Why doesn't New Zealand use modern medicines?

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Te Whatu Ora
Health New Zealand

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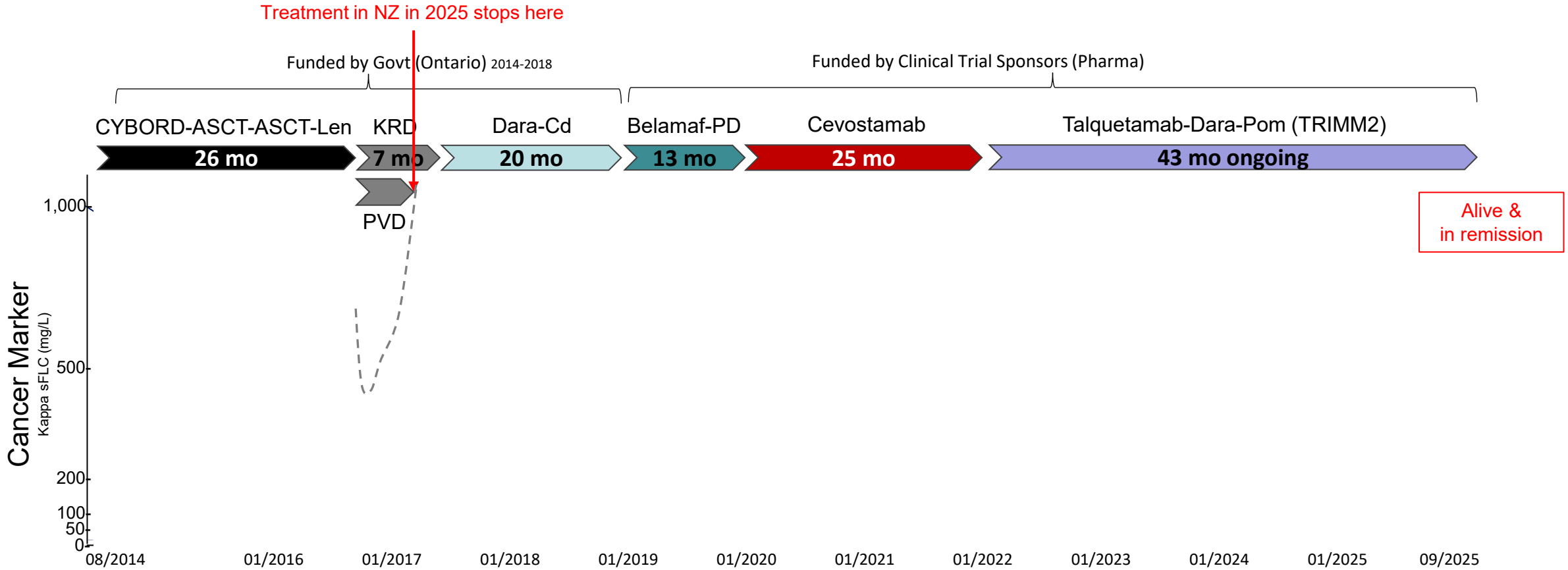
NEW ZEALAND

A Patient Story

A 46 year-old woman, diagnosed with multiple myeloma (with high-risk genetics) in Aug 2014:



R. Tiedemann

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The treatment gap for multiple myeloma – public funding of medicines by country

Funded
Planned funding
Under review
Not Funded +/- not reviewed

Classical standard of care medicines publicly funded, by country

Emerging standard of care – Approved modern immune therapies, under funding review, recommended for funding, or now funded,

	Canada (Ontario)	Australia	UK
bortezomib	≥1L	≥1L	≥1L
lenalidomide	≥1L	≥1L	≥1L
daratumumab	≥1L	≥1L in AL, ≥2L in MM PBAC has recommended including 1L TIE-MM	≥1L
pomalidomide	≥2L	≥2L	≥4L
carfilzomib	≥2L	≥2L	2L
selinexor	≥2L	≥2L	≥2L
isatuximab	≥2L CDA has recommended including 1L	-	4L ≥1L review due 16/7/25
Teclistamab	CADTH recommended funding in ≥4L. Compassionate program.	TGA provisionally approved; funding review not yet complete	≥4L
Elranatamab	CADTH recommended funding in ≥4L. Compassionate program.	PBAC recommended funding for ≥4L (03/25)	≥4L
Talquetamab	Not for reimbursement (additional data required)	TGA provisionally approved; funding review not yet complete	NICE review due 15 Oct 2025
Ciltacabtagene autoleucel (BCMA CAR-T)	CDA recommended funding in 2-4L	MSAC recommended funding for ≥5L (11/24)	NICE application paused by J+J
Belantamab mafodotin	CDA recommendation expected 7-10/2025	TGA review in progress. Funding revew not yet complete.	≥2L

The treatment gap in NZ today

The treatment gap is increasing

Abbreviations
1L = 1st line
2L, 3L, 4L = 2nd, 3rd or 4th line
TIE = transplant ineligible
SCT = stem cell transplant
MM = multiple myeloma
CADTH = Canadian Agency for Drugs and Technologies in Health
TGA = Therapeutic Goods Administration
MSAC = Medical Services Advisory Committee
NICE = National Institute for Health and Care Excellence

Notes
Websites reviewed 2025-05-20
Ontario Funding:
https://www.ontario.ca/files/2025-01/moh-frequently-requested-drugs.pdf
www.cancercareontario.ca/en/drugformulary/drugs
www.ontario.ca/page/exceptional-access-program
www.ontario.ca/check-medication-coverage/
www.cadth.ca
Australian Funding:
www.pbs.gov.au
UK Funding:
www.england.nhs.uk
www.nice.org.uk/

R. Tiedemann

The blood cancer medicine gap – NZ vs. Australia – 24 medicines / 42 indications

Blood cancer type	Total
Leukaemia	
Acute lymphoblastic leukaemia	4
Acute myeloid leukaemia	6
Chronic lymphoblastic leukaemia	7
Chronic myeloid leukaemia	3
Lymphoma	
Hodgkin's lymphoma	1
Non-Hodgkin's lymphoma	5
Lymphoma B-cell	1
Lymphoma T-cell	4
Myeloma	
Multiple myeloma	7
Other	
Other‡	4
Total	
Total	42

ESMO-MCBS:H score	Medicine name	Used in combination with	Cancer type	Indication per PBS	Formulation	Medicine funded in NZ for other indications	Current Pharmac status (Oct 2024)†	Noted as a gap in 2022
A Substantial clinical benefit – curative	Midostaurin	Anthracycline and cytarabine chemotherapy (both already funded in Aotearoa New Zealand)	Acute myeloid leukaemia (AML)	Newly diagnosed patients with an internal tandem duplication (ITD) or tyrosine kinase domain (TKD) FMS-like tyrosine kinase 3 (FLT3) mutation	Oral capsule	No	Funded from 1 July 2024	Yes
A Substantial clinical benefit – curative	Blinatumomab for ALL		ecursor B-cell ute lymphoblastic leukaemia (pre-B-cell ALL)	Complete haematological remission with measurable residual disease (MRD)	Continuous intravenous infusion	No	Seeking clinical advice	Yes
5 Substantial clinical benefit – not curative	Azacitidine*	Venetoclax*	Acute myeloid leukaemia (AML)	Patients who are unfit for intensive chemotherapy	Subcutaneous injection or intravenous infusion	Yes	OFI list	No
5 Substantial clinical benefit – not curative	Blinatumomab	Monotherapy	Precursor B-cell acute lymphoblastic leukaemia (pre-B-cell ALL)	Patients with relapsed or refractory disease	Continuous intravenous infusion	No	No application	Yes
5 Substantial clinical benefit – not curative	Venetoclax*	Azacitidine*	Acute myeloid leukaemia (AML)	Patients who are unfit for intensive chemotherapy	Oral tablet	Yes	OFI list	No
4 Substantial clinical benefit – not curative	Acalabrutinib, ibrutinib or zanubrutinib‡	Monotherapy	Mantle cell lymphoma (MCL)	Relapsed or refractory to at least one prior therapy	Oral capsule/ tablet	Yes	Acalabrutinib – no application Ibrutinib – OFI list Zanubrutinib – OFI list	Yes
	BTKi for MCL after 1st line							
4 Substantial clinical benefit – not curative	Asciminib	Monotherapy	Chronic myeloid leukaemia (CML)	Philadelphia chromosome positive or with transcript BCR-ABL1 tyrosine kinase mutation positive without T315I mutation in chronic phase previously treated with two or more tyrosine kinase inhibitors	Oral tablet	No	Seeking clinical advice	No
4 Substantial clinical benefit – not curative	Gilteritinib	Monotherapy	Acute myeloid leukaemia (AML)	Relapsed or refractory with FLT3 ITD or TKD mutation	Oral tablet	No	No application	No
4 Substantial clinical benefit – not curative	Idelalisib	Rituximab for 8 doses followed by monotherapy (already funded in Aotearoa New Zealand)	Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)	Relapsed or refractory to at least one prior therapy, CD20-positive	Oral tablet	No	No application	Yes
4 Substantial clinical benefit – not curative	Inotuzumab ozogamicin	Monotherapy	Precursor B-cell acute lymphoblastic leukaemia (pre-B-cell ALL)	Relapsed or refractory B-precursor cell, CD22-positive	Intravenous infusion	No	OFI list	Yes
4 Substantial clinical benefit – not curative	Lenalidomide	Dexamethasone with or without bortezomib	Multiple myeloma (MM)	Newly diagnosed	Oral capsule/ tablet	Yes	Funded from 1 August 2024	Yes
4 Substantial clinical benefit – not curative	Pomalidomide	Dexamethasone (already funded in Aotearoa New Zealand)	Multiple myeloma (MM)	Relapsed or refractory third-line treatment	Oral capsule	No	Funded from 1 August 2024	Yes

Note: a score of A or B indicates curative, a score of 5 or 4 indicates substantial clinical benefit but not curative.

* Represents a regimen-indication pair – where more than one medicine is taken as part of the same treatment, and both would need to be funded to close the gap.

† Status as of May 2024. The status of medicine applications at Pharmac is constantly being progressed and updated. Please refer to Pharmac's Application Tracker (connect.pharmac.govt.nz/apptracker) for up-to-date information on a medicine application.

‡ Medicines that are part of the Bruton's tyrosine kinase (BTK) inhibitors medicine class – only one medicine from the medicine classes would need to be funded to close the

ESMO-MCBS:H score	Medicine name	Used in combination with	Cancer type	Indication per PBS	Formulation	Medicine funded in NZ for other indications	Current Pharmac status (October 2024)*	Noted as a gap in 2022
3	Acalabrutinib, ibrutinib or zanubrutinib†	Monotherapy	Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)	Relapsed or refractory, second line, prior therapy, TP53 wildtype.	Oral capsule/ tablet	No	Acalabrutinib – Under-assessment Ibrutinib – Under assessment Zanubrutinib – Under assessment	Yes
	BTKi (ibutinib/acalabrutinib/Zanubrutinib) for CLL							
3	Acalabrutinib†	Obinutuzumab†	Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)	Untreated patients or those who have developed an intolerance resulting in withdrawal from another first-line agent	Oral capsule/ tablet	No	No application	No
3	Carfilzomib	Dexamethasone with without alidomide	Multiple myeloma (MM)	Progressive disease after at least one prior therapy (once or twice weekly)	Intravenous infusion	No	OFI list	Yes
	Carfilzomib							
3	Daratumumab†	Bortezomib and	Multiple myeloma (MM)	Progressive disease after only one prior therapy	Intravenous infusion/ subcutaneous injection	No	OFI list	Yes
	Daratumumab for MM							
3	Elotuzumab†	Dexamethasone and lenalidomide¶	Multiple myeloma (MM)	Progressive disease after at least one prior therapy	Intravenous infusion	No	No application	No
3	Idelalisib	Monotherapy	Follicular B-cell non-Hodgkin's lymphoma	Refractory to rituximab and an alkylating agent within 6 months after completion of the treatment	Oral tablet	No	No application	Yes
3	Lenalidomide	Monotherapy	Myelodysplastic syndrome	Low risk or intermediate-1 with del(5q), and red blood cell transfusion dependent	Oral capsule/ tablet	Yes	Funded from 1 August 2024	Yes
3	Obinutuzumab†	Acalabrutinib†	Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)	Untreated patients or those who have developed an intolerance resulting in withdrawal from another first-line agent	Intravenous infusion	Yes	No application	No
3	Obinutuzumab†	Venetoclax†	Chronic lymphocytic	Previously untreated	Intravenous infusion	Yes	Under assessment	Yes
	Obinutuzumab-(Ven or BTKi) for CLL		lymphoma (SLL)	ase				
3	Pembrolizumab	Monotherapy	Hodgkin's lymphoma	Relapsed or refractory Hodgkin's lymphoma after autologous haematopoietic stem cell transplant, and if transplant ineligible, has relapsed after 2 prior treatments	Intravenous infusion	Yes	Funded from 1 October 2024	Yes
3	Pembrolizumab	Monotherapy	Primary mediastinal B-cell lymphoma	Relapsed or refractory after autologous stem cell transplant, or after 2 prior treatments and if transplant ineligible has relapsed after 1 prior treatment. Patient must have been treated with rituximab	Intravenous infusion	Yes	No application	Yes
3	Ponatinib	Monotherapy	Chronic myeloid leukaemia (CML)	At least two prior tyrosine kinase inhibitors have failed or have not been tolerated with a severity necessitating permanent treatment withdrawal	Oral tablet	No	No application	Yes
3	Pralatrexate	Not specified	Peripheral T-cell lymphoma	Relapsed or chemotherapy-refractory after appropriate prior first-line curative intent chemotherapy	Intravenous bolus	No	No application	Yes
3	Venetoclax†	Obinutuzumab†	Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)	Previously untreated disease	Oral tablet	Yes	Under assessment	Yes
2	Brentuximab vedotin	Cyclophosphamide, doxorubicin and prednisone	Peripheral T-cell lymphoma, non-cutaneous	First-line treatment with curative intent, CD30-positive	Intravenous infusion	Yes	Under assessment for anaplastic large cell lymphoma only	Yes
2	Daratumumab	Cyclophosphamide,	Systemic light chain	Newly diagnosed	Intravenous infusion/ subcutaneous injection	No	OFI list	No
	Daratumumab for AL amyloidosis							
2	Pomalidomide	Dexamethasone and bortezomib	Multiple myeloma (MM)	Progressive disease after at least one prior therapy (that is either lenalidomide monotherapy or contains lenalidomide) and patient has undergone or is ineligible for an autologous haematopoietic stem cell transplant	Oral capsule	No	Funded from 1 August 2024	No

ESMO-MCBS:H score	Medicine name	Used in combination with	Cancer type	In
2	Ponatinib	Monotherapy	Acute lymphoblastic leukaemia (ALL)	Se pa Ph pa m
2	Selinexor	Triplet with dexamethasone and bortezomib. Doublet with dexamethasone	Multiple myeloma (MM)	Pr le
1	Brentuximab vedotin	Monotherapy	T-cell lymphoma, cutaneous	Re pa pa
1	Vorinostat	Monotherapy	T-cell lymphoma, cutaneous	Re re au st
1	Acalabrutinib or zanubrutinib†	Monotherapy	Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)	Pr in lir
NEB	Bendamustine†	Obinutuzumab† or rituximab	Follicular lymphoma stage II bulky or stage III/IV	In ur
NEB	Obinutuzumab	Bendamustine†	Follicular lymphoma stage II bulky or stage III/IV	In ur
Not scorable	Asciminib	Monotherapy	Chronic myeloid leukaemia (CML)	Ph pc BC ch in T3
Not scorable	Azacitidine	Monotherapy	Acute myeloid leukaemia (AML)	In di in ch co pa ur pr ha tr
Not scorable	Decitabine with cedazuridine	Not specified	Acute myeloid leukaemia (AML)	W bl dy
Not scorable	Decitabine with cedazuridine	Not specified	Chronic myelomonocytic leukaemia (CMML)	W bl m
Not scorable	Decitabine with cedazuridine	Not specified	Myelodysplastic syndrome	In 20
Not scorable	Zanubrutinib	Monotherapy	Waldenstrom macroglobulinaemia	Re at in ur wi

42
blood cancer medicine-indication pairs

24
individual blood cancer medicines were funded in Australia but not in Aotearoa New Zealand

Te Aho o Te Kahu, Cancer Control Agency. Oct 2024. *Understanding blood cancer medicine availability in Aotearoa New Zealand*

Consenus amongst NZ Haematologists that blood cancer medicine access requires urgent Govt. action

Tuesday, 4 March 2025

Rt Hon Christopher Luxon
Prime Minister

Hon Nicola Willis
Minister of Finance

Hon Simeon Brown
Minister of Health

Hon David Seymour
Associate Minister of Health (Pharmac)

Hon Winston Peters
Deputy Prime Minister

Dear Prime Minister, Ministers of Health, Minister of Finance, and Coalition Party Leaders

Re: Urgent Action Needed to Deliver on Medicine Access for Blood Cancer Patients

New Zealand haematologists and members of the blood cancer support community have ongoing serious concern about the treatment of New Zealanders living with blood cancer. The failure of this Government to provide access to modern medicines for these patients is wrecking lives and families, as Kiwis with blood cancer are left to deteriorate or die whilst waiting for treatments that are readily available in similar and often poorer nations.

The Facts

New Zealand's access to medicines has fallen far behind that of comparable nations. The consequences are especially borne by blood cancer patients, who typically have no viable surgical or prevention options, and whose treatment is entirely reliant on modern medicines.

In a previous letter (6 June 2024), we called on the Government to honour its commitment to improve medicine access for blood cancer patients, whom it vowed "would not be forgotten". Although some progress has since been made, it has been insufficient to address the scale of the medicine problem.

Of the estimated 21,000 New Zealanders living with a blood cancer, fewer than 1% (180 patients) stand to benefit from Pharmac's 2024 budget uplift. They include:

- 20 Hodgkin lymphoma patients (pembrolizumab)
- 5 chronic lymphocytic leukaemia patients (bendamustine)
- 5 acute lymphoblastic leukaemia patients (inotuzumab)
- 140 acute myeloid leukaemia patients (venetoclax with azacitidine).

While these steps are acknowledged, they fall far short of what is needed. As a result, New Zealanders living with blood cancer continue to endure unnecessary suffering due to delays in the funding of life-saving medicines.

Lost

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critical component of the health system is failing. This must change and it is up to the Government to effect this.

We urge the Government to take decisive steps to:

1. **Right-size the medicines budget:** Increase New Zealand's investment in medicines; and commit to a 5-year plan to align our medicines access with OECD standards. Ensure that Kiwis receive timely access to critical new medicines – starting with those waiting on the 'Options for Investment' list.
2. **Refresh Pharmac's objectives:** Implement best practice decision-making that prioritises patient needs and outcomes, starting with a refresh of Pharmac's statutory mandate. Require Pharmac to provide Government with key metrics including annual benchmarking of New Zealand's medicines access against international comparators.

Improving healthcare is an accomplishment that all New Zealanders could unite behind. We appreciate your stated aspiration to delivering better cancer treatments for New Zealanders and look forward to your response and/or to meeting with you to discuss this further.

Ngā mihi nui,

On behalf of the following haematologists and blood cancer patient advocacy organisations:

Assoc. Professor Rodger Tiedemann
MBChB PhD FRACP FRCPA
Associate Professor of Medicine,
A & M Morris Fellow in Cancer Research
Consultant Haematologist
University of Auckland
Auckland Hospital

Tim Edmonds
Chief Executive Officer
Leukaemia & Blood Cancer New Zealand

Professor Peter Browett FRACP FRCPA
Professor of Pathology
Consultant Haematologist
Leukaemia & Blood Cancer Research Unit
University of Auckland
Auckland Hospital

Dr. Ruth Spearing
CNZM, FRACP, FRCPA
Honorary Senior Clinical Lecturer,
University of Otago
Co-Chair, ALLG Medicines Advisory
Committee NZ

Catherine Isaac
Trustee
CLL Advocates NZ

Nichola Oakenfull
Trustee
Myeloma New Zealand

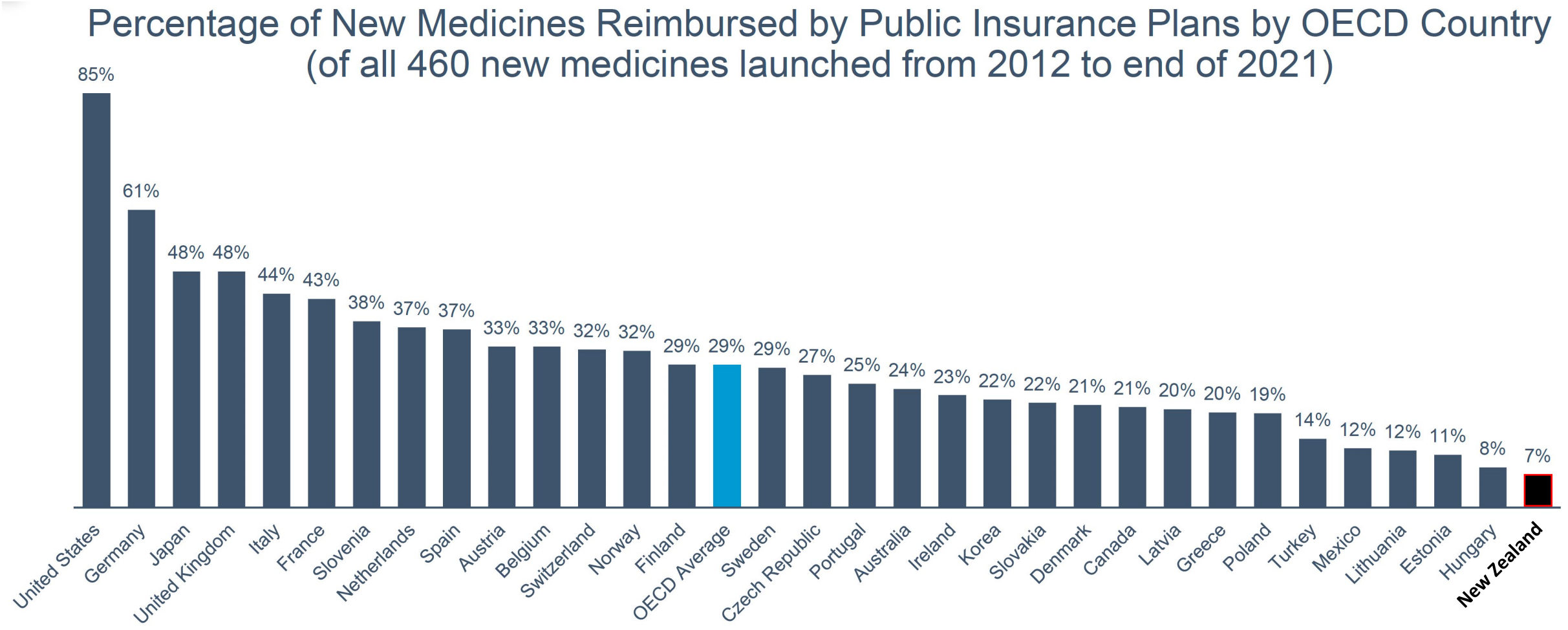
Barbara Horne
Trustee
Myeloma New Zealand

HSANZ
Haematology Society of Australia and New Zealand

Endorsed by:
Haematology Society of Australia and New Zealand

On behalf on HSANZ:

On average OECD countries fund 29% of new medicines. NZ reimburses 7%.



PhRMA. (2023, April). Global access to new medicines report. PhRMA. https://phrma.org/-/media/Project/PhRMA/PhRMA-Org/PhRMARefresh/Report-PDFs/A-C/2023-04-06-PhRMAGlobal-Access-to-New-Medicines-Report-FINAL.pdf

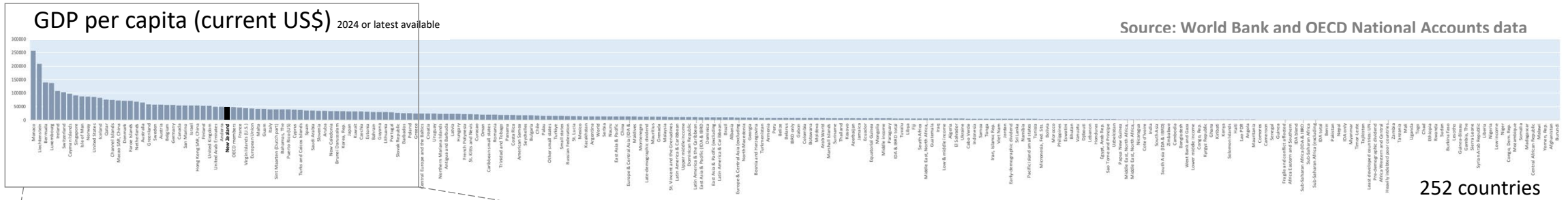
Source: PhRMA analysis of IQVIA MIDAS® and country regulatory data. October 2022. Note: New medicines refer to new active substances approved by FDA, EMA and/or PMDA and first launched in any country betweenJanuary 1, 2012, and December 31, 2021. Data exclude: Chile, Colombia, Costa Rica, Iceland, Israel, and Luxembourg. A medicine is considered publicly reimbursed in Canada if 50 percent or more of the population lives in a province where it is publicly reimbursed. In several markets, patient access barriers remain when public reimbursement of medicines is restricted to only some of the approved indications and uses, or when other cost-containment pressures in the health care system limit uptake.

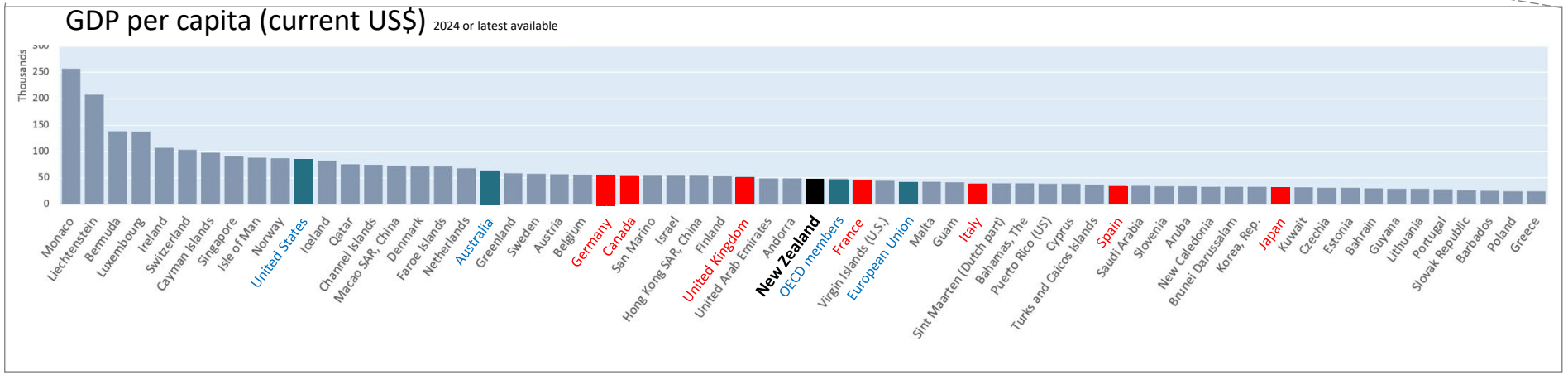

Why don’t Kiwis deserve modern medicines?

Fallacy:

NZ is too poor to afford modern medicines

National income (World Bank): GDP per person (current $US) -2024 or latest available



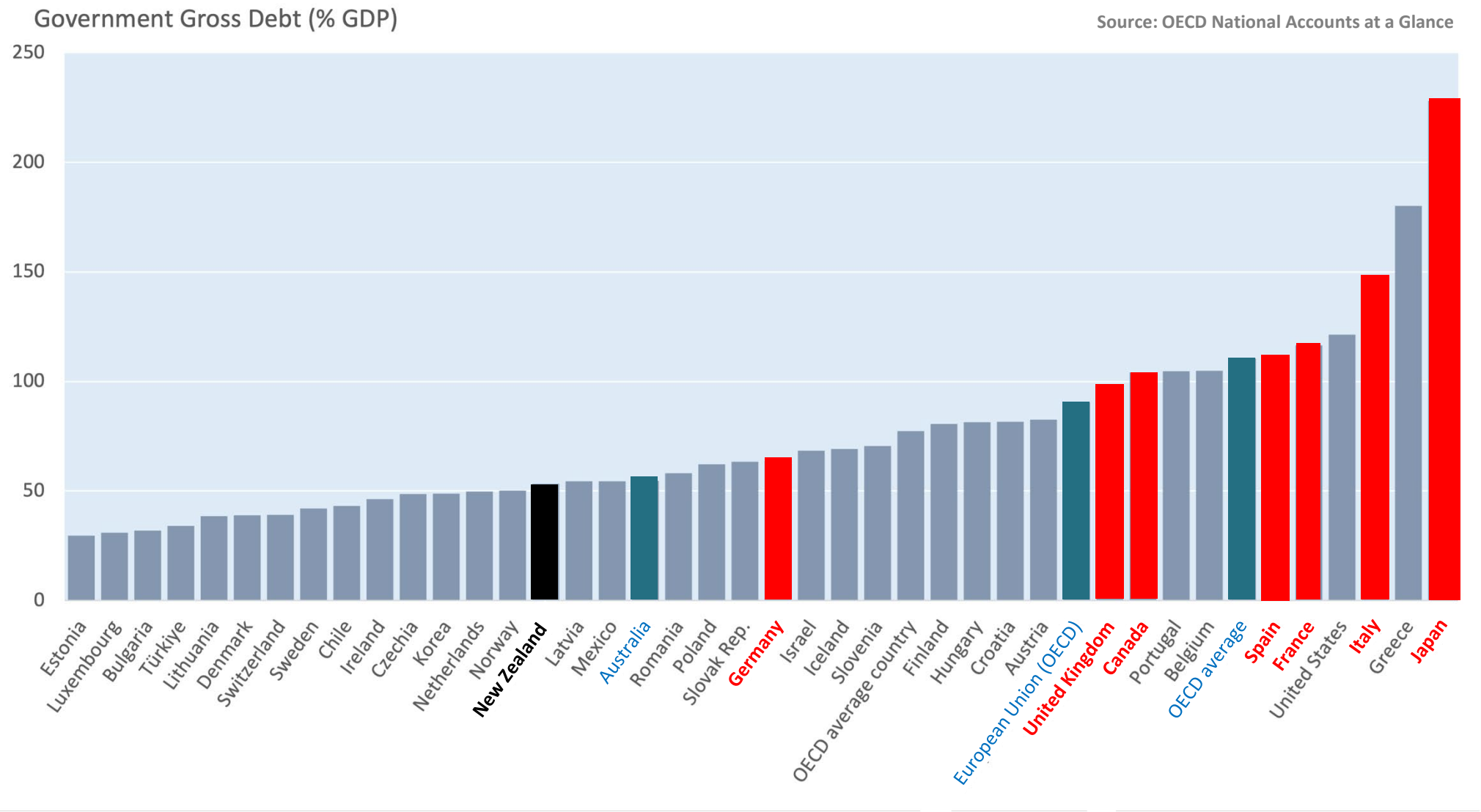


https://data.worldbank.org/indicator/NY.GDP.PCAP.CD

Fallacy:

New Zealand has too much debt

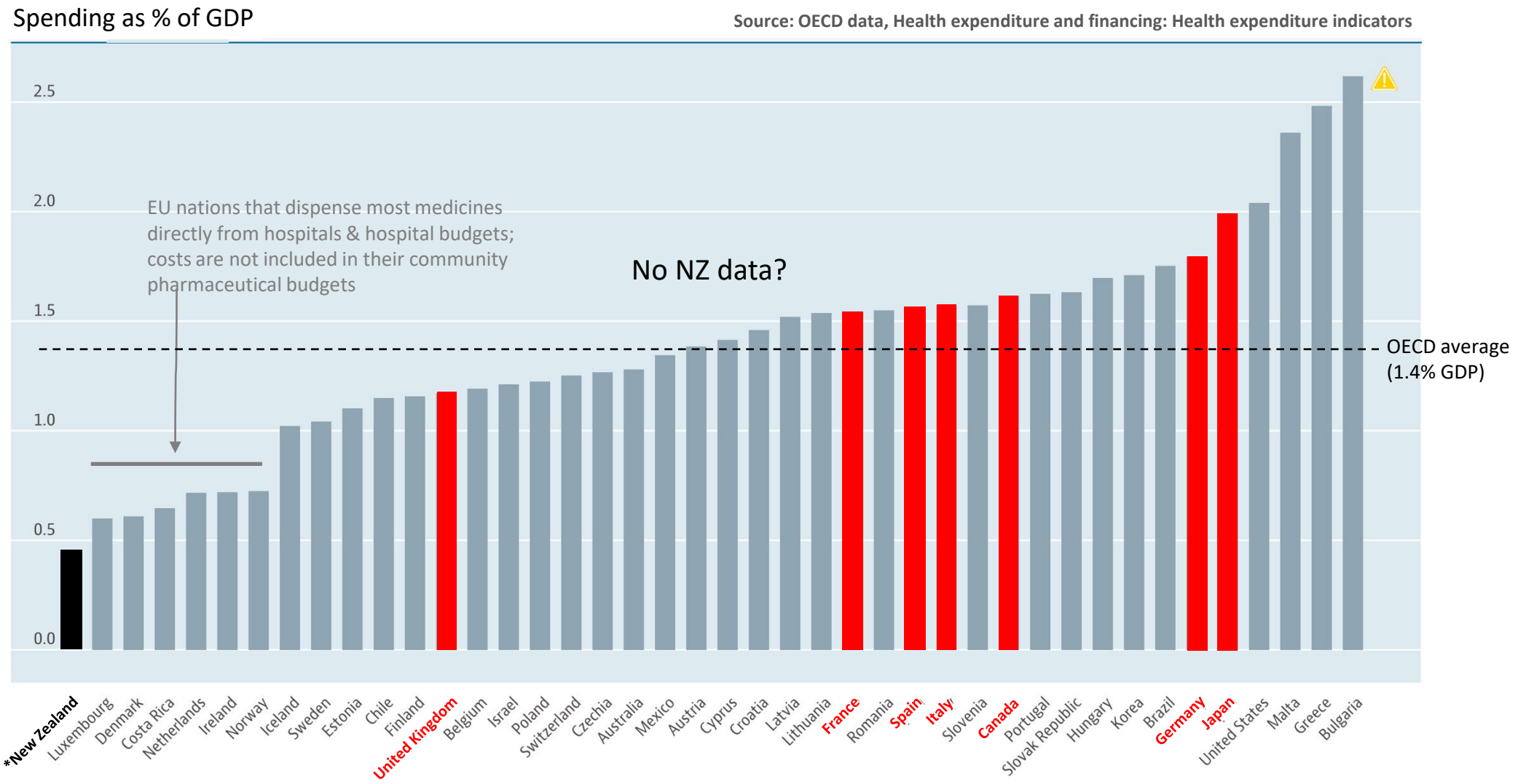
General Government Debt -Total as % of GDP, OECD nations, 2023 (OECD)



https://data.oecd.org/gga/general-government-debt.htm

Community Pharmaceutical spending -Total as % GDP, OECD nations, 2022 or latest available

- spending on prescription medicines in the community; and self-medication (OTC).
- Pharmaceuticals consumed in hospitals and other health care settings are excluded.



*after Pharmac budget uplift in 2025

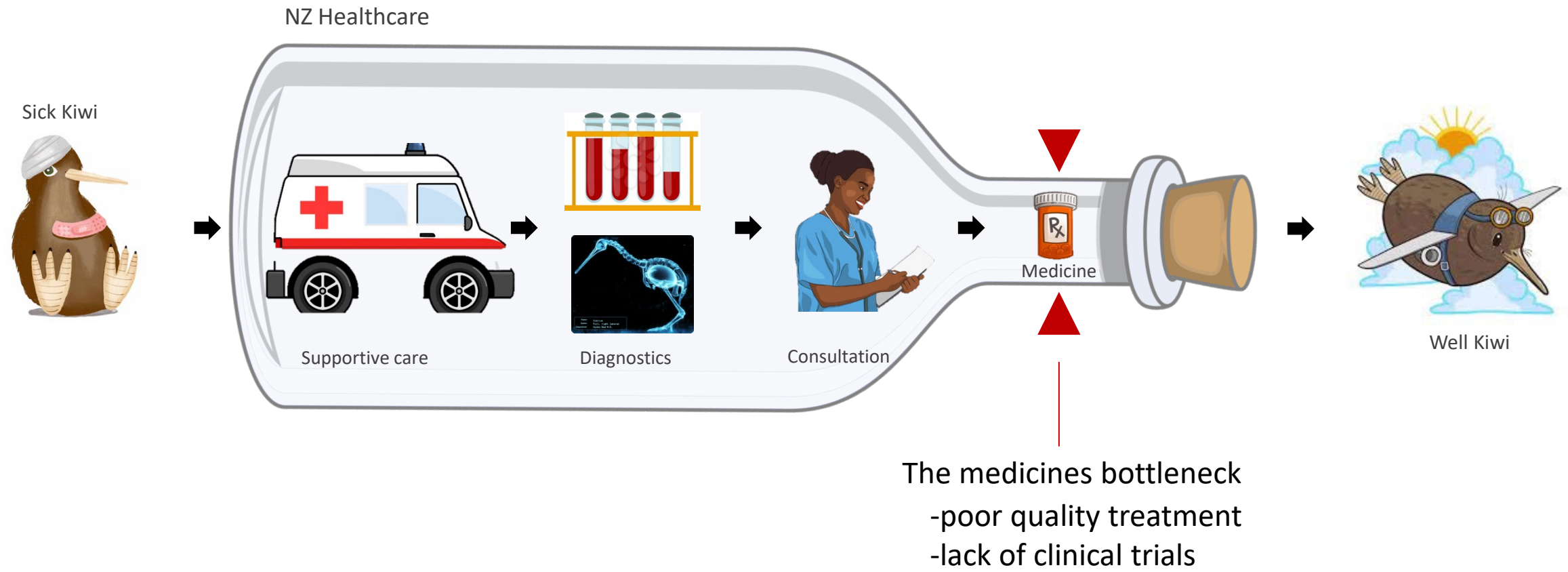
https://data.oecd.org/healthres/pharmaceutical-spending.htm

New Zealand Institute of Economic Research, Community Pharmaceuticals – Expenditure Trends, https://www.nzier.org.nz/

https://www.insights10.com/report/new-zealand-over-the-counter-otc-pharmaceuticals-market-analysis/

The consequences

Underspending on medicines causes a bottleneck in NZ medical care



R. Tiedemann, image composed from web sources

Patients continue to fundraise or go overseas to receive standard-of-care treatments

NEW ZEALAND / HEALTH

Father of two has to get cancer treatment in Germany after Pharmac complications

David Cotton travelled to Germany in a wheelchair to get immunotherapy treatment for his leukaemia.

An Auckland man has resorted to treatment for an aggressive bone marrow cancer in Germany after local treatment options were unavailable or rejected by Pharmac.

David Cotton is being treated for acute lymphoblastic leukaemia in Wurzburg because the drug agency declined his application for immunotherapy drugs and there were no approved specialist treatment centres in New

Whangārei dad with blood cancer needs more than $100k for treatment, daughter appeals

By Avneesh Vincent
18 May, 2024 05:00 AM · 4 mins to read

Save · Share

Youngest daughter Tayla Bennett was shocked to hear about her father's incurable blood cancer.

A Whangārei dad has been given three months to live unless he raises $136,000 for medication to treat his incurable blood cancer.

"Please help save my dad," said his youngest daughter, Tayla Bennett.

Brett Edwards, 54, was initially diagnosed with multiple myeloma in 2022. But it was only last month that his family found out the cancer had come back "quite aggressively".

A Givealittle page has been set up to help fundraising efforts.

Ehlers-Danlos Syndrome: Germany treatment allows semblance of normal birthday for Kiwi teen

By Mitchell Hageman
23 Sep, 2023 06:00 AM · 4 mins to read

Save · Share

Jo Gregory and her daughter Jaimee Gregory with their dog Stella-Jane. Jaimee recently returned from Germany after receiving treatment for EDS and related complex medical issues. Photo / Paul Taylor

Jaimee Gregory's 18th birthday was one celebrated with friends. It's a right of passage, but three months ago it was a pipe dream.

Gregory has a rare condition called Ehlers-Danlos Syndrome (EDS made a last-ditch bid for a normal life, travelling to Germany with Gregory for treatment not available to them in New Zealand.

HEALTH

Kiwi friends with blood cancer having to commute to Australia for treatment not funded in NZ

1 hour ago · Dianna Vezich

Friends Judy Morrison and Jo Neep. Photo credit: Supplied

Stuff

NZ NEWS / QUIZZES / SPORT / WORLD / LISTEN

…en she received a diagnosis of

…r from home in Arrowtown. I just

…ys Morrison.

…Neil told her of a woman in their

Desperate Pharmac plea from family selling cans for unfunded myeloma cancer drugs

By Nicholas Jones
11 Feb, 2024 09:13 PM · 20 mins to read

Save · Share · 23 Comments

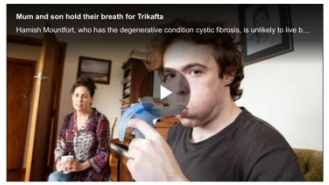
Multiple myeloma, a common blood cancer, is incurable, but can be survived for years with the right treatment and medicines, which have greatly improved. Kiwis have been left out of that progress, because Pharmac hasn't funded new myeloma drugs for a decade - forcing one family into desperate measures. Nicholas Jones and visual journalist Jason Oxenham report.

Outside Lisa Clark's home in Huapai are homemade signs, letting people know where to drop aluminium cans.

She sells whatever comes in as scrap to raise money for the blood cancer medicine her brother Simon needs to stay alive.

Kiwis with cystic fibrosis feel forced to move overseas for affordable treatment

Sophie Harris
May 25, 2022, · 11:30am



Hamish Mountfort, who has the degenerative condition cystic fibrosis, is unlikely to live beyond his 30s without access to the drug Trikafta. He and his mum, Emma Brewerton, want the Government to fund the drug. (First published April 28, 2022)

More Kiwis with cystic fibrosis are moving abroad for treatment, knowing they will die sooner if they stay in New Zealand due to the expense of a life-changing drug called Trikafta.

Stuff

'Will I live or will I die?': Disease reveals stark reality

Susan Edmunds
March 22, 2024, · 11:41am

Share

Marian Johnson was until recently chief executive of start-up hub Ministry of Awesome (MoA). SUPPLIED

Marian Johnson is one of the country's most fervent advocates for entrepreneurs.

But after almost seven years, Johnson is stepping down from her role as chief executive of the startup hub Ministry of Awesome, and may have to leave the country if she is to get the treatment she needs after a shock diagnosis.

Kiwi dad who's sper… on cancer treatment… wants to see it fund…

By Bethany Reitsma
16 Nov, 2023 02:41 PM · 8 mins to read

Geoff Dawson has been living with myeloma, a type of … Medicine Gap / Jo Currie

A Kiwi dad of two who's forked out $300,000 for … see it publicly funded in New Zealand.

Geoff Dawson, who works for the Royal New Ze… almost nothing about **myeloma**, a blood cancer that affects white blood cells and weakens bones, until he was diagnosed with it six years ago. He hadn't noticed any signs of symptoms apart from a sore back, until the day he sneezed and broke a rib.

'Medical refugee' Aucklander moves to Australia to access life-changing drug

Stephen Forbes Local Democracy Reporter
January 22, 2023, · 06:00pm

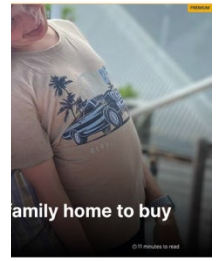
Share

Fiona Tolich with her two children Kaija and Ryker in 2018. The family moved to Australia last week to ensure she can access the drug Spinraza to treat her spinal muscular atrophy (SMA). ABIGAIL DOUGHERTY / BLANK

An Aucklander who has a rare genetic disorder says moving her family to Australia last week was her only option to access a life-changing drug.

Fiona Tolich, 42, has fought for years to get Pharmac to fund the drug Spinraza and has been a leading patient advocate for spinal muscular …

Herald



…orinua as a beloved family … ds of dollars for medication … without Pharmac funding, Nicholas Jones reports.

Dr Logan McLennan spent more than 40 years working to plug holes in New Zealand's health system, but after retirement fell into one himself.

With thanks to the brave New Zealanders who have stood up to tell their story

What NZ needs

1

NZ urgently needs a 5-year plan to align our medicines access with the OECD average

NZ needs to match the OECD average in medicines access, not in spending.

2

All medicines waiting on the OFI list should be funded.

After doing this (at a cost of $500M pa) NZ's entire Community Phamaceutical Budget (CPB) would still be only 0.57% GDP (vs an average of ~1.4% GDP spent by other OECD nations).

Pharmac Report 2022; Stats NZ 2025; NZIER – Community Pharmaceuticals Expenditure Trends, Nov 2022