



ANZCA
FPM

*Te Whare Tohu o
Te Hau Whakaora*

26 May 2026

PHARMAC

By email: consult@pharmac.govt.nz

Tēnā koe

Proposal to amend the Special Authority access criteria for type 2 diabetes medicines.

Te Whare Tohu o Te Hau Whakaora | The Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM) and Chapter of Perioperative Medicine, thanks you for the opportunity to provide feedback on the above. ANZCA is the professional organisation responsible for postgraduate training programs of anaesthetists and specialist pain medicine physicians, and for setting the standards of clinical practice throughout Australia and Aotearoa New Zealand. Our collective membership comprises around 10,000 fellows and trainees in anaesthesia and pain medicine, 1300 of whom work in Aotearoa New Zealand with the goal of providing competent, culturally safe care and ongoing continuous improvement in a high-quality health system.

In accordance with the College's [Strategic Plan 2026-2028](#), which was widely consulted on and formally endorsed by Council, ANZCA is committed to upholding the principles of Te Tiriti o Waitangi fostering its relationship with Māori, supporting Māori Fellows and trainees, and striving to improving Māori health outcomes.

Overview

ANZCA welcomes and **supports** the proposal to widen access to empagliflozin, empagliflozin with metformin, dulaglutide, and liraglutide (branded as Jardiance, Jardiamet, Trulicity, and Victoza respectively) for people living with Type 2 diabetes and at risk of cardio-renal complications. However, the college strongly **opposes** removing existing criteria which enables access to these medicines for Māori and Pacific people living with Type 2 diabetes without the need to demonstrate specific cardiovascular or renal risk factors.

Rationale

As anaesthetists and pain medicine specialists, ANZCA's members have considerable experience of the significant health burden of type 2 diabetes, including increased rates of perioperative complications, higher mortality, and longer hospital stays, particularly for Māori and Pacific peoples. The college strongly supports lowering the five-year cardiovascular-risk threshold to $\geq 10\%$ (from the current $\geq 15\%$) which will increase access to effective diabetes medicines for more people overall. However, this change will not address the disproportionate burden and inequitable outcomes of type 2 diabetes among Māori and Pacific peoples. Removing the ethnicity criterion may undo the proven benefits of the previous funding modelⁱ, under which Māori and Pacific patients with cardiovascular and renal disease were prescribed these medicines at significantly higher rates than other groups (42% compared with 30%) and showed the greatest improvementsⁱⁱ.

There is a large body of research showing that Māori and Pacific are less likely to access healthcare and to receive medications overall. Current criteria remove barriers for Māori and Pacific patients who potentially have high-risk diabetes but are reluctant to engage with healthcare providers, allowing access to medications via ethnicity alone. This approach directly responded to

the earlier onset and faster progression of disease among tangata whenua and Pacific peoples, who are three and five times more likely, respectively, to develop type 2 diabetes. It is a fair, cost-effective, and humane policy which has started to address a significant driver of the entrenched, intergenerational health disparities that are a barrier to efficient public health services, and is supported by research showing that in Aotearoa New Zealand, ethnicity alone is a predictor of health needⁱⁱⁱ.

Getting access to these diabetes drugs under the newly proposed criteria will require patients to complete multiple clinic / GP visits and bloods tests to ensure that they have the results and data needed to apply for the special authority criteria access.

“A diabetes data review of 65,000 people with diabetes suggests that more Māori and Pacific are likely to **lose** access to these drugs than the number of people overall who will **gain** access under the newly proposed criteria. Fewer Māori and Pacific people accessing the drugs will only widen the equity gap. This will also potentially lead to more healthcare spending overall, as patients not managed optimally in primary care will be more likely to develop complications later and require hospitalisation.” (Pers. Comm, Dr Lynne Chepulis to mhead@anzca.org.nz.22 May 2026).

Removing the ethnicity criterion after such a brief period, also removes the potential to assess the impact of targeted access to medicines to help address inequitable health outcomes for Māori and Pacific peoples.

Comparison with Australia

Type 2 diabetes is a major cause of excess death for Aboriginal and Torres Strait Island people in Australia, as it is for Māori and Pacific people in Aotearoa. Equity is a fundamental principle and the first pillar of Australia’s evidence-based National Medicines Policy which focuses on addressing inequity through positive actions, to optimise health and economic outcomes. Accordingly, these medicines for type 2 diabetes are publicly funded for Aboriginal and Torres Strait Island people through the Pharmaceutical Benefits Scheme (PBS). We recommend that Pharmac follows Australia’s example of acting positively to counter the impact of colonisation which has driven inequitable health outcomes, by not removing the ethnicity criterion from this proposal.

Again, thank you for the opportunity to provide feedback on this proposal.

Nāku noa, nā



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ⁱ Pharmac. Decision to Fund Two New Medicines for Type 2 Diabetes. 2021. Available online: <https://pharmac.govt.nz/news-and-resources/consultations-and-decisions/decision-to-fund-two-new-medicines-for-type-2-diabetes/>

ⁱⁱ Chepulis, L., Gan, H., Simmons, D. *et al.* SGLT2 inhibitor use and disparities in all-cause mortality in type 2 diabetes: insights from a multi-ethnic population. *Diabetologia* (2026). Available online: <https://doi.org/10.1007/s00125-026-06733-2>

ⁱⁱⁱ AusSMC (2026, January 30). Ethnicity is an independent predictor of health needs in NZ. Scimex. Available online: <https://www.scimex.org/newsfeed/ethnicity-is-an-independent-predictor-of-health-needs-in-nz>