

30 April 2026

PHARMAC
PO Box 10254
The Terrace
Wellington 6143

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

Dear Sir/Madam,

Re: Joint Pharmac and Health New Zealand proposal to expand pharmacy services

The Pharmacy Guild of New Zealand (Inc.) (the Guild) is a national membership organisation and the largest 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.

Overall position on the proposal

We strongly support the proposal by Pharmac and Health New Zealand (HNZ) to expand access to funded medicines through pharmacist-led services in community pharmacy. This proposal represents a practical and necessary evolution of the healthcare system, recognising community pharmacy as a high accessible “front door” to care. It has the potential to significantly improve timely access to treatment of common health conditions, particularly where general practice access is constrained, reduce cost barriers by shifting patients from over-the-counter purchases to funded access, and better utilise the clinical capability of pharmacists, who already assess and manage these conditions in everyday practice, in line with internationally recognised models of primary care delivery.

Key requirements for implementation and delivery

Community pharmacy is already one of the most accessible healthcare settings across the motu and serves as a first point of contact for many patients. This proposal aligns strongly with broader system objectives, including reducing pressure on general practice and emergency departments, improving equity of access to care, delivering services closer to home and within communities, and supporting more efficient and flexible use of the health workforce.

However, successful implementation will depend on practical clarity, operational consistency, and system alignment, as without this, there is a significant risk of variation in interpretation and delivery, which may undermine both patient safety and equitable access to services.

To support safe, consistent, and scalable implementation, the following areas require careful consideration:

1. Operational clarity

- Clearly defined eligibility criteria, inclusion/exclusion parameters, and service protocols, to ensure consistent clinical decision-making.
- Alignment with the existing frameworks, such as the Integrated Community Pharmacy Services Agreement (ICPSA) and established pharmacy workflows.

- Integration into pharmacy management systems (PhMS) to support efficient workflow, clinical documentation, and audit requirements.
- Nationally consistent service specifications, guidance, and decision-support tools, to reduce variability in practice.

2. Funding transparency

- Clear, predictable and sustainable payment mechanisms, providing certainty for providers.
- Avoidance of complicated, fragmented, or opaque claiming and payment processes, which increase administrative burden.
- Strong alignment between service delivery and funding rules, ensuring pharmacies are appropriately remunerated for the services they provide.
- Timely payment and clear visibility of how services are funded and reported, to support reconciliation and financial planning.

3. Workforce readiness and clinical governance

- Clearly defined clinical governance frameworks, including accountability, oversight, and quality assurance mechanisms.
- Clear expectations regarding scope of practice, clinical responsibility and documentation standards.
- Recognition of the workforce capacity required to deliver these services without impacting existing core services.

Optimising the range of medicines to treat the proposed conditions

The proposed medicines broadly align with first-line treatments for the specified conditions and reflect current pharmacy practice. However, the list remains relatively narrow and does not reflect the full range of funded medicines available on the Schedule, nor the practical realities of delivering care in a community pharmacy setting. While we acknowledge there are regulatory and operational constraints around the direct provision of certain medicines (e.g., classification limitations via pharmacist direct provision), a slightly broader and more flexible approach within these constraints would better support patient-centered care, adherence, and service effectiveness, while also providing resilience against supply variability.

1. Acute analgesia and fever management

The proposed funded options include paracetamol (liquid and tablets), and ibuprofen (liquid), which are appropriate first-line treatments for this population group. To support safe and accurate dosing, particularly in children, consideration should be given to including funded measuring devices, such as oral syringes and dosing cups, alongside clear standardised instructions and consistent dosing guidance to reduce the risk of dosing errors, improve caregiver confidence and understanding, and support safe and effective use of these medicines in the home.

2. Scabies

Effective scabies management extends beyond the supply of permethrin 5% lotion alone and requires a whole-of-household approach, alongside management of associated symptoms and complications.

In practice, secondary bacterial infection is common, particularly in children, and consideration should be given to enabling access to funded treatments for mild, localised infection, such as hydrogen peroxide 1% cream. This should be supported by clear referral thresholds for more severe presentations requiring oral antibiotics or further clinical assessment.

Additional funded supportive treatments include crotamiton 10% cream or hydrocortisone 1% cream for post-treatment inflammation and itch, and oral antihistamines, such as loratadine, cetirizine, or promethazine, where clinically appropriate, to improve patient comfort and adherence, reduce treatment failure and repeat presentations, and better reflect real-world pharmacy management of scabies.

3. Head lice

The proposed funded treatment is dimethicone 4% lotion is an appropriate first-line option, however, consideration should be given to the inclusion of a range of nit combs as funded adjuncts to the dimethicone treatment. Mechanical removal of lice and eggs is a key component of effective management and improves overall treatment effectiveness and success rates, aligns with best practice management, and supports a whānau-based approach, where treatment often involves multiple individuals simultaneously. Providing funded access to nit combs would also help address equity considerations, as cost can be a barrier to obtaining appropriate tools for complete treatment.

Consideration could also be given to alternative non-insecticide options, particularly in situations of treatment resistance, intolerance, or patient preference, to ensure flexibility and resilience in treatment approaches.

4. Acute bacterial conjunctivitis

The proposed funded options of chloramphenicol 0.5% eye drops and 1% eye ointment are appropriate for the treatment of acute bacterial conjunctivitis. A useful addition to support care would be lubricating eye drops (artificial tears), which can provide symptomatic relief (e.g., grittiness, irritation, dryness), improve patient comfort and adherence, and offer a low-risk supportive option, particularly where the diagnosis may be uncertain (e.g. viral or allergic conjunctivitis), supporting a more conservative and patient-centered approach.

5. Emergency contraception (ECP)

The inclusion of levonorgestrel as the funded first-line treatment for emergency contraception is an appropriate option, however, consideration should be given to the inclusion of condoms as part of the service, to support a more preventive, wrap-around sexual health approach. This would align with broader public health and harm reduction goals, support ongoing contraception and safer sex practices, provide an opportunity for brief intervention and education at the point of care, and reduce the likelihood of repeat presentations for emergency contraception, strengthening the role of community pharmacy in delivering accessible, preventative sexual health services, rather than focusing solely on episodic treatment.

Future opportunities to expand pharmacist-led access

If community pharmacy services are expanded further in the future, there are a number of areas where pharmacist-led access could deliver significant benefit, particularly for common, low-acuity conditions where clinical pathways are well established, risk can be safely managed within structured protocols, and clear referral criteria and escalation pathways are in place. These conditions are already assessed and managed by pharmacists in everyday practice, and expanding funded access would support greater equity, timeliness of care, and overall system efficiency.

Our recommendations for future opportunities are:

- Minor skin conditions, such as eczema, dermatitis, fungal skin infections, and minor localised infections (e.g. impetigo, boils, mild cellulitis), using appropriate funded options, such as mild steroids, emollients, moisturisers, antifungals, and antibacterials.

- Vaginal candidiasis, using antifungal treatments where pharmacist assessment and direct provision are already well established.
- Selected oral contraceptives, where pharmacist supply pathways already exist and could support continuity of care following emergency contraception consultations and improve ongoing contraceptive access.
- Allergic rhinitis and hayfever, using intranasal corticosteroids and oral antihistamines.
- Selected eye conditions, such as dry eye, mild inflammation, and allergic conjunctivitis, supported with clear referral pathways for red flag symptoms.
- Acute diarrhoea and dehydration in adults, where oral rehydration, anti-diarrhoea medicines, and supportive management can be safely provided when clinically appropriate.
- Selected treatments for migraine, including treatment of associated nausea, where pharmacist-only options exist and structured screening and referral criteria can be applied.
- Rheumatic fever prevention services, including sore throat assessment, throat swabbing, and antibiotic treatment where appropriate for high-risk populations and their whānau.
- Gout management services, incorporating uric acid testing and titration of allopurinol to optimise long-term prevention.
- Emergency repeat or continuation supply models, where clinically appropriate, to reduce avoidable disruption in ongoing therapy and support continuity of care.

We look forward to continuing to work constructively with Pharmac and HNZ to ensure this initiative is implemented in a way that is safe, sustainable, and delivers meaningful improvements in patient access and outcomes.

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