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Breast Cancer Aotearoa Coalition (BCAC) response to Pharmac consultation on proposal to decline some medicine funding applications on the Options for Investment list

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Shortening the list would not increase clarity or transparency

BCAC strongly opposes Pharmac's proposal to remove low-ranked medicines from the Options for Investment (OFI) list. Doing so would not achieve Pharmac's stated aim of bringing greater clarity and transparency to how the organisation manages medicine funding applications on the OFI. It would instead simply shorten the list, serving only to disguise the size of New Zealand's critical medicines gap.

Recommended medicines have clinical benefit and should not be removed

All of the medicines on the OFI have traversed Pharmac's complex and often protracted processes of consideration and been recommended for funding by an expert clinical committee because they provide clinical benefit to patients. Such medicines should be funded, not deleted from the list. Doing so would remove any hope from patients that the medicine they need to improve their quality of life and/or length of life has a chance of being funded.

Removing recommended medicines would compromise Pharmac's processes and create unproductive work for staff, clinicians and consumers

Removing medicines from the OFI would compromise Pharmac's own processes by ignoring the clinical advice of its expert committees and essentially declining medicines without following its own processes. Staff would then need to spend time and resource counteracting objections from clinicians and patients. This is not an activity that any of us wants to engage in. Consumers and patients want to see Pharmac staff focusing their time and energy on positive activities that will increase the opportunity to fund more medicines. The removal of recommended medicines from the OFI would have the opposite effect.



Rankings are not fixed but change through price negotiation

Cost is a factor in Pharmac's ranking system and this can change through negotiation with companies, so a low ranked medicine can be funded. Pharmac frequently reaches bundled deals for multiple medicines with a pharmaceutical company, meaning that lower ranked medicines do receive funding.

Time on the OFI does not reduce clinical benefit

Medicines that have been on the OFI for more than two years should not be removed. Nab-paclitaxel (Abraxane) provides an example of a medicine that has been on the list for many years, has not received funding but would deliver significant clinical benefit. This medicine was Medsafe registered in 2010 and funded in Australia in 2009. The first application for nab-paclitaxel was made by a pharmaceutical company in 2010. Multiple further applications from clinicians including the Breast Special Interest specialist group and from BCAC have followed over the years, although many of these are not visible on the application tracker. The pharmaceutical company established a patient cost share but when Pharmac declined to engage it gave up on the prospect of funding, left New Zealand and withdrew the cost share. The most recent applications were from clinicians in 2023.

Abraxane is a form of the taxane paclitaxel that is less toxic, causing fewer hypersensitivity reactions and less peripheral neuropathy than standard solvent-based taxanes. It would be beneficial for patients receiving taxane therapy for breast and a range of other cancers. Time on the OFI has not removed the unmet clinical need for this medicine. It is now in generic form, so inexpensive, but this means there is little incentive for a pharmaceutical company to invest the time and effort required to secure a deal with Pharmac. Despite urging from clinicians and consumers over the years Pharmac has not made any move to fund nab-paclitaxel.

Greater transparency is needed, by other means

We support Pharmac's stated aim of providing greater transparency on the OFI list and how it is managed, but by means other than removing recommended medicines. A transparent ranked list would give patients and clinicians a better idea of the likelihood a medicine will receive funding. It would also give pharmaceutical companies a clearer idea of what will be needed to reach agreement over an acceptable price. Companies are less motivated knowing only that their medicine is one of over 120 that have been deemed eligible for funding. This secretive 'black box' approach by Pharmac seems designed to deter companies from engaging and reduce the likelihood of agreement being reached over funding.

NICE in the UK provides a less opaque model by negotiating transparently with companies. If a medicine has high clinical benefit NICE will openly reveal it wants to fund that medicine but will reject a company's proposal if the price is too high. Pharmac should similarly transparently negotiate a fair price for medicines.

Many medicines with high clinical benefit are not on the OFI

There are many beneficial medicines already missing from the OFI. In breast cancer alone there are thirty-one medicines/indications recommended in international Guidelines or in common use overseas that remain unfunded in New Zealand (see Table 1). Seventeen of these are funded in Australia, but only five are on Pharmac's OFI. Another medicine for advanced triple negative breast cancer was given a high priority ranking by PTAC at its May meeting, but after six months this has not yet appeared on the OFI. Clearly, the OFI should be longer, not shorter.

Need for deep reform of Pharmac's HTA processes

Pharmac's health technology assessment (HTA) processes need deep reform and Pharmac should prioritise work on this. Pharmac takes a passive approach, responding only to formal applications for medicines rather than actively seeking medicines that would benefit New Zealanders. The slow, cumbersome and non-transparent consideration and decision-making HTA processes, along with the low chance of success in gaining funding, acts as a deterrent to pharmaceutical companies from engaging in the New Zealand market. BCAC frequently reaches out to companies to encourage them to seek Medsafe registration and Pharmac funding for their medicines, many of which are funded in Australia and worldwide.

Pharmac was established in 1993 to constrain expenditure on medicines. Its outdated processes facilitate the rationing of medicines in a severely cost-restrained environment. New Zealanders deserve a better, more positive patient-centred approach. Pharmac should play a role in seeking additional investment in medicines from the Government by communicating the individual and societal benefits of funding modern medicines.

Deep reform to develop a best practice HTA model is long overdue and desperately needed to deliver better health outcomes for New Zealanders.

Ngā mihi,



Libby Burgess MNZM

Chair

Breast Cancer Aotearoa Coalition

Table 1

Summary of breast cancer medicines/indications recommended in Guidelines or in common use overseas but not funded in NZ.

STAGE, SUB-TYPE	UNFUNDED MEDICINES
Early HR+	abemaciclib (Verzenio [®]) ^{1,2} , ribociclib (Kisqali [®])
Advanced HR+	sacituzumab govitecan (Trodelvy [®]) ² , Verzenio ¹ , capivasertib (Truqap [®]) ¹ , alpelisib (Piqray [®]), elacestrant (Orserdu [®]), everolimus (Afinitor [®]) ¹ , datopotomab deruxtecan (Datroway [®])
Early HER2+	trastuzumab sub-cutaneous (Herceptin SC [®]) ¹ , pertuzumab (Perjeta [®]) ^{1*,2,3} , trastuz + pertuz SC (Phesgo [®]) ³
Advanced HER2+	Herceptin SC ¹ , trastuzumab (Herzuma [®]) (retreatment) ¹ , lapatinib (Tykerb [®]) ^{1,2} , neratinib (Nerlynx [®]), tucatinib (Tukysa [®]) ² , margetuximab (Margenza [®])
Advanced HER2-low	trastuzumab deruxtecan (Enhertu [®]) ^{1,2}
Advanced HER2-ultralow	Enhertu ²
Early TNBC	pembrolizumab (Keytruda [®]) ^{1,2,3}
Advanced TNBC	atezolizumab (Tecentriq [®]), Trodelvy ^{1,2} , talazoparib (Talzenna [®]), durvalumab (Infinzi [®])
Early gBRCApv	olaparib (Lynparza [®]) ^{1,2}
Advanced gBRCApv	Lynparza ^{1,2}
Various sub-types	nab-paclitaxel (Abraxane [®]) ^{1,3} , eribulin (Halaven [®]) ¹ , denosumab (Xgeva [®] /Prolia [®]) ¹ , bevacizumab (Avastin [®]) ¹

Key

1 Funded in Australia (17 indications)

1* Recommended by PBAC for PBS funding in Australia i.e. soon to be funded (neoadjuvant pertuzumab for early HER2+)

2 ESMO MCBS score of A for early breast cancer; 4 or 5 for advanced breast cancer (12 indications)

3 On Pharmac's Options for Investment list (5 indications)