PHARMACY GUILD OF NEW ZEALAND

15 September 2025

PHARMAC
PO Box 10254
The Terrace
Wellington 6143

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

Dear Sir/Madam,

Re: Proposed changes to Special Authority renewal requirements

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.

This submission focuses on Guild members' concerns around general economic, funding, access, and supply issues. Guild submissions should not be taken as any endorsement of, or any attempt to comment on, medicine safety, efficacy, or appropriateness for individual patients.

Thank you for the opportunity to provide feedback on the proposal to remove Special Authority (SA) renewal requirements for selected medicines, and how these proposed changes may impact community pharmacy and patients. We fully support the removal of the SA renewal requirements for the five medicines named. Community pharmacies frequently witness the negative impact that delays in SA renewals can have on patient access to medicines, continuity of treatment, and overall equity of care. Removing these unnecessary renewal requirements will reduce avoidable administrative burdens that add little clinical value across the system, prevent treatment interruptions, and better align with the intent of 12-month prescriptions, delivering tangible benefits for patients, prescribers, community pharmacies and the wider health system.

However, while removing SA renewal requirements for the five medicines listed is a positive step, it does not address the broader challenges associated with SA renewals, where the absence of minimum standards for prescriber patient management systems (PMS) and e-prescribing has created a "garbage-in, garbage-out" scenario, leaving community pharmacies to spend considerable time and effort correcting errors. This results in ongoing unreimbursed administrative work, delays in patient care, and added clinical risk, highlighting the need for upstream improvements to ensure SA data is accurate, structured, and actionable before it reaches the dispenser.

Impact on community pharmacy and patients
Community pharmacies are often the first point of contact for patients when issues with SA renewals arise. Pharmacists play a critical role in supporting patients to navigate these barriers, but expired renewals create avoidable stress, delays in treatment, and administrative inefficiencies. These proposed changes will result in the following:

- **Reduced patient anxiety and treatment disruption:** Patients often present to their local community pharmacy unaware that their SA has expired, leaving them unable to collect

Your community pharmacist:
the health professional you see most often.
Pharmacy House, Level 3, 124 Dixon Street,
Te Aro, Wellington 6011
PO Box 27 139, Vivian Street, Wellington 6141
Phone: 04 802 8200
Email: enquiries@pgnz.org.nz
Website: www.pgnz.org.nz

their medicines until the renewal is processed by the prescriber. This creates unnecessary stress for patients and their whānau, disrupts continuity of care, and can lead to missed doses or treatment interruptions that negatively impact health outcomes. Pharmacists are frequently placed in a difficult position, having to explain the situation and manage patient distress while trying to urgently contact prescribers to resolve the issue. Removing unnecessary renewal requirements will minimise this barrier, providing patients with reassurance that their medicines will remain accessible without unexpected interruptions.

- **Administrative efficiency:** Community pharmacies currently spend a significant amount of time managing dispensing delays caused by expired SA, often involving multiple phone calls, emails, or follow-ups with prescribers and patients, which diverts pharmacists and pharmacy staff away from providing direct patient care. By reducing the volume of unnecessary renewals, valuable pharmacist time can be redirected towards high-value clinical services, such as medicines optimisation, counselling, vaccinations, and other pharmacist-led interventions, which will not only improve efficiency within the health system but also enhances the overall value that community pharmacy can deliver for better health outcomes and patient experience.
- **Equity of access:** Renewal requirements place a disproportionate burden on patients with complex health needs, those living rurally, Māori, Pacific peoples, and others who already face barriers navigating the health system, particularly where the patient is required to have a consultation with the prescriber solely for administrative renewal purposed, leading to unnecessary gaps in therapy and poorer health outcomes. Removing renewal requirements where there is no clear clinical rationale will reduce these inequities, ensuring patients maintain uninterrupted access to their medicines regardless of geography, socioeconomic status, or ability to navigate the system, which supports Pharmac's Te Tiriti o Waitangi obligations by contributing to a fairer, more accessible, and patient-centered medicines system for all.
- **Alignment with 12-month prescribing:** The government's intent to simplify access to long-term medicines through 12-month prescriptions is undermined if SA renewals remain as a barrier. Patients and community pharmacies are still faced with avoidable interruptions when renewals expire, despite prescriptions being written for extended durations. Removing renewals requirements where they add no clinical value will ensure that the policy intent of improving medicine access is fully realised in practice and will create greater consistency between prescribing and funding frameworks, reduce administrative complexity for prescribers, pharmacists, and patients, and, most importantly, support continuity of care and improved health outcomes.

Specific medicines in the proposal

We support the removal of SA renewal requirements for the following medicines, noting that each represents a long-term condition where continuity of treatment is essential and clinical oversight is already embedded in standard care pathways:

- **Long-acting muscarinic antagonists with long-acting beta-adrenoceptor agonists (LAMA/LABA) inhalers:** These medicines are cornerstone long-term maintenance therapies for chronic respiratory disease, where patients already undergo regular clinical review as part of standard respiratory management plans, yet the timing of SA renewal seldom aligns with these clinical reviews, rendering the process redundant. Clinical follow-up should be guided by best practice and patient needs, not by arbitrary funding rules, and removing the SA renewal requirement will reduce unnecessary treatment disruptions and support consistent, evidence-based access to care.

- **Epoetin alfa injection:** Patients with chronic renal failure receiving epoetin alfa injections are already under close specialist and multidisciplinary team oversight, where dosing and safety are governed by laboratory monitoring and established service protocols. SA renewals provide no additional safeguard beyond this existing robust clinical framework, and instead, they create unnecessary administration burden and avoidable delays in patient access, adding process, but not protection.
- **Insulin pump consumables:** For people living with type 1 diabetes, uninterrupted access to consumables is essential for safe daily management, where any delays caused by SA renewal processes risks destabilising care, increase the likelihood of acute harm or emergency presentations, and create unnecessary stress for patients and their families. Removing SA renewals will ensure that supply remains seamless, protect patient well-being, and support continuity of care. We also encourage Pharmac to extend this approach to the SA renewal requirement for continuous blood glucose monitoring devices, where renewal requirements create similar risks and burdens.
- **Budesonide capsules:** Patients with Crohn's disease and microscopic colitis rely on uninterrupted access to budesonide for symptom control and to prevent disease flare-ups. Clinical oversight is already embedded within gastroenterology and primary care services and is not dependent on the SA renewal cycle. Interruptions due to expired SA renewals can result in significant harm, including avoidable hospitalisations, and removing renewal requirements will safeguard continuity of care, and support stability and quality of life.
- **Febuxostat:** Long-term urate-lowering therapy is the cornerstone of effective gout management, with treatment monitoring more appropriately delivered as part of standard chronic disease management in primary care. While initial SA criteria play an important role in ensuring appropriate initiation, ongoing SA renewals provide no clinical benefit, and instead, they create unnecessary administrative barriers for both prescribers and patients alike. Removing the renewal requirement will support seamless, evidence-based management of gout while reducing avoidable system burden.

Risks and system mitigations

While the removal of SA renewals for the five medicines identified is a welcome step, it does not address the broader challenges associated with the SA processes. For the system to function efficiently and safely, SA information must be structured, accurate, and system-readable at the point of prescribing. Currently, community pharmacies spend substantial time managing SA-related issues, including:

- Verifying SA numbers through an online portal, diverting pharmacist time away from direct patient care and clinical services.
- Chasing expired SAs with prescribers that provide no clinical benefit, interrupting both pharmacy workflow and prescribers' time with patients.
- Resolving discrepancies between SA status in prescriber patient management systems (PMS), New Zealand electronic prescribing system (NZePS) tokens, and community pharmacy patient management and dispensing systems (PhMS).
- Managing prescription batch claims rejected by Health New Zealand (HNZ) Sector Operations due to SA metadata errors, which require costly re-processing and delay pharmacy remuneration.

Community pharmacies should not serve as the safety net for inaccurate or incomplete data, nor should they absorb unreimbursed administrative workload caused by issues that could be addressed upstream or compromise care delivery. To prevent community pharmacies from continually managing SA errors created earlier in the process, we recommend the following mitigations:

1. **Fund and enforce minimum standards for prescriber patient management systems (PMS)**
   Pharmac and HNZ should jointly fund and enforce robust minimum standards for prescriber PMS and e-prescribing platforms to ensure that SA information is structured, accurate, and system-readable at the point of prescribing. Priority actions should include:
   - Mandating structured SA fields in prescriber PMS and e-prescriptions, including essential elements such as SA category, initial approval flag, clinical indication, start date, review date (optional), prescriber ID, and alignment with NZULM codes, to ensure that SA data is consistently captured, thus reducing errors and enabling seamless automation in community pharmacy PhMS.
   - Prohibiting free-text SA entries in prescriber PMS that compromise system readability, increase the risk of errors, and create avoidable administration workload for community pharmacies.
   - Requiring real-time SA status verification through the NZePS with deterministic responses that can be seamlessly integrated into community pharmacy PhMS, allowing immediate validation at the point of prescribing and dispensing, reducing delays, preventing claim rejections and enhancing patient safety by ensuring accurate SA information is consistently applied.
   - Enforcing rigorous HISO-aligned conformance tests before prescriber PMS updates are released to ensure compatibility, interoperability and adherence to national digital standards, guaranteeing consistent performance and reducing the risk of downstream issues for community pharmacies.
   - Providing a dedicated upgrade fund and a clear compliance deadline to all prescriber PMS vendors for implementing required SA functionality, after which non-conformant prescriber PMS are blocked from releasing updates, ensuring accountability and timely adoption across the sector.

2. **No hard "funding blocks" at the community pharmacy end**
   To ensure the removal of SA renewal requirements delivers the intended benefits without creating unintended administrative burdens, it is critical that community pharmacies are not placed in a position where they must act as a backstop for system or prescriber-level issues. Funding and claim processes should be designed to support seamless dispensing, safeguard patient access, and enable pharmacists to focus on clinical care rather than resolving preventable workflow barriers. Strategies to achieve this include:
   - Avoiding hidden expiry flags or claim rejections when SA renewal requirements are removed. Pharmac and HNZ should work together to ensure that prescription batch claim rules do not inadvertently generate hidden expiry flags, reject codes, or other system barriers that force community pharmacies to perform manual overrides, as such workarounds create avoidable administrative workload, increase the risk of errors, delay remuneration, and divert pharmacists from providing clinical services that improve patient outcomes.
   - If Pharmac introduces new clinical criteria for safety or eligibility reasons, the validation process should first occur at the prescriber end through a time-limited soft validation, and include clear, timely sector-wide communication and well-defined fallback processes for community pharmacies to ensure uninterrupted dispensing. This approach will protect patients from treatment delays, reduces workflow disruption, and preserves the integrity of funding while maintaining patient safety.

3. **Clear, published claiming rules and audit guidance for community pharmacies**
   It is essential that community pharmacies have access to clear, authoritative, and consistent guidance on claiming and auditing requirements to ensure SA processes operate efficiently

and safely. Transparent rules and protections will reduce administrative burden, prevent errors, and safeguard pharmacies from financial risk caused by upstream data issues, allowing pharmacists to focus on patient care rather than troubleshooting system inconsistencies. Key strategies for Pharmac and HNZ could include:

- Establish a comprehensive, centralised specification for HNZ Sector Operations and community pharmacy PhMS, clearly defining claiming rules, SA data requirements, and auditing expectations. A single authoritative reference will prevent community pharmacies from navigating conflicting instructions from multiple sources, streamline workflows, reduce errors, and give community pharmacies confidence that they are consistently meeting regulatory and funding requirements.
- Implementing a robust grace and protection policy that safeguards community pharmacies from clawbacks, penalties, or delayed remuneration when SA errors arise due to prescriber PMS-generated SA data defects. This will ensure that community pharmacies are not unfairly held accountable for upstream system issues beyond their control, allowing pharmacists to focus on patient care rather than administrative remediation.

4. **Targeted clinical quality signals at the prescriber end, not funding rules**
   Community pharmacies should not be responsible for enforcing clinical reviews via funding mechanisms. Instead, clinical oversight should be embedded at the prescriber level, where patient context, medical history, and individualised care plans can be appropriately considered. This could be implemented by:
   - Embedding actionable clinical review prompts in prescriber PMS, instead of SA renewal requirements, with targeted clinical alerts within the prescriber PMS. These prompts could be triggered based on factors such as time-in-therapy, patient age, renal function, adverse event consultations, or poor disease control indicators, ensuring reviews are meaningful, timely, and patient-focused rather than driven by arbitrary funding deadlines.
   - Leveraging Primary Health Organisations (PHO)-led recalls and disease-specific registries by enabling them to proactively support population health and action clinically relevant follow-ups for patients, rather than relying on SA renewal administrative checkpoints as administrative proxies for clinical review, thereby supporting better outcomes through coordinated care.
   - Prioritise patient safety and clinical relevance by moving review triggers upstream to prescribers and PHOs, ensuring that patients receive appropriate clinical oversight without creating administrative burden or delays at the community pharmacy level, aligning quality care with efficient medicine access and better health outcomes.

We view this proposal as a positive and welcome step and encourage Pharmac to continue reviewing other SA medicines where renewal requirements may not be clinically justified and instead create unnecessary administrative burden. We also request clear, sector-wide communication to ensure prescribers, patients, and community pharmacies understand which SA renewals are no longer required. We emphasise that system failures community pharmacy observes daily are not caused by the existence of SA renewals, but by poor-quality data from non-standard prescriber PMS that shift unreimbursed work and clinical risk onto community pharmacies. To truly support efficient care, low-value SA renewals should be removed, data quality must be addressed at the source, and community pharmacists should be enabled to focus their time where it matters most – keeping people well and ensuring uninterrupted access to medicines.

If you have any questions about our response, please contact our Senior Advisory Pharmacists, Martin Lowis (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