Consultation

PHARMAC
TE PĀTAKA WHAIORANGA

Proposal to fund prasugrel tablets

12 November 2026

What we're proposing

We are proposing to fund prasugrel tablets (5 mg and 10 mg) in Section B and in Part II of Section H of the Pharmaceutical Schedule from 1 February 2027 for use in both the community and Health New Zealand | Te Whatu Ora (Health NZ) hospitals.

Prasugrel, used in combination with aspirin, helps prevent blood clots and associated cardiovascular events including heart attack, stroke and cardiovascular death, in people with acute coronary syndrome (ACS) and those undergoing percutaneous coronary intervention (PCI), such as coronary angioplasty or stent placement.

If approved, prasugrel 5 mg and 10 mg tablets would be listed in Section B and in Part II of Section H of the Pharmaceutical Schedule from 1 February 2027.

Consultation closes **Wednesday 25 November 2026** and feedback can be submitted online

What would the effect be?

From 1 February 2027, prasugrel 5 mg and 10 mg tablets would be listed in Section B and in Part II of Section H of the Pharmaceutical Schedule for use in the community and Health New Zealand Hospitals, subject to Special Authority criteria.

Who we think will be interested

- People who have experienced an ACS or who have undergone a PCI, and their whānau
- Cardiologists and Internal Medicine Specialists
- Cardiac Society of Australia & New Zealand
- Primary Care Prescribers
- Community and Hospital Pharmacies
- Health New Zealand | Te Whatu Ora
- Specialists and clinicians.
- Pharmaceutical suppliers and wholesalers

About antiplatelet therapy

After a heart attack or similar heart event, known as an acute coronary syndrome (ACS), people are usually treated with aspirin in combination with a medicine known as a P2Y12 inhibitor, such as prasugrel, ticagrelor or clopidogrel. P2Y12 inhibitors are antiplatelet medicines that stop platelets sticking together and form blood clots. The combination of aspirin with a P2Y12 inhibitor is known as dual antiplatelet therapy (DAPT).

People having a planned procedure to open a narrowed heart artery, known as elective percutaneous coronary intervention (PCI), are usually given aspirin with clopidogrel. The choice of medicines used, and duration of treatment depends on each person's risk of further cardiovascular events and bleeding.

Clopidogrel may not be suitable for people who are allergic or intolerant to it, or who have experienced further blood clots despite taking it as prescribed. It may also be less effective in people with certain genetic variations that reduce the body's ability to convert clopidogrel into its active form. For these people, another P2Y12 inhibitor, such as prasugrel or ticagrelor, may be more clinically appropriate following an ACS or PCI.

Why we're proposing this

Pharmac currently lists ticagrelor 90 mg tablets in Section B and in Part II of Section H of the Pharmaceutical Schedule subject to Special Authority criteria. Pharmac received an application to fund prasugrel as an alternative P2Y12 inhibitor to ticagrelor for Acute Coronary Syndrome, STEMI or non-STEMI. The application received a High priority recommendation for funding from the Cardiovascular Specialist Advisory Committee.

Prasugrel may be a more suitable treatment option than ticagrelor for some people. Clinical evidence suggests it may provide greater protection against another heart attack or other serious cardiovascular events without increasing the risk of major bleeding. Prasugrel is also taken once daily rather than twice daily, which may support better treatment adherence.

Prasugrel was funded by Pharmac between 2012 and 2021 before being discontinued by its supplier and subsequently delisted from the pharmaceutical schedule. Prasugrel was included in the 2025/26 Invitation to Tender process, with a view to progressing the funding application. This proposal would allow prasugrel to be made available in New Zealand again.

Details about our proposal

From 1 February 2027, prasugrel would be listed in Section B and in Part II of Section H of the Pharmaceutical Schedule as follows:

Chemical	Formulation	Pack size
Prasugrel	Tab 5 mg	28
Prasugrel	Tab 10 mg	28

Pricing for prasugrel and brand information would be shared following any decision on this proposal.

It is proposed that prasugrel would be listed in Section B of the Pharmaceutical Schedule subject to the following Special Authority criteria. Similar restriction criteria would be included for prasugrel in Part II of Section H of the Pharmaceutical Schedule.

Initial application — (**acute coronary syndrome**) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 Patient has recently (within the last 60 days) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome; and

2 Fibrinolytic therapy has not been given in the last 24 hours and is not planned.

Renewal — **(subsequent acute coronary syndrome)** from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 Patient has recently (within the last 60 days) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome; and

2 Fibrinolytic therapy has not been given in the last 24 hours and is not planned.

Initial application — (Percutaneous coronary intervention with stent deployment) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has undergone a percutaneous coronary intervention; and

2 Patient has had a stent deployed in the previous 4 weeks; and

3 Patient is clopidogrel-allergic**, or there is a documented poor response or likely poor response to clopidogrel.

Renewal — (Percutaneous coronary intervention with stent deployment) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has undergone a percutaneous coronary intervention; and

2 Patient has had a stent deployed in the previous 4 weeks; and

3 Patient is clopidogrel-allergic**, or there is a documented poor response or likely poor response to clopidogrel.

Initial application — (Stent thrombosis) from any relevant practitioner. Approvals valid without further renewal unless notified, where patient has experienced cardiac stent thrombosis whilst on clopidogrel.

Note:** Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment.

If this proposal is approved, the above changes would also be made to the Special Authority criteria for ticagrelor.

To provide feedback

Feedback can be submitted online by midnight **Wednesday 25 November 2026.**

All feedback received before the closing date will be considered by Pharmac's Board (or its delegate) prior to making a decision on this proposal.

Your feedback may be shared

When you give feedback on a consultation, your feedback becomes official information that Pharmac holds. Pharmac has legal responsibilities for how we manage this official information, under laws such as the Official Information Act and Privacy Act.

Pharmac may receive a request from people for official information, which could include your feedback. Legally, Pharmac must consider whether your feedback should be released.

We will consider your views when assessing whether the feedback has to be released. Tell us if there is anything about your feedback that you would prefer wasn't released.

If your feedback is proposed for release, then Pharmac will contact you, unless there is a legal reason that we can't.

Note that Pharmac collects and holds your information in line with our Privacy Statement.