



Better Health Outcomes for New Zealand

Our vision

To improve health outcomes for New Zealanders through equitable access to quality medicines.

Our mission

By December 2014, Medicines New Zealand will achieve sustainable influence on New Zealand pharmaceutical policy, in order to realise optimal use of medicines for New Zealanders.



About us

Medicines New Zealand is the industry association representing companies engaged in the research, development, manufacture and marketing of prescription medicines.

Medicines New Zealand works to:

- demonstrate the value of medicines within the context of the healthcare system
- ensure optimal access to innovative medicines for all New Zealanders and their healthcare professionals
- encourage and support continuing advancement in medical science and its application in health
- ensure the industry, through Medicines New Zealand, is recognised by the health sector and the community generally as a key partner in maintaining the good health of all New Zealanders.

A central objective of Medicines New Zealand is to promote the benefits of a strong research-based medicines industry in New Zealand.

Contact

Medicines New Zealand

Level 8, 86-90 Lambton Quay | PO Box 10-447 Wellington, New Zealand

P: 04 499 4277 | F: 04 499 4276 | info@medicinesnz.co.nz | www.medicinesnz.co.nz

Contents

Welcome from the Chair	2
Note from the Vice Chair	4
General Manager's report	6
Innovative treatment of diabetes	7
Improving regulatory efficiency	9
Age analysis of PHARMAC listings	10
Medicine waiting times	11
Value of Medicines Award winner	12
The Meningitis Foundation	13
Medicines and vaccines bodies merge	14
Medicines New Zealand highlights	15

Welcome from the Chair

Medicines and their contribution
to the health of New Zealanders



Hon Heather Roy
Chair, Medicines New Zealand

What is the value of medicines to the health of the New Zealand population? The answer is complicated because there are no definitive measurements that apply to all New Zealanders equally. For those who are fit and well today, the answer is probably not much. For those who are unwell, the value of the medicines allowing them to live a productive life, work and contribute to society is great. And some of today's 'fit and healthy' will be tomorrow's 'ill' who will require medicines and other treatment modalities to live fulfilling lives.

Measurement of the value of medicines is fraught for all: for the government in determining the proportion of Vote: Health spent on pharmaceuticals; for PHARMAC in determining which medicines are listed on the pharmaceutical schedule (and which ones are not); for the pharmaceutical industry in demonstrating that medicines contribute significantly to better health outcomes for Kiwis.

One thing is certain – making people wait for medicines that could cure or treat them effectively and quickly is not acceptable in a country that considers itself first-world.

The same applies to vaccines that can prevent diseases taking hold of individuals and population groups. We accept that there is only so much funding government will allocate to public healthcare, but we must ensure that the 'right' amount is spent on medicines and vaccines. When medicines decrease the need for more expensive therapies, including hospitalisation, this factor too must be measured – it is an important but currently neglected part of the healthcare equation. Right now, we lag well behind other first-world countries when it comes to proportion of health budget

spend on pharmaceuticals – Australia, UK, US, Canada. Our world-class New Zealand clinicians should have access to new innovative medicines so they can deliver world-class treatments to their patients.

Poor access to too many medicines and vaccines is the focus of much of the work of Medicines New Zealand. Recognition of the value of pharmaceuticals, adequate funding and promoting research are other issues we constantly champion.

2013 was a year of growth for Medicines New Zealand. Our membership has increased, and we joined forces with the Vaccines Industry Association of New Zealand (VIANZ) – Medicines New Zealand is now the industry voice for innovative medicines and vaccines. Bringing together the industry associations for pharmaceutical products that aid the prevention, treatment and cure of diseases made good sense for our members and has been appreciated by our stakeholders.

The Trans-Pacific Partnership (TPP) and Australia New Zealand Therapeutic Products Agency (ANZTPA) continued to dominate our external focus in 2013. Bringing 12 countries together in the TPP agreement has been an ambitious project. We have consistently promoted the importance of best practice for health technology agencies such as PHARMAC including sound scientific criteria for decision making, balanced modality representation in public healthcare and an appeals process. Intellectual property rights for pharmaceuticals, as in many other areas, has also been an issue of focus. We continue to keep a watching brief for opportunities to ensure New Zealanders will be well served by an agreement that we hope will provide quality access to innovative products in a timely manner.

Closer to home, ANZTPA has involved engagement with Medicines Australia, the Australia and New Zealand pharmaceutical regulators and our member companies as discussions progress to the 2016 joint regulator deadline. Our aim is to retain the best of both systems in ensuring that business is as streamlined and fair as possible on both sides of the Tasman.

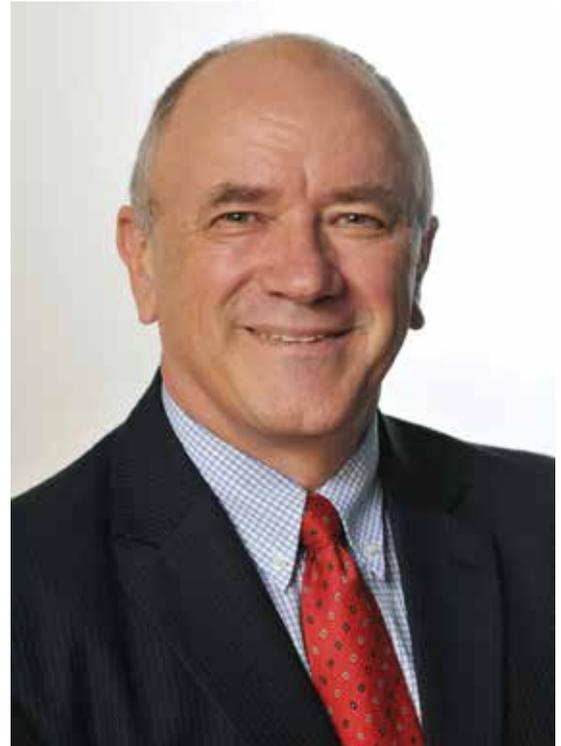
Our internal focus has been the review of the Medicines New Zealand Code of Practice. The public and industry rightly demand transparency in all financial and social transactions. Our code provides the guidelines and expectations for member companies to act in a fair and ethical way and the means to seek redress if these expectations are not met. We look forward to launching our revised code later in the coming year.

We continue to be strong advocates for clinical research in New Zealand. Our annual Value of Medicines Award, valued at \$20,000, is aimed at encouraging and showcasing those who have developed and implemented innovative projects that will improve health through the use of medicines and vaccines. The 2013 award was presented to Dr Conroy Wong for his research into the effective treatment of bronchiectasis.

New Zealanders will only benefit from the advances in medical science and healthcare if they are well supported by the government, industry and the public. Pharmaceutical drug discovery and development are complex and expensive endeavours. Medicines New Zealand strives to ensure that the pharmaceutical industry is recognised by the health sector and the community generally as a key partner in maintaining the good health of all New Zealanders.

Note from the Vice Chair

The cost of medicines



Alan Carter
Vice Chair, Medicines New Zealand

We often read in the media about the high cost of medicines and that 'Big Pharma' charges too much for life-saving medicines. It's an easy argument to run – just look at how cheap generic copies of medicines are, but that's a flawed and simplistic argument. It is true that, with global manufacturing and large volumes, the manufacturing cost of medicines is relatively cheap and is reflected in the cost of generic medicines, but that fails to take into account the true cost of innovative medicines, where the costs of research and development are substantial and growing.

With an ageing population and declining workforce it's critical that people are kept healthy and productive, not only to reduce healthcare costs but also to keep people productive and contributing to society. The development of new and innovative medicines for treatment and prevention of disease is an integral part of modern society.

Yet the cost of researching and developing new medicines continues to grow. For every 5-10,000 experimental compounds considered, typically only one will gain marketing approval, and only after 10 to 15 years of research and development costing an average of NZ\$1.45 billion.

Today there are more than 5,000 new medicines in development globally. These medicines cover a wide range of unmet medical needs and treat diseases that impose an increasing social and economic burden on society such as Alzheimer's, cancer and diabetes.

While yesterday's medicines were broad therapeutic agents targeting large disease populations, such as hypertension, many of tomorrow's medicines will be targeted at small populations via 'personalised medicines' or treatments for rare diseases.

Personalised medicine presents a new set of tools to help diagnose and treat patients based on our growing understanding of the genetic and molecular basis of disease. This approach is becoming more widespread, particularly in the treatment of cancer, and it holds potential to prevent disease, find the correct treatment more quickly, prevent side effects, improve patients' quality of life and treat disease more effectively. Most biopharmaceutical companies are investing in personalized medicine research, and 12-50% percent of the products in their pipelines are personalised medicines.

While these innovations in personalised medicine and treatments for rare diseases bring great hope for patients, there is a significant cost in their research and development, and that cost has to be allocated across a much smaller patient base, leading to higher medicine costs.

There are many thousands of patients treated with antihypertensive medication in New Zealand but only a few with Pompe disease. While an antihypertensive medicine gains huge manufacturing efficiencies from large volume and global manufacturing, the same does not apply to targeted low-volume medicines. More critically, the cost of research and development is unable to be spread across large sales volumes.

If New Zealand wants to maintain a productive workforce and provide a world-class health system, it needs to review how health funding is allocated in order for New Zealanders to benefit from the next generation of innovative biopharmaceuticals.

Pictures to the right
Images from the 2013
Medicines New Zealand
Conference.



General Manager's report

How do we tackle the medicines waiting list?



Kevin Sheehy
General Manager, Medicines New Zealand

In New Zealand healthcare circles, there is a lot of discussion about the waiting lists for various treatments funded by the public health system. This discussion arises from the acceptance that part of our taxes are intended to ensure we all have high-quality healthcare when we need it, balanced by the recognition that there is a limited amount of taxpayer funding available to invest in the various treatments available. Waiting lists have become a recognised (if incomplete) way of measuring the system's performance against expected criteria.

Medicines and vaccines are similar in that there is a waiting list of what's available. However, this fact has remained unrecognised by most of the public because it is not part of how medicines funding has been reported over the years by PHARMAC.

An analysis by Medicines New Zealand of the funding recommendations made by PHARMAC's expert advisory committee, the Pharmaceutical and Therapeutics Advisory Committee (PTAC), has been completed and will be published soon. The evidence is that there are 32 medicines (for 37 indications)

that have been waiting on average 2.6 years (ranging from 2 months to 7 years) after receiving a positive recommendation for listing on the pharmaceutical schedule.

It's unlikely that many other treatment modalities will be required to wait for such long times before patients can expect to have access to them, even where budgets are stretched. We believe New Zealand patients would expect the healthcare they receive to be among the best in the world and their access to new medicines to be on a par with other treatments offered.

We would like to see PHARMAC in a position to fund the treatments that its expert panel recommends within a reasonable time. To help achieve this, we will be publishing a regularly updated waiting list of medicines and monitoring the times it takes for New Zealand patients to receive access to new treatments.

When PHARMAC and DHBs meet to consider the proposed PHARMAC budget each year and provide advice to the Minister, it would be beneficial for the various waiting lists to be compared as input to the process.

Diabetes case study:

Access to an innovative medicine could make a big difference for New Zealanders suffering from this disease

210,000 New Zealanders now have diabetes, which ranks as one of six key government health priority areas.

If people with the disease fail to manage their blood sugar levels successfully, they face heart disease, blindness, amputation of limbs and early death.

For most, managing their levels will require a difficult act of juggling medication alongside lifestyle changes – with only just over 50% currently able to reach their targets.

Most older treatments aim to bluntly increase natural insulin production or reduce resistance to it. But a newer class of medications, collectively called incretin therapies, can help patients manage their disease more easily and with fewer side effects by enhancing the body's own ability to lower blood sugar levels.

By harnessing the body's own regulatory processes, incretin therapies are helping patients get these balances right. These newer drugs are divided into two categories – GLP-1 agonists, which are injectable, and DPP – 4 inhibitors, which are taken orally.

Importantly, they do not have unwelcome side effects such as promoting weight gain or hypoglycaemia

Available over the last 5 years, this class of treatments is now funded by public health systems in 31 countries. Among the world's wealthier OECD countries, New Zealand and Poland are the only ones not to fund the newer class of treatments.

Currently available only to patients who buy them privately, the treatments in New Zealand are effectively now used on a niche-market basis by people who are better off.

Depending on how they were used the treatments could be made available in New Zealand for a total costs of \$2–\$3 million annually.

New Zealand patient experiences with incretin therapies

Teacher no longer fears fainting in her classroom

A 57-year-old schoolteacher who had been living with type 2 diabetes for 2 years had struggled to maintain healthy blood sugar levels, but she was not able to tolerate more than a relatively small dose of the standard first-line treatment of metformin.

She was also worried about another class of treatments, called glitazones, as they are associated with both weight gain and osteoporosis. Yet another class again, sulphonylureas, not only posed risks of unwanted weight gain but also of experiencing a hypoglycaemic episode. This would have meant dealing with symptoms ranging from light-headedness through to fainting and loss of consciousness in front of her class.

Golfer gets blood sugar levels under better control

Over 4 years, a 62-year-old salesman was unable to keep his blood sugar levels within the safe target range despite taking metformin.

He shifted to a different glitazone treatment only to find he was suffering hypoglycaemic episodes in the afternoons or, unhelpfully, when he was getting exercise by playing golf.

Shortly after starting on a DPP-4 treatment, which he is paying for himself, his mmol/mol levels have fallen from 66 to 55. He is also planning to step up exercise to lose weight.

70-year-old gets an easier night's sleep

Many patients are understandably frightened at the prospect of suffering hypoglycaemic episodes in their sleep. One 70-year-old, who had had heart surgery 5 years earlier, was particularly concerned about this risk.

Since shifting to a DPP-4 treatment, his HbA1c levels have improved from 66 to 55 mmol/mol, lowering his risk and giving him an easier night's sleep.

* HbA1c is used to measure average blood sugar levels over a period of weeks or months. It refers to glycated haemoglobin, which develops when haemoglobin joins with glucose in the blood.

Improving regulatory efficiency

The start of 2013 saw Medsafe and the Therapeutic Goods Administration (TGA) launch into Australia New Zealand Therapeutic Products Agency (ANZTPA) consultation with a discussion paper on a possible framework for ANZTPA, *Description of a possible joint regulatory scheme for therapeutic products under ANZTPA*. Since then, we understand that a lot of policy development is being undertaken by the regulatory agencies. However, there has not been any further public consultation. We have continued to engage with the regulators through regular Medsafe briefing meetings to monitor the joint agency development.

We responded to joint consultation on B2B harmonisation projects to align aspects of regulatory practices to enhance transition to ANZTPA. Further projects were launched at the end of the year that will be undertaken over the next 2 and a half years in the lead-up to ANZTPA.

TGA projects that were initiated as part of the TGA Blueprint for Reform programme continued throughout the year, and we responded to those projects that would be most likely to be carried through to ANZTPA. We expressed concern that these projects continued at an individual country level without regard to ANZTPA as the end point. It is pleasing to see that the programme of harmonisation work recognises the linkages with the Blueprint for Reform programme. We continue to advocate for business practices that improve business efficiency for our members while following international trends in best practice.

Work on ANZTPA will ramp up considerably in 2014 due to the harmonisation projects, and there will be consultation on the Rules and Orders that sit under the regulatory framework. In preparation, Medicines New Zealand is aligning itself with Medicines Australia to develop a shared position on regulatory practices under ANZTPA, and interest groups with representatives from New Zealand and Australia are providing input into consultation.

This should result in requests made of ANZTPA that are aligned with company strategy on both sides of the Tasman.

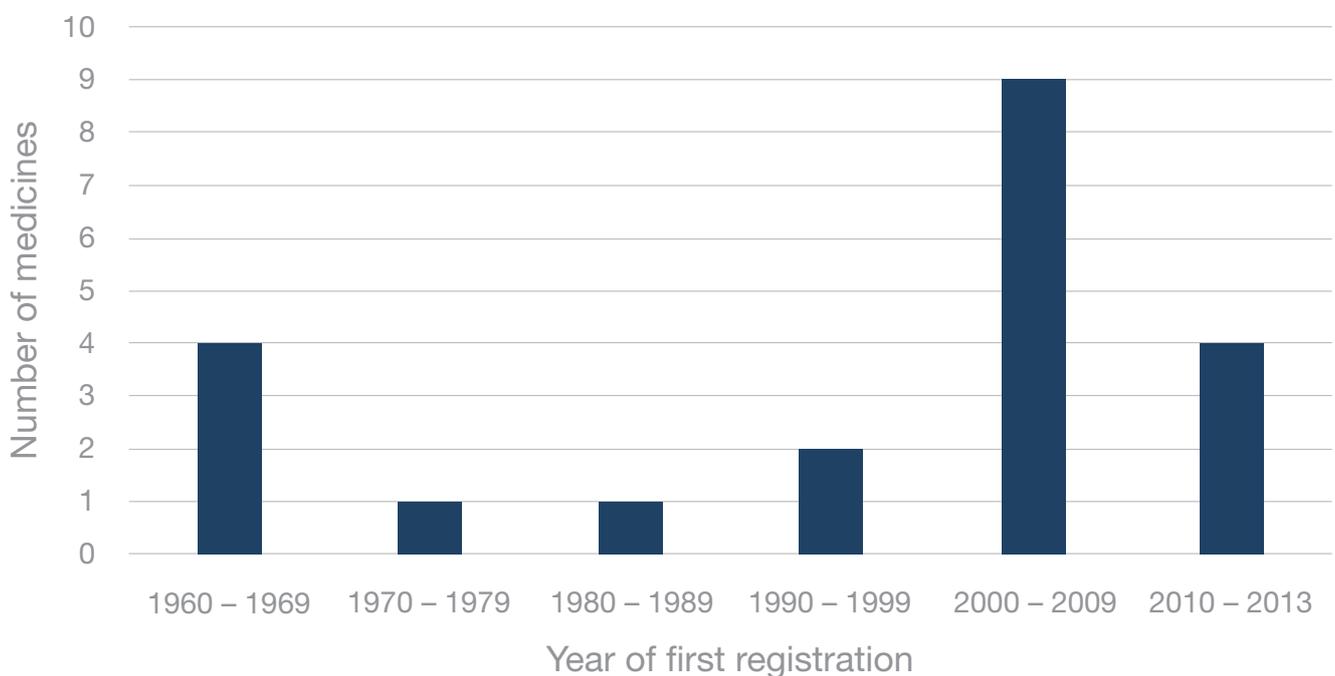
Leading ethical behaviour

The Medicines New Zealand Code of Practice (the Code) has been under review this year. Regular reviews are required to ensure that the provisions of the Code and its administration remain appropriate and relevant to the interests of consumers, government, healthcare professionals and the industry. As such, the Code is being reviewed in light of new developments in the areas of electronic media promotion and social media, interactions and relationships with the general public and patient organisations and increased demands for transparency associated with different company activities.

Next year, the revised Code will undergo a robust consultation process so the end result is a Code that continues to ensure that companies are exemplary in acting professionally and responsibly in relation to healthcare professionals, patients and patient organisations.

In its Annual Report (2012/13), PHARMAC reports that it provided new access to a range of medicines. On closer analysis, we found that almost half of these medicines “newly listed” were registered by Medsafe prior to 2000. We are concerned that New Zealand patients are not getting access to up-to-date medicines and that the country’s health system is not achieving optimal outcomes because of this.

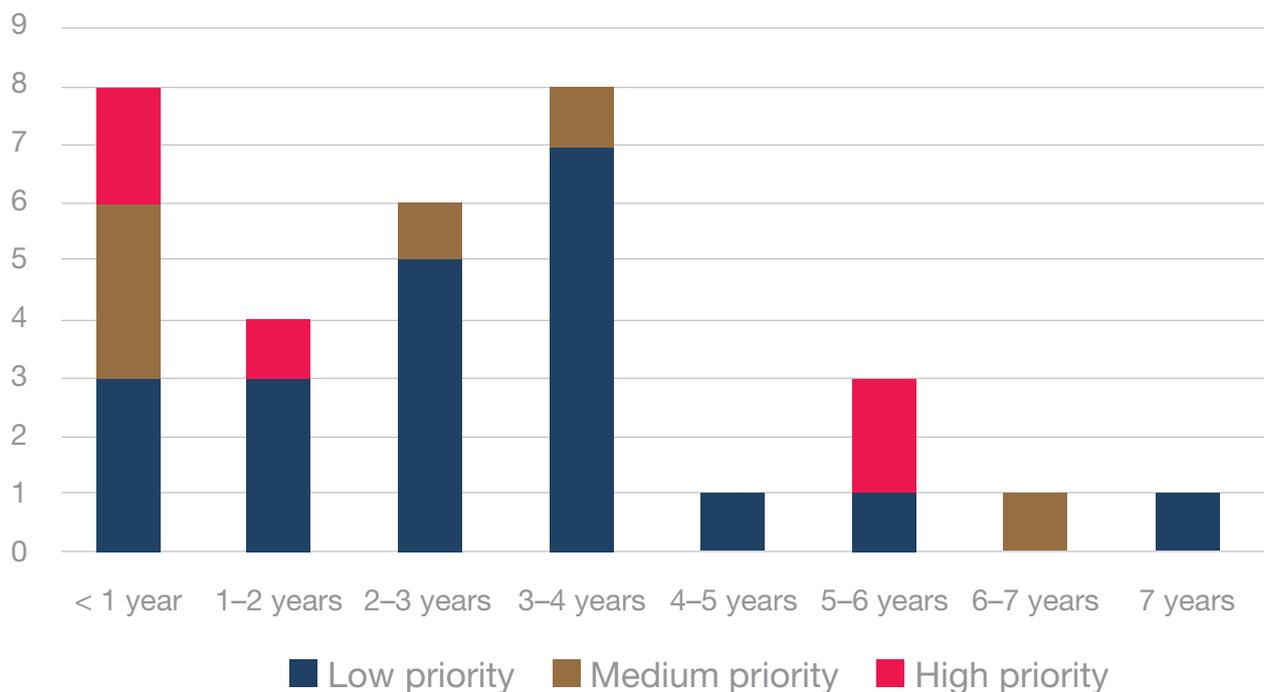
Figure 1: Age analysis of recent PHARMAC listings



An analysis of the waiting list of medicines has found that since 2006, there are 32 medicines for 37 indications that are waiting for PHARMAC to implement PTAC recommendations and fund them. The graph below shows the waiting times for the medicines on this list and the level of priority that PTAC attributed to funding them. We believe that using PHARMAC's own expert advisory committee's recommendations provides strong grounds to argue that the health system should be making every effort to provide access to these medicines in a timely manner.

We are concerned that, even if PTAC has allocated a high priority to a medicine, it can still wait up to 5 years to be funded. This research is due to be published shortly.

Figure 2: Medicine waiting times by PTAC priority



Value of Medicines Award winner

Dr Conroy Wong



Dr Conroy Wong was awarded \$20,000 for the Medicines New Zealand Value of Medicines Award for 2013

Dr Conroy Wong was born in Dunedin, educated at Otago Boys' High School, and graduated in Medicine from the University of Otago in 1985. After completing his residency in Wellington and Dunedin Hospitals, he moved to Auckland to train in respiratory medicine at Greenlane Hospital. Mentors who helped to shape his early career were Professor Malcolm Sears and Professor Robin Taylor in Dunedin and Professor Harry Rea in Auckland. In 1994, Conroy took up a position as Senior Registrar in Nottingham, UK, and later undertook research on the effect of inhaled steroids on bone mineral density in patients with asthma, under the guidance of Professor Anne Tattersfield. The research found that higher cumulative doses of inhaled steroids were associated with lower bone mineral density. These findings were published in *The Lancet* in 2000.

Dr Wong returned to Auckland in 1999 to work at Middlemore Hospital as a respiratory and general physician. He is primarily a clinician but maintains a passion for research and teaching. His interest in bronchiectasis, a debilitating respiratory condition associated with chronic cough and repeated respiratory infections, began after he noticed a high prevalence of bronchiectasis in the South Auckland population, particularly in Pacific and Māori peoples. His research has shown that admission to hospital for an exacerbation of bronchiectasis is an important predictor of readmission to hospital within 1 year and increased mortality.

The 2013 Value of Medicines Award was awarded to Dr Wong for his research into the effect of azithromycin, a macrolide antibiotic with anti-inflammatory properties, for preventing pulmonary exacerbations in bronchiectasis. The EMBRACE study was the first randomised placebo-controlled trial of azithromycin treatment in patients with bronchiectasis. This multi-centre study undertaken at Middlemore, Auckland and Waikato Hospitals showed that azithromycin treatment for 6 months reduced the frequency of pulmonary exacerbations by 60% and was published in *The Lancet* in 2012. His research team are presently undertaking another randomised, controlled trial evaluating the effect of inhaled tiotropium, a long-acting bronchodilator, in patients with bronchiectasis. Other research projects are exploring the roles of vitamin D and vitamin B3 (nicotinamide) in bronchiectasis.

"I was deeply honoured to receive this prestigious award from Medicines New Zealand. The search for better treatments for bronchiectasis is imperative and the award will focus attention on this important and debilitating disease. I am indebted to the research teams at Middlemore, Auckland and Waikato Hospitals for their skill, dedication and support, without which the EMBRACE study would not have been possible. I would also like to thank the Health Research Council of New Zealand for funding the research."

The Meningitis Foundation Aotearoa New Zealand

Paul Gilbert
Director for the Meningitis Foundation
Aotearoa New Zealand



I grew up in a home where, at Christmas, we would all join hands as a family to say thanks. 2013 was a year for us to be thankful in many ways for the excellent and steadfast support we have received. We are hugely grateful for the way we have been welcomed into the communities with whom we have engaged. We are proud of what we have achieved and inspired to keep going.

The idea of happiness and joining hands to deliver better health outcomes is what brings us together. One of our partners, David Galler at Middlemore Foundation, said this just the other day. He said there are some very practical parts to happiness. We agree, and those practical parts are the core purpose of our existence.

We, the Meningitis Foundation, are a small group of committed people who believe in eradicating from New Zealand of the indiscriminate horror that is meningococcal and pneumococcal disease. We are committed to sharing quality information with health and education workers and the public to prevent people from getting this disease and also to help with early identification and limiting the damage it does if people are unlucky enough to get it.

We join hands in unity with politicians, health professionals, academics, business people and citizens as mums and dads. In 2013, in partnership with Pfizer, we researched and reported on Kiwis' attitudes and practices relating to vaccination. Together with our supporters, we launched a report in Parliament to mark World Meningitis Day, which has helped form strategies for better health outcomes. This makes us feel good because it makes a difference.

We also take this opportunity to say thanks and commend the great work that has been done by others in this space. An example of this is the excellent progress being made with overall vaccination rates in New Zealand.

However, in an ever-changing world we must remain vigilant. There are plenty of things we can do to beat this disease and almost all of the things we can do are consistent with avoiding any number of communicable infectious diseases. Vaccination is one measure we support strongly as it plays a critical role in preventing many life-changing and life-threatening diseases.

There are other things we can all do and talk about too. Uncomfortable as it may be, one example of that is our 'Don't swap spit' message. It is especially relevant for the most at-risk groups for meningococcal and pneumococcal disease – our babies, infants and children. Don't share drinking bottles or spoons or straws. And please, no unnecessary mouth-to-mouth kissing!

Thanks to all those people who were involved in making 2013 a great success. Our focus for 2014 is to build on the research work we have done and apply the learnings through engagement and communication in our most at-risk communities and with babies, infants and teenagers.

Global cyclical trends indicate that infection rates may increase next year, so raising awareness of symptoms and making sure you and your community are vaccinated on time is more important than ever. For more information please visit our website at www.meningitis.org.nz.

And thank you for your ongoing support.

Medicines and vaccines bodies merge

On 31 July, Medicines New Zealand celebrated its merger with the Vaccines Industry Association of New Zealand (VIANZ) at a parliamentary reception hosted by Hon Jo Goodhew, Associate Minister of Health.

Medicines New Zealand now advocates on behalf of the researched medicines industry and the vaccines industry. Medicines New Zealand represents the vaccines branches of bioCSL, GSK, MSD, Novartis, Pfizer and Sanofi pharmaceuticals in New Zealand.

Heather Roy, Chair of Medicines New Zealand, says, "The merger made good sense for both organisations. We share a number of goals and can achieve greater synergies through working together. We know that increasing access to immunisation is a key priority for this government, and we look forward to working together on further initiatives to achieve this goal."

Around 100 key people from the health, pharmaceutical and vaccines industry attended the parliamentary reception.

Speakers included Hon Jo Goodhew, who spoke about how immunisation is one of the most effective interventions to prevent infectious diseases. Because of the commitment of frontline immunisation teams over the past 4 years, New Zealand has gone from having one of the worst immunisation rates in the developed world to one of the best. There are now 89% of 8-month-olds fully immunised. This year has also seen a record number of Kiwis vaccinated against the flu, with more than 1.2 million doses distributed.

Increased immunisation continues to be a priority for the government evidenced by its inclusion in the Better Public Services programme and the National Health Targets.

Dr Nikki Turner, Director of the Immunisation Advisory Centre (IMAC) at the University of Auckland, spoke about recent successes in improving access to vaccines and immunisation in New Zealand.

Associate Professor Ian Hermans, a Malaghan Institute group leader, spoke about his team's ground-breaking collaboration with Capital and Coast DHB in a safety study of vaccination in combination with chemotherapy that could treat an aggressive form of brain cancer.

In New Zealand, researchers are currently working on new vaccines for tuberculosis (TB), rotovirus and brain cancer. Local research often involves a high level of international collaboration and raises New Zealand's profile internationally.



Medicines New Zealand highlights

- Presentation of the \$20,000 Value of Medicines Award to Dr Conroy Wong for his research on bronchiectasis. His research found, for the first time that azithromycin is an effective treatment for bronchiectasis. Dr Wong is the clinical head of respiratory medicine at Middlemore Hospital, a respiratory physician and Honorary Senior Lecturer at the University of Auckland.
 - Medicines New Zealand, highly acclaimed, Medicines Transform Lives conference.
 - Healthcare Partnership – Effective Lobbying Workshop, presented by the Chair of Medicines New Zealand, Heather Roy, to patient advocacy groups.
 - Code of Practice review.
 - The merger of Medicines New Zealand and the Vaccines Industry Association of New Zealand (VIANZ), which was showcased at a high-profile parliamentary event.
 - Closer working relationship with Medicines Australia on joint issues.
 - Medicines New Zealand Australian visit by the Chair and General Manager.
 - Publication of research by an intern into the number of products that have been recommended by PTAC but are still waiting for funding over a 7-year period to 2012.
-



Board of Directors 2013

Heather Roy, Independent Chair

Alan Carter, Vice Chairman and Country Manager, Sanofi New Zealand

Nick Leach, Commercial Director NZ, AbbVie

Anna Stove, General Manager NZ, GlaxoSmithKline NZ Limited

Andre Musto, General Manager NZ, AstraZeneca

Frances Benge, Managing Director, Pfizer New Zealand Limited

Stuart Knight, Managing Director, Roche Products (NZ) Limited

Max Pahlow, Business Unit Director, Janssen New Zealand

Michael Broome, Chief Executive, Healthcare Logistics





Secretariat

Kevin Sheehy, General Manager

Veronica Challies, Marketing and Communications Manager

Philippa Davies, Regulatory, Compliance and Market Access Manager

Carolyn Cummins, Executive Assistant

Member companies

Abbott Laboratories NZ

AbbVie

AstraZeneca Limited

Bayer HealthCare Pharmaceuticals

Boehringer Ingelheim NZ Limited

Biogen Idec New Zealand

bioCSL (NZ) Limited

Bristol-Myers Squibb

GlaxoSmithKline NZ Limited

Healthcare Logistics

Janssen New Zealand

Leo Pharma Limited

Merck Sharp & Dohme (New Zealand) Limited

Mundipharma New Zealand Limited

Novartis New Zealand Limited

Pfizer New Zealand Limited

Roche Products (New Zealand) Limited

Sanofi New Zealand Limited

Vifor Pharma

Associate members

IMS Health (NZ) Limited

Quintiles Pty Limited

NEW ASSOCIATE MEMBERS

Agcarm

Pharmaceutical Solutions Limited

Agcarm represents and advocates for the plant and animal science industries.

Agcarm members distribute and sell the majority of veterinary medicines and crop protection products in New Zealand.

Pharmaceutical Solutions is a New Zealand and Australian-based independent CRO offering personalised clinical research management and regulatory services to the therapeutics industry. PSL is proud to promote quality clinical research in our region and proud of our contribution to improving people's health and wellbeing.

