

**Excerpt of Diabetes update for the Minister of Health**

Sent 17 November 2017

**Oral anti-diabetic Agents**

Oral antidiabetic agents fall into three classes; SGLT2 inhibitors, DPP4 inhibitors and GLP1 agonists. PHARMAC has received applications to fund agents in all 3 classes over recent years.

- PTAC and the Diabetes Subcommittee had reviewed these agents individually and together on a number of occasions.
- Overall, PTAC concluded that these agents were generally similar in terms of reducing HbA1c by approximately 0.5% to 1% and that there was a lack of evidence supporting clinically significant benefits other than decreased HbA1c.
- Although many/all of these treatments are funded overseas, the oral antidiabetic agents have been recommended by our clinical advisors for funding with low priority and have been ranked through our investment prioritisation process.
- New information regarding antidiabetic agents was considered by PTAC at its meeting on 8-9 November 2017 – specifically dapagliflozin, empagliflozin (SGLT2s) and exenatide (GPL1).
- PTAC has previously requested to review new evidence liraglutide (GPL1), and further information from the supplier will be followed up to support this.
- We are continuing discussions with all suppliers of anti-diabetic agents regarding their potential listings.
- PHARMAC's Chief Executive had a positive engagement with Drs Orr-Walker and Hall from the specialist group NZSSD this week on 15<sup>th</sup> November. The particular outcome was an agreement to work on a therapeutic group review of all these agents.

**From:** Rachel Read  
**Sent:** Wednesday, 4 November 2020 11:20 am  
**To:** Amber Coyle; Hina Davis  
**Cc:** Adam Bennet; Julian Robins; Richard Trow; Peter.Jane@health.govt.nz; Fiona Ryan; Lizzy Cohen; Jane Wright  
**Subject:** Decision delayed for two new diabetes treatments

Kia ora Amber and Hina

This is a 'no surprises' update for Minister Hipkins and Minister Henare

On Thursday 5 November PHARMAC intends to notify stakeholders directly and through our website of a delay to making a decision on a proposal to fund two new diabetes treatments.

In September 2020 PHARMAC sought feedback on a proposal to fund two new medicines, under Special Authority, for type 2 diabetes through provisional agreements with two different suppliers.

These medicines are a SGLT-2 inhibitor, empagliflozin, supplied by Boehringer Ingelheim as Jardiamet (with metformin) and Jardiance (without metformin), and a GLP-1 agonist, dulaglutide (Trulicity), supplied by Eli Lilly.

PHARMAC estimated that around 50,000 people in New Zealand would be eligible for treatment under the proposed Special Authority criteria for these medicines. The Special Authority criteria were specifically intended to enable access to these medicines for people who are at high risk of heart and kidney complications from type 2 diabetes. These are the people we understand to be at highest need, and also to have the greatest potential to benefit.

In its [proposal](#) to fund these medicines PHARMAC advised that if it was approved by the PHARMAC Board, funding for empagliflozin would commence on 1 December 2020, and dulaglutide would be funded as soon as practicable following Medsafe approval.

While the feedback was overwhelmingly positive about the proposal to fund these two new medicines, some important questions have been raised that we want to consider further. PHARMAC is now carefully considering the feedback received and exploring a number of options for changes to the proposal to determine whether they would address the questions raised.

This means our decision on these medicines will be delayed, and these medicines will not be funded from 1 December 2020 as originally proposed. We are not currently able to provide a new timeframe for when a decision will be made.

We understand that this delay is likely to be disappointing to many people. We will update stakeholders on our progress and timeframes as soon as we can.

If you require further information please let me know.

Regards Rachel

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**Excerpt of Report for quarter 1 2020/21, incorporating monthly report for October 2020**  
*Sent 9 November 2020*

**Update on the proposal to fund two new medicines for type 2 diabetes**

In September 2020, PHARMAC sought feedback on a proposal to fund two new medicines, under Special Authority, for type 2 diabetes through provisional agreements with two different suppliers. These medicines are a SGLT-2 inhibitor, empagliflozin, supplied by Boehringer Ingelheim as Jardimet (with metformin) and Jardiance (without metformin), and a GLP-1 agonist, dulaglutide (Trulicity), supplied by Eli Lilly.

Sixty or so individuals, professional societies and advocacy groups made extremely thoughtful submissions which will be invaluable in informing our decision-making process. Feedback was overwhelmingly positive about the proposal to fund these two new medicines, but some important concerns were raised in relation to whether the proposed funding criteria would support medicines access equity.

We are now carefully considering the feedback received and exploring a number of options for changes to the proposal to determine whether they might address the concerns raised. Unfortunately, this means that our decision on these medicines will be delayed, and these medicines will not be funded from 1 December 2020 as originally proposed. This delay has been carefully communicated to all stakeholders.

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Official Information Act

**Excerpt of Weekly media and issues update**

Sent weekly from 16 July to 6 August 2021

**Upcoming issues and events**

Subject	Timeframe	Details
Type two diabetes treatments	Proactive August - October	Empagliflozin has been funded for people with high-risk type 2 diabetes who meet certain criteria since 1 February 2021. This was the first time we specifically named Māori and Pacific ethnicities within the funding criteria. This was to proactively promote equity of access to this medicine. The total number of people who have had a Special Authority approved as of 6 June 2021 is 21,989. 46.96% of applications have been under the Māori and Pacific ethnicity criteria. We are working with an external provider to promote empagliflozin for type two diabetes with a focus on Māori and Pacific peoples. The campaign will run on mainstream media and social media for three months starting in early August.

**Excerpt of Weekly media and issues update**

Sent weekly from 13 to 20 August 2021

**Upcoming issues and events**

Subject	Timeframe	Details
Type two diabetes treatments	Proactive August - October	Empagliflozin has been funded since 1 February 2021 for people with high-risk type 2 diabetes who meet certain criteria. We specifically named Māori and Pacific ethnicities within the funding criteria for the first time. This was to proactively promote equity of access to this medicine. The total number of people who have had a Special Authority approved as of 6 June 2021 is 21,989. Around 47% of applications have been under the Māori and Pacific ethnicity criteria. We are working with an external provider to promote empagliflozin for type 2 diabetes with a focus on Māori and Pacific peoples. The campaign has started and will run on mainstream media and social media for three months.

**Excerpt of Weekly media and issues update**

Sent 10 September 2021

**Upcoming issues and events**

Subject	Timeframe	Details
Type two diabetes treatments	Proactive August - October	<p>Empagliflozin has been funded since 1 February 2021 for people with high-risk type 2 diabetes who meet certain criteria. We specifically named Māori and Pacific ethnicities within the funding criteria for the first time. This was to proactively promote equity of access to this medicine.</p> <p>The total number of people who have had a Special Authority approved as of 1 August 2021 is 31,278. Around 47% of applications have been under the Māori and Pacific ethnicity criteria.</p> <p>We are working with an external provider to promote empagliflozin for type 2 diabetes with a focus on Māori and Pacific peoples. The campaign has started and will run on mainstream media and social media for three months.</p>