

2 April 2026

PHARMAC
PO Box 10254
The Terrace
Wellington 6143

Sent via email to: consult@pharmac.govt.nz

Dear Sir/Madam,

Re: Proposal to update the Pharmaceutical Schedule for ambulance medicines, and tenecteplase for pre-hospital care

The Pharmacy Guild of New Zealand (Inc.) (the Guild) is a national membership organisation and the largest single representative of community pharmacy owners in New Zealand. We provide leadership on all issues affecting the sector and advocate for the business and professional interests of community pharmacy.

Our feedback focuses on the practical, operational, and system-level considerations required to ensure the proposed changes to the Pharmaceutical Schedule (the Schedule) can be implemented in a safe, equitable, and sustainable manner.

The Guild supports the intent of this proposal; however, we believe further refinement is required to ensure the role of community pharmacy is appropriately recognised, supported, and resourced to enable safe and sustainable implementation.

Role of community pharmacy

In practice, pharmacies do not simply “hold stock”, they play a critical role in ensuring equitable, timely, and safe access to emergency care across the motu, including:

- Maintaining local availability of medicines for urgent and after-hours access.
- Supporting PRIME services, particularly in rural and regional settings where alternative supply pathways are limited or unavailable.
- Repackaging medicines into smaller, clinically appropriate quantities when original pack sizes are not suitable for emergency use.
- Providing assurance around safe storage, including cold chain management and maintaining product integrity.
- Managing stock rotation and expiry to ensure medicines remain fit for use.
- Acting as a locally accessible, clinically governed point of access to time-critical medicines within the wider health system.

For many communities, particularly rural areas, community pharmacy represents the most accessible and responsive point within the medicines supply chain, often bridging gaps between primary care, ambulance services, and hospitals.

While the proposal appropriately retains community pharmacy within the supply pathway, it primarily frames it as a logistics function and does not reflect the clinical, operational, and governance responsibilities that pharmacies current undertake, nor the reliance placed on them to ensure continuity of access across geographically distributed settings.

Limitations of BSO remuneration

The proposal relies on Bulk Supply Order (BSO) funding to support pharmacy involvement. However, BSO remuneration is fundamentally designed as a basic cost-recovery mechanism for administrative supply and does not reflect the realities of maintaining emergency medicines readiness within the community.

In practice, pharmacies supplying ambulance or PRIME services may need to:

- Hold stock of medicines that are expensive and infrequently used, creating stockholding costs and financial risk, particularly for high-cost or short-dated medicines, such as tenecteplase.
- Manage short expiry dates and absorb the cost of expired or unused stock.
- Maintain appropriate storage conditions, including cold chain requirements.
- Respond to urgent and after-hours supply requests, often outside standard operating hours.
- Allocate pharmacist time for checking, documentation, and clinical and operational oversight.

These activities go beyond simple supply and require ongoing investment in infrastructure, workforce, and risk management.

As currently structured, BSO funding does not reflect the true cost of maintaining emergency medicine readiness at a community level. Without appropriate recognition and remuneration, there is a real risk that pharmacy participation becomes unsustainable, impacting access to timely emergency medicines, particularly in rural and underserved areas.

Repacking standards and governance

The proposal assumes community pharmacy will “repackage” medicines for ambulance use. This is misleading. Repacking is not administrative – it transfers full responsibility for the medicine from the manufacturer to the pharmacist.

In practice, this requires clinical judgement around suitability, assigning expiry, compliant labelling, traceability, funding appropriateness, and maintaining storage and audit standards. This is effectively low-level compounding and carries corresponding risk and accountability. There is no recognition of the additional workload, responsibility, or liability being placed on pharmacy.

National standardised protocols, clear limits on what can be repackaged, and appropriate funding must be established prior to implementation. Without this, the proposal risks creating an unfunded transfer of clinical risk to community pharmacy.

Tenecteplase supply via PSO

The proposal to enable tenecteplase – a high-cost, time-critical medicine with specific storage and handling requirements – supply via Practitioner Supply Order (PSO) for PRIME services represents a significant change for community pharmacy and introduces several practical, financial, and operational considerations, including:

- Whether pharmacies are expected to routinely stock this medicine, particularly given its cost and relatively low frequency of use.
- How cold chain requirements will be consistently maintained across storage, supply, and transport.
- Who bears the financial risk associated with expired or unused stock, especially where turnover is low.
- Whether demand will be sufficient to support safe and efficient stock rotation, particularly in rural and low-volume settings.

- Clarity around PSO endorsement requirements, claiming processes, and any associated compliance expectations.

These factors must be carefully considered and addressed to support sustainable and equitable implementation. Consideration should also be given to mechanisms that mitigate financial risk for pharmacies holding high-cost emergency medicines, such as stock rotation arrangements or alternative funding models.

Erosion of clinical oversight and pharmacy's role in the medicines pathway

The proposed model shifts supply from a clinically governed process to what is effectively a procurement exercise. What was previously a patient-specific, clinically reviewed supply pathway risks becoming a bulk "grocery list" model, with fewer safeguards. While the proposal does not explicitly mandate direct sourcing, it enables models of supply that bypass community pharmacy, with downstream impacts on clinical oversight, integration, and safety.

We are concerned that once medicines are made available via mechanisms that don't require a named patient or a dispensing event, the supply is no longer anchored to a pharmacy workflow. This creates several risks:

- Reduced opportunity for independent clinical verification of medicine appropriateness prior to use.
- Loss of local, accountable oversight of storage, handling, and expiry management.
- Further fragmentation of the medicines pathway across sectors.
- Reduced ability to respond safely to urgent or unplanned supply needs at a local level.

Pharmacists are increasingly being asked to absorb additional supply functions that benefit other parts of the health system, without recognition of the clinical governance role they provide or appropriate remuneration. Expanding mechanisms such as BSO and PSO without addressing this imbalance sets an unsustainable precedent.

Community pharmacy is a distributed, clinically governed network that underpins safe medicine use across the system. Any changes to supply models must preserve this oversight function, not bypass it. Where alternative supply pathways are introduced, they should be designed to integrate with, and appropriately recognise, the clinical role of pharmacy, rather than dilute it.

A sustainable, safe, and equitable model will require community pharmacy to be explicitly recognised, integrated, and appropriately resourced as a core component of the emergency care infrastructure.

Thank you for the opportunity to provide feedback. If you have any questions about our feedback, please contact our Senior Advisory Pharmacists, Martin Lewis (martin@pgnz.org.nz, 04 802 8218) or Cathy Martin (cathy@pgnz.org.nz, 04 802 8214).

Yours sincerely,



Nicole Rickman

General Manager – Membership and Professional Services