



**SUBMISSION TO PHARMAC: Tenecteplase for pre-hospital use**

**Date:** March 2026

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**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 update the Pharmaceutical Schedule for ambulance medicines, and Tenecteplase for pre-hospital use, in Aotearoa New Zealand. Our submission emphasizes the potential benefits, areas needing clarity, and recommendations to ensure equitable and effective implementation.

**WE SUPPORT BOTH PROPOSALS:**

**1. Ambulance medications being added to the Pharmaceutical schedule**

The inclusion of ambulance specific medications in the Pharmaceutical Schedule represents a significant advancement, supporting a more coordinated and consistent approach to funding and procurement for emergency medicines. This dedicated section within the Schedule will provide a clear and transparent framework for identifying- which medicines are funded for use by ambulance services and PRIME providers.

**2. Tenecteplase for pre-hospital use**

Funding Tenecteplase for prehospital administration in cases of ST- Elevation Myocardial I-nfarction (STEMI) will enable rural PRIME responders and ambulance services to deliver timely, evidence-based- care. This ensures that patients in rural settings receive treatment comparable to that available in urban areas.

**ADDITIONAL CONSIDERATIONS AND RECOMMENDATIONS**

**Tenectaplase for pre-hospital use**

We strongly support the inclusion of Tenecteplase for pre-hospital use (for use in conjunction with other funded medicines) to be used for the treatment of STEMI, by PRIME provides and ambulance services. Its availability has the potential to markedly improve outcomes in rural and remote communities by reducing mortality and morbidity associated with out-of---hospital myocardial infarction.

Given the significant delays that can occur in accessing hospital-based care in some areas, prioritising pre-hospital access for rural providers over urban implementation should be prioritised.

This represents a major step forward in achieving equitable cardiac care and improving outcomes for patients experiencing a life-threatening- cardiac event.

**Recommendation:**

- Implement comprehensive, nationally consistent education and training for rural PRIME clinicians to ensure the safe administration and timely use of Tenecteplase in emergency situations. While we acknowledge that this does not sit directly within PHARMAC's remit, we believe it is important to highlight its critical role in supporting safe and effective implementation.
- 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. Alongside this it is important to that there is a process to ensure 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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