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The Royal Australasian College of Physicians' submission to Te Pātaka Whaioranga | Pharmac

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

Haratua | May 2026

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to Te Pātaka Whaioranga | Pharmac on the proposal to amend the Special Authority access criteria for type 2 diabetes medicines.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our expert members to develop policies that promote a healthier society. By working together, our members advance the interest of the medical profession, our patients and the broader community.

The RACP's Position and Response to the proposal to amend the Special Authority access criteria for type 2 diabetes medicines

The RACP strongly opposes the proposal to remove existing criteria that enable equitable access to medicines for people living with Type 2 diabetes, particularly where these settings currently support fair access for Māori and Pacific communities without requiring evidence of advanced cardiovascular or renal disease.

The RACP has consistently advocated for a health system that delivers equitable outcomes and supports long-term wellbeing across the population[1,2]. This includes ensuring that approaches to regulation and access recognise and respond to inequities that have arisen through structural, historical, and systemic factors. In Aotearoa, these inequities are closely linked to the ongoing impacts of colonisation and the Crown's historical and ongoing failures to fully realise Te Tiriti o Waitangi obligations within health and social systems. Addressing these inequities requires deliberate, targeted action to ensure that everyone can achieve equitable health outcomes[3].

People in Māori and Pacific communities are more likely to experience earlier onset of type 2 diabetes and experience higher rates of complications[4,5,6], reflecting inequities in access to timely diagnosis, prevention, and treatment. These patterns are driven by systemic factors rather than individual characteristics. The introduction of prioritised access to type 2 diabetes medicines for Māori and Pacific peoples in 2021[7] was an important step towards addressing unmet clinical need and improving equity in outcomes.

[1] Royal Australasian College of Physicians (RACP). Submission to Manatū Hauora on developing the Hauora Māori Strategy. RACP: 2024. Available from: the-racp-submission-to-manatū-hauora-ministry-of-health-on-developing-the-hauora-māori-strategy-2025.pdf
[2] Royal Australasian College of Physicians (RACP). Submission to Health Committee on the Healthy Future (Pae Ora) Amendment Bill. RACP: 2025. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/submission-to-health-committee-on-the-healthy-futures-pae-ora-amendment-bill.pdf?sfvrsn=194aab1a_6
[3] Royal Australasian College of Physicians (RACP). Submission to the Justice Committee on the Principles of the Treaty of Waitangi Bill. RACP: 2024. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-to-the-justice-committee-on-the-principles-of-the-treaty-of-waitangi-bill.pdf?sfvrsn=efa5a21a_4
[4] Mustafa, S. et al. Ethnic Inequalities in Achieving Glycaemic and Other Clinical Targets in Type 2 Diabetes. Diabetology, 2026, 7(1). Available from: https://doi.org/10.3390/diabetology7010012
[5] Yu, D. et al. Metabolic Profiles of Māori, Pacific, and European New Zealanders with Type 2 Diabetes Over 25 Years. Diabetes Care, 2021, 44(10). Available from: https://doi.org/10.2337/dc21-1255
[6] Chepulis, L. et al. Real world initiation of newly funded empagliflozin and dulaglutide under special authority for patients with type 2 diabetes in New Zealand. BMC Health Serv Res, 2025, 25. Available from: https://doi.org/10.1186/s12913-025-12601-3
[7] Pharmac | Te Pātaka Whaioranga. Decision to fund two new medicines for type 2 diabetes. Pharmac, 2021. Available from; https://www.pharmac.govt.nz/news-and-resources/consultations-and-decisions/decision-to-fund-two-new-medicines-for-type-2-diabetes

Evidence demonstrates that medicines such as SGLT2 inhibitors provide significant survival benefits, with particularly strong gains seen among populations experiencing the highest burden of disease[8]. Importantly these benefits can be realised earlier in the disease course, before the development of advanced cardiovascular or renal complications.Ensuring access at this earlier stage supports better long-term outcomes and reduces preventable harm. This reinforces the importance of maintaining targeted access settings that respond to inequitable patterns of disease burden and access to care[9].

The RACP considers Pharmac's proposal to remove these access settings as a large step away from equity-focused approach. Policies that treat all groups the same, without accounting for differences in need and access, risk reinforcing existing[10]. In contrast, equity-based approaches recognise the importance of responding to differing levels of need to achieve fair outcomes for all.

Removing these criteria is not supported by current evidence or clinical expertise and is likely to result in delayed access to effective treatment, increased complications, and greater long-term costs to individuals, whānau, and the health system.

Te Tiriti o Waitangi Obligations and Equity

The RACP emphasises that this proposal must be assessed against Te Tiriti o Waitangi obligations, which underpin the health and disability system in Aotearoa. Te Tiriti affirms Māori tino rangatiratanga and guarantees the protection of hauora, requiring the Crown and its agents to actively ensure equitable health outcomes.

The Waitangi Tribunal's Wai 2575 inquiry found that the Crown has systematically breached Te Tiriti obligations within the health system, contributing to persistent inequities in Māori health outcomes[11]. These findings reinforce that policy and funding decisions must actively address inequities, rather than rely on formally equal approaches that risk perpetuating disadvantage.

Removing targeted access criteria that currently support equitable access represents a step away from the principle of active protection, and risks embedding inequities that the Crown is obligated to remedy.

Equity based approaches, including the use of ethnicity in access criteria, align with the principle of proportionate universalism where services are available to all but delivered at a scale and intensity proportionate to need. This approach is widely recognised as necessary to reduce inequities and improve population health outcomes.

[8] Chepulis, L. et al. SGLT2 inhibitor use and disparities in all-cause mortality in type 2 diabetes: insights from a multi-ethnic population. Diabetologia, 2026. Available from: https://doi.org/10.1007/s00125-026-06733-2
[9] University of Waikato. Waikato University study shows Pharmac diabetes funding saved lives, warns against proposed reversal. University of Waikato, 2026. Available from: https://www.waikato.ac.nz/int/news-events/news/waikato-university-study-shows-pharmac-diabetes-funding-saved-lives-warns-against-proposed-reversal/
[10] Bourke, J. et al. Disrupted mana and systemic abdication: Māori qualitative experiences accessing healthcare in the 12 years post-injury. BMC Health Serv Res, 2023, 23. Available from: https://doi.org/10.1186/s12913-023-09124-0
[11] Waitangi Tribunal. Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Waitangi Tribunal, 2023. Available from: https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_195476216/Hauora%202023%20W.pdf

Use of ethnicity data as an evidence-based equity tool

Ethnicity data is a critical and legitimate tool for identifying inequities and targeting interventions to those with the greatest health need. In Aotearoa, the collection and use of ethnicity data is guided by national standards, including the HISO 10001:2017 Ethnicity Data Protocols[12], which set out consistent processes for collecting, recording, and using ethnicity information across the health and disability system.

Work commissioned by Te Aka Whai Ora | Māori Health Authority reinforced that high quality ethnicity data is essential to improving health outcomes and achieving equity. It enables the health system to identify unmet need, monitor performance, allocate resources appropriately, and deliver targeted interventions for populations experiencing inequities[13].

Accurate ethnicity data is also central to system accountability. It allows the health system to assess whether it is meeting its obligations to reduce inequities and improve outcomes, consistent with Te Tiriti o Waitangi commitments. Without robust ethnicity data, inequities become less visible and more difficult to address.

Removing ethnicity from eligibility criteria is inconsistent with established national data protocols and undermines the ability to make evidence informed decisions. It limits the health system's capacity to respond appropriately to unequal patterns of disease burden and risks weakening the tools that are specifically designed to address inequities in Aotearoa.

In this context, the removal of ethnicity as a criterion does not represent a neutral policy shift it represents a departure from established evidence, national data standards, and Aotearoa's commitment to equity.

Patterns of diabetes inequity in Aotearoa

People in Māori and Pacific communities are more likely to experience earlier onset of type 2 diabetes and its complications. These patterns reflect inequities in access to timely diagnosis, prevention, and treatment within the health system[14].

Across Aotearoa, the burden of type 2 diabetes is not experienced equally. Māori and Pacific communities experience a disproportionately high burden of disease, including earlier onset and higher rates of complications. Māori are approximately twice as likely to have type 2 diabetes, while Pacific communities experience even higher prevalence rates. Māori also experience higher rates of diabetes-related complications and hospital admissions[15]

[12] Manatū Hauora | Ministry of Health. Ethnicity Data Protocols: HISO 10001:2017, Version 1.1. Manatū Hauora, 2017. Available from: https://static.info.content.health.nz/docs/HISO/HISO-10001-2017-Ethnicity-Data-Protocols.pdf
[13] Came, H. et al. The Waitangi Tribunal's WAI 2575 Report: Implications for Decolonizing Health Systems. Health and Human Rights, 2020, 22(1). Available from: The Waitangi Tribunal's WAI 2575 Report on JSTOR
[14] Yu, D., Zhao, Z., Osuagwu, U. et al. Ethnic differences in mortality and hospital admission rates between Māori, Pacific, and European New Zealanders with type 2 diabetes between 1994 and 2018: a retrospective, population-based, longitudinal cohort study. The Lancet Global Health, 2020; 9, e209-e217. Available from: https://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2820%2930412-5/fulltext.
[15] Te Tāhū Hauora | Health Quality and Safety Commission. Atlas of Healthcare Variation: Diabetes. Te Tāhū Hauora, 2026. Available from: https://www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation/diabetes/

These patterns are driven by structural factors, including deprivation, systemic barriers to care, and inequities within the health system, rather than individual behaviour. Evidence also indicates that Māori and Pacific patients are less likely to receive timely access to optimal diabetes treatment, including newer medicines.

Importance of early and equitable access to medicines

The introduction of prioritised access to diabetes medicines in 2021 was an important step toward addressing unmet clinical need and improving equity in access to treatment. Evidence from Aotearoa New Zealand shows that this policy increased access to newer medicines for Māori and Pacific peoples and contributed to reducing inequities in treatment.

A substantial body of evidence demonstrates that medicines such as SGLT2 inhibitors provide significant benefits for people with type 2 diabetes, including reductions in cardiovascular events, progression of kidney disease, and all-cause mortality. These benefits are observed across a broad range of patients, including those without established cardiovascular disease, supporting their use earlier in the treatment pathway to prevent progression to more severe complications.

Ensuring timely access to these medicines supports improved long-term outcomes, reduces preventable harm, and lowers the risk of costly complications and hospitalisations

Pharmac's own equity policy recognises that achieving equitable health outcomes requires different approaches and resources for groups with higher health needs[16]**.** The proposed removal of ethnicity-based access criteria appears inconsistent with this stated commitment, as it reduces targeted support for populations experiencing the greatest burden of disease and unmet need.

RACP's Position

The RACP considers the proposal to remove these access settings a step away from an equity focused approach. Policies that apply identical criteria across populations, without accounting for differences in need and access, risk reinforcing existing inequities rather than addressing them. In contrast, equity based approaches recognise that achieving fair outcomes requires responding to differing levels of need.

Removing these criteria is not supported by current clinical evidence or specialist consensus. It is likely to result in delayed access to effective treatment, increased rates of complications, and greater long-term costs to individuals, whānau, and the health system.

[16] Pharmac. Equity Policy. Pharmac, 2025. Available from: https://www.pharmac.govt.nz/medicine-funding-and-supply/the-funding-process/policies-manuals-and-processes/equity-policy

Conclusion

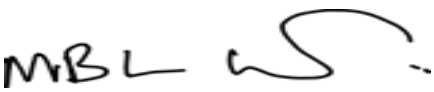
The RACP:

- **strongly opposes** the proposal to remove existing criteria enabling access to medicines for Māori and Pacific peoples living with Type 2 diabetes, and thereby remove criteria that supports equitable access to medicines;
- **emphasises** that earlier access to diabetes medicines has improved outcomes and reduced inequities;
- **emphasises** that targeted access settings are necessary to achieve equitable health outcomes;
- **is concerned** that removing ethnicity-based criteria undermines evidence-based equity approaches;
- considers that the proposal is inconsistent with Te Tiriti o Waitangi obligations, including active protection and equitable outcomes; and
- **notes** that the proposal does not align with Pharmac's stated equity policy commitments.

The RACP thanks Te Pātaka Whaioranga | Pharmac for the opportunity to provide feedback on this consultation.

To discuss this submission further, please contact Jacqui Wallens, Senior Policy & Advocacy Officer, of the Aotearoa NZ Policy and Advocacy Team at policy@racp.org.nz or Nicky McCurdy, Tumuaki / Head of Māori and Equity of Te Waka Hauora – RACP Māori Health Directorate.

Nā māua noa, nā



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