PhRMA analysis of IQVIA MIDAS® and GlobalData Drug Pricing Intelligence databases, and specific country government data on regulatory approval and public-funding decisions

New Zealand Report: June, 2026

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Introduction

Pharmaceutical Research and Manufacturers of America (PhRMA) is the leading trade association representing innovative biopharmaceutical research and biotechnology companies in the United States. Its primary role is to conduct advocacy for public policies that encourage the discovery and development and use of important new modern prescription medicines for patients in the United States but also globally.

There have been relatively few robust global comparative studies that are generated focusing solely on publicly-funded medicines access for patients. One large study was completed in April 2023, which covered the period between 2014 and 2021. However, nothing more recent has been undertaken.

PhRMA have initiated a range of studies that will be completed in 2026 with an up-to-date analysis of modern medicines access though government or publicly-funded mechanisms, rather than private insurance or out-of-pocket means. PhRMA has worked with a range of like-minded pharmaceutical trade associations around the OECD to generate bespoke reports.

This report was generated in collaboration with Medicines New Zealand in June 2026.

To provide the most accurate inter-country comparison this report focuses on 20 countries which met the following criteria:

- They follow similar two step processes for providing publicly-funded medicines access to their patients and public health systems*.
  This is in terms of both registration processes and funding/reimbursement decision-making processes i.e. involving some form of clinical effectiveness and health technology assessment/economic analysis on benefit of the modern medicine).
- They are considered to be high income nations by the World Bank
- They are members of the Organization for Economic Cooperation and Development (OECD).

The selected countries are Austria, Australia, Belgium, Canada, Czech Republic, Denmark, France, Ireland, Israel, Italy, Japan, South Korea, New Zealand, Norway, Spain, Sweden, Switzerland and the United Kingdom (comprised of Scotland, Northern Ireland, England & Wales). In this report, they will be referred to collectively as the ‘OECD 20’.

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*For patients to receive publicly-funded access to any modern prescription medicine usually requires the completion of a two-step process involving different parts of the central or provincial (in the case of Canada) government in any country. Step 1. Modern medicine obtains registration approval from government regulator (e.g., EMA (EU), MHRA (UK), TGA(Australia), Medsafe (New Zealand)) Step 2. Modern medicines must obtain government funding (reimbursement) from nominated government funding body (e.g., NHS(UK), PBS (Australia), Pharmac (New Zealand))

Methodology

The term ‘modern medicine’ refers to new active substances first launched globally as a prescription pharmaceutical within a 10-year period (January 1, 2016, to December 31, 2025) and that have received regulatory approval by the U.S. Food and Drug Administration, European Medicines Agency and/or Japan’s Pharmaceuticals and Medical Devices Agency.

477 modern medicines were considered to be ‘launched’ during this period.

Each modern medicine’s public registration approval status public-funding status in the OECD 20 countries was determined by PhRMA analysis of a range of databases including the IQVIA MIDAS® database, the GlobalData Drug Pricing Intelligence database and the country’s government database of regulatory approval and public-funding decisions. This analysis was undertaken and completed by PhRMA in April 2026.

For additional robustness, the modern medicines that had obtained both public registration approval and public-funding by December 31, 2025, were cross-checked by in-market experts for each OECD 20 country.

In 19 of the OECD 20 countries, a modern medicine was considered publicly funded, if it had approved funding status from the central/federal funding body. A medicine was considered publicly funded in Canada if 50% or more of the population living in a province where it is publicly funded had access to it.

Limitations:
A detailed assessment of patient access barriers (i.e. barriers to access when public-funding/ reimbursement of modern medicine is restricted to only some of the approved indications and uses that it had obtained public regulatory approval and registration for) has not been included in this report.

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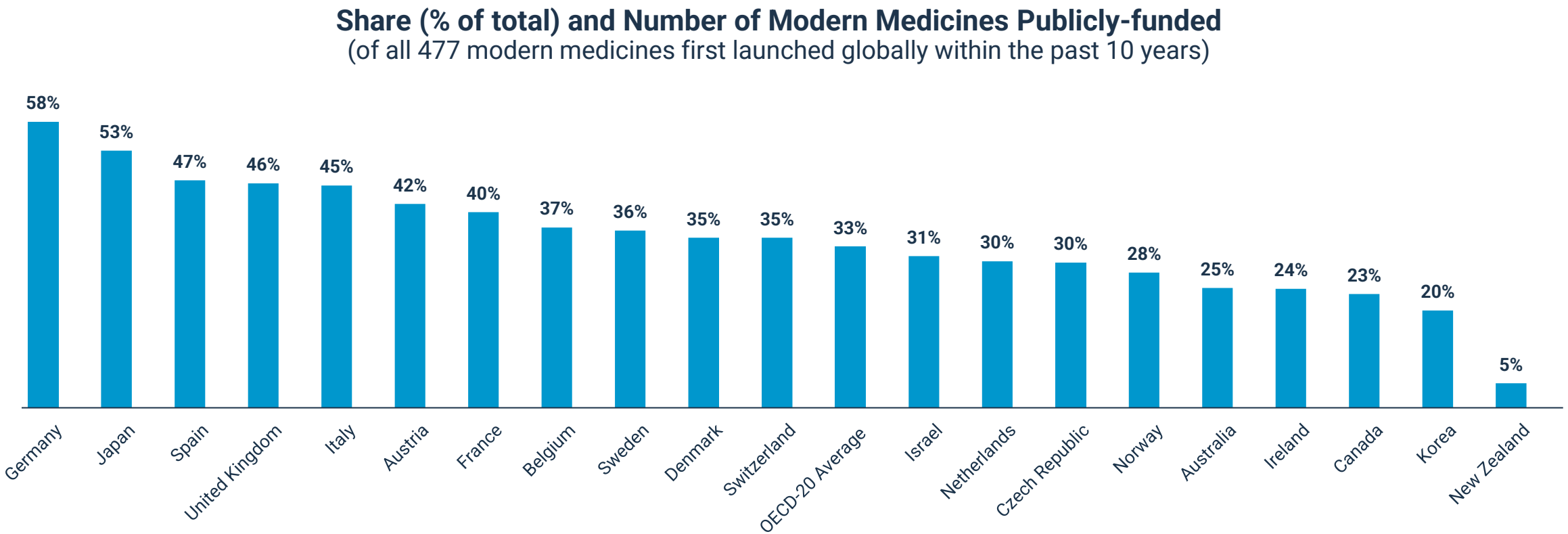
Patients in New Zealand have the Poorest Publicly-funded Access to Modern Medicines out of 20 Comparable OECD Countries

New Zealand publicly funded **24 modern medicines**, over the 10-year period (1 January 2016 - 31 December 2025).

This is almost 7x lower than the OECD 20 average of 157 modern medicines publicly funded over the same period.



Source: PhRMA analysis of IQVIA MIDAS®, GlobalData Drug Pricing Intelligence, and country government data on regulatory approval, pricing and public-funding decisions, April 2026.
Note: New medicines refers to all global new active substances first launched globally within the past 10 years (January 1, 2016 to December 31, 2025) and approved by the U.S. Food and Drug Administration, European Medicines Agency and/or Japan's Pharmaceuticals and Medical Devices Agency.
A medicine is considered publicly reimbursed in Canada if 50% or more of the population lives in a province where it is publicly funded. In most countries, patient access barriers remain when public reimbursement of medicines is restricted to only some of the approved indications and uses.

New Zealand Publicly Funds Far Fewer Modern Medicines Across All Major Therapy Areas for its patients than Australia.

This includes modern medicines for a range of diseases in the therapy areas of cancer (e.g., lung, colon, bowel and blood cancers (e.g. myeloma, leukemia, lymphoma)) , blood disorders (e.g., hemophilia), rare disorders, autoimmune disorders (e.g., multiple sclerosis , arthritis) and neurological & mental health (e.g., epilepsy, depression, schizophrenia).

Share of Modern Medicines Publicly–funded by New Zealand & Australia by Therapy Area

(As a percentage (%) of all modern medicines in each therapy area first launched globally within the past 10 years)

Cancer (incl. blood cancer)

AUS **33%** NZL **6%**

Blood Disorders

AUS **9%** NZL **6%**

Neurological and Mental Health

AUS **28%** NZL **4%**

Autoimmune Disorders

AUS **24%** NZL **3%**

Rare Disease

AUS **30%** NZL **6%**

Source: PhRMA analysis of IQVIA MIDAS®, GlobalData Drug Pricing Intelligence, and country government data on regulatory approval, pricing and public-funding decisions, April 2026.
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Of all OECD 20 countries, New Zealand has the slowest government processes for registration and public funding.

New Zealand

62 months

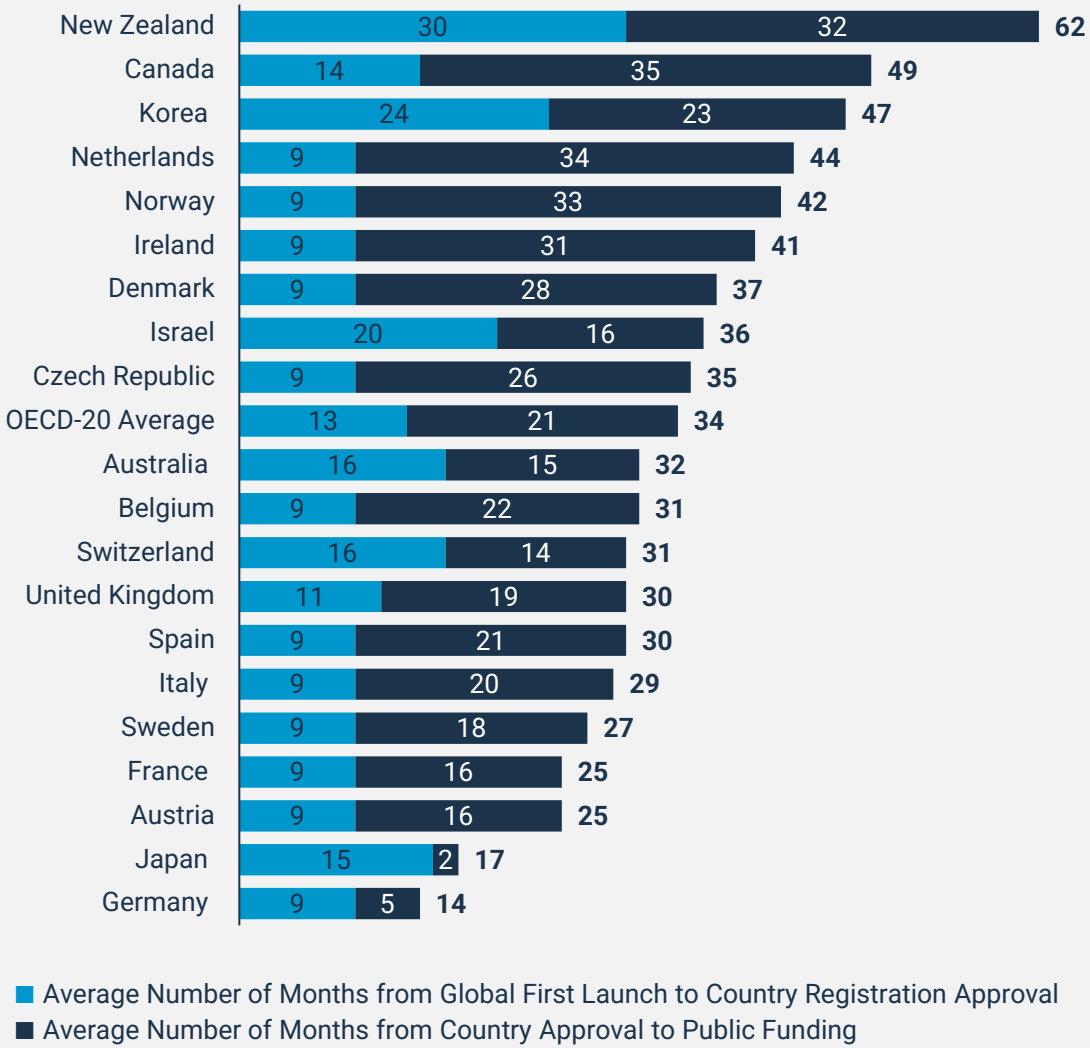
OECD 20 Average

34 months

This means that New Zealand patients had to **wait almost twice as long on average** to receive access to each publicly-funded modern medicine compared to patients in all other OECD 20 countries.

Germany, France, Italy, Sweden and Japan were **3 to 5 times faster on average** at providing publicly funded access to modern medicines to their patients.

Average Number of Months from Global First Launch to Public Funding



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