



Submission to PHARMAC on Proposed Changes to Special Authority Renewal Requirements

From: Te Kāhui Mātai Arotamariki o Aotearoa | The Paediatric Society of New Zealand

(PSNZ)

To: consult@pharmac.govt.nz

PSNZ and the NZ Clinical Network for Children and Young People with Diabetes strongly support PHARMAC's proposal to remove Special Authority renewal requirements for the five identified medicines. However, we advocate for the **urgent inclusion of Continuous Glucose Monitors (CGMs)** in this proposal. The omission of CGMs represents an oversight that will undermine the policy's intended benefits for both patients and healthcare professionals.

Background and Support for the Proposal

PSNZ supports PHARMAC's recognition that unnecessary administrative burden impacts patient care, particularly when renewal requirements interrupt access to medicines for long-term conditions. We agree that Special Authorities should primarily function as funding tools rather than clinical review mechanisms.

Key Concern: CGM Exclusion

CGMs appear to have been inadvertently excluded from this consultation, likely because the first CGM renewals are only beginning to come due (having been funded in October 2024). However, this timing makes inclusion even more critical.

Scale of Impact

- Approximately 18,000+ people are eligible for CGM funding and will require their first renewal shortly
- 2,500+ tamariki and rangatahi with type 1 diabetes are eligible for CGMs
- Renewals are required every 2 years with no meaningful clinical renewal criteria
- Many patients require renewals for both interoperable CGM (required for automated insulin delivery via an insulin pump) and standalone CGMs

"Tamariki in Aotearoa flourish in health and wellness"

Identical Renewal Criteria

The Special Authority renewal wording for CGMs is identical to insulin pump consumables: "the patient is continuing to derive benefit according to the treatment plan agreed at induction." This consistency strongly supports their inclusion in the removal proposal.

Administrative Burden

Healthcare professionals, particularly in primary care and diabetes services, will see **no meaningful reduction in workload** if CGM renewals are excluded. The 12,000 annual renewals saved from the five proposed medicines will be immediately replaced by an estimated 9,000+ annual CGM renewals (18,000 renewals every 2 years).

Patient Experience

The diabetes community has expressed significant concern about the implication that they must repeatedly confirm they "still have type 1 diabetes," which by definition is a lifelong condition. This creates:

- Emotional distress for patients and whānau
- Potential barriers to accessing key glucose monitoring technology
- Unnecessary anxiety about treatment continuity

Clinical Rationale

- Type 1 diabetes is a **lifelong condition**
- CGM is the gold-standard glucose monitoring technology
- No clinical benefit exists from 2-yearly administrative renewals
- Treatment benefit is continuously monitored through regular clinical care

Recommendations

- 1. **Include CGMs in the Special Authority renewal requirement removal** alongside the five proposed medicines
- 2. **Ensure consistency** in policy application across diabetes technologies (CGMs and insulin pump consumables)
- 3. **Consider expedited implementation** given the immediate need as the first CGM renewals become due

Child Health Perspective

For tamariki and rangatahi with type 1 diabetes:

- CGM technology is essential for safe glucose management
- Whānau should not face administrative barriers to accessing life-saving technology

"Tamariki in Aotearoa flourish in health and wellness"

- Continuity of access supports optimal health outcomes and quality of life
- Reducing administrative burden allows healthcare resources to focus on clinical care

We urge PHARMAC to expand this proposal to include CGMs, ensuring the full intended benefits are realised for patients, whānau, and healthcare professionals.

Thank you for considering our submission and for your ongoing commitment to improving healthcare access for people with diabetes in Aotearoa.

Ngā mihi nui,

Dr Shelley Rose, Registered Dietitian, Health NZ, Chair of the NZ Clinical Network for Children and Young People with Diabetes

Associate Professor Nicola Austin, University of Otago, Neonatal Paediatrician, (Waitaha/Christchurch Women's Hospital), Chair of NZCYCN Governance Group

Dr Owen Sinclair, (Te Rarawa), President of PSNZ and Consultant Paediatrician