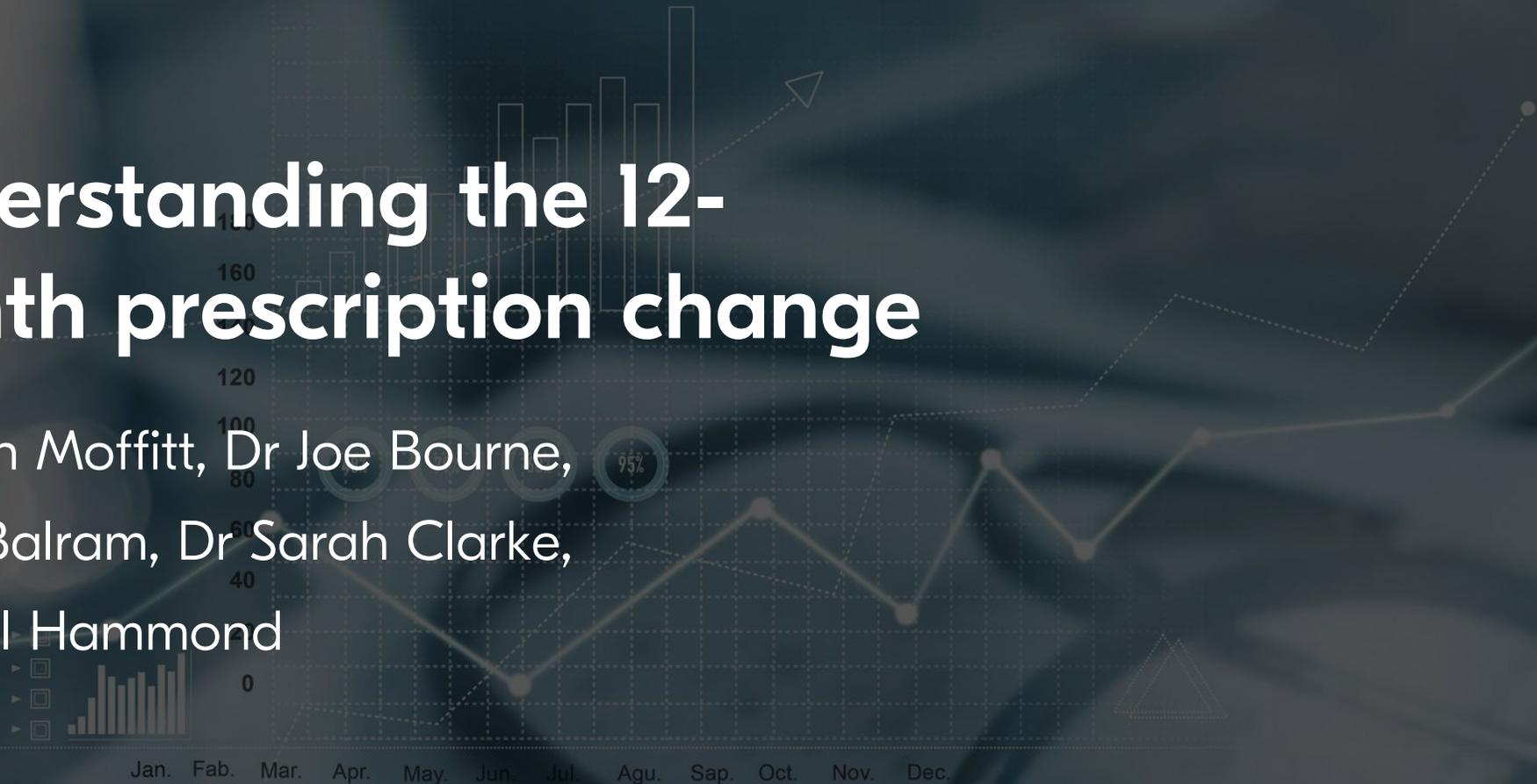




Understanding the 12-month prescription change

Dr Allan Moffitt, Dr Joe Bourne,
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Michael Hammond



Reimagining healthcare

Karakia

Whakataka te hau ki te uru

Whakataka te hau ki te tonga

Kia mākinakina ki uta

Kia mātaratara ki tai

E hī ake ana te atakura

He tio, he huka, he hau hū

Tihei mauri ora!

Cease the winds from the west

Cease the winds from the south

Let the breeze blow over the land

Let the breeze blow over the ocean

Let the red-tipped dawn come with a sharpened air.

A touch of frost, a promise of a glorious day.

Dr Allan Moffitt

Clinical Director, ProCare





**Dr Joe
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Ministry of Health



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Chief Medical Officer,
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12-month prescriptions

An overview

Policy intent

- To increase access to medicines for people with stable, long-term conditions.
- Lower costs and easier access can help people to stay on their medicines for longer – which is better for patients and the health system.
- Reduce administrative burden for prescribers.
- Retain clinical discretion when prescribing medicines.

Sector consultation

- In 2024, the Ministry of Health consulted with a range of stakeholders on this proposal. This included professional bodies, regulators, pharmacists, GPs, and primary health organisations.
- We did hear concerns about a reduction in quality of care, potential harm from less frequent reviews, financial impacts on practices, and patient pressure to issue longer prescriptions.
- We also heard that this change would reduce some administrative burden from frequent prescription renewals and lower costs for patients.

Policy decisions

- A change to allow up to 12-month prescriptions for those with long-term, stable conditions.
- On balance, this option secures the greatest benefit. Cost savings for eligible patients and supports continued access to medicines.
- It gives prescribers flexibility to decide what is best for their patient. There is no obligation to offer 12-month prescriptions - use clinical judgement and discuss all options with patients.
- Aligns us with other countries prescribing standards (UK, Sweden, Norway, USA).

How is the legislation changing?

- Changes to the Medicines Regulations 1984 will come into effect on 1 February 2026.
- Prescriptions for up to 12-months can be offered to patients from this date.
- The dispensing maximum will stay at 3 months (6 months for oral contraceptives) – this is how much a patient can collect from their pharmacy at one time. This does not affect dispensing restrictions placed on some medicines under Pharmaceutical Schedule.
- Prescribers will retain the ability to determine an appropriate dispensing schedule within the legal limits.
- Patients must collect all their repeats from the same pharmacy.
- These changes do not include controlled drugs (e.g. opioids), which are regulated under the Misuse of Drugs Act.

Monitoring and guidance

- All practitioners (prescribers and pharmacists) are required to adhere to professional standards set by the responsible authorities, and act in the best interests of the patient.
- Professional organisations are preparing guidance to support practitioners. Note the recently published guidance from The Royal New Zealand College of General Practitioners.
- The Ministry of Health is developing a framework to monitor the system impacts of the increased prescription limits. This will include information about the uptake of 12-month prescriptions and the effect on patient experience.

Dr Sarah Clarke

National Clinical Director
Primary and Community Care,
Health New Zealand



12 month prescriptions

25 November 2025



What you need to know

From 1 February 2026, you'll be able to prescribe up to 12 months of medication for patients with long-term, stable conditions, if clinically appropriate.

The maximum quantity of medicine that can be supplied from the pharmacy at any one time remains at three months (six months for oral contraceptives). More frequent dispensing remains an option.

Nothing is changing for controlled drugs (such as opioids and ADHD stimulant medicines); the Misuse of Drugs Act and associated regulations will remain unchanged.

The prescription co-payment will only apply to the first dispensing. The remaining repeats will be fully funded.

You can prescribe up to 12 months of medication for suitable patients. This is optional and based on your clinical judgement.

You decide what's safe. The 12-month option is a maximum, not a requirement.



Public awareness

What we're developing

Health NZ will share posters and flyers for display in pharmacies and general practices. These materials will explain the changes in simple terms and answer common questions.

A public advertising campaign will launch closer to the go-live date to raise awareness and help patients understand what is changing and when.

General practices and pharmacies are encouraged to display these materials and share the key messages with patients.

Key public messages

From 1 Feb 2026, some people may get prescriptions lasting up to 12 months, with only one prescription co-payment needed at the first collection.

The maximum quantity of medicine that can be supplied from the pharmacy at any one time remains at three months (six months for oral contraceptives).

Prescribers decide what's safe and appropriate



Timeline

Nov/Dec 2025

- Update primary care sector – e-updates, webinars, more guidance coming
- Changes in Pharmacy IT systems developed and tested
- Changes in NZEPS developed, tested and deployed

Jan 2025

- Posters and flyers for public display
- More opportunity to ask questions/engagement

1 Feb 2025

- Go live
- Public advertising campaign begins

Working example: Ensuring patients get the correct amount of their as required medicines

- Aqueous Cream, apply PRN, 20 OP
- Possible Pharmacist interpretations
 - 20 OP dispensed stat (3 month supply)
 - 10 OP with 1 repeat (6 month supply)
 - 5 OP with 3 repeats (12 month supply)

Indicating the intended period of supply in months on PRN prescriptions as well as the quantity of medicine enables patients to receive the appropriate amount of medicine

Michael Hammond

President, Pharmaceutical
Society



12 month prescription – Pharmacy Perspective

Michael Hammond – President PSNZ

Dispensing, Safety and Limits

▶ Patient Safety First

- ▶ Every prescribing and dispensing decision should prioritise patient safety above convenience or cost.

▶ Dispensing Limits

- ▶ Patients will still only be able to collect medicines monthly or 3 monthly. There is no overriding this even with a prescriber request to dispense 6 months at once

▶ Repeat prescriptions

- ▶ Repeats are not transferable between pharmacies. Stat medicines are still only for a maximum of 3/12s or 6 months for oral contraceptives

The Role of the Pharmacist in Adherence

▶ Role in adherence

- ▶ Role as a consistent care partner across the full 12 months
- ▶ Can flag concerns early with prescribers and contribute clinical insights
- ▶ Support patients to use apps, blister packing, SMS reminders, smart inhalers, pharmacy-initiated follow-ups
- ▶ Provide structured adherence support—dose timing, side effect troubleshooting, simplifying regimens
- ▶ Proactively assess adherence risks at the point of issuing a 12-month script

Collaboration & Coordination

- ▶ **Safe prescribing depends on coordinated efforts between GPs, pharmacists, and patients.**
 - ▶ Strong working relationships improve patient care and medication adherence as well as safety and support across primary care
- ▶ **Key actions to strengthen collaboration**
 - ▶ Set up or maintain pathways for pharmacists to flag safety concerns or review needs
 - ▶ If a pharmacist has concerns about a patient being issued a 12-month prescription, these should be communicated to the prescriber.
 - ▶ Concerns may arise during patient interactions, for example, discussions about side effects, mental health, or the return of unused medications.
 - ▶ Collaborate with pharmacists to clarify:
 - ▶ Medications suitable for extended prescriptions
 - ▶ Associated monitoring requirements
 - ▶ Develop and reinforce communication channels for timely discussion of patient care issues.

Special Authority

- ▶ Special Authority approvals will likely expire mid-way through a 12 month prescription.
- ▶ A practice pharmacist may be able to help stay on top of special authority expiries (through Medtech).
- ▶ Up to three months of dispensings will be funded, provided the prescription is first dispensed before the Special Authority approval expires.
- ▶ Approval periods for the certain special authority products have increased to give enough time for the intended course of treatment to be dispensed before the approval expires e.g. omalizumab, buprenorphine with naloxone.

Dr Allan Moffitt

Clinical Director, ProCare



Concerns regarding 12-month prescribing

- Clinical safety concerns
- Concern regarding lack of preventative care — reduced contact
- Patient expectations
- Practice workflow (may not increase access)
- Practice cash-flow and loss of revenue
- Pressure on “annual” consultation time
- Poorer control of long term conditions
- Impact on equity
- Outdated prescriptions eg: post admission
- Adherence
- Puts pressure on the prescriber



On the positive side...

- Less admin time
- More convenient for patients, and may be cost-saving
- Other jurisdictions have had 12-month prescribing for years and have not had issues or safety concerns
- Good for conditions like hypothyroidism without comorbidities (stable thyroxine dose).

Suggested practice processes

- Review/amend practice repeat prescription policy
- Individual prescribers can state it is not up to them as the practice policy does not allow a prescription
- Is dependent on the individual patient
- Longer annual appointments:
 - pre-consult checklist — bloods etc done beforehand
 - longer appointment times
 - charge appropriately
- Explicitly present the thought processes and what happens when Rx is reviewed.

Where to from here?

ProCare will provide:

- A draft practice policy template
- Information on which drugs are not suitable for the 12-month prescription
- Balanced communications and media coverage
- Support practices with options including fees review if necessary to replace lost practice revenue.

Q&A

12-month prescriptions



Karakia

Ka whakairia te tapu

Kia wātea ai te ara

Kia tūruki whakataha ai

Kia tūruki whakataha ai

Haumi ē, hui ē, tāiki ē!

Restrictions are moved aside

So that the pathway is clear

So we may move forward

Join, group, and affirm



Reimagining healthcare