



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

30 September 2026

Pharmac | Te Pātaka Whaioranga
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By email: consult@pharmac.govt.nz

Tēnā koutou

The Royal New Zealand College of General Practitioners (the College) thanks Pharmac for the opportunity to provide input on the proposal to widen access to febuxostat for the treatment of gout.¹

The College is the professional body and postgraduate specialist education college for general practitioners and rural hospital doctors in Aotearoa New Zealand. We represent more than 6,000 specialist GPs and rural hospital doctors, comprising approximately 40 percent of New Zealand's specialist medical workforce. Our motto is Cum Scientia Caritas — with knowledge, compassion.

Our position

The College supports the proposal to widen access to febuxostat as a second-line treatment for gout and to remove the requirement to trial probenecid before being able to access febuxostat.

Gout is commonly treated in primary care settings. The proposed changes would enable a practical second-line option for general practitioners and their patients where allopurinol is insufficient or not tolerated, thereby improving access to appropriate medication. Removing the probenecid prerequisite would reduce an unnecessary barrier and enable GPs and patients to select either febuxostat or probenecid according to clinical need, tolerability, comorbidities and patient circumstances.

Widening access is important because inadequately treated gout causes recurrent severe pain and can lead to chronic arthritis, progressive joint damage and avoidable hospitalisation. Pharmac estimates that approximately 5,500 people would benefit in the first year, increasing to 7,300 by year five.¹

The proposal is particularly important for Māori and Pacific Peoples, who experience a disproportionate burden of gout and inequities in access to regular urate-lowering treatment.²⁻⁴ Our comments focus on equitable access, safe and effective use, and practical implementation for the general practitioners and rural hospital doctors who will provide much of the ongoing care.

Te Tiriti o Waitangi and equity

The College is committed to honouring Te Tiriti o Waitangi, upholding Māori health rights and advancing Māori health equity. Pharmac's responsibilities under the Healthy Futures (Pae Ora) Act 2022 should be reflected in the design, implementation and monitoring of access to febuxostat.⁵

About the College

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Equity is central to this proposal. Compared with non-Māori, non-Pacific people, Māori experience gout at younger ages, have higher rates of severe disease and hospitalisation, and are less likely to receive regular urate-lowering treatment.²⁻⁴ Pharmac's own analysis has identified substantial unmet need for preventive gout medicines among Māori as well as barriers related to prescribing, cost, access to medicines, access to health care, and racism.²

Removing the requirement to trial probenecid would reduce an avoidable access barrier. However, widening eligibility will not, by itself, ensure equitable access, continued treatment or equitable outcomes. We recommend that Pharmac:

- monitor access to and continued use of febuxostat by ethnicity, age, rurality and deprivation, analyse intersecting inequities where data allow; publish the findings, and commit to action where inequities are identified; co-design implementation communications and culturally safe patient and whānau information with Māori, including Māori health providers, clinicians and communities; and
- ensure the Special Authority criteria and implementation processes do not create additional barriers for Māori, Pacific Peoples, rural communities or people with limited access to regular primary care.

Widening access to febuxostat

The College supports removing the requirement to trial probenecid before accessing febuxostat. The current requirement can delay access to an appropriate second-line treatment after allopurinol has been shown to be insufficient or not tolerated.

The proposed criteria would provide two funded second-line options, allowing treatment to be determined according to clinical need and patient circumstances. Febuxostat may be more appropriate for some people because it is taken once daily and its dose can be adjusted more readily.¹ Removing the probenecid prerequisite also avoids requiring patients to undertake a further medicine trial where their clinician considers febuxostat the more appropriate option.

The College also supports allowing applications from any relevant practitioner and retaining the current provision that Special Authority approvals do not require renewal. These settings appropriately recognise that gout is predominantly managed in primary care and minimise unnecessary administrative barriers to long-term treatment.

Supporting safe and effective use

We recommend that the changes be accompanied by clear clinical communication to prescribers, including contemporary guidance on cardiovascular safety. Evidence regarding the cardiovascular safety of febuxostat has evolved, with differing findings across major trials.^{6,7} Prescriber guidance should support appropriate risk assessment and shared decision-making, particularly for people with established cardiovascular disease.

Pharmac should provide concise prescriber guidance that:

- clearly explains the revised eligibility criteria and the removal of the probenecid prerequisite;
- supports treat-to-target urate management and appropriate follow-up;
- addresses cardiovascular safety evidence and supports appropriate risk assessment and shared decision-making; and
- reinforces that gout requires sustained urate-lowering treatment to prevent recurrent flares and long-term joint damage.

Patient and whānau information should explain the purpose of long-term urate-lowering treatment and support informed choice between available medicines. It should avoid language that attributes gout primarily to individual lifestyle choices. Pharmac's consultation material recognises the substantial contribution of genetic factors and renal urate handling to gout risk, including genetic variants associated with reduced uric acid excretion that are more common among Māori and Pacific Peoples.¹

Implementation should also address the difference between starting treatment and sustaining treatment. National data show that younger Māori and Pacific Peoples with gout are less likely to receive urate-lowering

treatment regularly than non-Māori, non-Pacific people, despite experiencing a substantially higher burden of gout.³ Monitoring initiation alone would therefore provide an incomplete assessment of whether the proposal is improving equitable access and outcomes.

Recommendations

The College:

- supports the proposal to widen access to and fund febuxostat as a second-line treatment for gout;
- supports removal of the requirement to trial probenecid before accessing febuxostat;
- supports allowing applications from any relevant practitioner and retaining the current provision that Special Authority approvals do not require renewal;
- recommends that Pharmac's responsibilities under the Healthy Futures (Pae Ora) Act 2022 are reflected in the design, implementation and monitoring of access to febuxostat;
- recommends monitoring access to and continued use of febuxostat by ethnicity, age, rurality and deprivation, publishing the findings and acting where inequities are identified;
- recommends co-designing implementation communications and culturally safe patient and whānau information with Māori, including Māori health providers, clinicians and communities; and
- recommends these changes be accompanied by clear clinical communication to prescribers, including guidance on cardiovascular safety, treat-to-target management and the importance of sustained urate-lowering treatment.

Closing

The College thanks Pharmac for the opportunity to comment.

Widening access to febuxostat is an important opportunity to reduce barriers to effective gout treatment. The success of the proposal should be assessed not only by the number of people who become eligible or begin treatment, but by whether those experiencing the greatest burden of gout, particularly Māori and Pacific Peoples, have timely and sustained access to clinically appropriate urate-lowering treatment.

Nāku noa, nā



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