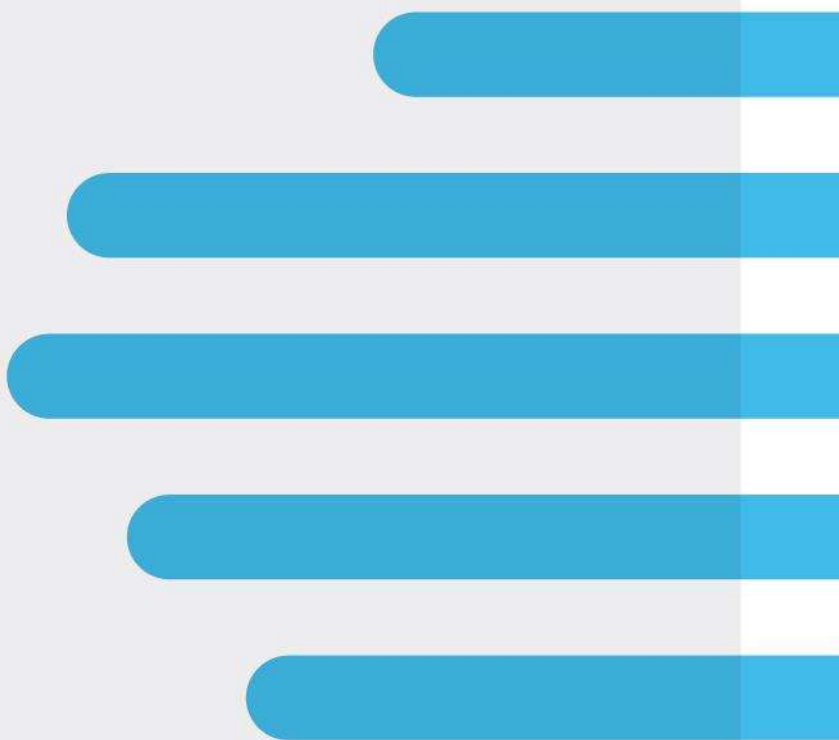


Access to Medicines (AtoM 4)

January 2011 – June 2023

Commissioned by Medicines New Zealand

September 2023



EXECUTIVE SUMMARY

This Access to Medicines (AtoM) report is the fourth in the series. Since 2018, the Access to Medicines reports have compared the public funding and availability of modern medicines in New Zealand and Australia. The latest report, AtoM 4, examined the period January 1st, 2011, to June 30th, 2023, and has the following key findings:

- **Australia publicly funded more than two and a half times as many clinically relevant modern medicines as New Zealand** funded during this period (187 vs. 69).
- **Modern medicines were publicly funded significantly faster in Australia than New Zealand**, on average within 16 months of registration (468 days). By comparison New Zealanders waited, on average, more than two years (769 days) for the public funding of modern medicines.
- **In the case of the 56 modern medicines which were registered and publicly funded in both countries between January 2011 and June 2023, Australia was almost twice as fast to fund them through the public health system**, with an average of 491 days compared to New Zealand's 772.
- In total, **there are 131 modern medicines available through public funding for Australian patients that are not available to New Zealand patients through the New Zealand public health system**. Conversely, New Zealand patients have publicly funded access to only 2 modern medicines not available to Australian patients through their public funding system.

AtoM 4, the fourth report in the AtoM series, highlights the substantial difference in the availability of modern medicines between Australia and New Zealand. Consistent with the previous reports in the series, this report reveals a widening gap in the availability and public funding of modern medicines between Australia and New Zealand.

INTRODUCTION

Welcome to the fourth Access to Medicines report (AtoM 4) which focuses on access for publicly funded prescription medicines in New Zealand compared with Australia. The AtoM 4 report follows on from the previous three AtoM reports, which analysed the modern medicines that were registered and publicly funded between 1 January 2011 and 31 December 2017, 2018, and 2020 respectively. It compares the numbers of modern prescription medicines publicly funded, and the time taken for funding decisions, in both New Zealand and Australia. The information is longitudinal from January 2011 to June 2023, inclusive.

In both countries, new medicines are evaluated for quality, safety, and efficacy to achieve registration. Publicly funded access is determined based on both health outcomes and economic objectives, and considers both the existing available treatments and the treatment pathway for patients after funding. Consequently, the publicly funded medicines assessed under these processes are described in this report as clinically relevant. For example, in Australia, applications for public funding require the inclusion of an outline of the clinical management algorithms in the absence and presence of the new medicine, and the resultant changes to the use of the existing therapies¹. Furthermore, in Australia there is a time-bound decision window for the funding of new medicines², but there is no set timeframe in New Zealand for funding decisions³.

The New Zealand Government provides universal healthcare coverage which includes public funding for a range of prescription medicines. The majority of New Zealand patients rely on this universal healthcare system and the expectation is that the same prescription medicines available in other developed nations through public reimbursement are made available to patients in New Zealand.

In mid-2022, the outcome of an independent review into Pharmac, New Zealand's medicines procurement agency, was delivered to the New Zealand Government. The review provided recommendations to the Minister of Health across governance and accountability, decision-making, cancer medicines, rare disorders, vaccines, medical devices, and the responsible use of pharmaceuticals. Some of the key recommendations with implications for the access to modern medicines in New Zealand include:

- **Governance and accountability:** A direction that the Ministry develop an integrated medicines strategy in consultation with stakeholders including Māori, Pasifika, and disabled peoples.
- **Decision-making:** The finding that Pharmac lacks timeliness in assessments and decision making for funding applications, and a need for more transparency for the public when declining funding.
- **Cancer medicines:** Cancer medicines funding not be ring-fenced but instead cancer medicines be considered like other pharmaceuticals.
- **Rare disorders:** A direction that the Ministry develop a rare disorders strategy to coordinate efforts to address and improve the lives of people with rare disorders.

This report captures approximately one year of data for Pharmac funding decisions following the public release of the final report from the Pharmac review in June 2022. Furthermore, in May 2022, one-off Pharmac budget increases of \$71 million for 2022/23 and \$120 million for 2023/24 were announced⁴.

¹ Department of Health and Aged Care, Commonwealth of Australia. Pharmaceutical Benefits Advisory Committee Guidelines, 1.2 Clinical Management. <https://pbac.pbs.gov.au/section-1/1-2-clinical-management.html>

² PBS, Australia. <https://www.pbs.gov.au/pbs/industry/listing/procedure-guidance/2-listing-process/listing-process>

³ Pharmac, New Zealand. <https://pharmac.govt.nz/medicine-funding-and-supply/the-funding-process/>

⁴ New Zealand Government, New Zealand. Press release. <https://www.beehive.govt.nz/release/investing-better-health-services>

SCOPE

Inside the scope of analysis

- Modern medicines defined as prescription medicines, including one or more New Molecular Entities (NME), which were registered since 2011.
- An NME is defined as an innovative pharmaceutical medicine (including biologic medicines) that contains a new moiety or molecule not previously approved in New Zealand or Australia.
- Prescription medicines that are listed on the Pharmaceutical Benefits Scheme (PBS) in Australia or the Pharmaceutical Schedule in New Zealand.
- Only the first indication is considered for registration and public funding.
- Fixed dose combinations were included in cases where at least one molecule was an NME (a novel molecule not previously registered & launched before 2011).

Note: for consistency, and to avoid the double-counting of NMEs, fixed dose combination medicines were excluded from the counts for each country when the molecules in question were already included in the dataset as either a standalone medicine, or as a constituent of another fixed dose combination medicine.

Outside the scope of analysis

- Generics, biosimilars, over the counter (OTC), herbal products, seasonal flu vaccines, and other vaccines.
- Radiology products, contrast agents, and products used for diagnostics only.
- Retail products reimbursed/publicly funded in the hospital environment only.
- Same molecule with a different product name or formulation.
- New combinations of old molecules registered before 2011 or that already exist in the country.
- RPBS (Repatriation PBS) listings in Australia are not considered as applicable for the general public, therefore modern medicines that are only RPBS-listed are not considered as “reimbursed” (publicly funded). RPBS reimbursement is restricted to veterans only.

TIME PERIOD FOR THE FUNDING ANALYSIS

Inside the scope of analysis

- Modern medicines registered for the first time between 1 January 2011 and 30 June 2023 by the regulatory bodies of either country.
- June 2023 was latest month for which information was available across the two countries at time of data collection.

Outside the scope of analysis

- Modern medicines registered before 2011, or after June 2023, even when information was available for New Zealand and Australia.

For example, a product registered in 2009 in Australia is excluded from the Australian count of modern medicines; however, the same product will be included in the New Zealand count if it has been registered in New Zealand between January 2011 and June 2023. (See Appendix I).

Australia publicly funded 187 modern medicines – New Zealand only 69

Australia publicly funded over two and a half times as many modern medicines between January 2011 and June 2023, and did so more than ten months faster, than New Zealand.

TABLE 1: Comparison of modern medicines funded by the Australian and New Zealand public health systems

Year of Public Funding	New Zealand			Australia		
	No. of modern medicines publicly funded	Average days from registration to public funding	Median days from registration to public funding	No. of modern medicines publicly funded	Average days from registration to public funding	Median days from registration to public funding
		(Min-Max)	(Min-Max)		(Min-Max)	(Min-Max)
2011	0	N/A	N/A	3	184 (75-265)	212 (75-265)
2012	0	N/A	N/A	8*	207 (100-407)	186 (100-407)
2013	3	428 (200-683)	402 (200-683)	12*	369 (75-759)	398 (75-759)
2014	6	763 (365-1171)	750 (365-1171)	12*	274 (74-757)	185 (74-757)
2015	1	680 (680-680)	680 (680-680)	20*	469 (111-1223)	422 (111-1223)
2016	16	384 (36-810)	350 (36-810)	15	451 (77-1035)	341 (77-1035)
2017	4	754 (192-1263)	780 (192-1263)	18*	612 (125-1787)	493 (125-1787)
2018	9	1343 (293-2730)	991 (293-2730)	24*	491 (133-1636)	319 (133-1636)
2019	7	876 (132-2257)	710 (132-2257)	18	551 (117-2462)	365 (117-2462)
2020	5	1263 (838-2278)	1014 (838-2278)	13	613 (105-2254)	422 (105-2254)
2021	3	809 (0-2111)*	316 (0-2111)*	16	829 (60-2122)	667 (60-2122)
2022	8	565 (0-1295)*	581 (0-1295)*	24	632 (40-2405)	420 (40-2405)
2023 (Jan-June)	7	599 (0-1592)	459 (0-1592)	4	403 (150-866)	299 (150-866)
Total or Average	69 modern medicines	769 days	639 days	187 modern medicines	468 days	364 days

* Several funded medicines were considered for funding and registration in parallel, leading to 0 days from registration to funding.

Unlike Australia, New Zealand does not limit how long the decision on public funding can take.

- Only 69 modern medicines were publicly funded in New Zealand, compared with 187 in Australia, and public funding decisions took ten months longer, on average, compared to Australia.
- In general, Australia publicly funded over two and a half times as many modern medicines as New Zealand.
- The year 2016 stands out as the only year in which New Zealand both publicly funded more modern medicines than Australia (16 versus 15) and did so in a shorter timeframe (384 days versus 451 days).
- In the first six months of 2023, New Zealand has publicly funded more modern medicines than Australia (7 vs. 4). However, in the full 12 months of 2022, New Zealand only publicly funded 8 medicines compared with 24 publicly funded in Australia.
- Australia is consistently quicker to publicly fund medicines, with the current AtoM 4 and the previous AtoM 3 reports finding that the average time for public funding in Australia is approximately 15 months, whereas in New Zealand the average is approximately 25 months.

Australia publicly funded the same set of modern medicines almost one year faster, on average, than New Zealand

Australia was faster than New Zealand to approve public funding 68% of the time.

TABLE 2: Time from registration to public funding for the 56 modern medicines funded in both Australia and New Zealand

	Modern medicine information		Registration to public funding		
	Molecule	Therapy Area	New Zealand (days)	Australia (days)	Difference (months)
Australia faster reimbursement	ivacaftor	Rare Disease	2278	510	58.9
	trastuzumab emtansine	Cancer	2257	666	53.0
	empagliflozin	Diabetes	2111	259	60.9
	aflibercept	Others	1933	269	55.5
	pembrolizumab	Cancer	1829	139	55.6
	nusinersen	Rare disease	1592	211	45.4
	atezolizumab	Cancer	1507	249	41.4
	ruxolitinib	Cancer	1397	943	15.1
	tolvaptan	Rare disease	1295	662	20.8
	pertuzumab	Cancer	1263	786	15.9
	olaparib	Cancer	1178	391	26.2
	fingolimod	Others	1115	212	30.1
	durvalumab	Cancer	1026	516	16.8
	mepolizumab	Asthma/COPD	1014	334	22.7
	palbociclib	Cancer	1007	728	9.3
	secukinumab	Others	991	232	25.3
	ibrutinib	Cancer	966	961	0.2
	benralizumab	Asthma	931	247	22.5
	nintedanib	Rare Disease	928	608	10.7
	fluticasone furoate/vilanterol	Asthma/COPD	810	228	19.4
	dolutegravir	Others	796	74	24.1
	bendamustine	Cancer	779	671	3.6
	teriflunomide	Others	774	382	13.1
	obinutuzumab	Cancer	780	443	11.2
	alectinib	Cancer	710	293	13.9
	ocrelizumab	Others	710	203	16.9
	sacubitril/valsartan	Cardiovascular	697	498	6.6
	ticagrelor	Cardiovascular	683	407	9.2
	abiraterone acetate	Cancer	680	518	5.4
	ledipasvir/sofosbuvir	Hepatitis C	603	293	10.3
	dimethyl fumarate	Others	557	143	13.8
	elexacaftor/ivacaftor/tezacaftor	Rare disease	478	373	3.5
	risdiplam	Rare disease	459	60	13.1
	febuxostat	Others	458	257	6.7
	umeclidinium bromide	Asthma/COPD	376	146	7.7
	dasabuvir/ombitasvir/paritaprevir/ritonavir	Hepatitis C	316	296	0.7
	upadacitinib	Arthritis	316	105	6.9
	glecaprevir/pibrentasvir	Hepatitis C	226	211	0.5

Note: Table continued on the next page.

NZ faster reimbursement

Modern medicine information		Registration to public funding		
Molecule	Therapy Area	New Zealand (days)	Australia (days)	Difference (months)
eftrenonacog alfa	Rare Disease	1336	2254	30.6
emicizumab	Rare Disease	838	983	4.8
venetoclax	Cancer	759	785	0.9
boceprevir	Hepatitis C	402	448	1.5
rifaximin	Others	365	563	6.6
siltuximab	Rare Disease	335	2405	68.1
taliglucerase alfa	Rare Disease	293	498	6.8
phenylbutyrate	Rare Disease	246	915	22.3
gemtuzumab ozogamicin	Cancer	232	691	15.1
pirfenidone	Others	192	488	9.9
vedolizumab	Others	153	401	8.2
rurioctocog alfa pegol	Rare Disease	132	345	7.1
nivolumab	Cancer	64	111	1.6
nirmatrelvir; ritonavir	Others	30	101	2.3
dulaglutide	Diabetes	20	1257	41.3
stiripentol	Epilepsy	2	325	10.6
brentuximab vedotin	Cancer	0	347	11.4
molnupiravir	Others	0	40	1.3
Median		710	378	11.4
Average		772	491	17.4
Range		0-2278	40-2405	0.2-68.1

Of the 56 medicines publicly funded in both New Zealand and Australia between 2011 and 2023:

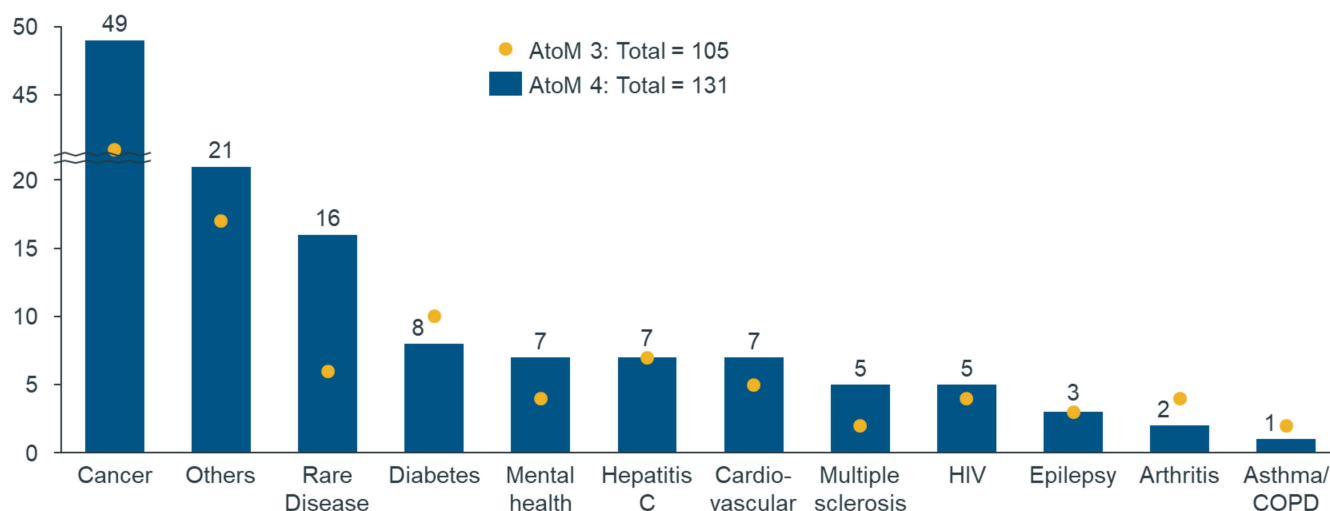
- The oral medicines for COVID-19, molnupiravir and nirmatrelvir/ritonavir, were publicly funded very quickly in both Australia and New Zealand (0 days in New Zealand and 40 days in Australia for molnupiravir, 30 days for New Zealand and 101 days Australia for nirmatrelvir/ritonavir). In both countries, these medicines underwent parallel registration and funding assessment, with funding coming from budget allocated for the pandemic response for each country^{5,6}.
- As with the previous AtoM reports, this report highlights the significant difference between the two countries with respect to the time taken for medicines to be publicly funded. Australia is consistently faster than New Zealand.

⁵Pharmac, New Zealand. <https://pharmac.govt.nz/news-and-resources/news/2021-10-11-media-release-pharmac-negotiates-deal-for-molnupiravir-to-treat-covid-19>

⁶Department of Health and Aged Care, Australia. <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/two-anti-viral-covid-19-treatments-approved>

131 modern medicines were publicly funded in Australia and not in New Zealand (January 2011- June 2023)

Australia publicly funded 131 modern medicines that New Zealand did not.



Note: Details of the medicines in each category are in Appendix II, Table 8.

FIGURE 1: Modern medicines publicly funded in Australia but not New Zealand

During the period from January 2011 to June 2023, the public health system in Australia funded 131 modern medicines that were not funded through the public health system in New Zealand. In comparison, the AtoM 3 report identified a total of 105 modern medicines not publicly funded in New Zealand that were publicly funded in Australia in the period 2011-2020. Thus, this report identifies a widening of the gap between the two countries in their access to modern medicines.

Conversely, there were only 2 modern medicines publicly funded during the period January 2011 to June 2023 in New Zealand, that were not also publicly funded in Australia

TABLE 5: Modern medicines publicly funded during January 2011 to June 2023 in New Zealand but not Australia

Molecule	Therapy Area
ceftaroline fosamil	Others
idarucizumab	Others

Both these modern medicines were registered in Australia with the Therapeutic Goods Administration (TGA) as of 30th June 2023.

Availability of medicines in New Zealand that are publicly funded in Australia and not in New Zealand

Even those New Zealand patients seeking to privately fund their treatment will not have access to the same range of innovative modern medicines which Australian patients can access through their public health system.

Of the 131 modern medicines that Australia publicly funded and New Zealand did not:

- 92 of the 131 (70%) were not locally accessible to New Zealanders.
 - Of the 92- 55 of the modern medicines were yet to be registered/never registered in New Zealand.
 - Of the 92- 37 of the medicines had been registered in New Zealand, but as of 30th June 2023 Medsafe had been advised that these medicines were either not available in New Zealand (27 medicines) or the regulatory approval had lapsed (10 medicines).
- Only 39 of the 131 (30%) modern medicines publicly funded in Australia had been registered and continued to be designated by Medsafe as approved and available for supply in New Zealand as of 30th June 2023.

The market availability of innovative modern medicines is markedly less in New Zealand compared with Australia, and this observation is consistent with the previous AtoM report.



FIGURE 2: The availability of medicines in New Zealand that are publicly funded in Australia but not New Zealand

CONCLUSIONS

Australian patients have greater access to publicly funded modern medicines than New Zealanders – Australia funds more modern medicines, and funds them more quickly, than New Zealand:

- During the period of the report (January 2011 to June 2023), Australia publicly funded 187 modern medicines compared with the public funding of only 69 modern medicines in New Zealand.
- The average time between registration and public funding was 468 days (1 year and 3 months) in Australia, and in New Zealand it was 769 days (2 years and 1 month).
- Of the 56 modern medicines that were publicly funded in both Australia and New Zealand during the reporting period, Australia's average time from registration to public funding was approximately 491 days. New Zealand took longer on average, at 772 days, to fund the same medicines.
- In the first six months of 2023, New Zealand funded seven new medicines with an average time from registration to funding of 599 days (more than 1 year). However, this should be considered in the context of the non-recurrent budget increases to Pharmac in the financial years 2022/23 and 2023/24.

The registration and availability of modern medicines in New Zealand lags Australia:

- In this report, we identified that 55 of the 131 modern medicines (42%) publicly funded in Australia, but not New Zealand, were not registered in New Zealand.
- Additionally, 37 of the 131 medicines (28%) publicly funded in Australia, but not New Zealand, had been registered in New Zealand but were either unavailable in the New Zealand market, or had lapsed registration in New Zealand.

Consistent with the previous AtoM reports, the average time from registration to public funding for modern medicines in New Zealand is markedly longer than in Australia. Moreover, from 2017 to 2022, the number of modern medicines publicly funded in New Zealand each full year is consistently less than half the number publicly funded in Australia, highlighting a widening gap in publicly funded medicines access between the two countries. There also appears to be a widening gap in medicines that are registered in the two countries, with downstream impacts on prescriber choice and patient outcomes. Notwithstanding the recent budget increases to Pharmac, this report highlights that the gap in access to modern medicines between Australia and New Zealand has grown since the AtoM 3 report in 2021.

Appendix I

TABLE 6: Modern medicines publicly funded in New Zealand but not in scope for Australia (registered before 2011 in Australia or the molecules within the combination were registered in Australia prior to 2011)

Molecule	Therapy Area
indacaterol	Asthma/COPD
olodaterol+tiotropium bromide	Asthma/COPD
plerixafor	Cancer
icatibant	Cardiovascular
eltrombopag	Others
denosumab	Others
praziquantel	Others
galsulfase	Rare Disease
sapropterin	Rare Disease

TABLE 7: Modern medicines publicly funded in Australia but not in scope for New Zealand (registered before 2011 in New Zealand or the molecules within the combination were registered in New Zealand prior to 2011)

Molecule	Therapy Area
saxagliptin	Diabetes

Appendix II

TABLE 8: Modern medicines publicly funded in Australia but not New Zealand as of June 30th, 2023

Molecule	Therapy Area
baricitinib*	Arthritis
tofacitinib	Arthritis
acridinium bromide	Asthma/COPD
abemaciclib*	Cancer
acalabrutinib	Cancer
afatinib	Cancer
apalutamide	Cancer
asciminib	Cancer
avelumab*	Cancer
axitinib	Cancer
binimetinib*	Cancer
blinatumomab*	Cancer
brigatinib*	Cancer
cabazitaxel*	Cancer
cabozantinib	Cancer
carfilzomib	Cancer
ceritinib*	Cancer
cobimetinib	Cancer
crizotinib	Cancer
dabrafenib	Cancer
daratumumab	Cancer
darolutamide	Cancer
decitabine/cedazuridine*	Cancer
encorafenib*	Cancer
enzalutamide	Cancer
eribulin**	Cancer
elotuzumab*	Cancer
gilteritinib*	Cancer
idelalisib	Cancer
inotuzumab/ozogamicin	Cancer
ipilimumab	Cancer
larotrectinib*	Cancer
lenvatinib	Cancer
lipegfilgrastim	Cancer
midostaurin	Cancer
niraparib	Cancer
osimertinib	Cancer
pomalidomide	Cancer
ponatinib*	Cancer
pralatrexate*	Cancer
ribociclib	Cancer
ripretinib	Cancer
sacituzumab govitecan*	Cancer

Molecule	Therapy Area
selinexor*	Cancer
sonidegib	Cancer
tepotinib*	Cancer
tipiracil/trifluridine*	Cancer
tisagenlecleucel*	Cancer
trametinib	Cancer
vemurafenib	Cancer
vismodegib	Cancer
zanubrutinib**	Cancer
alirocumab	Cardiovascular
apixaban	Cardiovascular
evolocumab	Cardiovascular
macitentan	Cardiovascular
riociguat	Cardiovascular
selexipag	Cardiovascular
vericiguat*	Cardiovascular
alogliptin*	Diabetes
canagliflozin	Diabetes
dapagliflozin	Diabetes
ertugliflozin*	Diabetes
insulin aspart/ insulin degludec*	Diabetes
linagliptin	Diabetes
semaglutide	Diabetes
saxagliptin	Diabetes
brivaracetam*	Epilepsy
cannabidiol	Epilepsy
perampanel	Epilepsy
daclatasvir	Hepatitis C
elbasvir/grazoprevir	Hepatitis C
simeprevir	Hepatitis C
sofosbuvir	Hepatitis C
sofosbuvir/velpatasvir	Hepatitis C
sofosbuvir/velpatasvir/voxilaprevir	Hepatitis C
telaprevir	Hepatitis C
bictegravir/emtricitabine/tenofovir alafenamide	HIV
cabotegravir*	HIV
cobicistat/elvitegravir/emtricitabine/tenofovir alafenamide	HIV
cobicistat/elvitegravir/emtricitabine/tenofovir disoproxil	HIV
rilpivirine	HIV
armodafinil*	Mental health
asenapine	Mental health
brexpiprazole*	Mental health
cariprazine*	Mental health
guanfacine*	Mental health
lisdexamfetamine	Mental health
lurasidone*	Mental health
diroximel fumarate**	Multiple sclerosis

Molecule	Therapy Area
ofatumumab	Multiple sclerosis
ozanimod	Multiple sclerosis
peginterferon beta-1a	Multiple sclerosis
siponimod	Multiple sclerosis
apremilast	Others
brovacizumab	Others
dupilumab*	Others
faricimab**	Others
folitropin delta	Others
fremanezumab	Others
galcanezumab	Others
guselkumab**	Others
ferric derisomaltose	Others
ixekizumab*	Others
netupitant/palonosetron	Others
ocriplasmin	Others
opicapone*	Others
rasagiline*	Others
risankizumab	Others
romosozumab*	Others
safinamide*	Others
sucroferric oxyhydroxide*	Others
tafluprost*	Others
teduglutide	Others
tildrakizumab*	Others
amifampridine*	Rare disease
burosumab*	Rare disease
cerliponase alfa*	Rare Disease
elosulfase alfa	Rare disease
ivacaftor/lumacaftor	Rare disease
ivacaftor/tezacaftor	Rare disease
lanadelumab	Rare disease
migalastat**	Rare Disease
obeticholic acid*	Rare disease
onasemnogene abeparovect**	Rare disease
pasireotide	Rare disease
pegcetacoplan*	Rare disease
ravulizumab*	Rare disease
trientine dihydrochloride	Rare disease
velaglucerase alfa	Rare disease
vosoritide*	Rare disease

Bold text denotes products available in New Zealand as of 30th June 2023. Products without Medsafe registration are marked with * and pending registration are marked with **.

TABLE 9: Modern medicines publicly funded in Australia but not New Zealand as of June 30th, 2023, with New Zealand availability.

Therapy Area	Unregistered	Lapsed ^a	Not Available ^b	Available ^c	Total
Arthritis	1	0	1	0	2
Asthma/COPD	0	0	1	0	1
Cancer	22	0	6	21	49
Cardiovascular	1	1	1	4	7
Diabetes	3	1	2	2	8
Epilepsy	1	0	0	2	3
Hepatitis C	0	6	1	0	7
HIV	1	1	2	1	5
Mental health	5	0	1	1	7
Multiple sclerosis	1	0	4	0	5
Others	11	1	5	4	21
Rare Disease	9	0	3	4	16
Total Number of Modern Medicines (funded in Australia, not New Zealand)	55	10	27	39	131

Note: Details of each medicine in the categories can be found in the following appendices: Unregistered – Table 10, Lapsed/Not Available – Table 11, Available – Table 12.

Definitions from Medsafe:

- a** Lapsed approval includes: a product being not available and there being no regulatory activity on it for more than five years, or where provisional consent has expired or where a sponsor has advised in writing that the product is no longer distributed in New Zealand.
- b** Not available includes: where a product has been granted consent, but the company has advised in writing that they do not supply the product upon request or actively market it.
- c** Available: a product has been granted consent to market in New Zealand under section 20 of the Medicines Act 1981 and is actively marketed or is available upon request.

TABLE 10: Modern medicines publicly funded in Australia but not registered in New Zealand as of June 30th, 2023

Molecule	Therapy Area
baricitinib	Arthritis
abemaciclib	Cancer
asciminib	Cancer
avelumab	Cancer
binimetinib	Cancer
blinatumomab	Cancer
brigatinib	Cancer
cabazitaxel	Cancer
ceritinib	Cancer
decitabine/cedazuridine	Cancer
elotuzumab	Cancer
encorafenib	Cancer
eribulin	Cancer
gilteritinib	Cancer
larotrectinib	Cancer
ponatinib	Cancer
pralatrexate	Cancer
sacituzumab govitecan	Cancer
selinexor	Cancer
tepotinib	Cancer
tipiracil/trifluridine	Cancer
tisagenlecleucel	Cancer
zanubrutinib	Cancer
vericiguat	Cardiovascular
alogliptin	Diabetes
ertugliflozin	Diabetes
insulin aspart/insulin degludec	Diabetes
brivaracetam	Epilepsy
cabotegravir	HIV
armodafinil	Mental health
brexpiprazole	Mental health
cariprazine	Mental health
guanfacine	Mental health
lurasidone	Mental health
diroximel fumarate	Multiple sclerosis
dupilumab	Others
faricimab	Others
guselkumab	Others
ixekizumab	Others
opicapone	Others
rasagiline	Others
romosozumab	Others
safinamide	Others
sucroferric oxyhydroxide	Others
tafluprost	Others
tildrakizumab	Others
amifampridine	Rare disease
burosumab	Rare disease
cerliponase alfa	Rare disease
migalastat	Rare disease
obeticholic acid	Rare disease
onasemnogene abeparvovec	Rare disease
pegcetacoplan	Rare disease
ravulizumab	Rare disease
vosoritide	Rare disease

Bold indicates pending registration as of 30th June 2023

TABLE 11: Modern medicines publicly funded in Australia, but with lapsed or unavailable registration status in New Zealand as of June 30th, 2023

Molecule	Therapy Area	Registration Status
tofacitinib	Arthritis	Not Available
aclidinium bromide	Asthma/COPD	Not Available
apalutamide	Cancer	Not Available
darolutamide	Cancer	Not Available
enzalutamide	Cancer	Not Available
idelalisib	Cancer	Not Available
lpegfilgrastim	Cancer	Not Available
sonidegib	Cancer	Not Available
evolocumab	Cardiovascular	Approval lapsed
riociguat	Cardiovascular	Not Available
canagliflozin	Diabetes	Approval lapsed
linagliptin	Diabetes	Not Available
semaglutide	Diabetes	Not Available
daclatasvir	Hepatitis C	Approval lapsed
elbasvir/grazoprevir3	Hepatitis C	Approval lapsed
simeprevir	Hepatitis C	Approval lapsed
sofosbuvir	Hepatitis C	Approval lapsed
sofosbuvir/velpatasvir	Hepatitis C	Not Available
sofosbuvir/velpatasvir/voxilaprevir	Hepatitis C	Approval lapsed
telaprevir	Hepatitis C	Approval lapsed
bictegravir/emtricitabine/tenofovir alafenamide	HIV	Not Available
cobicistat/elvitegravir/emtricitabine/tenofovir alafenamide	HIV	Not Available
cobicistat/elvitegravir/emtricitabine/tenofovir disoproxil	HIV	Approval lapsed
asenapine	Mental health	Not Available
ofatumumab	Multiple sclerosis	Not Available
ozanimod	Multiple sclerosis	Not Available
peginterferon beta-1a	Multiple sclerosis	Not Available
siponimod	Multiple sclerosis	Not Available
brovacizumab	Others	Not Available
ferric derisomaltose	Others	Not Available
folitropin delta	Others	Not Available
fremanezumab	Others	Not Available
netupitant/palonosetron	Others	Not Available
ocriplasmin	Others	Approval lapsed
ivacaftor/tezacaftor	Rare disease	Not Available
pasireotide	Rare disease	Not Available
velaglucerase alfa	Rare disease	Not Available

TABLE 12: Modern medicines publicly funded in Australia and registered, but not publicly funded, in New Zealand as of June 30th, 2023

Molecule	Therapy Area
acalabrutinib	Cancer
afatinib	Cancer
axitinib	Cancer
cabozantinib	Cancer
carfilzomib	Cancer
cobimetinib	Cancer
crizotinib	Cancer
dabrafenib	Cancer
daratumumab	Cancer
inotuzumab ozogamicin	Cancer
ipilimumab	Cancer
lenvatinib	Cancer
midostaurin	Cancer
niraparib	Cancer
osimertinib	Cancer
pomalidomide	Cancer
ribociclib	Cancer
ripretinib	Cancer
trametinib	Cancer
vemurafenib	Cancer
vismodegib	Cancer
alirocumab	Cardiovascular
apixaban	Cardiovascular
macitentan	Cardiovascular
selexipag	Cardiovascular
dapagliflozin	Diabetes
saxagliptin	Diabetes
cannabidiol	Epilepsy
perampanel	Epilepsy
rilpivirine	HIV
lisdexamphetamine	Mental health
apremilast	Others
galcanezumab	Others
risankizumab	Others
teduglutide	Others
elosulfase alfa	Rare disease
ivacaftor/lumacaftor	Rare disease
lanadelumab	Rare disease
trientine dihydrochloride	Rare disease