Te Kāwanatanga o Aotearoa
New Zealand Government

MINISTRY OF HEALTH
MANATŪ HAUORA

Consultation on Proposed Amendments to the Specified Prescription Medicines List for Designated Registered Nurse Prescribers

Analysis of submissions

Released 2026 **health.govt.nz**

Acknowledgements

The Ministry of Health engaged with several key stakeholders when developing the consultation, working with the Nursing Council of New Zealand – Te Kaunihera Tapuhi Aotearoa.

Citation: Ministry of Health. 2026. C*onsultation on Proposed Amendments to the Specified Prescription Medicines List for Designated Registered Nurse Prescribers: Analysis of submissions*. Wellington: Ministry of Health.

Published in February 2026 by the Ministry of Health
PO Box 5013, Wellington 6140, New Zealand

ISBN 978-1-991324-73-3 (online)
HP 9157

This document is available at health.govt.nz

This work is licensed under the Creative Commons Attribution 4.0 International licence. In essence, you are free to: share ie, copy and redistribute the material in any medium or format; adapt ie, remix, transform and build upon the material. You must give appropriate credit, provide a link to the licence and indicate if changes were made.

Contents

Executive summary 1

Introduction 2

Section 1: Description of respondents 4

Level of support 6

Section 2: Analysis by themes 7

Overall comments 7

Comments by therapeutic group 10

Requested additional medicines 21

General comments 27

Next steps 32

Appendices 33

Appendix 1: Consultation questions 33

Appendix 2: Organisations consulted 39

Appendix 3: Summary of consultation feedback 41

Appendix 4: List of medicines by group 52

Appendix 5: Alphabetic list of medicines 58

Appendix 6: List of controlled drugs alphabetical 61

List of Figures

Figure 1: Type of respondent 4

Figure 2: Respondents' professional roles 6

Figure 3: Level of support for the proposed amendments to the registered nurse prescriber specified prescription medicines list 6

List of Tables

Table 1: Overview of feedback 1

Table 2: Organisations or groups that provided feedback on the consultation on amendments to the specified prescription medicines list for designated registered nurse prescribers in primary health and speciality teams 5

Table 3: Summary of submitters' feedback by broad therapeutic group 11

Table 4: Additional medicines submitters suggested adding to the registered nurse prescriber specified prescription medicines list 21

Table 5: General feedback / comments 28

Table A2: Organisations consulted 39

Table A3: Summary of consultation feedback 41

Table A4: Prescription medicines to be added to the specified prescription medicines list for designated registered nurse prescribers, by broad therapeutic group (subject to Director-General of Health approval) 52

Table A5: Alphabetical list of prescription medicines to be added to the specified prescription medicines list for designated registered nurse prescribers (subject to Director-General of Health approval) 58

Table A6: Final list of controlled drugs to be added to the Misuse of Drugs Regulations 1977, Schedule 1A 'Controlled drugs that designated prescriber nurses may prescribe in certain circumstances' (subject to Order in Council) 61

Executive summary

Designated registered nurse prescribers may prescribe from a gazetted specified list of prescription medicines (SPML) and scheduled controlled drugs.

The Director-General of Health is responsible for consulting on and gazetting the SPML under the Medicines (Designated Prescriber – Registered Nurses) Regulations 2016. Controlled drugs must be scheduled in Schedule 1A of the Misuse of Drugs Regulations 1977 by Order in Council.

The Ministry, on behalf of the Director-General, and with the Nursing Council of New Zealand, consulted on adding 190 new medicines and four medicine classes to the SPML for registered nurse prescribers.

The public consultation ran from 18 September to 17 October 2025. We received 169 submissions; 66% overall were supportive of the proposed changes (24% supportive and 42% supportive with considerations).

This report summarises the feedback we received. Table 1 provides an overview of this feedback.

Table 1: Overview of feedback

The proposal consulted on	The final decision (subject to appropriate approvals and authorisations)
To list 190 new medicines	To list 186 new medicines
To add four medicine classes	Not to add medicine classes to the SPML
-	To add an additional 25 medicines
To add three controlled drugs	To add the three controlled drugs to Schedule 1A of the Misuse of Drugs Regulations 1977
-	To add two additional controlled drugs to Schedule 1A of the Misuse of Drugs Regulations 1977
To remove the restrictions on six controlled drugs under Schedule 1A of the Misuse of Drugs Regulations 1977	To remove the restrictions
-	To remove two controlled drugs from the SPML that were listed in the SPML prior to the medicines being reclassified as controlled drugs in 2023 and are already included on Schedule 1A of the Misuse of Drugs Regulations 1977

The next steps are to gain the Director-General's approvals for the gazettal of the updated SPML and the addition of the controlled drugs to Schedule 1A of the Misuse of Drugs Regulations 1977 (by Order in Council).

Introduction

Purpose of this report

This report summarises feedback received on the public consultation of the proposed amendments to the specified prescription medicines list (SPML) for designated registered nurse prescribers.

Background

The Medicines (Designated Prescriber – Registered Nurses) Regulations 2016 and Misuse of Drugs Regulations 1977 permit registered nurse prescribers in primary health and specialty teams to prescribe specified prescription medicines and controlled drugs.

Registered nurse prescribers in primary health and specialty teams have met specific requirements, including completion of a postgraduate diploma in prescribing, and the Nursing Council of New Zealand authorises them to prescribe. Registered nurse prescribers are able to diagnose and treat common conditions and prescribe from a SPML for common and long-term conditions.

Registered nurse prescribers must have access to an authorised prescriber supervisor / mentor, to consult if a patient's health concerns are more complex than they can manage. In some cases, registered nurse prescribers are seeing patients who have already been diagnosed and commenced on a medicine by an authorised prescriber; for example, a doctor or a nurse practitioner. Registered nurse prescribers work in a specific area of practice.

For the requirements for registered nurse prescribers see the **consultation document** or the Nursing Council **website**.

The Director-General must consult with those people or organisations that may be affected by a change to the SPML before making a legal change to the list by gazette notice.

The Ministry of Health – Manatū Hauora invited feedback on a proposal for including 190 additional medicines and four medicine classes to the designated registered nurse prescriber SPML. Additionally, we invited feedback on the proposed removal of restrictions for seven medicines currently listed. The Nursing Council provided a list of medicines and rationale for their inclusion.

This report summarises the feedback we received.

Method

The Nursing Council provided a list of medicines it considered appropriate for designated registered nurse prescribers to prescribe (see Appendix 1). The Ministry, on behalf of the Director-General, invited submissions (between 18 September and 17 October 2025) on that list.

In finalising the amendments to the SPML for registered nurse prescribers for the Director-General to consider, the Ministry considered all feedback.

This summary of submissions is presented in two sections:

- **Section 1** describes those who have made submissions.
- **Section 2** presents feedback from respondents by theme.

Six appendices are included:

- **Appendix 1:** provides a link to the consultation document
- **Appendix 1**: provides the consultation questions
- **Appendix 2**: provides a list of organisations that we consulted
- **Appendix 3**: provides a summary of the consultation feedback and the final decision
- **Appendix 4**: gives the final list of prescription medicines for the Director-General to consider for gazettal, by broad medicine group
- **Appendix 5**: gives the final list of prescription medicines for the Director-General to consider for gazettal, listed alphabetically
- **Appendix 6**: provides the final list of controlled drugs that the Ministry will put forward for adding to the Misuse of Drugs Regulations 1977, Schedule 1A 'Controlled drugs that designated prescriber nurses may prescribe in certain circumstances'.

The Nursing Council and the Ministry are grateful to all the respondents for their time, insights and considered feedback. This will result in a more robust and fit-for-purpose SPML for registered nurse prescribers and better access to medicines for patients.

Section 1: **Description of respondents**

The consultation ran from 18 September to 17 October 2025 via the Ministry's health consultation hub. We invited respondents to complete the online survey and also accepted submissions via letter.

Appendix 3 lists the organisations we consulted.

We received 169 unique submissions, of which 138 (82%) were from individuals and 31 (18%) were on behalf of an organisation or group (see Figure 1). We did not include any submissions.

Figure 1: Type of respondent

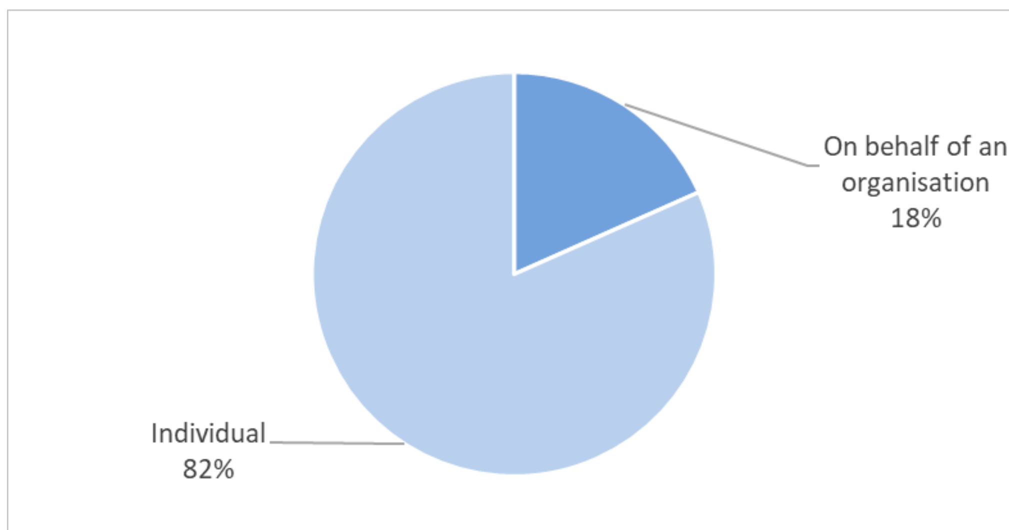


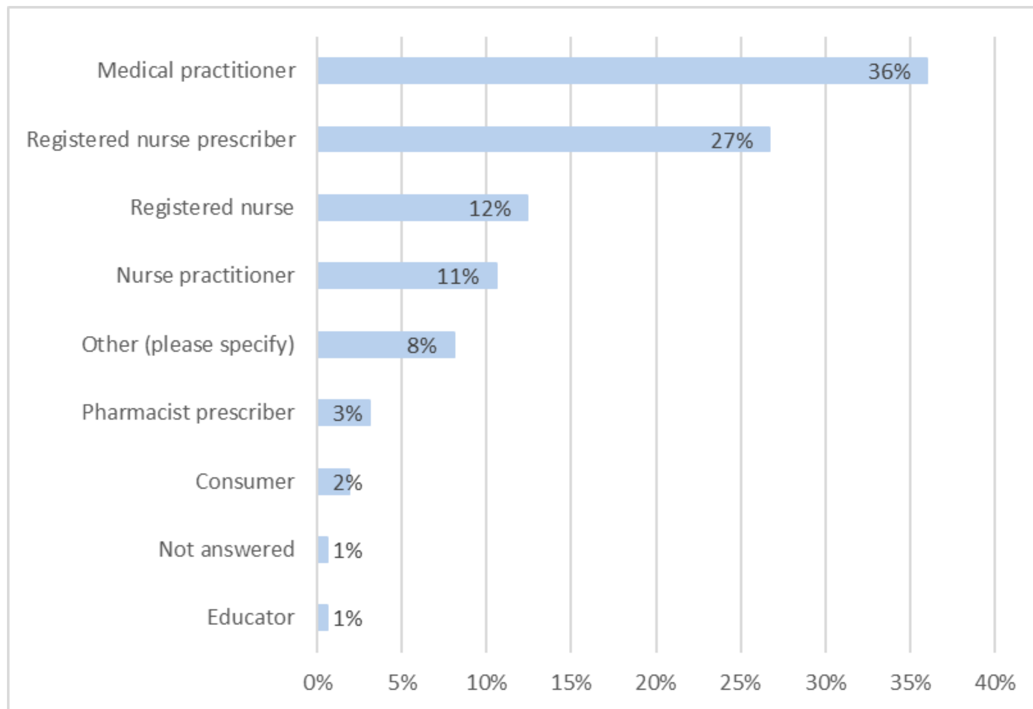
Table 2 shows the organisations or groups that provided a submission.

Table 2: Organisations or groups that provided feedback on the consultation on amendments to the specified prescription medicines list for designated registered nurse prescribers in primary health and speciality teams

Group	Organisations
Lived experience / consumer organisations	• Body Positive • Burnett Foundation Aotearoa • Hepatitis Foundation of New Zealand • Migraine Foundation Aotearoa New Zealand • New Zealand Drug Foundation • Parkinson's New Zealand Charitable Trust • Positive Women • Rakau Ora Charitable Trust – Mental Wellness Services • Toitū Te Ao
Hospice	• Nelson Tasman Hospice • North Haven Hospice, Hospice Mid Northland, Far North Community Hospice
Professional research organisations	• New Zealand Society for the Study of Diabetes • University of Auckland, Gay Men's Sexual Health research group
Professional groups	• Aged Care Association New Zealand • Australian and New Zealand College of Anaesthetists • Australian and New Zealand Society for Geriatric Medicine • Clinical Advisory Pharmacists Association • New Zealand College of Midwives • New Zealand Dental Association • New Zealand Nurses Organisation • Royal New Zealand College of General Practitioners • Starship Children's Health / University of Auckland / New Zealand Paediatric Endocrine Society
Health New Zealand groups	• Health New Zealand, Bay of Plenty, Hepatology service • Health New Zealand, Office of the Chief Clinical Officers • Health New Zealand, Taranaki Base Hospital, Crohn's and colitis service • Health New Zealand, Waikato, Infectious diseases service
Pharmaceutical company	• AbbVie Limited
Private providers	• Raglan Medical • Te Aro Health Centre • Tima Health
Responsible authorities with prescribing scopes	• Nursing Council of New Zealand

Figure 2 shows the types of health professionals who made a submission. The majority of respondents were medical practitioners (58; 36%): 43 (27%) registered nurse practitioners, 20 (12%) registered nurses and 17 (11%) nurse practitioners.

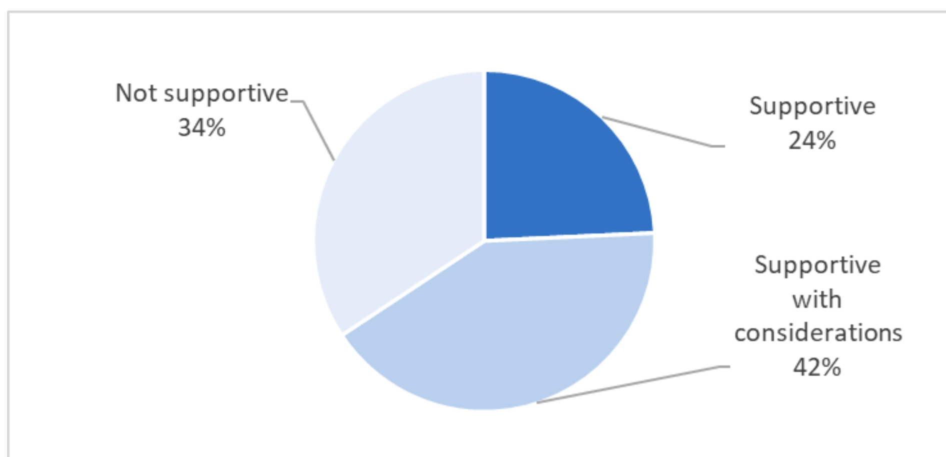
Figure 2: Respondents' professional roles



Level of support

Overall, respondents were supportive of the proposed changes to the SPML for registered nurse prescribers: 41 (24%) were supportive, 70 (42%) were supportive with considerations and 58 (34%) were not supportive (Figure 3). Those who were supportive with considerations offered further comment in support and/or for amendments, as Section 2 discusses.

Figure 3: Level of support for the proposed amendments to the registered nurse prescriber specified prescription medicines list



Section 2:
Analysis by themes

Overall comments

Supportive comments

There was a strong positive endorsement of the proposed amendments: 41 submitters (24%) were supportive, and 70 (42%) were supportive with considerations about specific medicines. Broadly, submitters responded as follows.

- Submitters noted that the proposals support timely access, equity and patient-centred care, eliminating the need for registered nurse prescribers to have to ask authorised prescribers to prescribe individual medicines.
- There were some requests for further additions and clarity on restrictions.
- There was recognition that registered nurse prescribers' competence depends on the support of training and governance.
- Submitters noted that the proposals align with international evidence that registered nurse prescribers practise safely and contribute to improved health outcomes.

Key themes included the following.

Strong support for expansion

There was broad agreement that widening the SPML will:

- improve timely access to medicines, helping people to remain well and reduce the risk of disease flare-ups, especially in rural and underserved areas
- reduce GP workload and waiting times, thereby addressing workforce shortages
- enhance continuity of care and patient experience
- be seen as a strategic response to health system pressures and a way to optimise nursing expertise
- remove the need for standing orders and the administrative burden associated with their use.

Benefits for specialist areas

Submitters saw benefits in particular specialist areas as follows.

- Palliative care: expansion will allow better symptom management and equity in end-of-life care.

- Sexual health and HIV prevention: there was strong support for adding : pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)[1] medicines (eg, tenofovir with emtricitabine) to meet the **National HIV Action Plan for Aotearoa New Zealand 2023–2030** goals and reduce inequities.
- Mental health: there was support for adding antipsychotics and mood stabilisers (eg, sodium valproate and mirtazapine).
- Oncology: the inclusion of aromatase inhibitors, olanzapine and famotidine was welcomed.
- Chronic conditions: there was positive feedback on additions for gout (eg, colchicine), benign prostatic hyperplasia (eg, finasteride), heart failure (angiotensin-converting enzyme inhibitors (ACE inhibitors), angiotensin II receptor blockers (ARBs), beta-blockers) and migraine prophylaxis (eg, erenumab).
- Hepatology: there was endorsement of entecavir and tenofovir for chronic hepatitis B management.

Equity and access

In terms of equity and access, submitters made the following comments.

- They saw expansion of the registered nurse prescriber SPML as critical for reducing health inequities, particularly for Māori, Pacific peoples and rural communities.
- Comments highlighted delays in care under current restrictions, especially in high-deprivation areas and hospice settings.

Safety, education and governance

In the areas of safety, education and governance, submitters commented as follows.

- Many respondents supported expansion provided there was adequate education, clinical governance and ongoing support, especially for complex medicines (eg, methadone, ketamine, malignant disease drugs and immunosuppressants).
- Submitters noted the importance of registered nurse prescribers understanding the boundaries of their scope and area of specialisation.
- Safety measures suggested included:
  - mandatory specialist postgraduate training and adherence to clinical guidelines
  - prescribing within specialist scopes and collaborative frameworks
  - ongoing clinical oversight for high-risk medicines.

System-level impact

Submitters noted that expansion aligns with:

- workforce sustainability and global trends in nursing practice
- goals to decentralise care, improve efficiency and reduce bottlenecks
- future-proofing prescribing frameworks by using class-based inclusions, rather than individual drugs.

[1] PrEP medicines prevent HIV infection and PEP medicines prevent HIV infection after a possible exposure. They need to be taken within 72 hours of possible exposure: the sooner the better.

Reservations/concerns expressed

Forty-one submissions (24%) did not support the proposed changes to the registered nurse SPML outright; of these, 30 identified as a medical doctor (general practitioner, doctor, medical officer or registrar) and one as a member of the public.

There was opposition to widening prescribing rights without providing equivalent medical training, with an emphasis on patient safety, professional standards and systemic integrity. The key themes included the following.

Insufficient training and knowledge

In terms of training and knowledge, submitters noted the following.

- Nurse prescribers lack the depth of training in pharmacology, physiology, toxicology and biochemistry and the diagnostic skills needed to prescribe safely.
- Medical doctors undergo years of education and supervised practice; nurses do not receive equivalent training.
- Current nurse prescriber training is not robust enough for complex medicines.
- There was support for many of the medicine groups, provided the prescribing was restricted to registered nurse prescribers working in specialist teams and not generalist registered prescribers.

Patient safety risks

In terms of risks to patients, submitters noted the following.

- Prescribing high-risk medicines without adequate expertise poses serious risks to patients, including adverse effects and drug interactions.
- Incidents of incompetence leading to harm have been observed in practice.
- The expansion of prescribing rights is potentially dangerous and detrimental to care quality.

Scope of medicines

In terms of the scope of medicines, submitters generally noted the scope was too broad, as follows.

- The proposed list is extensive and includes highly specialised drugs (eg, psychiatric medicines).
- Safe prescribing requires full understanding of interactions, monitoring requirements and atypical presentations.
- Blanket approval was opposed; some suggested restricting prescribing to specialty areas under supervision.

Liability and accountability

In terms of liability and accountability, submitters noted the following.

- Vicarious liability for supervising doctors was a major concern.
- Multiple prescribers adjusting medicines could muddy accountability and increase legal risk.

System-level issues

In terms of the system as a whole, submitters noted the following.

- Expanding nurse prescribing is not a solution to general practitioner shortages or workforce strain.
- There was a risk of lowering standards and 'dumbing down' the health system.
- The focus should be on retaining doctors, rather than shortcuts.

Alternative views

Some submitters expressed alternative views, as follows.

- Some acknowledged that nurse prescribers were valuable team members, but only within narrow, specialist scopes under supervision.
- A few comments suggested removing the most complex/high-risk drugs from the list rather than fully rejecting them.

Comments by therapeutic group

Table 3 collates and analyses suggestions on the suitability of medicines for inclusion on the SPML, by therapeutic group.

Table 3: Summary of submitters' feedback by broad therapeutic group

Medicine name	Comment	Response
Anaesthetics		
Atropine	Two submitters suggested that it was not clear what indication(s) registered prescribers would prescribe these medicines for.	Atropine, with the removal of the 'ophthalmic use only' restriction, is indicated for advanced cardiac life support and for secretion management, such as the management of hypersalivation associated with clozapine use. Atropine ophthalmic drops are used sublingually for hypersecretions, mostly in the setting of neurodegenerative disease. The atropine drop formulation is suitable for carers to administer for secretions at end of life, particularly for those without access to on-call support, especially in rural or remote areas. In the post-anaesthesia care unit (PACU) setting, atropine is used in combination with a beta-adrenergic blocker for the treatment of severe bradycardia contributing to hypotension, or severe hypertension where it might compromise patient safety; this is time critical. If there is not an anaesthetist available, patients may come to harm from having to wait. Titrating these medicines is a common practice for PACU nurses, who are very experienced in deciding on the doses to give and how fast to give them.
Bupivacaine Ropivacaine	Some respondents suggested that there is no clear rationale for these longer-acting local anaesthetics to be prescribed by registered nurse prescribers and said that, in the context of a procedure using bupivacaine and ropivacaine, a medical doctor should be aware of the decision to undertake the procedure. It was also noted that training in recognition and treatment of local anaesthetic toxicity is essential.	The listing of bupivacaine and ropivacaine would enable, for example, specialist pain nurses to prescribe and adjust the dose of bupivacaine with adrenaline and ropivacaine with fentanyl.
Antiparasitic products, insecticides and repellents		
Artemether Lumefantrine Praziquantel	One respondent suggested that none of the medicines in this group are in common usage in primary care, and there is no indication for their inclusion in primary nurse prescribing.	This view did not recognise the specialist teams within which some registered nurse prescribers work.

Medicine name	Comment	Response
	Another respondent suggested that antimalarials should only be prescribed prophylactically by registered nurse prescribers under strict guidelines. There is concern that the current proposal could imply that registered nurse prescribers can independently treat malaria without specialist input. As the treatment of malaria is complex, the prescribing of antimalarials should be limited to those with specialist experience or working in infectious disease teams.	This is consistent with the registered nurse prescribers' model and scope of practice.
Cardiovascular system		
	Feedback suggested that many of the medicines listed under the cardiovascular system heading are beyond the scope of the general registered nurse prescriber and should be restricted to registered nurses working in specialist cardiology teams or similar settings.	
Amiodarone	Some submitters suggested that amiodarone should be restricted to continuation rather than registered nurse-initiated prescribing. For example, they noted that in the PACU setting amiodarone is used for fast atrial fibrillation, commonly after a discussion with an anaesthetist.	The SPML does not specify conditions of use.
Metaraminol Phenylephrine	In the PACU setting, these vasopressors are used to treat dangerously low blood pressure (hypotension) following surgery. Patients who have hypotension in PACU after surgery are at high risk of serious postoperative complications. A registered nurse prescriber working in a PACU would be charting these drugs under the direction of an anaesthetist and following an established protocol for investigations to start (eg, troponins, blood cultures if there are concerns about sepsis, blood gas, haemoglobin), giving a crystalloid challenge and then starting phenylephrine or metaraminol at low dose to ensure adequate end-organ perfusion. Feedback highlighted that an anaesthetist must always be available to oversee the prescribing of medicines in the PACU and that it must be clear who is ultimately responsible for the hypotensive patient in the PACU.	These will be listed in the SPML.

Medicine name	Comment	Response
Midodrine	Some respondents considered midodrine to be inappropriate for registered nurse prescribers to prescribe outside of the PACU setting. Other respondents requested oral midodrine for autonomic neuropathy-induced postural hypotension secondary to conditions such diabetes or Parkinson's disease.	This will be listed in the SPML.
Prazosin	It was noted that prazosin is no longer a routine first- or second-line antihypertensive agent.	This has been excluded from the list.
Sacubitril with valsartan (Entresto)	One respondent requested that the combination product sacubitril with valsartan (Entresto) should be available to the registered nurse prescriber for initiation of treatment as directed in treatment guidelines where sacubitril with valsartan (Entresto) is first-line treatment. Not being able to initiate sacubitril with valsartan (Entresto) prescribing could slow down patients' access to best-practice care.	Both sacubitril and valsartan are already included in the SPML for designated registered nurse prescribers. Medicines are listed in the SPML without indication. Indication is dictated by the registered nurse prescriber's specialist area of practice and authorised prescriber supervisor.
Central nervous system		
Antiepileptics Antipsychotics Lithium MAO inhibitors	Submitters expressed concern that some of the medicines proposed, such as lithium, antiepileptics, MAO inhibitors and antipsychotics, require close monitoring and specialist knowledge, assessment and diagnosis. There is a preference for specialist oversight, particularly in paediatrics. For example, in children, these antiseizure medicines should be prescribed by the clinician who initially prescribed them, as each prescription should be reviewed by a clinician with expertise using these medicines, which are fourth- or fifth-line therapy in children with complex epilepsies. Some suggested that registered nurse prescribers should only be able to continue (repeat) prescribing initiated by specialists, and that the maximum duration of supply on registered nurse prescribing of the central nervous system medicines should be limited to less than three months on individual prescriptions.	This will be listed in the SPML.

Medicine name	Comment	Response
Endocrine system		
	There was concern that the proposed medicines do not include restrictions by indication or age group, which poses significant risks for children. Also, there was a concern that registered nurse prescribers, except those working within a specialist area as part of a multidisciplinary team, generally lack the background to safely prescribe many of the proposed endocrine medicines. The complexity of interpreting laboratory test results for estrogens and testosterone was emphasised. It was suggested that the endocrine system medicines should be more nuanced, with tighter controls, including: • clear distinctions between paediatric and adult prescribing • an indication of whether registered nurse prescribers can initiate or only continue prescriptions initiated by a specialist • specific lists for different specialist teams; for example, paediatric diabetes and fertility services. As there were no restrictions in the SPML, some suggested that medicines such as estrogens, progesterone, testosterone, tolvaptan and bisphosphonates should not be listed because of the potential adverse effects on children and the need for specialist oversight.	The SPML does not provide guidance on the use of the listed medicines. This is the responsibility of the Nursing Council, as the responsible authority for nursing.
Raloxifen	Raloxifen is to be withdrawn from the New Zealand market. Supplies are likely to run out in December 2025.	Raloxifene will not be listed in the SPML.
Gastrointestinal		
	No specific concerns were raised over the proposed additions to the SPML.	
Genitourinary disorders		
Tamsulosin	A submitter welcomed the addition of tamsulosin, for benign prostatic hyperplasia. In the PACU setting, tamsulosin is used for catheter-related bladder spasm, which is a common and very painful experience and can be a patient's main complaint after major surgery.	

Medicine name	Comment	Response
Sildenafil Tadalafil	Another submitter expressed caution with the inclusion of the phosphodiesterase type 5 inhibitors, as erectile dysfunction is not a symptom that should be treated in isolation. It is often a symptom of wider cardiovascular system problems.	Registered nurse prescribers are expected to understand the wider context of the conditions they are treating with the support of their authorised prescriber and collaborative team.
Infections		
	There was overall support for the inclusion of the anti-infective medicines. Some respondents suggested that the list of available medicines was not broad enough to maximise registered nurse prescribing. Others thought the list was too broad.	
Tenofovir and emtricitabine	There was strong support, including from groups representing gay and bisexual men, people living with HIV, infectious diseases physicians, sexual health physicians, clinical nurse specialists and community providers of health services to the gay and bisexual communities for the inclusion of tenofovir with emtricitabine for initiation and continuation of HIV PrEP and HIV PEP. Enabling registered nurse prescribers to prescriber these medicines supports the National HIV Action Plan 2023–2030. The use of PEP is time critical and crucial to eliminating HIV in New Zealand. PrEP uptake in New Zealand is currently suboptimal; access to PrEP is significantly inequitable for Māori, Pacific peoples, rural communities and younger people. There are well-established New Zealand clinical guidelines for PrEP and PEP (covering, for example, monitoring labs and contraindications), and free training modules and tools are available for registered nurse prescribers. These prescribing supports reduce safety concerns related to registered nurse prescriber supply.	
Zidovudine and lamivudine	One submitter was unsure why zidovudine and lamivudine were being considered.	Their inclusion is for the prevention of mother-to-child transmission of HIV.
Entecavir and tenofovir	There was strong support for the inclusion of entecavir and tenofovir for the treatment of chronic hepatitis B infection, including from the national	

Medicine name	Comment	Response
	hepatology nursing groups. Statements in support of their inclusion included the following. Hepatitis B is a significant public health concern in New Zealand, particularly among Māori, Pacific peoples and migrant communities. The inclusion of these medicines supports the World Health Organization's goal to eliminate viral hepatitis as a public health threat by 2030. These medicines are first-line treatments recommended by international and local guidelines Registered nurse prescribers working in specialty teams, such as liver clinics, infectious disease services and community health services, are well positioned to manage stable patients with chronic hepatitis B.	
Gentamycin and vancomycin	Respondents suggested these antibiotics should be restricted to registered nurse prescribers working in appropriate environments, such as renal services.	
Malignant disease and immunosuppression		
	Feedback appreciated the recognition of oncology as a specialist area of registered nurse practice, with the approval of more hormone-related medications. The proposed changes are positive, though prescribing remains limited to supervised oncology services and is not justified in other registered nurse prescriber specialist areas of practice. Expanding the medicine list will allow designated nurse prescribers to better utilise their qualifications and improve service delivery. Haematologists have long advocated for the addition of the medicines used for haematological cancers. It was acknowledged that the inclusion of the aromatase inhibitors, such as exemestane and anastrozole, will complement practice, as registered nurse prescribers can already prescribe tamoxifen and letrozole for continuation of treatment.	

Medicine name	Comment	Response
Musculoskeletal system		
	No specific concerns were raised over the proposed additions to the SPML. Respondents highlighted the potential toxicity of colchicine.	
Nutrition and blood		
	No specific concerns were raised over the proposed additions to the SPML. There was acknowledgement that the 'drugs used in haemophilia' would be prescribed by registered nurse prescribers working in specialist areas, including the New Zealand Blood Transfusion Service.	
Obstetrics, gynaecology and urinary-tract disorders		
	No specific concerns were raised over the proposed additions to the SPML.	
Respiratory system		
	One respondent suggested that registered nurse prescribers should not be able to prescribe monoclonal antibodies, as they do not have the training or knowledge to prescribe them safely.	
Tezepelumab	It was noted that tezepelumab is not currently available in New Zealand.	The inclusion of tezepelumab in the SPML is to future proof the SPML; respondents supported this.
Sensory organs		
	One respondent suggested that eye and ear conditions should only be treated by registered nurse prescribers in specialist teams and not in primary care, where red eye or ear infections are a 'minefield of diagnosis'.	
Ciprofloxacin otic	The inclusion of ciprofloxacin otic was welcomed as beneficial in primary care. Chronic suppurative otitis media is a frequent presentation and the ability to prescribe this medicine eliminates the need for the registered nurse prescriber to ask a general practitioner or nurse practitioner to prescribe it.	

Medicine name	Comment	Response
Skin		
	One respondent suggested that the treatment of skin conditions is outside the scope of a registered nurse prescriber, especially where this involves very potent steroids or the disease modifiers tacrolimus and pimecrolimus.	Tacrolimus and pimecrolimus are indicated for the short-term or intermittent treatment of atopic eczema when other therapy ineffective or inappropriate.
Controlled drugs		
	The controlled drugs a registered nurse prescriber can prescribe are controlled by a separate process gazetted by the Director-General of Health. Changes to the controlled drugs a registered nurse prescriber can prescribe are authorised under Schedule 1A of the Misuse of Drugs Regulations 1977 and require an Order in Council.	
Removal of restrictions on existing scheduled controlled drugs	The consultation proposed the removal of restrictions on controlled drugs already available to registered nurse prescribers under Schedule 1A, as follows: • buprenorphine — removal of 'transdermal only' • buprenorphine with naloxone — removal of 'sublingual only' • clonazepam — removal of 'for anxiety and panic disorder only' • diazepam — removal of 'oral only' • fentanyl — removal of 'transdermal only' • methadone — removal of 'oral only'.	
	There was support for the removal of the restrictions only in palliative care services, acute pain settings and addiction services, and not for 'general use'. Timely access to these medicines in their various formulations is essential for effective pain and symptom management at the end of life.	Note that buprenorphine with naloxone is also used as an adjunct in the treatment of opioid dependence.
	One submitter requested that fentanyl (and midazolam) be made available for conscious sedation during endoscopic procedures where these medicines are routinely administered intravenously. Intravenous fentanyl is also indicated in the PACU setting.	The SPML does not specify the underpinning knowledge and competence required for a registered nurse prescriber to prescribe medicines. Governance and safe prescribing of controlled drugs are the responsibility

Medicine name	Comment	Response
	Some submitted that registered nurse prescribers should work within collaborative teams and specified areas of competence where appropriate governance, monitoring and specialist support are in place. Others suggested that methadone prescribing should be specialist-only. Some submitters cautioned against the broad relaxation of controlled drug prescribing due to risks of misuse, addiction and dependency. Some argued for tighter restrictions, not fewer.	of the registered nurse prescriber, their authorised prescriber supervisor and their collaborative team, with oversight from the Nursing Council.
	Overall, there was support for removing restrictions for the listed controlled drugs, provided there is clear clinical governance and oversight mechanisms, mentorship and supervision for registered nurse prescribers. This could also include additional training and credentialing for controlled drugs, including safe sedation training and advanced cardiac life support certification.	The existing scheduled restrictions for buprenorphine, buprenorphine with naloxone, clonazepam, diazepam, fentanyl and methadone are to be removed (subject to Order in Council).
buprenorphine		The introduction of a new long-acting injectable formulation of buprenorphine for the treatment of opioid dependence into New Zealand practice is anticipated. Removal of the 'transdermal only' restriction will enable this new formulation to be prescribed by registered nurse prescribers.
Proposed additional controlled drugs	The consultation proposed the addition of ketamine, midazolam and oxycodone to Schedule 1A of the Misuse of Drugs Regulations 1977 for registered nurse prescribers. There was support for ketamine, midazolam and oxycodone to be added to Schedule 1A if prescribing was restricted to palliative care, acute pain and endoscopy settings, and not for 'general use', in alignment with best-practice guidelines and treatment pathways. Intravenous ketamine and oxycodone are indicated for the acute management of pain in the PACU setting. These medicines should not be used for the management of chronic pain.	The SPML does not specify or restrict medicines' use, nor indicate underpinning credentialing or competence. The Nursing Council may elect to provide guidance on the appropriate use of these medicines.

Medicine name	Comment	Response
	It was recognised that prescription of ketamine (and methadone) requires advanced training and oversight. It was noted that paramedics currently supply and administer ketamine for acute severe pain pursuant to a standing order. One submitter suggested 'we do not need more uncontrolled benzodiazepine prescribing'.	
	The controlled drugs ketamine, midazolam and oxycodone are known to carry high risks of misuse and dependency. Some submitters recommended that the same safeguards and standards imposed on other prescribers be applied to registered nurse prescribers. These include: • additional training and credentialing for prescribing higher-risk controlled drugs • clear clinical governance and oversight mechanisms • mentorship and supervision from experienced clinicians. Under the designated registered nurse prescriber model, these controls must be in place for all registered nurse prescribers.	The Ministry expects that any new medicine added to a registered nurse's personal prescribing formulary will be used with appropriate support and supervision from their authorised prescriber supervisor. Registered nurse prescribers are required to operate within a collaborative team, adhering to their designated area of practice and competence. Ketamine, midazolam and oxycodone will be added to the scheduled controlled drugs available to registered nurse prescribers (subject to Order in Council).
Removal of restrictions on duration of supply	One submitter requested that registered nurse prescribers should be enabled to prescribe Class B controlled drugs for more than seven days, suggesting a duration of 10–14 days as being more suitable.	This is out of scope for this consultation. However, we note that in October 2023 the maximum prescription duration for Class B controlled drugs prescribed by registered nurse prescribers was increased. A registered nurse prescriber may prescribe Class B controlled drugs (eg, morphine) and Class C opioid controlled drugs (eg, codeine and tramadol) for a maximum of one month (30 days), and Class C non-opioid controlled drugs (eg, benzodiazepines and zopiclone) for a maximum of three months (90 days).

Requested additional medicines

Submitters suggested additional medicines that should be considered for inclusion in the SPML for designated registered nurse prescribers. Table 4 collates and analyses these suggestions for suitability for inclusion on the SPML.

Table 4: Additional medicines submitters suggested adding to the registered nurse prescriber specified prescription medicines list

Medicine name	Context/rationale	Comment
ADHD medicines	Requested for continuation prescribing in ADHD management.	With changes to the diagnosis and treatment of ADHD commencing 1 February 2026, any changes will be deferred to the next review of the SPML.
Alendronic acid (alendronate)		Already included in this SPML consultation.
Allopurinol	Requested for the treatment of gout.	Already included in the gazetted SPML for designated registered nurse prescribers.
Bisoprolol		Already included in the gazetted SPML for designated registered nurse prescribers.
Calcipotriol		Already included in the gazetted SPML for designated registered nurse prescribers.
Carbamazepine Pregabalin	Requested for diabetic peripheral neuropathy and neuropathic pain.	Already included in this SPML consultation. The SPML does not specify indications.
Ciprofloxacin	Ciprofloxacin was requested for systemic use (other than ophthalmic or otic use). Under the new national antibiotic guidelines, Te Whata Kura, systemic ciprofloxacin (oral and intravenous) is classified as a restricted antibiotic, as it has been associated with prolonged, disabling and potentially irreversible serious adverse reactions. Ciprofloxacin should only be prescribed when there is no alternative, subject to bacterial sensitivities, with specialist infectious diseases / microbiological advice.	Not to be added
Clobazam	Requested for adjunctive treatment in epilepsy. Clobazam is often used when titrating antiseizure medicines (as it can take several weeks to reach a therapeutic dose).	A Class C controlled drug. Add to Schedule 1A of the Misuse of Drugs Regulations 1977.

Medicine name	Context/rationale	Comment
Dolutegravir	Requested for inclusion to support nurse prescribing of HIV PEP regimens.	To list.
Donepezil		Already included in this SPML consultation.
Entecavir	Requested for inclusion to support nurse prescribing in hepatitis B management.	Already included in this SPML consultation.
Famotidine	Requested for inclusion to support oncology prescribing protocols.	Currently only available as an unapproved medicine and not able to be prescribed by registered nurse prescribers. Not to include in the SPML.
Febuxostat	Requested for the treatment of gout.	Already included in the gazetted SPML for designated registered nurse prescribers.
Flecainide	Requested that the 'continuation' restriction be removed.	Flecainide is already included in the gazetted SPML for designated registered nurse prescribers. The listing does not restrict prescribing to continuation or initiation. However, the Nursing Council's Guidance for registered nurse prescribing in primary health and speciality teams (2024) restricts flecainide to 'continuation' prescribing. We recommend that Nursing Council review this restriction.
Folic acid Iodine (potassium iodate)	Requested for perinatal care.	Folic acid is a pharmacy-only medicine. Potassium iodate is a general-sale-list medicine. Pharmacy-only and general-sale-list medicines can be prescribed by registered nurse prescribers without being included on the SPML.
Fremanezumab Galcanezumab	Requested for the prophylaxis of migraine (being similar to erenumab). These medicines are considered first-line migraine preventive treatments in other jurisdictions due to their safety profile and efficacy.	To list.
Heparin sodium	Requested for registered nurse prescribers in the renal services,	Heparin is already included on the gazetted SPML for designated registered nurse prescribers.

Medicine name	Context/rationale	Comment
	mainly for dialysis / dialysis catheter lock.	
Hydrocortisone Methylprednisolone	Requested as premedication for intravenous ocrelizumab-associated infusion-related reactions.	Both already included in the gazetted SPML for designated registered nurse prescribers.
Hyoscine butylbromide	Suggested for colic and respiratory secretions at end of life.	Hyoscine is already included in the gazetted SPML for designated registered nurse prescribers. The listing of 'hyoscine' enables any hyoscine salt and any formulation (oral or intravenous) to be prescribed. However, the Nursing Council's **Guidance for registered nurse prescribing in primary health and speciality teams** (2024) only lists hyoscine hydrobromide. We recommend that the Nursing Council review this restriction.
Insulin pump consumables	Requested for inclusion to support diabetes care in primary health.	Out of scope. Non-medicines (consumables and devices) are not considered under the SPML. Funding is also out of scope and will need to be addressed through Pharmac. Current Pharmaceutical Schedule criteria enable special authority applications from 'any relevant practitioner', which includes registered nurse prescribers.
Laxatives: • bisacodyl • docusate • glycerol suppositories • lactulose • macrogol • phosphate enema • sennoside B	Requested for the management of constipation, particularly in palliative care, and generally for the management of constipation.	These laxatives are non-prescription medicines: either pharmacist-only, pharmacy-only or general-sale-list. Non-prescription medicines can be prescribed by registered nurse prescribers without being included on the SPML.
Loratadine and/or other antihistamines	Requested as commonly needed in general practice and supplied or administered pursuant to a standing order.	The commonly used antihistamines are pharmacy-only medicines and can be prescribed by registered nurse prescribers without being included in the SPML (as can pharmacist-only and general-sale-list medicines).

Medicine name	Context/rationale	Comment
Mepolizumab	Requested for adjunct treatment of severe refractory eosinophilic asthma (under specialist supervision).	To list.
Mirtazapine	Requested for managing the behavioural and psychological symptoms of dementia. Geriatricians have voiced frustration with their clinical nurse specialist teams not being able to prescribe mirtazapine: patients have to wait to see the geriatrician or ask the GP team to prescribe, which causes delays and cost.	Already included in this SPML consultation. Medicines are listed in the SPML without indication. Indication is dictated by the registered nurse's specialist area of practice.
Parkinson's disease medicines (eg, levodopa combinations, dopamine agonists)	Requested for Parkinson's disease management for continuation prescribing. 'We believe that registered nurse prescribers within neurology services are well-positioned, through advanced clinical training and ongoing supervision by neurologists to safely initiate, titrate, and adjust dopaminergic therapy under established clinical governance framework. Including Parkinson's medicines in the nurse prescriber's formulary would reduce medication delays in acute and community settings and improve outcomes for a vulnerable patient population.'	To list: **Levodopa combinations:** • levodopa • benserazide • carbidopa **Dopamine agonists:** • apomorphine • pramipexole • ropinirole **Monoamine-oxidase-B inhibitors:** • rasagiline **Catechol-*O*-methyltransferase inhibitors:** • entacapone • tolcapone **Other:** • amantadine.
Sacubitril with valsartan (Entresto)	Requested for initiation prescribing in heart failure management.	Both already included in the gazetted SPML for designated registered nurse prescribers. Medicines are listed in the SPML as individual medicines.
Sotalol	Requested for continuation prescribing. It was also noted that sotalol is a beta-adrenergic blocker, but it is inappropriate for it to be grouped with other beta-blockers. Sotalol should be viewed as an anti-arrhythmic medicine.	Under this consultation, sotalol was included under the beta-adrenoceptor blocking drug class. It will be listed as a named medicine.
Tenofovir	Requested for inclusion to support nurse prescribing in hepatitis B management.	Already included in this SPML consultation.

Medicine name	Context/rationale	Comment
Testosterone	Requested for gender-affirming care.	The SPML does not specify indication(s). Controls on indication and use are determined by the registered nurse prescriber's specialist area of practice, their supervising authorised prescriber and collaborative team.
Tirzepatide	Requested for future proofing for new antidiabetic dual glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) receptor agonist (dual GIP/GLP-1 agonist).	To list
Tioguanine	Requested for continuation prescribing in inflammatory bowel disease specialty teams. This is the 'sister' drug to azathioprine and mercaptopurine, which are already included on the SPML.	Tioguanine (thioguanine) is already included in this SPML consultation.
Valproic acid	Requested for mood disorders/bipolar disorder.	Sodium valproate (valproic acid) is already included in the gazetted SPML for designated registered nurse prescribers. The SPML does not specify indications.
Vedolizumab	Requested for prescribing in inflammatory bowel disease in specialty teams.	To list
Weight loss medicines: • naltrexone with bupropion (Contrave) • phentermine • orlistat	Requested for inclusion to support obesity management. It was noted that while these medicines are unfunded, registered nurses already access alternative funding sources (eg, disability allowance) to cover the costs of unfunded medicines to support patients to access best-practice medicines.	**Naltrexone with bupropion (Contrave):** • Naltrexone is already included in the gazetted SPML for designated registered nurse prescribers. • Bupropion is already included in this SPML consultation. Medicines are listed in the SPML as individual medicines. **Phentermine** is a Class C controlled drug. Add to Schedule 1A of the Misuse of Drugs Regulations 1977. **Orlistat** – to list.

Proposal to list medicines by class

Some submitters suggested that the SPML should be amended from a list of individual medicines to a list by medicine classes.

To this end, the Ministry thoroughly explored the possibility of using WHO's Anatomical Therapeutic Chemical (ATC) classification with the Pharmacy Council and the Nursing Council prior to this consultation.

The use of the WHO ATC classification is not enabled under the existing legislative settings. Reasons for not using the ATC classification, or a similar classification (for example, the New Zealand Formulary classifications) included the following.

- The ATC classification does not specify specific medicines or specified classes, which is the intent of the list for designated prescribers under the Medicines Act 1981.
- The classes include all medicines available internationally, including medicines that are no longer funded or considered best practice in New Zealand.
- The classifications are not closed classes; therefore, it is uncertain what medicines a class contains, and which medicines are available and approved in New Zealand. New types of medicines and classes could be added to these classifications which would not have best-practice guidelines or not have been used sufficiently for the New Zealand population to establish side effects or adverse reactions.
- The ATC classification does not provide enough detail for the public to determine which medicines the designated registered nurse or pharmacist prescriber can and cannot prescribe.

This consultation proposed that the following sub-classes be included:

- cardiovascular system:
  - angiotensin converting enzyme inhibitors (ACE-I)
  - angiotensin-II receptor blockers (ARBs)
  - beta-adrenoceptor blocking medicines
- endocrine system:
  - dipeptidypeptidase-4 (DPP-4) inhibitors

In addition, submitters suggested listing the following additional medicine sub-classes:

- respiratory system:
  - selective beta2 agonists
  - antimuscarinic bronchodilators
  - inhaled corticosteroids
- infections:
  - non-nucleoside reverse transcriptase inhibitors
  - nucleoside reverse transcriptase inhibitors
  - protease inhibitors
  - integrase inhibitors.

The proposal to add the sub-classes was supported as a pragmatic approach that provides flexibility for registered nurse prescribers to operate effectively within a collaborative and often nurse-led framework.

There were varied responses to this. Others suggested as follows.

- The medicines covered by the proposed sub-classes generally differ significantly in their pharmacokinetic profiles. Safe prescribing therefore requires an in-depth knowledge of pharmacokinetics and the pharmacodynamics of individual medicines such as:
  - sotalol, which should be viewed as an antiarrhythmic medicine, rather than a classical beta-adrenoceptor blocking medicine
  - the different medicines in the DPP-4 sub-class.
- Unless prescribing by class becomes established practice, each medicine should be referenced as named medicines rather than grouped together.
- To maintain consistency, classes should not be included.
- If sub-classes are made available to registered nurse prescribers, the same access should be extended to other non-medical prescribers.

Ultimately, we decided that classes and sub-classes would not be added to the SPML.

As ACE-Is, ARBs, beta-adrenoceptor blocking medicines and DPP-4 inhibitors are not being added as subclasses, any medicines from these classes not already on the SPML will be included (see Appendix 4).

The final proposed list of medicines

The proposed SPML for registered nurse prescribers only lists prescription medicines. Registered nurse prescribers may also prescribe non-prescription medicines (ie, restricted (pharmacist-only), pharmacy-only and general-sale-list medicines).

Appendix 4 provides the final list of prescription medicines proposed to be gazetted by therapeutic group, and Appendix 5 provides it as an alphabetical list, as it will be published in the New Zealand Gazette.

General comments

Respondents provided some general comments. Table 5 summarises these.

Table 5: General feedback / comments

Theme	Comment
Absence of non-prescription medicines Respondents noted that non-prescription medicines were not included in the SPML or the proposed amendments.	Registered nurse prescribers can write a prescription for non-prescription medicines, including pharmacist-only (restricted), pharmacy-only and general sales medicines. This consultation therefore did not consider these medicines.
Access to laboratory and radiology tests For the appropriate initiation and monitoring of many medicines (for example, entecavir and tenofovir for chronic hepatitis B treatment), access to laboratory and radiology tests is required.	Access to these tests is out of scope for this consultation and review of the SPML. Registered nurse prescribers without access to laboratory tests should discuss this with their employer or Health New Zealand.
Combination medicine products Respondents requested that some combination medicine products be included in the SPML.	The SPML lists individual chemical names only. Combination products (eg, triamcinolone with neomycin with gramicidin with nystatin) are not listed as a combination of chemical ingredients. All their individual chemical ingredients must be listed in the SPML (if they are prescription medicines) before being available to the prescriber.
Enhanced interprofessional collaboration Respondents encouraged enhanced collaboration between registered nurse prescribers and other professions, providing specific recommendations.	Enhanced interprofessional collaboration is out for scope for this review of the SMPL. However, we have passed the suggestions on to the Nursing Council, as the responsible authority for registered nurse prescribers.
Routes of administration Respondents suggested lifting the restrictions on administration routes for antibiotics, specifically flucloxacillin and amoxycillin with clavulanic acid (Augmentin): registered nurse prescribers are only permitted to prescribe oral doses, which makes their role difficult when a patient requires intravenous therapy.	Flucloxacillin, amoxycillin and clavulanic acid are already listed in the SPML. The SPML does not specify or restrict routes of administration unless specifically indicated. However, the Nursing Council's **Guidance for registered nurse prescribing in primary health and speciality teams** (2024) does place restrictions on the route of administration for some medicines. We recommend that the Nursing Council reviews these restrictions.
Inclusion of some 'older' medicines Respondents noted that some 'older' medicines are included in the proposed SPML amendments that are not typically first-line treatments.	These older medicines are included to enable registered nurse prescribers to titrate doses for people already established on these medicines; for example, people taking multiple medicines (polypharmacy), where doses may be reduced with a view to discontinuing the medicine.

<table>
<tr><th>Theme</th><th>Comment</th></tr>
<tr><td>Indications and situations
Respondents noted that the proposed SPML amendments did not include all possible indications and situations.</td><td>The indications the consultation document presented were indicative only.
Some medicines may be indicated for multiple uses; for example:
haloperidol may be used as an antipsychotic or in palliative care for the management of nausea and vomiting
carbamazepine may be used as an antiseizure treatment or for diabetic peripheral neuropathy
mirtazapine may be used for managing the behavioural and psychological symptoms of dementia.
The gazetted list generally does not specify a specific indication, restrictions or conditions of use (eg, it does not differentiate between initiation and continuation prescribing).
Prescribers must be aware of all medicines that are on their gazetted list and, through agreement with their collaborative team and/or prescriber supervisor, decide which medicines are appropriate to prescribe within their area of practice.</td></tr>
<tr><td>Enabling registered nurse prescribing in specific settings
Respondents suggested enabling registered nurse prescribing in settings such as PACUs and in primary care; this would allow registered nurses to establish their own practices/clinics in rural, remote or poorly serviced areas and to undertake home visits.
Currently, in many settings, PACU nurses use standing orders from anaesthetists to prescribe intravenous medicines after surgery.
This model often results in:
delays in accessing additional IV medications (for pain, nausea and haemodynamic instability) that cause avoidable patient discomfort and prolong recovery
limiting anaesthetists’ availability, which contributes to inefficiencies in PACU discharge and overall hospital operations.
Introducing registered nurse prescribers in PACUs will enable:
timely administration of medicines
improved postoperative recovery and patient outcomes
enhanced efficiency in PACUs and broader hospital operations
strengthened collaborative practice between nursing and medical staff.</td><td>There are no restrictions on registered nurses taking up prescribing authority in PACU settings provided they obtain prescribing authority from the Nursing Council, and their employer’s approval.</td></tr>
</table>

Theme	Comment
Funded medicines and special authorities Submitters commented on the funding status of the proposed additions to the SPML: some medicines are unfunded, and others are restricted by special authority application funding.	The SPML is agnostic to the funding status of medicines. Funding for medicines can change over time.
There was criticism that registered nurse prescribers cannot apply for 'sacubitril with valsartan (Entresto)' special authority funding.	Pharmac sets the criteria for special authority funding applications, including which prescriber groups may apply. A special authority application for 'sacubitril with valsartan (Entresto)' can be submitted by 'any relevant practitioner', which includes registered nurse prescribers.
Some medicines included in the proposed list are not currently funded (eg, oxcarbazepine and perampanel) or not yet available in New Zealand (eg, tezepelumab).	These medicines are included to future proof the SPML.
Prescribing guidance Several submitters suggested that the SPML should specify clear categories to guide the medicines a registered nurse prescriber may prescribe. For example, categories could comprise: medicines that the registered nurse prescriber can initiate, medicines for continuation prescribing, medicines that can only be prescribed by registered nurse prescribers working in designated hospital-based specialist teams (eg, oncology, haematology, ophthalmology or renal services) and medicines that require specialist diagnosis and close oversight. Some respondents suggested that 'prescribing advice' should be provided for specific medicines, covering patient selection, dosing, monitoring and underpinning knowledge and expertise.	The SPML only lists individual medicines available to registered nurse prescribers. It does not distinguish between practice settings (eg, hospital specialist teams and community-based teams). Any controls, limitations or conditions on use are the responsibility of individual registered nurse prescribers. They should use medicines within their area of speciality, with the support of their collaborative team, and with supervision from their authorised prescriber supervisor. The Nursing Council, as the responsible authority for registered nurse prescribers, may elect to provide guidance on appropriate use of the medicines on the SPML.
Registered nurse prescribers versus nurse practitioners Submitters did not always show an appreciation of the difference between a registered nurse prescriber and a nurse practitioner – in terms of their education and training, scope of practice and autonomy of practice.	Nurse practitioners do not have a SPML (they have an 'open formulary' like medical prescribers), whereas registered nurse prescribers do have a SPML. This consultation was on the registered nurse prescriber SPML only.
Revisions of the SPML While the Ministry leads the consultation for review of the SPML on behalf of the Director-General of Health, consultations are in response to the appropriate responsible authority submitting a proposal for change to the Ministry.	We recommend that prescribing professionals work with their responsible authorities to request SPML updates to support changes in practice.

Theme	Comment
Unapproved medicines There was a request to enable registered nurse prescribers to prescribe unapproved medicines: medicines supplied under section 29 of the Medicines Act 1981. Under that section, only medical prescribers can prescribe unapproved medicines.	We note that under the Medicines Amendment Act 2025, designated prescribers are able to prescribe unapproved replacement medicines that are funded by Pharmac when the funded approved medicine is in short supply.

Next steps

The next steps to successfully implement the revised SPML for registered nurse prescribers are as follows:

1. The final SPML for designated registered nurse prescribers will be published in the New Zealand Gazette. The anticipated publication date is December 2025.
2. For the changes to controlled drugs that registered nurse prescribers may prescribe, Schedule 1A of the Misuse of Drugs Regulations 1977 will be updated. The anticipated commencement date for this is March 2026.
3. The SPML for registered nurse prescribers will be updated from time to time. To enable this, the Nursing Council, working with the nursing sector, must submit proposed amendments to the SPML to the Ministry, which will consult on the proposed changes. If approved, these changes will be published in the New Zealand Gazette, or Schedule 1A under the Misuse of Drugs Act 1977 will be updated.
4. Updates to the SPML for registered nurse prescribers are comparable to the classification of new prescription medicines for medical prescribers. When new medicines are classified as prescription medicines, medical prescribers will only prescribe within their level of competence and area of practice, following workplace protocols and meeting their ethical, professional and legislative obligations. These same safeguards and obligations apply to registered nurse prescribers if prescription medicines are added to the SPML for registered nurse prescribers.

Appendices

Appendix 1: Consultation questions

We published the following questions on Citizen Space, the Ministry's consultation tool.

1. What is your name?
2. What is your email address?
3. What is your organisation?
4. Are you submitting as an individual or on behalf of an organisation?
   - Individual
   - On behalf of an organisation
5. What is your job title?
6. Which of these options best describes you?

Options
Registered nurse
Registered nurse prescriber
Nurse practitioner
Pharmacist
Pharmacist prescriber
Medical practitioner
Educator
Consumer
Other (please specify)

7. Do you agree with the proposed medicines on the list?
   ☐ Yes
   ☐ No (proceed to the next page)

   If you select no, we'll ask more specific questions on the next page.
8. Do you agree with the proposed medicines for **Anaesthetics**?

   ☐ Yes, I agree with the proposed medicines

   ☐ No, I disagree with the proposed medicines

   Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

9. Do you agree with the proposed medicines for **Antiparasitic products, insecticides and repellents**?

☐ Yes, I agree with the proposed medicines

☐ No, I disagree with the proposed medicines

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

10. Do you agree with the proposed medicines for **Cardiovascular system**?

☐ Yes, I agree with the proposed medicines

☐ No, I disagree with the proposed medicines

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

11. Do you agree with the proposed medicines for **Central nervous system**?

☐ Yes, I agree with the proposed medicines

☐ No, I disagree with the proposed medicines

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

12. Do you agree with the proposed medicines for **Endocrine system**?

☐ Yes, I agree with the proposed medicines

☐ No, I disagree with the proposed medicines

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

13. Do you agree with the proposed medicines for **Gastrointestinal**?

☐ Yes, I agree with the proposed medicines

☐ No, I disagree with the proposed medicines

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

14. Do you agree with the proposed medicines for **Genitourinary disorders**?

☐ Yes, I agree with the proposed medicines

☐ No, I disagree with the proposed medicines

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

15. Do you agree with the proposed medicines for **Infections**?

☐ Yes, I agree with the proposed medicines

☐ No, I disagree with the proposed medicines

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

16. Do you agree with the proposed medicines for **Malignant disease and immunosuppression**?

☐ Yes, I agree with the proposed medicines

☐ No, I disagree with the proposed medicines

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

17. Do you agree with the proposed medicines for **Musculoskeletal system**?

☐ Yes, I agree with the proposed medicines

☐ No, I disagree with the proposed medicines

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

18. Do you agree with the proposed medicines for **Nutrition and blood**?

☐ Yes, I agree with the proposed medicines

☐ No, I disagree with the proposed medicines

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

19. Do you agree with the proposed medicines for **Obstetrics, gynaecology and urinary-tract disorders**?

☐ Yes, I agree with the proposed medicines

☐ No, I disagree with the proposed medicines

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

20. Do you agree with the proposed medicines for **Respiratory system**?

☐ Yes, I agree with the proposed medicines

☐ No, I disagree with the proposed medicines

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

21. Do you agree with the proposed medicines for **Sensory organs**?

☐ Yes, I agree with the proposed medicines

☐ No, I disagree with the proposed medicines

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

22. Do you agree with the proposed medicines for **Skin**?

☐ Yes, I agree with the proposed medicines

☐ No, I disagree with the proposed medicines

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

23. Do you agree with the proposed additional medicines for **Controlled drugs**?

☐ Yes, I agree with the proposed medicines

☐ No, I disagree with the proposed medicines

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

24. Do you agree with the proposed removal of existing restrictions on **controlled drugs** under the current **Schedule 1A, Misuse of Drugs Regulations 1977**?

☐ Yes, I agree with the proposed removal of the restrictions on the scheduled controlled drugs

☐ No, I disagree with the proposed removal of the restrictions on the scheduled controlled drugs

Please provide comment if appropriate. If you disagree, name the medicine(s) and state your reason(s) why you disagree with its inclusion on the list.

Other comments

25. Are there any other comments you would like to make?

26. Publishing submissions

    We may publish the submissions from this consultation, but we will only publish your submission if you give permission. We will remove personal details such as contact details and the names of individuals.

    If you do not want your submission published, please let us know below.

    (Required)
    ☐ You may publish this submission
    ☐ Do not publish this submission

27. Official Information Act responses

    Your submission will be subject to requests made under the Official Information Act (even if it hasn't been published). If you want your personal details removed from your submission, please let us know below.

    (Required)
    ☐ Include my personal details in responses to Official Information Act requests
    ☐ Remove my personal details from responses to Official Information Act requests

Appendix 2: Organisations consulted

Table A2: Organisations consulted

Responsible authorities with prescribing scopes	Dental Council Dietitians Board Medical Council Midwifery Council Nursing Council Optometrists and Dispensing Opticians Board Paramedic Council Pharmacy Council Podiatrists Board
Colleges	Council of Medical Colleges Royal Australasian College of Physicians Royal New Zealand College of General Practitioners
Professional bodies	Aged Care Association Aged Residential Care Bay of Plenty Community Pharmacy Group Canterbury Community Pharmacy Group Clinical Advisory Pharmacists Association General Practice Leaders' Forum General Practice New Zealand General Practice New Zealand Nurses Group Hauora Taiwhenua (Rural Health Network) Independent Pharmacists' Association of New Zealand Ngā Kaitiaki o te Puna Rongoā) - Māori Pharmacists Association MidCentral Community Pharmacy Group Midland Community Pharmacy Group National Nurse Leaders Group New Zealand College of Midwives New Zealand Dental Association New Zealand Hospital Pharmacy Association New Zealand Nurses Organisation Nurse Practitioners New Zealand Pacific Pharmacists Association Pharmac Pharmacy Defence Association Pharmacy Guild of New Zealand Pharmaceutical Society of New Zealand Te Kaunihera o Ngā Neehi Māori – National Council of Māori Nurses
Consumer groups	New Zealand Society for the Study of Diabetes Sexual Wellbeing Aotearoa (formerly Family Planning)

Universities	University of Auckland, School of Pharmacy University of Otago, School of Pharmacy University of Waikato, School of Pharmacy
Agencies	Accident Compensation Corporation Corrections Health New Zealand

Appendix 3: Summary of consultation feedback

Table A3: Summary of consultation feedback

	Broad therapeutic group	Medicine	Suggested addition	Analysis	Action
Proposed additions to the specified prescription medicines list					
1.	Anaesthesia	Atropine		To remove the restrictions.	Include
		Bupivacaine Ropivacaine		General agreement with their inclusion.	Include
2.	Antiparasitic products, insecticides and repellents	Praziquantel		General agreement with their inclusion.	Include
		Artemether			
		Lumefantrine			
3.	Cardiovascular	Angiotensin-converting enzyme inhibitors (ACE-inhibitors)		On balance, medicine classes will not be added to the SPML.	Exclude
			Captopril Ramipril	To list the individual ACE-inhibitors.	Include
		Angiotensin-II receptor blockers		On balance, medicine classes will not be added to the SPML.	Exclude
			Irbesartan	To list individual angiotensin-II receptor blocker.	Include
		Amiodarone		General agreement with their inclusion.	Include
		Propafenone			
		Apixaban		General agreement with its inclusion.	Include
		Prazosin		No longer a first- or second-line antihypertensive medicine.	Exclude

Broad therapeutic group		Medicine	Suggested addition	Analysis	Action
		Hydralazine Minoxidil: systemic Bosentan Ambrisentan		General agreement with their inclusion.	Include
		Beta-adrenoceptor blocking drugs		On balance, medicine classes will not be added to the SPML.	Exclude
			Esmolol Propranolol Sotalol	To add individual beta-adrenoceptor blocking to the SPML.	Include
		Nifedipine Verapamil		General agreement with their inclusion.	Include
		Amiloride Tolvaptan		General agreement with their inclusion.	Include
		Acipimox Inclisiran		General agreement with their inclusion.	Include
		Nicorandil Perhexiline		General agreement with their inclusion.	Include
		Metaraminol Midodrine Phenylephrine		General agreement with their inclusion.	Include
		Selexipag		General agreement with its inclusion.	Include
4.	Central nervous system	Pregabalin		General agreement with its inclusion.	Include
		Dosulepin		General agreement with their inclusion.	Include

Broad therapeutic group		Medicine	Suggested addition	Analysis	Action
		Mirtazapine Moclobemide Reboxetine Tranylcypromine Vortioxetine			
		Carbamazepine Ethosuximide Lacosamide Lamotrigine Levetiracetam Oxcarbazepine Perampanel Primidone Rufinamide Topiramate Vigabatrin		General agreement with their inclusion.	Include
			Amantadine Apomorphine Benserazide Carbidopa Entacapone Levodopa Pramipexole Rasagiline Ropinirole	Requested the inclusion of medicines for the treatment of Parkinson's disease.	Include

Broad therapeutic group	Medicine	Suggested addition	Analysis	Action
		Tolcapone		
	Amisulpride Aripiprazole Chlorpromazine Flupentixol Olanzapine Paliperidone Pericyazine Quetiapine Risperidone Ziprasidone Zuclopenthixol		General agreement with their inclusion.	Include
	Donepezil Galantamine Memantine Rivastigmine		General agreement with their inclusion.	Include
	Lithium		General agreement with its inclusion.	Include
	Droperidol Levomepromazine		General agreement with their inclusion.	Include
	Benzatropine		General agreement with its inclusion.	Include
	Bupropion		General agreement with its inclusion.	Include
	Atogepant Erenumab		General agreement with their inclusion.	Include
		Fremanezumab	Requested for the prophylaxis of migraine.	Include

Broad therapeutic group		Medicine	Suggested addition	Analysis	Action
			Galcanezumab		
5.	Endocrine system	Finasteride		General agreement with its inclusion.	Include
		Clomiphene (clomifene)		General agreement with its inclusion.	Include
		Dipeptidylpeptidase-4 (DPP-4) inhibitors		On balance, medicine classes will not be added to the SPML.	Exclude
			Saxagliptin Sitagliptin	To add individual DPP-4 inhibitors to the SPML.	Include
			Tirzepatide	A dual GIP/GLP-1 agonists, requested for the management of diabetes and weight loss.	Include
		Fludrocortisone		General agreement with its inclusion.	Include
		Estradiol Estrogens conjugated Tibolone		General agreement with their inclusion.	Include
		Raloxifene		Is being withdrawn from the New Zealand market.	Exclude
		Alendronic acid Denosumab Pamidronate Risedronate Zoledronic acid		General agreement with their inclusion.	Include
		Desmopressin		General agreement with its inclusion.	Include
		Progesterone		General agreement with its inclusion.	Include
		Testosterone		General agreement with its inclusion.	Include

Broad therapeutic group		Medicine	Suggested addition	Analysis	Action
6.	Gastrointestinal system	Amphotericin B: oromucosal use only		General agreement with its inclusion.	Include
		Granisetron Tropisetron		General agreement with their inclusion.	Include
		Ursodeoxycholic acid		General agreement with its inclusion.	Include
		Methylnaltrexone Prucalopride		General agreement with their inclusion.	Include
			Orlistat	Requested for weight management.	Include
			Vedolizumab	Requested for prescribing in inflammatory bowel disease.	Include
7.	Genitourinary disorders	Tamsulosin		General agreement with its inclusion.	Include
		Alprostadil Papaverine Sildenafil Tadalafil Vardenafil		General agreement with their inclusion.	Include
8.	Infections	Gentamycin Minocycline Vancomycin		General agreement with their inclusion.	Include
		Pentamidine		General agreement with its inclusion.	Include
		Valganciclovir		General agreement with its inclusion.	Include
		Lamivudine Zidovudine Emtricitabine		General agreement with their inclusion.	Include

Broad therapeutic group		Medicine	Suggested addition	Analysis	Action
		Tenofovir			
			Dolutegravir	Requested for inclusion to support nurse prescribing of HIV PEP regimens.	Include
		Entecavir		General agreement with its inclusion.	Include
		Ledipasvir		These medicines require close specialist supervision and have a complex application and funding pathway as a special access medicine.	Exclude
		Sofosbuvir			
		Baloxavir		General agreement with its inclusion.	Include
		Zanamivir		General agreement with its inclusion.	Include
		Fluconazole Itraconazole Posaconazole Voriconazole		General agreement with their inclusion.	Include
		Bedaquiline Isoniazid Pyrazinamide Rifabutin		General agreement with their inclusion.	Include
9.	Malignant disease and immunosuppression	Thioguanine (tioguanine)		General agreement with its inclusion.	Include
		Filgrastim Pegfilgrastim		General agreement with their inclusion.	Include
		Goserelin Leuprorelin		General agreement with their inclusion.	Include
		Abiraterone Apalutamide		General agreement with their inclusion.	Include

Broad therapeutic group	Medicine	Suggested addition	Analysis	Action
	Anastrozole Bicalutamide Flutamide Exemestane Fulvestrant			
	Apremilast Azathioprine Cyclosporin Leflunomide Mercaptopurine Methotrexate Mycophenolate Sulfasalazine Tacrolimus		General agreement with their inclusion.	Include
	Hydroxyurea (hydroxycarbamide)		General agreement with its inclusion.	Include
	Ruxolitinib		General agreement with its inclusion.	Include
	Adalimumab Etanercept Infliximab Risankizumab Secukinumab Tocilizumab Upadacitinib Ustekinumab		General agreement with their inclusion.	Include

Broad therapeutic group		Medicine	Suggested addition	Analysis	Action
		Dimethyl fumarate Fingolimod Glatiramer Interferon beta Natalizumab Ocrelizumab Teriflunomide		General agreement with their inclusion.	Include
10.	Musculoskeletal system	Colchicine		General agreement with its inclusion.	Include
11.	Nutrition and blood	Alfa1 antitrypsin Aprotinin Factor XIII Emicizumab		General agreement with their inclusion.	Include
		Ferric carboxymaltose Iron polymaltose Iron sucrose		General agreement with their inclusion.	Include
12.	Obstetrics, gynaecology and urinary-tract disorders	Ergometrine Oxytocin		General agreement with their inclusion.	Include
		Tamsulosin		General agreement with its inclusion.	Include
13.	Respiratory system	Olodaterol Benralizumab Omalizumab Tezepelumab		General agreement with their inclusion.	Include
			Mepolizumab	Requested for adjunct treatment of severe refractory eosinophilic asthma.	Include

Broad therapeutic group		Medicine	Suggested addition	Analysis	Action
		Elexacaftor Ivacaftor Tezacaftor		General agreement with their inclusion.	Include
14.	Sensory organs	Acetylcholine Acetazolamide Apraclonidine Betaxolol Carbachol Cyclosporin Ciprofloxacin: ophthalmic and otic use only Ketorolac Nepafenac		General agreement with their inclusion.	Include
		Aflibercept Bevacizumab Faricimab Ranibizumab		General agreement with their inclusion.	Include
15.	Skin	Fluorouracil (5-fluorouracil; 5-FU): topical		General agreement with its inclusion.	Include
		Clobetasone		General agreement with its inclusion.	Include
		Pimecrolimus Tacrolimus		General agreement with its inclusion.	Include
16.	Controlled drugs	Ketamine Midazolam		General agreement with their inclusion.	Include

Broad therapeutic group		Medicine	Suggested addition	Analysis	Action
	Under Schedule 1A of the Misuse of Drugs Regulations 1977	Oxycodone			
			Clobazam	Requested for the management of seizures.	Include
			Phentermine	Requested for the management of weight.	Include
		Buprenorphine Buprenorphine with naloxone		To remove the restrictions. Note: Buprenorphine and naloxone will be listed separately in the SPML and in Schedule 1A of the Misuse of Drug Regulations 1977.	Include
		Clonazepam Diazepam			
		Fentanyl Methadone			
Broad therapeutic group		**Medicine**	**Suggested deletion**	**Analysis**	**Action**
Proposed deletions from the specified prescription medicines list					
17.	Controlled drugs Already in Schedule 1A of the Misuse of Drugs Regulations 1977 and available to registered nurse prescribers		Tramadol Zopiclone	Under the Misuse of Drugs Amendment Regulations 2023 these medicines were reclassified as Class C controlled drugs and included in Schedule 1B of the Misuse of Drugs Act 1977.	Delete

Appendix 4: List of medicines by group

Table A4: Prescription medicines to be added to the specified prescription medicines list for designated registered nurse prescribers, by broad therapeutic group (subject to Director-General of Health approval)

Therapeutic group	Medicine
Anaesthetics	Atropine
	Bupivacaine
	Ropivacaine
Antiparasitic products, insecticides and repellents	Artemether
	Lumefantrine
	Praziquantel
Cardiovascular system	Acipimox
	Acipimox
	Ambrisentan
	Amiloride
	Amiodarone
	Apixaban
	Bosentan
	Captopril
	Esmolol
	Hydralazine
	Inclisiran
	Irbesartan
	Metaraminol
	Midodrine
	Minoxidil; systemic
	Nicorandil
	Nifedipine
	Perhexiline
	Phenylephrine
	Propafenone
	Propranolol
	Ramipril
	Sotalol
	Selexipag
	Tolvaptan
	Verapamil

Therapeutic group	Medicine
Central nervous system	Amantadine
	Amisulpride
	Apomorphine
	Aripiprazole
	Atogepant
	Benserazide
	Benzatropine
	Bupropion
	Carbamazepine
	Carbidopa
	Chlorpromazine
	Donepezil
	Dosulepin
	Droperidol
	Entacapone
	Erenumab
	Ethosuximide
	Flupentixol
	Fremanezumab
	Galantamine
	Galcanezumab
	Lacosamide
	Lamotrigine
	Levodopa
	Levetiracetam
	Levomepromazine
	Lithium
	Memantine
	Mirtazapine
	Moclobemide
	Olanzapine
	Orlistat
	Oxcarbazepine
	Paliperidone
	Perampanel
	Pericyazine
	Pramipexole
	Pregabalin
	Primidone
	Quetiapine
	Rasagiline
	Reboxetine

Therapeutic group	Medicine
	Risperidone
	Rivastigmine
	Ropinirole
	Rufinamide
	Tolcapone
	Topiramate
	Tranylcypromine
	Vigabatrin
	Vortioxetine
	Ziprasidone
	Zuclopenthixol
Endocrine system	Alendronic acid
	Clomiphene (clomifene)
	Denosumab
	Desmopressin
	Estradiol
	Estrogens conjugated
	Finasteride
	Fludrocortisone
	Pamidronate
	Progesterone
	Risedronate
	Saxagliptin
	Sitagliptin
	Testosterone
	Tibolone
	Tirzepatide
	Zoledronic acid
Gastrointestinal	Amphotericin B: oromucosal use only
	Granisetron
	Methylnaltrexone
	Prucalopride
	Tropisetron
	Ursodeoxycholic acid
Genitourinary disorders	Alprostadil
	Papaverine
	Sildenafil
	Tadalafil
	Tamsulosin
	Vardenafil
Infections	Baloxavir
	Bedaquiline

Therapeutic group	Medicine
	Dolutegravir
	Emtricitabine
	Entecavir
	Fluconazole
	Gentamycin
	Isoniazid
	Itraconazole
	Lamivudine
	Minocycline
	Pentamidine
	Posaconazole
	Pyrazinamide
	Rifabutin
	Tenofovir
	Valganciclovir
	Vancomycin
	Voriconazole
	Zanamivir
	Zidovudine
Malignant disease and immunosuppression	Abiraterone
	Adalimumab
	Anastrozole
	Apalutamide
	Apremilast
	Azathioprine
	Bicalutamide
	Cyclosporin
	Dimethyl fumarate
	Etanercept
	Exemestane
	Filgrastim
	Fingolimod
	Flutamide
	Fulvestrant
	Glatiramer
	Goserelin
	Hydroxyurea (hydroxycarbamide)
	Infliximab
	Interferon beta
	Leflunomide
	Leuprorelin
	Mercaptopurine

Therapeutic group	Medicine
	Methotrexate
	Mycophenolate
	Natalizumab
	Ocrelizumab
	Pegfilgrastim
	Risankizumab
	Ruxolitinib
	Secukinumab
	Sulfasalazine
	Tacrolimus
	Teriflunomide
	Thioguanine (tioguanine)
	Tocilizumab
	Upadacitinib
	Ustekinumab
	Vedolizumab
Gout management	Colchicine
Nutrition and blood	Alfa1 antitrypsin
	Aprotinin
	Factor XIII
	Emicizumab
	Ferric carboxymaltose
	Iron polymaltose
	Iron sucrose
Obstetrics, gynaecology, and urinary-tract disorders	Ergometrine
	Oxytocin
	Tamsulosin
Respiratory system	Benralizumab
	Elexacaftor
	Ivacaftor
	Mepolizumab
	Olodaterol
	Omalizumab
	Tezacaftor
	Tezepelumab
Sensory Organs	Acetazolamide
	Acetylcholine
	Aflibercept
	Apraclonidine
	Betaxolol
	Bevacizumab
	Carbachol

Therapeutic group	Medicine
	Ciprofloxacin: ophthalmic and otic use only
	Cyclosporin
	Faricimab
	Ketorolac
	Nepafenac
	Ranibizumab
Skin	Fluorouracil: topical use only
	Clobetasone
	Pimecrolimus
	Tacrolimus
Controlled drugs	Buprenorphine
	Clobazam
	Clonazepam
	Diazepam
	Fentanyl
	Ketamine
	Methadone
	Midazolam
	Oxycodone
	Phentermine
Medicines to be removed from the specified prescription medicines list	
Controlled drugs	Tramadol
Already in Schedule 1A of the Misuse of Drugs Regulations 1977 and available to registered nurse prescribers	Zopiclone

Appendix 5: Alphabetic list of medicines

Table A5: Alphabetical list of prescription medicines to be added to the specified prescription medicines list for designated registered nurse prescribers (subject to Director-General of Health approval)

Medicine (active pharmaceutical ingredient)		
Abiraterone	Faricimab	Perhexiline
Acetazolamide	Ferric carboxymaltose	Pericyazine
Acetylcholine	Filgrastim	Phenylephrine
Acipimox	Finasteride	Pimecrolimus
Adalimumab	Fingolimod	Posaconazole
Aflibercept	Fluconazole	Pramipexole
Alendronic acid	Fludrocortisone	Praziquantel
Alfa1 antitrypsin	Fluorouracil: topical use only	Pregabalin
Alprostadil	Flupentixol	Primidone
Amantadine	Flutamide	Progesterone
Ambrisentan	Fremanezumab	Propafenone
Amiloride	Fulvestrant	Propranolol
Amiodarone	Galantamine	Prucalopride
Amisulpride	Galcanezumab	Pyrazinamide
Amphotericin B: oromucosal use only	Gentamycin	Quetiapine
Anastrozole	Glatiramer	Ramipril
Apalutamide	Goserelin	Ranibizumab
Apixaban	Granisetron	Rasagiline
Apomorphine	Hydralazine	Reboxetine
Apraclonidine	Hydroxyurea	Rifabutin
Apremilast	Inclisiran	Risankizumab
Aprotinin	Infliximab	Risedronate
Aripiprazole	Interferon beta	Risperidone
Artemether	Irbesartan	Rivastigmine
Atogepant	Iron polymaltose	Ropinirole
Atropine	Iron sucrose	Ropivacaine
Azathioprine	Isoniazid	Rufinamide
Baloxavir	Itraconazole	Ruxolitinib

Medicine (active pharmaceutical ingredient)		
Bedaquiline	Ivacaftor	Saxagliptin
Benralizumab	Ketorolac	Secukinumab
Benserazide	Lacosamide	Selexipag
Benzatropine	Lamivudine	Sildenafil
Betaxolol	Lamotrigine	Sitagliptin
Bevacizumab	Leflunomide	Sotalol
Bicalutamide	Leuprorelin	Sulfasalazine
Bosentan	Levetiracetam	Tacrolimus
Bupivacaine	Levodopa	Tadalafil
Bupropion	Levomepromazine	Tamsulosin
Captopril	Lithium	Tenofovir
Carbachol	Lumefantrine	Teriflunomide
Carbamazepine	Memantine	Testosterone
Carbidopa	Mepolizumab	Tezacaftor
Chlorpromazine	Mercaptopurine	Tezepelumab
Ciprofloxacin: ophthalmic and otic use only	Metaraminol	Thioguanine
Clobetasone	Methotrexate	Tibolone
Clomiphene (clomifene)	Methylnaltrexone	Tirzepatide
Colchicine	Midodrine	Tocilizumab
Cyclosporin	Minocycline	Tolcapone
Denosumab	Minoxidil: systemic	Tolvaptan
Desmopressin	Mirtazapine	Topiramate
Dimethyl fumarate	Moclobemide	Tranylcypromine
Dolutegravir	Mycophenolate	Tropisetron
Donepezil	Natalizumab	Upadacitinib
Dosulepin	Nepafenac	Ursodeoxycholic acid
Droperidol	Nicorandil	Ustekinumab
Elexacaftor	Nifedipine	Valganciclovir
Emicizumab	Ocrelizumab	Vancomycin
Emtricitabine	Olanzapine	Vardenafil
Entacapone	Olodaterol	Vedolizumab
Entecavir	Omalizumab	Verapamil
Erenumab	Orlistat	Vigabatrin
Ergometrine	Oxcarbazepine	Voriconazole

Medicine (active pharmaceutical ingredient)		
Esmolol	Oxytocin	Vortioxetine
Estradiol	Paliperidone	Zanamivir
Estrogens conjugated	Pamidronate	Zidovudine
Etanercept	Papaverine	Ziprasidone
Ethosuximide	Pegfilgrastim	Zoledronic acid
Exemestane	Pentamidine	Zuclopenthixol
Factor XIII	Perampanel	

Explanatory notes

The substances listed are specified prescription medicines that, once gazetted, registered nurse prescribers will be able to prescribe, but only:

- if they are declared to be prescription medicines by regulations made under the Medicines Act 1981 or by notice given under section 106 of that Act
- in the forms and for the purposes for which they are declared to be prescription medicines.

Every reference to a medicine in this list applies whether the medicine is synthetic in origin or is from biological or mineral sources.

Unless specific reference is made otherwise, every reference applies also to medicines that are:

- preparations and admixtures containing any proportion of any substance listed in this list
- salts and esters of any substance listed in this list
- preparations or extracts of biological materials listed in this list
- salts or oxides of elements listed in this list.

Unless otherwise specifically stated, every reference to a medicine in this list applies:

- if the medicine is an injection or eye preparation, to any concentration of that medicine
- if the medicine is not an injection or eye preparation, only if the concentration of the medicine is greater than 10 milligrams per litre or per kilogram.

Where any reference is modified by a statement of the strength of the medicine, the strength is calculated using the free acid, base, alcohol, or element unless specifically stated otherwise.

Appendix 6: List of controlled drugs alphabetical

Table A6: Final list of controlled drugs to be added to the Misuse of Drugs Regulations 1977, Schedule 1A 'Controlled drugs that designated prescriber nurses may prescribe in certain circumstances' (subject to Order in Council)

Medicine (active pharmaceutical ingredient)		
Buprenorphine	Fentanyl	Midazolam
Clobazam	Ketamine	Oxycodone
Clonazepam	Methadone	Phentermine
Diazepam		