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Pharmac proposal to remove ethnicity criteria criticised

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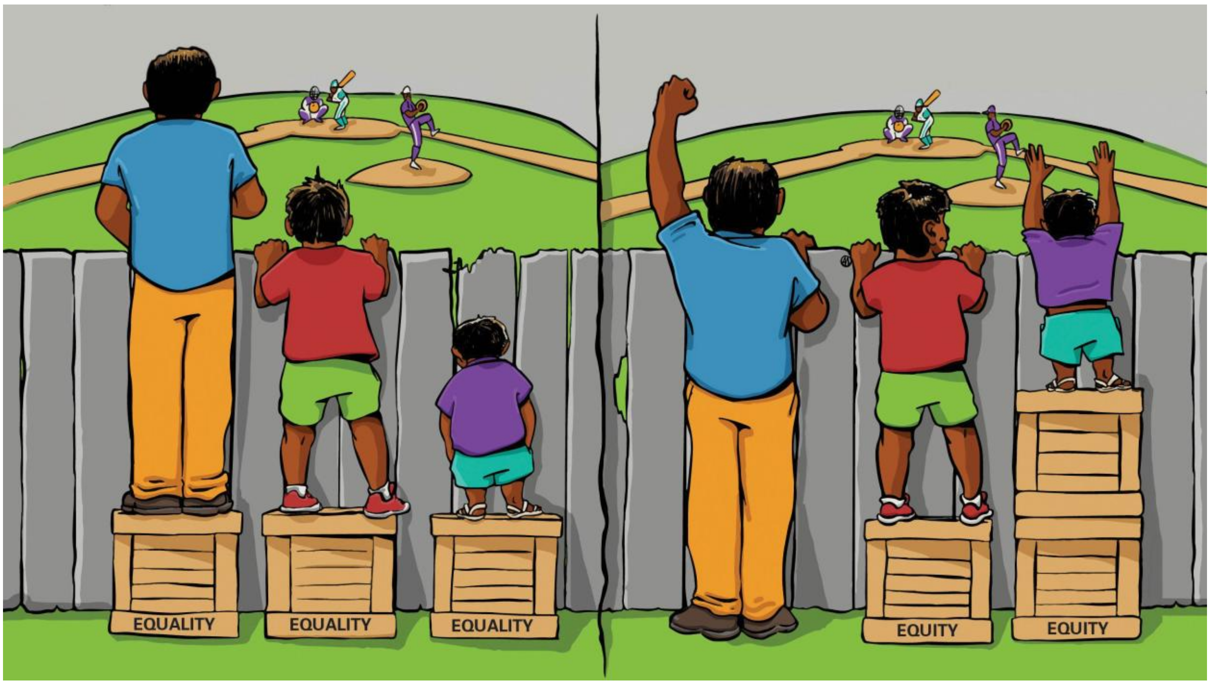

Pharmac is considering removing ethnicity criteria for accessing several diabetes medications [Image: Interaction Institute for Social Change | Artist: Angus Maguire]

Essentials

- **Māori and Pacific people will be more likely to die should a Pharmac change to a Special Authority ethnicity access criteria be reversed.**
- **This proposal will continue the health system's better care for the "worried European well" at the expense of care for Māori and Pasifika, a diabetes expert says.**
- **Submissions on the consultation close in 13 days, on 28 May.**

Critics of a Pharmac proposal to remove ethnicity as a criterion to access treatments for type 2 diabetes say it will result in more Māori and Pacific deaths.

Yesterday, Pharmac asked for feedback on widening the Special Authority access criteria for the type 2 diabetes medicines empagliflozin, empagliflozin with metformin, dulaglutide, and liraglutide for people living with type 2 diabetes and at risk of cardio-renal complications.

While the proposal will reduce the required five-year cardiovascular risk to access the drugs (to ≥10% from ≥15% currently), it will also remove the criterion allowing Māori and Pacific people with type 2 diabetes to access the treatments without the need to demonstrate specific cardiovascular or renal risk factors.

In a media release announcing the proposal, health minister Simeon Brown and associate health minister David Seymour say Pharmac estimates that about 10,000 more people could benefit in the first year, increasing to approximately 23,000 people after five years.

“We’re making the system work better for the people it serves. When people can access their medicines easily, they stay healthier for longer. It also reduces pressure on other parts of the health system,” Mr Brown says.

“This proposal is about people. It’s about the mum managing her diabetes while raising her kids, the grandad who wants to be around to watch his grandchildren grow up, and the thousands of Kiwis who simply want to live longer, healthier lives with the people they love.”

But Diabetes Foundation Aotearoa chair John Baker says it feels like “a great leap backwards”.

“It doesn’t make any sense clinically or medically. Effectively, that’s what they’re doing; they’re putting a restriction in for highly disadvantaged people, making it harder for Māori and Pacific to get access to new drugs and easier for the rest,” Dr Baker says.

Advantage to the worried well

Dr Baker’s research and subsequent lobbying with colleagues, including David Simmons, among others, played a part in securing funding for the GLP-1 receptor agonist Trulicity and the SGLT2 inhibitor Jardiance in New Zealand in 2022.

“And we also lobbied quite hard that, because Māori and Pacific had much worse health outcomes than Europeans and other people, that they shouldn’t be subject to Special Authority restriction.”

A follow-up study in 2023 examined what happened in south Auckland following easier access to the two medicines.

“We were able to show that there was a huge rise in prescriptions of those medicines for Pacific patients. So, the strategy was effective and probably in the longer term, lifesaving,” he says.

"The likely outcome of this is that the European worried well who go to the doctor most often and complain the most will continue to get the medicines, and those who don't go to the doctors and who are really sick don't get it."

Research shows that Māori and Pacific people are much less likely to go to the GP, much less likely to get special authority applications put through, and much less likely to get scripts for the new medicines, Dr Baker says.

Having their ethnicity as part of the Special Authority meant, in real time, doctors could more easily prescribe those medications for those who need it most, Dr Baker says. "It worked. And now they're reversing it. They removed a barrier only to put it back in place. And it's hard to understand why they would do that."

Preventative care saves lives; delayed or absent treatment means people present with more acute conditions later. Emergency department presentations cost the government more money.

"I'm trying to find a positive spin on this for you, but I can't – there's no good reason for this decision."

Move will add to 'missing million prescriptions' for Māori

Iwi Māori partnership board Te Tiratū is developing resources to support whānau, Māori health providers, clinicians and community leaders to make informed submissions ahead of the consultation deadline, opposing the removal of equity access criteria.

Te Tiratū represents 121,300 Māori. It warns the proposal risks reversing one of the few medicines policy decisions in Aotearoa specifically designed to address entrenched inequities in diabetes, cardiovascular disease and chronic kidney disease for Māori.

And this despite the criteria being introduced in 2021, following sustained advocacy from Māori clinicians, researchers and Indigenous health leaders.

Te Tiratū Co-Chair, Glen Tupuhi (Ngāti Pāoa ki Waiheke, Tāmaki Makaurau, Hauraki, Waikato, Ngāti Hine, Ngāti Naho o Waikato, Ngāti Rangimahora, and Ngāti Apakura) says the proposal ignores the overwhelming evidence that Māori experience significantly higher rates of diabetes, cardiovascular disease and kidney disease, while continuing to face systemic barriers accessing medicines and treatment.

"These medicines save lives and prevent devastating complications for whānau," he says. "Māori are diagnosed younger, become sicker earlier, and die sooner from preventable chronic illnesses. Equity pathways exist because the health system has not delivered equitable outcomes for Māori."

The proposal is particularly concerning because the strongest emerging evidence for SGLT2 inhibitors is now in chronic kidney disease (CKD), including for people without diabetes. They are around twice as likely to live with diabetes compared to non-Māori, experience cardiovascular disease at significantly higher rates, and face chronic kidney failure at disproportionately higher levels.

Diabetes often emerges around a decade sooner for Māori than in non-Māori populations, contributing to earlier onset of complications such as heart failure, kidney disease, amputations and premature death. Māori experience approximately 3.5 times higher mortality from diabetes-related causes and are significantly more likely to progress to end-stage renal failure, even when living with the same diagnosis.

The Waitangi Tribunal's Health Services and Outcomes Inquiry (Wai 2575), including Wai 2919 filed by expert advisor to Te Tiratū associate professor and pharmacist Leanne Te Karu (Ngāti Rangi, Te Ati Haunui-Pāpārangi, Muaūpoko) has documented "prescription inequity" within the New Zealand health system, including under-access to diabetes, cardiovascular and renal medicines for Māori.

Dr Leanne Te Karu, author of the recent position statement from Te Tiratū on 12-month prescriptions and a claimant in Wai 2919, has consistently highlighted the impact of prescription inequity on Māori health outcomes. Her research references the "missing million prescriptions" analysis, highlighting the scale of inequitable prescribing relative to Māori health needs.

"Restricting equitable access to SGLT2 inhibitors and GLP-1 medicines risks widening the very inequities the health system has acknowledged for years," Dr Te Karu says.

Pharmac failing to uphold its te Tiriti obligations

Te Tiratū says removing ethnicity equity criteria raises serious concerns about whether Pharmac is meeting its obligations to achieve equitable Māori health outcomes under Te Tiriti o Waitangi.

"Treating all universally in the system does not create fairness. It entrenches inequity," says Mr Tupuhi.

Te Tiratū is calling on Pharmac to:

- retain ethnicity equity criteria for access to these medicines
- publicly release equity impact analysis before consultation proceeds
- demonstrate how Māori health outcomes will improve if the criteria are removed
- engage directly with iwi Māori partnership boards, Māori clinicians and Māori health providers
- uphold te Tiriti obligations in medicines policy and funding decisions.

Ngā Kaitiaki o te Puna Rongoā o Aotearoa, Māori Pharmacists' Association (MPA) tumuaki Mariana Hudson (Te Whakatōhea/ Ngāti Porou) acknowledges the effort to increase access but is worried the proposal risks reducing access for the populations the Māori and Pacific equity-based access criteria were designed to support.

“From my perspective as both a Māori pharmacist and president of MPA, equity measures should not be removed before equity outcomes are achieved. While universal clinical thresholds may appear fair, equitable access requires recognition that Māori do not experience the health system in the same way as others,” Ms Hudson says.

“I would strongly encourage Pharmac to undertake and publicly share robust Māori-specific equity impact analysis before progressing these changes.

“MPA remains committed to working collaboratively with Pharmac to ensure medicines policy supports timely, culturally safe and equitable access to care for whānau Māori, and we will work on a full response for this.”

When asked about the proposed changes, Mr Brown and Mr Seymour’s offices both refered the questions to Pharmac.

Pharmac hadn’t replied to questions at the time of publishing.

The consultation closes at 5pm on 28 May.