

SUBMISSION TO PHARMAC: PROPOSAL TO EXPAND FUNDED EMERGENCY MEDICINES

Date: December 2025

Introduction

Hauora Taiwhenua Rural Health Network is the peak membership body for rural health in Aotearoa New Zealand. We represent a broad coalition of rural health professionals, communities, and organisations committed to improving health outcomes for people living in rural and remote Aotearoa.

We welcome the opportunity to provide feedback on Pharmac's proposal to expand funded emergency medicines access in rural and remote Aotearoa New Zealand. Our submission emphasizes the potential benefits, areas needing clarity, and recommendations to ensure equitable and effective implementation of this initiative.

WE SUPPORT ALL 3 PROPOSALS:

1. Addressing critical inequities

Rural and remote communities face delays or limited access to emergency treatments, exacerbating health outcome disparities between rural and urban populations.

Expanding access to emergency medicines aligns with the Rural Health Strategy's aim to close gaps in rural health outcomes.

2. Enhancing PRIME and Community Emergency Response

Funding medicines such as droperidol, ketamine, methoxyflurane, tranexamic acid, enoxaparin, and glucose for PRIME services ensures rural responders can deliver timely, comparable care to their urban and ambulance counterparts.

3. Improving Maternal and Palliative Care

Funding tranexamic acid for postpartum haemorrhage in home births and ketamine for community palliative care addresses critical gaps in maternal and end-of-life services.

ADDITIONAL CONSIDERATIONS AND RECOMMENDATIONS

1. PRIME Medications

- **Scope and Limitation to PRIME Sites**

While focusing on PRIME sites is a sensible starting point, consideration should be given to expanding this to other rural providers in future. We recommend using the Geographical Classification for Health (GCH) as the basis for determining eligibility for funded emergency medicines. This ensures all rural general practices can provide this medication when it is required.

- **Training and Competency**

PRIME clinicians receive training in the use of these medications and maintain this knowledge through PRIME refresher courses. Clinicians who are not PRIME trained, should also be able to access training in the use of these medicines, through targeted standalone modules and refresher courses. If these medicines are introduced into non-PRIME sites, a nationally consistent, robust training module will be essential.

- **Funding for Emergency Care in Primary Practices**

Rural and remote clinics may face challenges when patients present directly to the practice in an emergency rather than via the HHStJ 111 service. While PRIME kits allow clinicians to administer funded emergency medicines, there is uncertainty around who will fund the emergency consultation and medications if the patient is treated in the practice facility. A clear funding mechanism is needed to avoid financial burden on rural providers.

- **Monitoring and Evaluation**

It is important to ensure providers are informed of the impact of this initiative. Monitoring and evaluation should include:

- Uptake and impact measures using the GCH, social deprivation, ethnicity, and age-related differences – particularly in the older populations.
 - Cost implications of medicines that expire before use, to ensure efficient resource allocation and minimise waste.
 - The establishment of an independent external group, that includes rural clinical specialists, that will provide objective analysis and interpretation of data.
- Communications that enable continuous improvement of this initiative, regularly informs providers, Health NZ and ambulance services about monitoring data and analysis, up to date cost implications, patient outcomes, and adverse events.

Recommendations:

- Use the Geographical Classification for Health (GCH) as the basis for determining general practice's eligibility for funded emergency medicines
- If these medicines are introduced into non-PRIME sites, a nationally consistent, robust training module will be essential.
- HNZ must ensure there are clear funding mechanisms for the use of these medicines in all rural general practice settings, over and above PRIME attendances
- Establish communication pathways that enable ongoing quality improvement.

2. Ketamine for Community-Based Palliative Care

Hauora Taiwhenua strongly supports the introduction of ketamine for managing uncontrollable pain in rural and remote community settings, as this will significantly benefit patients in those areas.

However, the current proposal limits access to prescriptions or pre-stocked supplies in rest homes and hospices. This approach does not adequately address the needs of palliative patients who choose to receive end-of-life care at home, particularly in rural communities where access to pharmacies, rest homes, or hospices is often limited and can be extremely challenging outside normal hours.

Recommendations:

- Make ketamine available under a Medical Practitioner Supply Order (MPSO) for rural and remote practices, ensuring urgent access during out-of-hours situations (e.g., holiday weekends).
- Provide comprehensive education and clinical guidance for primary care clinicians on the safe and appropriate use of ketamine in palliative care.
- It is essential to implement strict protocols for the secure storage and monitoring of ketamine, given its potential for misuse and diversion through illegal supply networks. Robust governance measures should be in place to mitigate these risks.

3. IV Tranexamic Acid for Postpartum Haemorrhage

We strongly support the inclusion of intravenous tranexamic acid for managing postpartum haemorrhage in rural and remote communities, this should be prioritised over any introduction to urban environments. This is a significant step forward in improving maternal safety where access to hospital care may be delayed.

Recommendations:

- Introduce robust, nationally consistent education and training for rural clinicians and midwives, who do not maintain PRIME training, to ensure safe administration and timely use of tranexamic acid in emergency situations.
- It is important that access to these medicines is not limited solely to PRIME clinicians. Wider availability should be considered for other rural providers, such as urgent care and primary care clinics, as well as rural midwives, to ensure comprehensive emergency coverage.
- Include practical guidance on storage, dosing, and escalation protocols as part of the implementation plan.

SUMMARY

Hauora Taiwhenua commends PHARMAC for prioritising rural health equity and working collaboratively with ambulance services and PRIME providers. This proposal represents a critical step toward ensuring rural communities receive timely, life-saving care. To maximise impact, we recommend expanding access of the proposed PRIME medications to all rural primary care health services, robust training, and strong monitoring systems, alongside culturally appropriate engagement with Māori health providers.

We welcome the opportunity to work with PHARMAC, Health NZ, and sector partners to support the implementation and evaluation of this initiative.

Ngā mihi nui



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