Briefing for decision

Updating the controlled drugs medicines schedules for nurse and pharmacist prescribing

Date due to MO:	11 December 2025	**Action required by:**	19 December 2025
Security level:	IN CONFIDENCE	**Reference:**	H2025076198
To:	Hon Simeon Brown, Minister of Health		
Consulted:	Health New Zealand: ☐		
Proactive release:	This **title** is proposed by the Ministry of Health for proactive release: ☐		

Contact for telephone discussion

Name	Position	Telephone
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Minister's office to complete:

☐ Approved	☐ Decline	☐ Overtaken by events
☐ Needs change	☐ Seen	
☐ See Minister's Notes	☐ Withdrawn	

Comment:

Briefing for decision

Updating the controlled drugs medicines schedules for nurse and pharmacist prescribing

Security level:	IN CONFIDENCE	**Date:**	11 December 2025
To:	Hon Simeon Brown, Minister of Health		

Purpose of report

1. This paper seeks your agreement to amend the Misuse of Drugs Regulations 1977 to update the schedules of controlled drugs that nurse prescribers and pharmacist prescribers can prescribe.

Summary

2. In September and October 2025, we consulted on proposed changes to the specified prescription medicines lists for nurse prescribers and pharmacist prescribers. This included changes to the controlled drugs that they may prescribe in certain circumstances.

3. The updated medicines lists have been approved by the Director-General and gazetted under the Medicines Act 1981. The gazette notice will take effect in January 2026. However, the prescribing of controlled drugs by nurse prescribers and pharmacist prescribers can only be authorised by amending the schedules in the Misuse of Drugs Regulations 1977.

4. We recommend adding five medicines to the controlled drugs schedule and removing restrictions on six of the controlled drugs currently on the schedule for nurse prescribers. We also recommend adding ketamine to the schedule for pharmacist prescribers. Expanding the controlled drugs schedules will support timely access to medicines and patient-centred care, especially with pain management in hospitals and palliative care.

5. To ensure these changes can be made quickly, we suggest that the policy decision and authorisation for drafting instructions may appropriately be made by you rather than by Cabinet.

6. If you agree to the proposed changes, the Ministry will send drafting instructions to the Parliamentary Counsel Office and report back to you with draft amendment regulations and a draft paper for Cabinet Legislation Committee in February 2026.

Recommendations

We recommend you:

a)	**Agree** to amend Schedule 1A of the Misuse of Drugs Regulations 1977 - Controlled drugs that designated prescriber nurses may prescribe in certain circumstances, as set out in Appendix One.	**Yes / No**
b)	**Agree** to add ketamine to Schedule 1B of the Misuse of Drugs Regulations 1977 - Controlled drugs that designated prescriber pharmacists may prescribe.	**Yes / No**
c)	**Agree** to issue drafting instructions to the Parliamentary Counsel Office to give effect to the above recommendations.	**Yes / No**
d)	**Note** that if you agree to the above, the Ministry will send drafting instructions to the Parliamentary Counsel Office.	**Noted**

Allison Bennett
Group Manager, Health System Settings
Strategy & Policy
Date: 10/12/2025

Hon Simeon Brown
Minister of Health
Date:

Updating the controlled drugs medicines schedules for nurse and pharmacist prescribing

Background

7. In September and October 2025, the Ministry of Health (the Ministry) consulted on proposed changes to the medicines lists for nurse prescribers and pharmacist prescribers. We developed these proposals with the Nursing Council of New Zealand and the Pharmacy Council of New Zealand.

8. These medicines included changes to the controlled drugs that nurse and pharmacist prescribers may prescribe in certain circumstances.

9. On 4 December 2025, the updated medicines lists for nurse and pharmacist prescribers, as approved by the Director General, were published in the New Zealand Gazette. Controlled drugs were excluded pending amendment regulations for prescribing approval.

General consultation results

10. Consultation on changes to the nurse prescribers' medicines list resulted in 169 submissions, with 66 percent supportive of the proposed changes.

11. Consultation on changes to the pharmacist prescribers' medicines list resulted in 38 submissions, with 95 percent overall support.

12. Respondents highlighted that expanding the lists would support timely access to medicines and patient-centred care, without the nurse or pharmacist prescriber having to ask a medical practitioner or nurse practitioner to prescribe individual medicines.

13. Submitters who opposed the changes were concerned about widening prescribing rights without equivalent medical training, with an emphasis on patient safety. Our recommendations took into account that safe prescribing by designated prescribers occurs within collaborative teams with a prescribing supervisor where appropriate, and within scopes of practice set by the responsible authorities.

14. The consultation reports will be published on the Ministry's website in early January.

Specifying the medicines that are controlled drugs

15. Specifying controlled drugs to be prescribed by designated prescribers requires an amendment to the Misuse of Drugs Regulations 1977 by Order-in-Council.

16. This list has been consulted on with clinical experts and organisations, and consumer groups. There are no aspects of the proposed changes that would impact on public safety, the supply chain or illegal drugs market that would require advice from agencies such as the Police and National Drug Intelligence Bureau. There are also no financial impacts. Therefore, we suggest that the decision and authorisation for drafting instructions can appropriately be made by you rather than by Cabinet. The regulations themselves will be considered by the Cabinet Legislation Committee.

17. If you agree with this approach, at the Cabinet Legislation Committee stage we will circulate the draft Cabinet paper to relevant agencies, so they know about the proposal, but we do not expect changes to the proposal in response.

Nurse prescribers' controlled drugs list

18. Currently, Schedule 1A of the Misuse of Drugs Regulations lists 18 controlled drugs that registered nurse prescribers are permitted to prescribe. We recommend adding five controlled drugs to the schedule and removing restrictions on six of the controlled drugs currently on the schedule. **Appendix One** sets out the detailed recommendations.

19. The additional medicines are mostly used in specialist health care services rather than general practice. For instance, fentanyl, ketamine, midazolam and oxycodone are used for pain relief in acute care and palliative care. Timely access to these medicines is essential for effective pain and symptom management at the end of life.

20. Concerns raised by submitters focused on the need for advanced training for the more complex medicines. Our assessment is that adding these medicines to the schedule does not create a blanket permission to prescribe. Rather, it is expected that any new medicine will be prescribed with appropriate support and supervision.

21. Registered nurse prescribers are required to operate within a collaborative team, adhering to their designated area of practice and competence. The Nursing Council may provide guidance on the appropriate use of these medicines.

Pharmacist prescribers' controlled drugs list

22. Currently, Schedule 1B of the Misuse of Drugs Regulations lists 27 controlled drugs that pharmacist prescribers may prescribe. As a result of consultation, we recommend ketamine be added to the schedule.

23. Ketamine is used for the management of acute pain in settings such as hospital emergency departments, acute pain teams, and palliative care. Ketamine reduces the need for opioids and is considered an essential drug by the World Health Organization (WHO). Strict protocols are used to ensure appropriate use.

Equity

24. The proposal will improve equity as it will reduce delays in accessing critical medicines, particularly for patients in high-deprivation areas and hospice settings.

Next steps

25. If you agree, we will send drafting instructions to the Parliamentary Counsel Office. We intend to provide you with draft amendment regulations and a draft paper for the Cabinet Legislation Committee in early February 2026.

Appendix One: Recommended amendments to Schedule 1A of the Misuse of Drugs Regulations 1977 - Controlled drugs that designated prescriber nurses may prescribe in certain circumstances

Medicines to be added to Schedule 1A:	**Comment**
Ketamine	Requested by palliative care, postoperative recovery, and acute pain practitioners. These are medicines that are commonly used within these specialist settings where timely access to medicines is valuable to improving patients' quality of life. Midazolam is also used for conscious sedation in procedures like endoscopy.
Midazolam	
Oxycodone	
Clobazam	Requested by submitters, for the management of epilepsy. Clobazam is often used when adjusting the dose of other antiseizure medicines.
Phentermine	Requested by submitters, for weight / and obesity management.
Remove restrictions on these medicines that are already listed in Schedule 1A:	
Buprenorphine - remove "transdermal only"	Removing this restriction future proofs the viability of nurse prescribers working within the setting of opioid substitution therapy where subcutaneous injection formulations are currently being evaluated for funding by Pharmac.
Clonazepam - remove "for anxiety and panic disorder only"	Removing the restrictions on diazepam and clonazepam rationalises their use and allows the registered nurse prescriber to prescribe these medicines for a broader range of indications (eg, palliative care, uncontrolled seizures, anxiety, alcohol withdrawal) and more routes (eg, intravenous, intramuscular, rectal) without delays in treatment.
Diazepam – remove "oral only"	
Fentanyl – remove "transdermal only"	Requested by palliative care and acute pain practitioners. These are medicines that are commonly used within these specialist settings where timely access to medicines is valuable to improving the patients' quality of life. The existing restrictions reduce the value for registered nurse prescribers working within palliative care settings as they cannot prescribe standard practice medicines.
Methadone – remove "oral only"	
Remove from Schedule 1A:	

Buprenorphine with naloxone, sublingual only	It is recommended that the restriction is removed. As buprenorphine will be listed in Schedule 1A as a single medicine with the previous restrictions removed, and naloxone is listed on the specified prescription medicines list for registered nurse prescribers it is no longer appropriate that the combination product buprenorphine with naloxone be listed in Schedule 1A.

ENDS.