In Confidence

Office of the Minister of Health

Chair, Cabinet Legislation Committee

Misuse of Drugs (Controlled Drugs - Designated Prescriber Nurses and Designated Prescriber Pharmacists) Amendment Regulations 2026

Proposal

1 This paper seeks authorisation for submission to the Executive Council of the Misuse of Drugs (Controlled Drugs - Designated Prescriber Nurses and Designated Prescriber Pharmacists) Amendment Regulations 2026. The regulations update the schedules of controlled drugs that may be prescribed by nurse and pharmacist prescribers.

Policy

2 Registered nurse prescribers and pharmacist prescribers are permitted to prescribe from an approved list of medicines. All prescribers must prescribe within their individual scope of practice and within clinical guidelines.

3 Last year, the Nursing Council of New Zealand and the Pharmacy Council of New Zealand initiated a process to update the medicines lists for nurse prescribers and pharmacist prescribers. The Ministry of Health developed the lists in collaboration with the two Councils and consulted with clinical experts and organisations on the proposed lists.

4 The majority of submitters supported the changes. Those opposed raised concerns about the level of training for nurse and pharmacist prescribers. All designated prescribers must have successfully completed training specified by the relevant regulatory authority, and they work within collaborative teams. I am satisfied they are appropriately qualified to prescribe the listed medicines.

5 On 4 December 2025, the Director-General of Health notified the new medicines lists in the New Zealand Gazette. While controlled drugs were included in the consultation, they were excluded from the notified medicines lists because specifying controlled drugs requires an amendment to the Misuse of Drugs Regulations 1977 by Order in Council. Controlled drugs in health services are subject to specific controls such as storage and monitoring requirements under the Misuse of Drugs Regulations.

6 On 13 December 2025, following advice from the Ministry of Health, I agreed to issue drafting instructions to the Parliamentary Counsel Office to prepare amendment regulations to add the recommended controlled drugs to the schedules. Prior Cabinet policy approval was not sought, as it is a routine

update with the impacts limited to health services, and with no significant increased risks to public safety. There are no impacts on the supply chain, the illegal drugs market, nor financial impacts.

7 Expanding the controlled drugs schedules will support timely access to medicines and patient-centred care, especially with pain management in hospitals and palliative care.

Proposed amendment affecting pharmacist prescribers

8 Pharmacist prescribers work in hospital and other health services (rather than in community pharmacies). Currently they are permitted to prescribe 27 controlled drugs. The attached amendment regulations add one controlled drug (ketamine) to the schedule for pharmacist prescribers.

9 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 Organisation. Strict protocols ensure appropriate prescribing.

Proposed amendments affecting nurse prescribers

10 Registered nurse prescribers are currently permitted to prescribe 18 controlled drugs. The amendment regulations add five controlled drugs (ketamine, midazolam, oxycodone, clobazam and phentermine) and restrictions are removed from six of the controlled drugs currently on the schedule.

11 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 symptoms management at the end of life.

12 The removal of the restrictions is intended to future proof against changes in dose form and best practice. The removal of “transdermal only” and “oral only” allows for more routes (eg, intravenous). In the case of clonazepam, removing “for anxiety and panic disorder only” allows the nurse prescriber to prescribe it for a broader range of indications without delays in treatment.

Timing and 28-day rule

13 The regulations will come into force 28 days after they have been notified in the New Zealand Gazette.

Compliance

14 The amendment regulations comply with:

14.1 the principles of the Treaty of Waitangi;

14.2 the rights and freedoms contained in the New Zealand Bill of Rights Act 1990 or the Human Rights Act 1993;

14.3 the principles and guidelines set out in the Privacy Act 2020;

14.4 relevant international standards and obligations;

14.5 the Legislation Guidelines (2021 edition), which are maintained by the Legislation Design and Advisory Committee.

Regulations Review Committee

15 The Parliamentary Counsel Office does not consider that there are grounds for the Regulations Review Committee to draw the amendment regulations to the attention of the House of Representatives under Standing Order 327.

Certification by Parliamentary Counsel

16 The draft regulations have been certified by the Parliamentary Counsel Office as being in order for submission to Cabinet.

Impact Analysis

17 The Ministry for Regulation has determined that this proposal is exempt from the requirement to provide a Regulatory Impact Statement on the grounds that it has no or only minor economic, social, or environmental impacts.

18 The Climate Implications of Policy Assessment (CIPA) team has been consulted and confirms that the CIPA requirements do not apply to this policy proposal, as the threshold for significance is not met.

Publicity

19 The Ministry of Health will inform the health sector organisations affected. The consultation reports will be published on the Ministry's website in February.

Proactive release

20 I intend proactively releasing this paper, with any redactions as appropriate under the Official Information Act 1982, once the amendment comes into force.

Consultation

21 The following agencies were consulted on this paper: Health New Zealand, the New Zealand Police, the New Zealand Customs Service, the Ministry for Regulation and the Department of the Prime Minister and Cabinet. No issues were raised.

Recommendations

22 I recommend that the Legislation Committee:

1 note that updating the lists of medicines and controlled drugs that nurse prescribers and pharmacist prescribers may prescribe supports timely access to medicines and patient-centred care, especially with pain management in hospitals and palliative care.

2 note that, following advice from the Ministry of Health, I agreed to issue drafting instructions to:

2.1 amend Schedule 1A of the Misuse of Drugs Regulations 1977 to add five controlled drugs that designated prescriber nurses may prescribe in certain circumstances ((ketamine, midazolam, oxycodone, clobazam and phentermine) and remove six restrictions as follows:

2.1.1 Buprenorphine – remove “transdermal only”

2.1.2 Remove “Buprenorphine with naloxone, sublingual only”.

2.1.3 Clonazepam – remove “for anxiety and panic disorder only”

2.1.4 Diazepam – remove “oral only”

2.1.5 Fentanyl – remove “transdermal only”

2.1.6 Methadone – remove “oral only”

2.2 add ketamine to Schedule 1B of the Misuse of Drugs Regulations 1977 – Controlled drugs that designated prescriber pharmacists may prescribe;

3 note that the Misuse of Drugs (Controlled Drugs - Designated Prescriber Nurses and Designated Prescriber Pharmacists) Amendment Regulations 2026 will give effect to the above decisions;

4 authorise the submission of the Misuse of Drugs (Controlled Drugs - Designated Prescriber Nurses and Designated Prescriber Pharmacists) Amendment Regulations 2026 to the Executive Council;

5 note that the regulations will come into force on 26 March 2026.

Authorised for lodgement

Hon Simeon Brown

Minister of Health