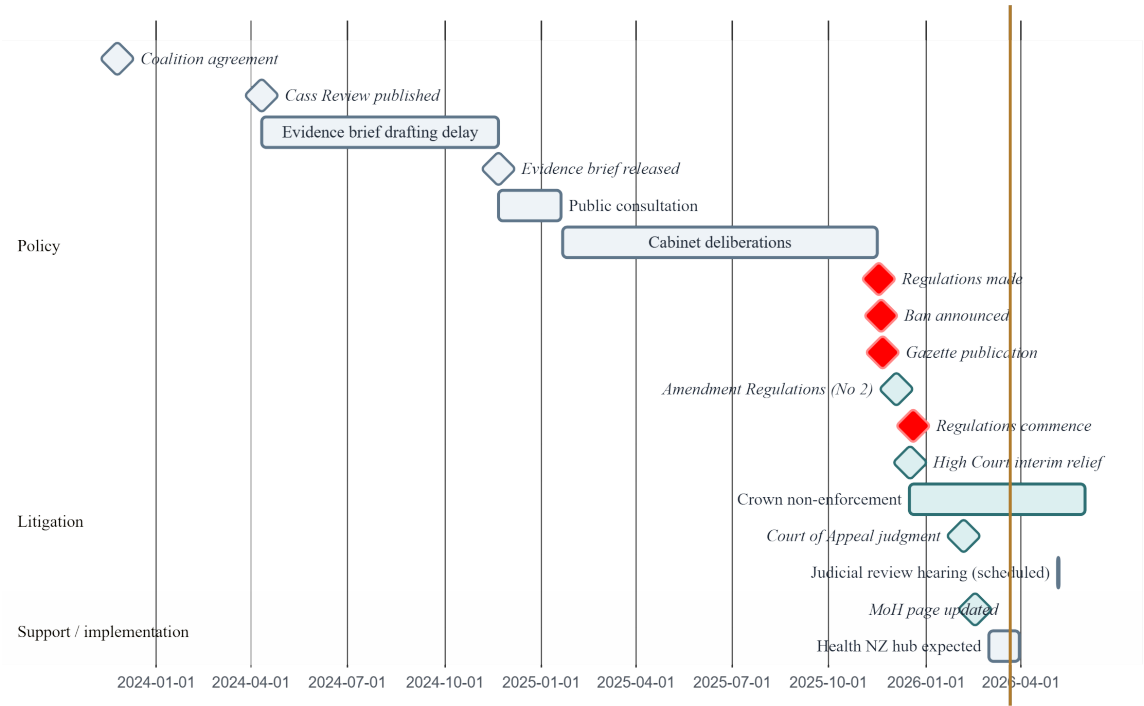


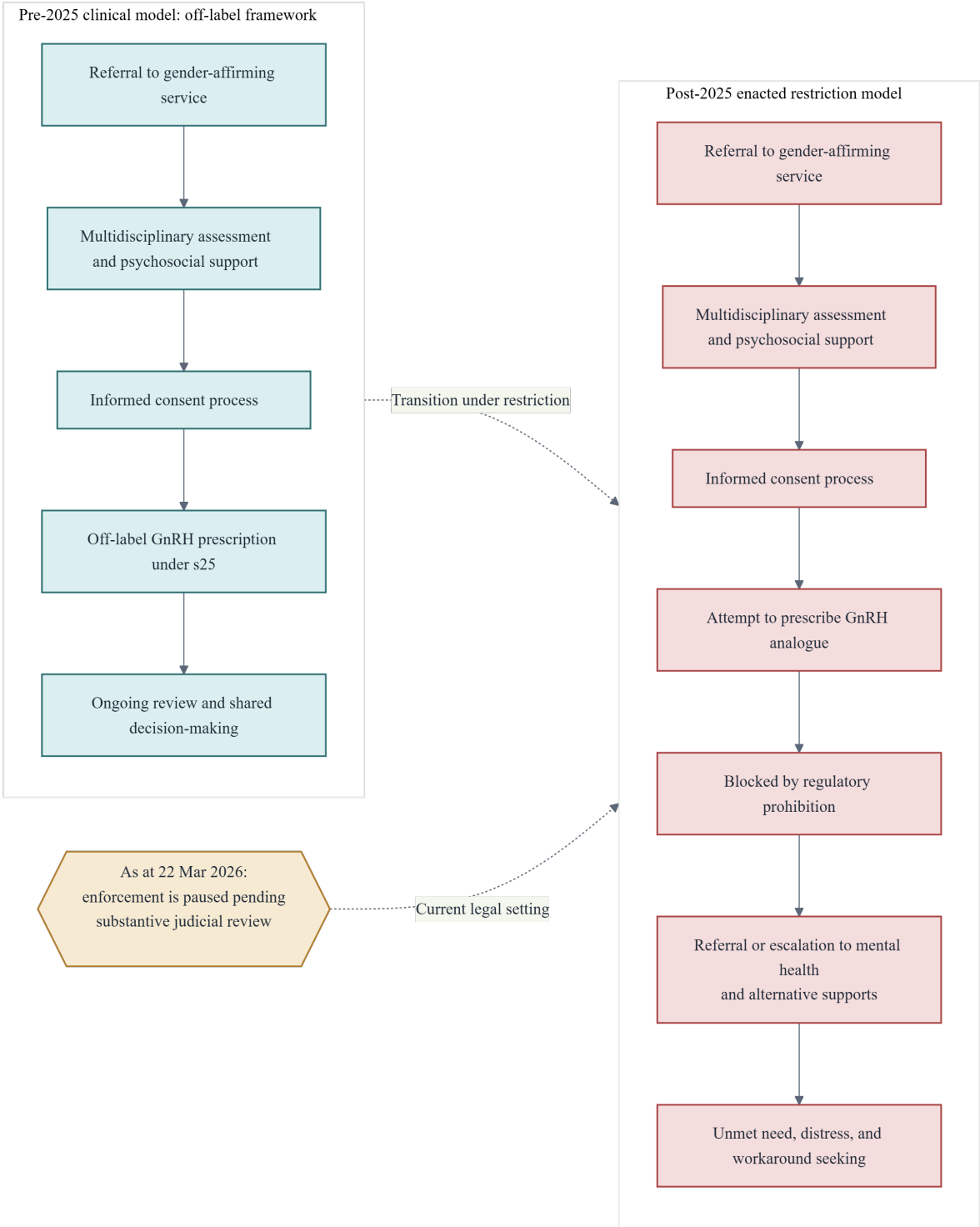
Figure 1: Policy timeline for the New Zealand puberty blocker ban, 2023 to early 2030s.



Schematic timeline showing key events from coalition formation and the publication of the United Kingdom (UK) *Cass Review*, through the Ministry of Health – Manatū Hauora evidence brief and public consultation, making and publication of the regulations (including the 4 December 2025 amendment noted in the interim litigation record), the announcement and commencement sequence, interim litigation and the multi-year horizon for prospective UK trial evidence described in the policy record. The underlying Ministry of Health – Manatū Hauora evidence brief was released in November 2024 but states that its contents were current only to September 2023; the local policy record was later supplemented by a 2025 addendum; and the UK trial horizon remained prospective rather than completed at the time of the New Zealand decision.

Key milestones reflected in Figure 1: 1) coalition agreement signed in late 2023; 2) *Cass Review* published on 10 April 2024; 3) Ministry of Health – Manatū Hauora evidence brief released in November 2024, based on material current to September 2023; 4) regulations signed on 17 November 2025, announced on 19 November 2025 and published in the *New Zealand Gazette* on 20 November 2025; 5) amendment regulation published on 4 December 2025; 6) interim High Court relief/judgment sequence in December 2025; and 7) UK PATHWAYS evidence remained a future dependency rather than completed evidence at the time of the New Zealand decision. NZ = New Zealand; MoH = Ministry of Health – Manatū Hauora.

Figure 2: Standard paediatric pathway versus puberty blocker pathway.



Process diagram contrasting the handling of medicines in other paediatric contexts (clinical need, variable evidence, off-label use managed by clinician discretion within standard medico-legal settings) with the *Cass*/puberty-blocker pathway (low/uncertain evidence, an asymmetrically elevated evidence threshold, demand for high-certainty long-horizon evidence, evidence deemed “insufficient”, ministerial ban). SID = supply-induced demand; RCT = randomised controlled trial.