.pharmac.govt.nz/assets/Pharmac-Letter-of-Expectations-2025\\_26.pdf](https://www.pharmac.govt.nz/assets/Pharmac-Letter-of-Expectations-2025_26.pdf)

<sup>16</sup> <https://www.pharmac.govt.nz/assets/Uploads/Te-Tiriti-o-Waitangi-policy.pdf>

<sup>17</sup> Loring, B., Reid, P., Curtis, E., McLeod, M., Harris, R., and Jones, R. (2024) ‘Ethnicity is an evidence-based marker of need (and targeting services is good medical practice)’, New Zealand medical journal, available: <https://doi.org/10.26635/6965.e1603>; Teng A, McLeod M, Crengle S. Is ethnicity an independent predictor of health need? Linked cohort logistic regression analysis to predict amenable mortality. N Z Med J. 2026 Jan 30;139(1628):22-33. doi: 10.26635/6965.7002. PMID: 41610290.

- Widening access to medications for those who need them is always welcomed, but removing Special Authority criteria for a specific population needs to be understood, discussed with the populations it is likely to impact, supported by modelling/evidence, and the consequences anticipated. The ethnicity criterion for these diabetes medications was introduced on the basis of strong clinical and population evidence. Four years of real-world data confirm it was working, and no evidence has been put forward to justify removing it.
- The only evidence available, including research and advice from Pharmac's own expert groups, provides ongoing, strong justification for the ethnicity eligibility criterion for SGLT2 inhibitors and GLP-1 receptor agonists. Pharmac's decision does not appear to be based on evidence, clinical impact, clinical advice, equity/Māori health expertise or fiscal responsibility reasons. Pharmac has a range of options to broaden access to SGLT2 inhibitors and GLP-1 receptor agonists, and it is unclear why they consider this proposal the most beneficial. Some agents are now or soon off-patent, improving affordability<sup>18</sup>.
- Pharmac's process in relation to this proposal is completely inconsistent with its own commitments for transparency, information-sharing and better engagement, and raises serious concerns about Pharmac's appropriate use of expert advisory committees **before** making a decision. The apparent absence of specialised Māori and Pacific Health expertise is of concern.
- To provide appropriately informed expert feedback on this important issue, all stakeholders require:
  - **Access to the information** (including modelling, evidence and expert advice) used to inform this decision.
  - **An appropriate timeframe** to review this information and provide feedback.
- Based on Pharmac's available information, **we strongly oppose the removal of the existing criteria for Māori and Pacific people living with type 2 diabetes with control above target**. We urgently request that **Pharmac provide the information** it used to reach these decisions, so that we can provide thoughtful and meaningful feedback via **a consultation process with an appropriate timeframe**.

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<sup>18</sup> Te Karu L. Equity at risk? Call to retain ethnicity criteria for key diabetes medicines. NZ Doctor; 18 May 2026 <https://www.nzdoctor.co.nz/article/opinion/equity-risk-call-retain-ethnicity-criteria-key-diabetes-medicines>