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Submission to Pharmac to amend the Special Authority access criteria for type 2 diabetes medicines

Hauora Taiwhenua Rural Health Network is a national peak body representing rural health professionals and the health/wellbeing of rural communities 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.

Our members are often in the front line when an emergency occurs, often caring for those in the community that are most vulnerable.

We welcome the opportunity to make a submission on the proposal to amend the Special Authority access criteria for type 2 diabetes medicines.

Type 2 diabetes prevalence and incidence continue to increase across Aotearoa New Zealand. It is critical that effective interventions are implemented now to curb this trajectory and mitigate the growing clinical and economic burden on the health system.

Current evidence demonstrates that Māori and Pacific populations experience a disproportionately higher prevalence of Type 2 diabetes, with onset occurring at younger ages and with earlier progression to complications. These inequities are further compounded by rurality. Māori, in particular, are more likely to live in rural communities, with approximately one in four Māori residing rurally compared with one in five people in the general population; a smaller but still significant proportion of Pacific people (7%) also live in rural settings¹.

We welcome the proposal to expand access to these medicines by lowering the 5-year cardiovascular risk threshold from $\geq 15\%$ to $\geq 10\%$. This is a positive and evidence-aligned change that will enable earlier intervention and provide broader access to effective therapies. It is likely to support improved diabetes management and reduce the risk of complications across all population groups.

¹ Hauora Taiwhenua Rural Health Network. Rural Health New Zealand Snapshot 2026.

We do **not support** the proposed removal of ethnicity as a distinct eligibility criterion for Māori and Pacific people. The current provision appropriately recognises that these populations experience a significantly higher lifetime risk of developing Type 2 diabetes, with earlier onset and more rapid progression.

Robust health data and clinical evidence consistently demonstrate that Māori and Pacific people with Type 2 diabetes experience a greater burden of complications, including higher rates of renal failure requiring dialysis, visual impairment and blindness, cardiovascular disease, and hypertension (amongst many other complications), compared with non-Māori, non-Pacific populations. These outcomes contribute to earlier mortality and ongoing inequities in life expectancy.

Removing this pathway risks creating additional barriers to timely access to effective treatment and may further entrench existing inequities. The current criteria appropriately acknowledge these disproportionate risks and support more equitable access to treatment.

We strongly encourage Pharmac to retain the existing Special Authority provision for Māori and Pacific people.

Summary

Hauora Taiwhenua Rural Health Network supports Pharmac's proposal to expand access to these important medicines by lowering the 5-year cardiovascular risk threshold to $\geq 10\%$. This is a clinically appropriate change that enables earlier intervention and is likely to improve long-term outcomes for people living with Type 2 diabetes, including those living rurally. However, it is critical that widening access through cardiovascular risk criteria is not implemented at the expense of existing equity provisions, particularly the ethnicity-based access pathway for Māori and Pacific peoples.

We do **not support** the proposed removal of Māori and Pacific ethnicity as stand-alone access criteria. The available clinical evidence and health data clearly demonstrate disproportionate risk, earlier disease onset, and poorer outcomes for these populations. Retaining targeted access mechanisms is essential to achieving equitable health outcomes and should remain a key consideration in decision-making.

We also encourage Pharmac to consider, as a future priority, funding access to SGLT2 inhibitors and GLP-1 receptor agonists in combination for those who require both therapies. Enabling access to combination treatment where clinically indicated has the potential to improve glycaemic control and reduce the long-term burden of diabetes complications, ultimately resulting in downstream cost savings and reduced pressure on the health system.

We encourage Pharmac to ensure that the evidence and decision-making underpinning this proposal continues to reflect the needs of the whole population, in particular rural Māori and rural Pacific populations, and that engagement processes are inclusive of rural providers and communities to support equitable access and outcomes.

Ngā mihi



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