

Appendix 1: The proposed prescription medicines for paramedic prescribers

Proposed prescription medicines for the paramedic prescriber specified prescription medicines list by broad therapeutic group and indicative use (subject to Director-General of Health approval)

It is proposed that a single specified prescription medicine list will be gazetted, from which the Paramedic Council will derive and maintain sub-lists of medicines and corresponding indications for each paramedic prescriber level.

Broad therapeutic group ¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders) ²
Anaesthesia		
Antimuscarinic drugs	Atropine	<ul style="list-style-type: none">• Sinus bradycardia, nodal bradycardia, 1st degree heart block, 2nd degree heart block or an undifferentiated narrow complex bradycardia• Organophosphate poisoning
Drugs for opioid antagonism	Naloxone	Opioid overdose
Local anaesthesia	Articaine	Dental block (with adrenaline)

¹ As listed in the New Zealand Formulary (NZF). NZF v167. 2026. Available from: www.nzf.org.nz (accessed May 2026).

² Based on the existing Hato Hone St John standing orders and the 'Collaborative Aotearoa Standing Orders (Standing Order Templates for General Practice [Internet]. Collaborative Aotearoa; Available from: <https://collab.org.nz/wp-content/uploads/2024/11/General-Practice-Standing-Order-Templates-2024-1.pdf>). The Paramedic Council will maintain the list of specific indications for each paramedic prescriber level.

Broad therapeutic group ¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders) ²
	Lignocaine (lidocaine)	<ul style="list-style-type: none"> • Subcutaneous infiltration for local anaesthesia: field block, digital ring block, dental block • Subcutaneous injection for prophylaxis of pain associated with IV cannulation • Subcutaneous injection for digital ring blocks for analgesia • Intraosseous injection for bone pain associated with fluid infusion via an intraosseous needle • (with chlorhexidine) urinary catheter and nasogastric tube placement • (with phenylephrine) moderate to severe epistaxis; prior to dental block • (with fluorescein) suspected corneal abrasions and/or corneal foreign bodies
	Ropivacaine	<ul style="list-style-type: none"> • Severe pain associated with clinically obvious fractured neck of femur or fractured proximal shaft of femur • Moderate to severe pain associated with isolated injuries to digits • Blocks; fascia iliac, digital ring block, dental block, ankle block
Neuromuscular blocking drugs	Rocuronium	<ul style="list-style-type: none"> • Neuromuscular blockade following endotracheal intubation • Patient movement during cardiac arrest that is interfering with resuscitation, despite ketamine administration, provided the patient has been intubated and the endotracheal tube position has been confirmed with capnography
	Suxamethonium	Rapid sequence intubation (RSI)
Non-opioid analgesics	Celecoxib	Mild to moderate pain
	Diclofenac	
	Ibuprofen	

Broad therapeutic group ¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders) ²
	Naproxen	
	Parecoxib	<ul style="list-style-type: none"> • Pain associated with renal colic • Headache • Gout • Non-traumatic lumbar back pain • Other painful conditions where a strong NSAID may be useful
Volatile liquid anaesthetics	Methoxyflurane	Moderate to severe analgesia
	Nitrous oxide	<ul style="list-style-type: none"> • As Entonox (nitrous oxide + oxygen) • Alternative to methoxyflurane in cases of supply chain disruption • Entonox is much more commonly used in primary care than methoxyflurane
Cardiovascular system		
Cardiovascular system	Captopril	<ul style="list-style-type: none"> • Heart failure
	Enalapril	<ul style="list-style-type: none"> • Hypertension
	Lisinopril	
	Perindopril	
	Quinapril	
	Ramipril	
Cardiovascular system	Candesartan	<ul style="list-style-type: none"> • Heart failure
	Irbesartan	<ul style="list-style-type: none"> • Hypertension

Broad therapeutic group¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders)²
	Losartan	
Cardiovascular system	Enoxaparin	ST-segment elevation myocardial infarction (STEMI)
	Heparin	
Cardiovascular system	Tranexamic acid	<ul style="list-style-type: none"> • Postpartum haemorrhage • Clinically significant bleeding or signs of hypovolaemia following trauma • Non-traumatic bleeding and shock is severe • Cardiac arrest secondary to trauma • Bleeding following tonsillectomy • Crush injury • Moderate to severe epistaxis • Antepartum haemorrhage if shock and/or bleeding is severe • Persistent minor bleeding, for example, from superficial wounds, anterior epistaxis, stoma site
Antiplatelet drugs	Clopidogrel	STEMI
	Rivaroxaban	Treatment of deep-vein thrombosis
	Ticagrelor	Myocardial infarction
Beta-adrenoceptor blocking drugs	Bisoprolol	<ul style="list-style-type: none"> • Alternative to metoprolol in supply chain disruption
	Labetalol	<ul style="list-style-type: none"> • Control of hypertension prior to fibrinolytic treatment for STEMI • Control of hypertension during inter-hospital transfer for STEMI • Control of hypertension during inter-hospital transfer for stroke clot retrieval

Broad therapeutic group ¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders) ²
		<ul style="list-style-type: none"> Control of hypertension associated with autonomic dysreflexia
	Metoprolol	Fast atrial fibrillation or atrial flutter
Calcium-channel blockers	Amlodipine	Adults with severe hypertension who are not immediately being referred to an ED
Diuretics	Furosemide	To enable an ECP to start someone on a trial of frusemide or adjust a person's frusemide dosing (eg, for people who are already taking it and present with increased breathlessness/signs of fluid overload)
Drugs for arrhythmias	Adenosine	Supraventricular tachycardia
	Amiodarone	<ul style="list-style-type: none"> Cardiac arrest with VF or VT at any time after the first dose of adrenaline Sustained VT in absence of cardiac arrest Moderate cardiovascular compromise as a result of fast atrial fibrillation or fast atrial flutter
Fibrinolytic drugs	Alteplase	To enable a CCPs to continue/adjust an alteplase infusion for a patient with acute stroke being transferred between hospitals (eg, for clot retrieval)
	Tenecteplase	Thrombolysis post myocardial infarction
Lipid-regulating drugs	Atorvastatin	Hypercholesterolaemia and hyperlipidaemia
	Ezetimibe	
	Simvastatin	
Nitrates	Glyceryl trinitrate	<ul style="list-style-type: none"> Cardiogenic pulmonary oedema Control of hypertension associated with autonomic dysreflexia Control of hypertension prior to fibrinolytic treatment for STEMI

Broad therapeutic group ¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders) ²
		<ul style="list-style-type: none"> • Control of hypertension during inter-hospital transfer for STEMI • Control of hypertension during inter-hospital transfer for stroke clot retrieval
Sympathomimetics	Adrenaline	<ul style="list-style-type: none"> • Cardiopulmonary resuscitation • Anaphylaxis • Severe asthma • Imminent respiratory arrest from COPD • Severe bradycardia • Blood pressure support if unresponsive to metaraminol • Septic shock, cardiogenic shock and neurogenic shock unresponsive to sodium chloride 0.9% IV and metaraminol IV • Moderate to severe stridor • Intranasal clinically significant epistaxis • Topical for clinically significant bleeding from a wound • Subcutaneous infiltration for local anaesthesia: field block, digital ring block, dental block
	Metaraminol	Hypotension in the setting of septic shock, post cardiac arrest, cardiogenic shock, severe traumatic brain injury, neurogenic shock, rapid sequence intubation and post intubation
	Noradrenaline	<ul style="list-style-type: none"> • Alternative to metaraminol during supply chain shortages • Enables CCPs to continue/adjust a noradrenaline infusion started by hospital clinicians when transferring someone between hospitals

Broad therapeutic group ¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders) ²
Central nervous system		
Acute migraine	Rizatriptan	<ul style="list-style-type: none"> Acute migraine
	Sumatriptan	
Antidepressant drugs	Amitriptyline	Treatment of sciatic nerve pain secondary to muscle spasm
	Nortriptyline	
Anti-seizure medicine	Levetiracetam	<ul style="list-style-type: none"> Seizure that continues or recurs after two doses of parenteral midazolam Seizure activity associated with severe traumatic brain injury, even if seizure activity has ceased following midazolam
	Valproic acid (Sodium valproate)	Alternative to levetiracetam in cases of supply chain disruption
Drugs used in nausea and vertigo	Cyclizine	Nausea and vomiting
	Metoclopramide	
	Ondansetron	
	Prochlorperazine	
Other analgesics and adjuvants	Pregabalin	<ul style="list-style-type: none"> Chronic or persistent neuropathic pain Shingles with pain not managed with simple oral analgesia
Palliative care	Levomepromazine	<ul style="list-style-type: none"> Agitation during end-of-life care that is not rapidly managed by midazolam Breakthrough nausea and/or vomiting in end-of-life care not well controlled with droperidol
	Droperidol	<ul style="list-style-type: none"> Agitated delirium

Broad therapeutic group¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders)²
Phenothiazines and related drugs		<ul style="list-style-type: none"> • Nausea or vomiting during palliative and end of life care • Chronic or persistent pain • Cannabinoid hyperemesis • Headache with nausea and vomiting
	Haloperidol	<ul style="list-style-type: none"> • Alternative to droperidol in cases of supply chain disruption • Palliative care
Second-generation (atypical) antipsychotic drugs	Olanzapine	Acute behavioural disturbance
Ear, nose, and oropharynx		
Anti-infective preparations	Ciprofloxacin; ophthalmic and otic use only	Otitis externa For example, Ciproxin-HC, combination product
	Clioquinol	For example, Locorten-Vioform, combination product
	Dexamethasone	
	Flumethasone (flumetasone)	For example, Locorten-Vioform, combination product
	Framycetin	For example, Sofradex, combination product
	Gramicidin	For example, Sofradex, combination product
	Hydrocortisone	For example, Ciproxin-HC, combination product
	Neomycin	For example, Kenacomb, combination product
	Nystatin	For example, Kenacomb, combination product
	Triamcinolone acetonide	

Broad therapeutic group¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders)²
Endocrine system		
Corticosteroids	Dexamethasone	Croup and asthma exacerbation
	Hydrocortisone	<ul style="list-style-type: none"> Adrenal crisis or suspected adrenal crisis
	Prednisone	<ul style="list-style-type: none"> Adults with angioedema occurring during inter-hospital transfer for stroke clot retrieval
	Prednisolone	<ul style="list-style-type: none"> Bronchospasm associated with asthma or COPD Mild to moderate exacerbation of COPD Croup Minor allergy associated with rash Acute gout
Diabetes mellitus	Gliclazide	Management of diabetes mellitus
	Insulins (as a class)	
	Metformin	
Eye		
Local anaesthetic	Amethocaine (tetracaine)	Ocular anaesthetic for inspection and removal of foreign body
Gastro-intestinal system		
Antisecretory drugs and mucosal protectants	Lansoprazole	Therapeutic trial to aid in the diagnosis of GORD
	Omeprazole	
	Pantoprazole	

Broad therapeutic group ¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders) ²
Antispasmodics and other drugs altering gut motility	Hyoscine butylbromide	<ul style="list-style-type: none"> Excessive oral secretions in the unconscious patient during end-of-life care Abdominal colic during end-of-life care Abdominal colic due to muscle spasm of the GI tract
Infections		
Antibacterial drugs	Amoxicillin	<ul style="list-style-type: none"> COPD and increased sputum purulence, increased sputum volume, or increased breathlessness Mild to moderate community acquired pneumonia Throat infection and Group A streptococcal (GAS) pharyngitis is likely, or high risk for rheumatic fever, or it is highly likely patient will be lost to follow up Epistaxis with nasal packing and packing will be in place for greater than 24 hours, or patient is immunocompromised, or patient has heart valve replacement Dental abscess and risk factors for infection Otitis media with suspected bacterial infection
	Azithromycin	Suspected chlamydia or gonorrhoea infection
	Benzathine penicillin (benzathine benzylpenicillin tetrahydrate)	<ul style="list-style-type: none"> Throat infection and high risk of failing to attend follow up and: <ul style="list-style-type: none"> GAS pharyngitis is likely (score ≥ 4), or High risk for rheumatic heart fever (score ≥ 2) Primary syphilis
	Cefalexin	<ul style="list-style-type: none"> Urinary tract infection Allergic to penicillin and epistaxis with nasal packing and in place for > 24 hours, or immunocompromised, or heart valve replacement

Broad therapeutic group ¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders) ²
		<ul style="list-style-type: none"> • Allergic to penicillin and throat infection and GAS pharyngitis is likely, or high risk for rheumatic fever, or high risk of failing to follow up • Allergic to penicillin and dental abscess and delays accessing dental care, or severe or spreading infection, or immunocompromised • Allergic to penicillin and otitis media with suspected bacterial infection • Allergic to penicillin and otitis externa and not improving after topical treatment for 48 hours, or infection visible on external auditory meatus or lobe • Allergic to penicillin and abscess requiring antibiotics and the patient has MRSA. • Child and mild to moderate UTI • Child and throat infection and allergic to penicillin and GAS pharyngitis is likely (score ≥ 4), or high risk for rheumatic fever (score ≥ 2) • Child and abscess requiring antibiotics • Child and otitis externa and not improving after topical treatment for 48 hours, or infection visible on external auditory meatus or lobe • Child and mild to moderate cellulitis • Child and minor burns with infection and not immediately being referred to an ED • Child and lacerations with infection or requiring prophylactic antibiotics
	Cefazolin	<ul style="list-style-type: none"> • Bacterial sepsis • Cellulitis
	Ceftriaxone	<ul style="list-style-type: none"> • Suspected meningococcal septicaemia • Bacterial sepsis when cefazolin is not indicated

Broad therapeutic group ¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders) ²
		<ul style="list-style-type: none"> • Urinary catheter placement in a patient with risks for infective endocarditis or infective prosthesis • Moderate uncomplicated pyelonephritis • Suspected chlamydia or gonorrhoea infection
	Clavulanic acid	<ul style="list-style-type: none"> • With amoxicillin as amoxicillin + clavulanic acid • COPD with atypical bacterial infection or no improvement with first line therapy • Mild to moderate community acquired aspiration pneumonia • Diverticulitis with features of infection • Mild to moderate uncomplicated pyelonephritis • Mammal bites requiring prophylactic antibiotics • Stoma site infection • Penetrating foot injury from a nail and the patient is not immediately being referred
	Clindamycin	Cellulitis in patients with anaphylaxis to penicillin or cephalosporin, or unable to take probenecid
	Doxycycline	<ul style="list-style-type: none"> • COPD with increased sputum purulence, increased sputum volume, or increased breathlessness • Mild to moderate community acquired pneumonia if patient is allergic to penicillin or if Legionella or other atypical organisms are suspected • Suspected chlamydia or gonorrhoea infection
	Erythromycin	Penicillin allergy and dental abscess

Broad therapeutic group ¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders) ²
	Flucloxacillin	<ul style="list-style-type: none"> • Otitis externa visible externally or not improving with 48 hours of topical treatment • Abscess or paronychia associated with fever, or spreading cellulitis, or comorbidity • Complicated abscess not immediately being referred to a medical facility • Inflammatory mass with unsuccessful drainage • Mild to moderate cellulitis • Severe cellulitis managed in the community and a delay pursuing a local pathway for IV antibiotics • Skin tears with infection or requiring prophylactic antibiotics • Minor burns with infection and not immediately being referred to an ED • Laceration with infection or requiring prophylactic antibiotics
	Gentamicin	Pyelonephritis
	Metronidazole	<ul style="list-style-type: none"> • Mild community-acquired aspiration pneumonia and allergic to penicillin • Diverticulitis with features of infection and allergic to penicillin • Dental abscess and risk factors for infection • Mammal bite requiring antibiotic prophylaxis and allergic to penicillin
	Nitrofurantoin	<ul style="list-style-type: none"> • Urinary tract infection • Following urinary catheter placement if the patient has a history of symptomatic UTI or sepsis after previous catheter changes, or there has been a traumatic insertion (frank haematuria following catheter placement, or greater than one attempt)

Broad therapeutic group ¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders) ²
	Phenoxyethylpenicillin (Penicillin V)	Sore throat in patients at risk of rheumatic fever (age 3-35 years and assessed as likely to take medication reliably)
	Roxithromycin	<ul style="list-style-type: none"> Allergic to penicillin and: mild to moderate community-acquired pneumonia; throat infection; dental abscess; moderate cellulitis; severe cellulitis and delay in pursuing a local pathway for IV antibiotics; laceration requiring antibiotics; or skin tear requiring antibiotics
	Sulfamethoxazole	<ul style="list-style-type: none"> Adults allergic to penicillin and: mild community-acquired aspiration pneumonia; diverticulitis with features of infection; mild to moderate uncomplicated pyelonephritis; stoma site infection; mild to moderate UTI; COPD and atypical organisms; mammal bite requiring antibiotic prophylaxis; penetrating foot injury from a nail; cutaneous abscess or paronychia requiring antibiotics Children allergic to penicillin and: mild to moderate UTI; cutaneous or paronychia requiring antibiotics; site infection; mammal bite requiring antibiotic; penetrating foot injury from nail
	Trimethoprim	As for sulfamethoxazole
	Probenecid	Adjunct to beta-lactam antibiotic treatment
Antifungal drugs	Fluconazole	Candidiasis
Antiviral drugs	Aciclovir	Alternative to valaciclovir in cases of supply chain disruption
	Nirmatrelvir	COVID-19 infection
	Ritonavir	COVID-19 infection

Broad therapeutic group¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders)²
	Valaciclovir	<ul style="list-style-type: none"> • Shingles (herpes zoster) and treatment is initiated within 72 hours of symptom onset, or new lesions are appearing • Suspected genital herpes (herpes simplex) if patient cannot be seen by their usual primary care provider or sexual health practitioner within 24 hours and treatment is initiated within 5 days of symptoms onset
Musculoskeletal and joint diseases		
Gout	Allopurinol Colchicine	Management of gout
Skeletal muscle relaxants	Orphenadrine	Symptomatic relief of acute muscle spasm
Nutrition and blood		
Fluids and electrolytes	Sodium bicarbonate	<ul style="list-style-type: none"> • Release syndrome following crush injury in an adult • Known or suspected hyperkalaemia with severe ECG changes • Cardiac arrest secondary to hyperkalaemia • Suspected cyclic antidepressant poisoning with QRS prolongation • Severe traumatic brain injury and intubated with clinical signs of raised intracranial pressure.
Obstetrics, gynaecology, and urinary-tract disorders		
Drugs used in obstetrics	Oxytocin	<ul style="list-style-type: none"> • Delivery of the placenta • Postpartum haemorrhage
Emergency contraception	Levonorgestrel	Emergency contraception
Oral contraceptives	Ethinylestradiol	Contraception

Broad therapeutic group¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders)²
	Levonorgestrel	
	Norethisterone	
Respiratory system		
Antihistamines	Promethazine	Angioedema occurring during inter-hospital transfer for stroke clot retrieval
Bronchodilators	Budesonide	Mild to moderate asthma in patients aged 12 years or greater, for use after initial control of symptoms has been achieved.
	Formoterol	Mild to moderate asthma in patients aged 12 years or greater, for use after initial control of symptoms has been achieved.
	Ipratropium	<ul style="list-style-type: none"> • Asthma or chronic obstructive pulmonary disease (COPD) • Bronchospasm secondary to airway burns, smoke inhalation or chest infection
	Salbutamol	<ul style="list-style-type: none"> • Bronchospasm secondary to asthma or COPD • Pertinent bronchospasm secondary to airway burns, smoke inhalation or chest infection • Release syndrome following crush injury • Known or suspected hyperkalaemia with ECG changes
Skin		
Antifungal preparations	Ketoconazole; topical use only	Seborrhoeic dermatitis
Topical corticosteroids	Mometasone	Active eczema- severe
	Triamcinolone	

Broad therapeutic group¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders)²
Vaccines		
Vaccines	Vaccines	Vaccines as a class to enable participation in the national immunisation programme
Controlled drugs		
Benzodiazepines	Lorazepam	Acute anxiety causing distress
	Midazolam	<ul style="list-style-type: none"> • Generalised seizures that continue for more than five minutes, or seizures are recurrent • Acute behavioural disturbance causing mild to moderate risk to safety and droperidol is unavailable or ineffective • Control of anxiety or shortness of breath that does not respond to an opioid during end-of-life care • Breakthrough symptoms of agitation, myoclonic jerks or seizure activity during end-of-life care • Pain associated with severe muscle spasm or severe anxiety if adequate analgesia is not being achieved with an opioid and ketamine is not appropriate • Sedation, for example, for joint relocation • Severe anxiety associated with COPD • Severe end-stage COPD that is being managed conservatively • Severe muscle spasm in non-traumatic lower back pain
NMDA-receptor antagonists	Ketamine	<ul style="list-style-type: none"> • Severe pain • Inducing dissociation (pre-procedure) • Agitated delirium causing severe to immediately life-threatening risk to safety

Broad therapeutic group ¹	Proposed prescription medicine	Indication / rationale for inclusion (based on the existing standing orders) ²
		<ul style="list-style-type: none"> • Rapid sequence intubation • Significant movement during CPR that is interfering with resuscitation • Asthma with severe agitation that is impairing ability to safely provide treatment and/or transport
Opioids	Codeine	<ul style="list-style-type: none"> • Moderate to severe pain not responding to initial analgesic options • Severe diarrhoea in adults if loperamide is not available
	Fentanyl	<ul style="list-style-type: none"> • Moderate to severe pain • Cardiogenic pulmonary oedema with severe anxiety • Rapid sequence intubation • Sedation post intubation • Symptom control during end-of-life care
	Morphine	<ul style="list-style-type: none"> • Moderate to severe pain • Cardiogenic pulmonary oedema with severe anxiety • Control of pain, agitation, or shortness of breath during end-of-life care • Autonomic dysreflexia, even if patient cannot feel pain
	Oxycodone	Moderate to severe pain
	Tramadol	Moderate to severe pain