

# Summary of submissions of sector consultation on the addition of diabetes medicines to the list of specified prescription medicines for designated registered nurse prescribers

## Summary

This report is a summary of the submissions received by Manatū Hauora on the addition of Glucagon-like peptide 1 agonists (GLP-1 agonists) e.g. dulaglutide, liraglutide and Sodium-glucose co-transporter 2 inhibitors (SGLT2 inhibitors) e.g. empagliflozin to the list of specified prescription medicines for designated registered nurse prescribers.

## Background

In early April 2024 the Nursing Council of New Zealand recommended two classes of prescription-only diabetes medicines it considered appropriate for registered nurse prescribers in primary health and specialty teams.

The Medicines Act 1981 requires that Manatū Hauora consult with people or organisations that may be affected by a change to the specified prescription medicines before a legal change is made to the list by Gazette notice. The consultation period started on 29 April 2024 and ended 31 May 2024.

## Description of Submitters

Eighty-three submitters responded to the survey and two emails were received. The majority (42%) of respondents identified as registered nurse prescribers, with the remainder identifying as nurse practitioners, registered nurses, medical practitioners, pharmacists, educators and other. Submissions were made on behalf of 21 organisations including seven Health New Zealand districts, seven Health centres or PHOs, four professional organisations, two Responsible authorities and Pharmac.

Submitter	Total	Percentage
Consumer	0	0
Educator	5	5.9
Registered nurse	9	10.6
Registered Nurse Prescriber	36	42.4
Nurse Practitioner	18	21.2
Medical practitioner	10	11.8
Pharmacist	1	1.2
Professional organisation	2	2.3
Other	2	2.3
Not answered	2	2.3

## Summary of Submissions

The majority (83 or 97.64%) of submitters supported the proposal. All the organisational submitters agreed with the proposed prescription medicine classes being added to the list.

The most common reasons given for support was that it would improve equitable access to diabetes medicines, benefit Māori and Pacific patients and rural and remote communities and optimise treatment for patients preventing complications (27).

Some submitters acknowledged that the additional classes would enable nurse prescribers working in diabetes and with long term conditions to prescribe appropriate medicines and reduce workloads for other prescribers (12).

The support for the addition of classes was specifically mentioned with many also mentioning the benefits of future proofing the medicines list with other medicine classes given current supply issues (16).

A small number of submitters mentioned the existing Pharmac restrictions on funded medicines that are independent of this consultation, some with a desire to see the extension of eligibility. Two submitters mentioned the need for appropriate education and mentorship.

Of those not in favour of one or both medicine classes being added to the list (2.25%), reasons were that GLP-1 antagonists are complicated medications, with multiple side effects and prescribing indications and there are already access problems for diabetic patients so having more prescribers will make this worse. In addition there is social pressure to use these medicines in non-diabetic but overweight patients which registered nurse prescribers may be influenced by.