

# The proposed additions to the medicines list

Broad Therapeutic group <sup>3</sup>	Proposed additional medicine or class	Rationale
<b>Anaesthetics</b>		
Antimuscarinic drugs	Atropine	To remove the restriction 'ophthalmic use only' to enable broader use.
Local anaesthetics	Bupivacaine Ropivacaine	
<b>Antiparasitic products, insecticides, and repellents</b>		
Antiprotozoals and anthelmintics are commonly requested medicines by registered nurse prescribers in the primary health care setting. Note that commonly used medicines such as permethrin for headlice are non-prescription medicines and are not included here as this list is for prescription medicines only.		
Anthelmintics	Praziquantel	
Treatment of malaria	Artemether Lumefantrine	
<b>Cardiovascular system</b>		
Currently 11% of registered nurse prescribers work in acute medical settings including cardiology and cardiology outpatients. Requests for additions to the current list of medicines frequently come from registered nurse prescribers working in cardiac specialty areas.		
Agents affecting the renin-angiotensin system	Angiotensin-converting enzyme inhibitors (ACE-inhibitors)	As a class
Agents affecting the renin-angiotensin system	Angiotensin-II receptor blockers	As a class
Antiarrhythmics	Amiodarone Propafenone	
Anticoagulants	Apixaban	
Antihypertensives	Prazosin	

<sup>3</sup> Based on the New Zealand Formulary (NZF) v158 – 01 Aug 2025. Available from [www.nzf.org.nz](http://www.nzf.org.nz). Please note that the therapeutic group is not gazetted, only the chemical name.

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	Hydralazine Minoxidil; systemic Bosentan Ambrisentan	
Beta-blocking agents	Beta-adrenoceptor blocking drugs	As a class
Calcium channel blockers	Nifedipine Verapamil	
Diuretics	Amiloride Tolvaptan	Amiloride as a sole ingredient is an unapproved medicine but is included to enable prescribing of: amiloride + hydrochlorothiazide amiloride + furosemide
Lipid modifying agents	Acipimox Inclisiran	
Other antianginal drugs	Nicorandil Perhexiline	
Sympathomimetics	Metaraminol Midodrine Phenylephrine	Requested by an anaesthetist for use in post-anaesthesia care unit (PACU) settings
Vasodilator antihypertensive drugs and pulmonary hypertension	Selexipag	
<b>Central nervous system</b>		
Registered nurse prescribers in primary care have requested greater access to mental health and addiction medicines. These medicines allow registered nurse prescribers to continue treatment started by authorised prescribers until further assessment.		
Analgesics	Pregabalin	
Antidepressants	Dosulepin Mirtazapine Moclobemide Reboxetine Tranylcypromine Vortioxetine	
Antiepileptic drugs	Carbamazepine Ethosuximide	For registered nurse prescribers working with people living with epilepsy, at present, sodium

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	Lacosamide Lamotrigine Levetiracetam Oxcarbazepine Perampanel Primidone Rufinamide Topiramate Vigabatrin	valproate and phenytoin are on the prescribing list but are rarely used and have an increased risk of birth defects compared to other antiepileptics.  Lamotrigine and levetiracetam are the first line treatment for most adult epilepsies but are not on the list, meaning the registered nurse prescriber has to ask an authorised prescriber to prescribe these medicines.
Antipsychotic drugs	Amisulpride Aripiprazole Chlorpromazine Flupentixol Olanzapine Paliperidone Pericyazine Quetiapine Risperidone Ziprasidone Zuclopenthixol	Olanzapine is also commonly used in both palliative and oncological settings for management of nausea. These are situations where timely access to medicines is important for symptom control and quality of life for the patient.
Dementia	Donepezil Galantamine Memantine Rivastigmine	Dementia medicines have not previously been listed so nurses working in specialist dementia care in both acute and aged and residential care settings have not had the ability to prescribe these medicines. This has meant a lack of incentive for registered nurses to complete prescribing education to gain prescribing authority.
Drugs for bipolar disorder	Lithium	
Drugs used in nausea and vertigo	Droperidol Levomepromazine	
Movement disorders	Benzatropine	
Nicotine dependence	Bupropion	
Treatment of acute migraine	Atogepant Erenumab	

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<b>Endocrine system</b>		
Anti-androgens	Finasteride	This is a commonly requested group of medicines particularly by nurses working in urology to manage patients with benign prostatic hyperplasia
Anti-estrogens	Clomiphene (clomifene)	For registered nurse prescribers working in fertility services
Blood glucose lowering medicines, excluding insulins	Dipeptidylpeptidase -4 (DPP-4) inhibitors	As a class To align with other classes of medicines for the treatment of diabetes already on the medicines list. <sup>4</sup> Note: vildagliptin is already on the list
Corticosteroids	Fludrocortisone	
Estrogens and management of menopausal symptoms	Estradiol Estrogens conjugated Tibolone	
	Raloxifene	Treatment and prevention of postmenopausal osteoporosis
Osteoporosis and drugs affecting bone metabolism	Alendronic acid Denosumab Pamidronate Risedronate Zoledronic acid	Osteoporosis is a common condition and nurse prescribers being able to prescribe these medicines would improve access to treatment and ensure timely care. This addition of this medicine has been requested by nurse practitioners and registered nurse prescribers supporting people affected by osteoporosis.
Posterior pituitary hormones	Desmopressin	
Progestogens	Progesterone	
Testosterone and management of menopausal symptoms	Testosterone	

<sup>4</sup> Gazetted classes of medicines for the treatment of diabetes: glucagon-like peptide 1 agonists (GLP-1 agonists); insulins; sodium-glucose co-transporter 2 (SGLT2).

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<b>Gastrointestinal</b>		
Antiinfectives and antiseptics for local oral treatment	Amphotericin B; oromucosal use only	Alternative treatment for oral thrush when oral liquid/gel are unsuitable, or patients have experienced treatment failure.
Antiemetics and antinauseants	Granisetron Tropisetron	Antinausea and antiemetics are commonly prescribed medicines in palliative, surgical and medical settings. The rationale for including this sub-class is to enable better access to first line, rapid treatment for nausea and vomiting that is not on the current list – particularly in palliative care settings. An example from this sub-class currently on the list is ondansetron.
Drugs affecting intestinal secretions	Ursodeoxycholic acid	
Drugs for constipation	Methylnaltrexone Prucalopride	Most laxatives are regulated as general sale products. A small subset of drugs for constipation are prescription only which are generally reserved for patients in whom alternative products have failed or in specialty areas such as palliative care for management of opioid induced constipation.
<b>Genitourinary disorders</b>		
Many registered nurse prescribers work in environments where sexual health issues are common presentations including family planning/sexual health clinics, youth health and primary health care. Contraceptives and urinary incontinence products are commonly prescribed.		
Drugs for urinary retention	Tamsulosin	This is a commonly requested group of medicines particularly by nurses working in urology to manage patients with benign prostatic hyperplasia
Drugs for erectile dysfunction	Alprostadil Papaverine Sildenafil Tadalafil	Currently there are no phosphodiesterase type-5 (PDE5) inhibitor on the registered nurse specified prescription medicines list which limits the efficiency and

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	Vardenafil	effectiveness of the registered nurse consultation particularly when addressing management of the common condition of erectile dysfunction

## Infections

With growing antimicrobial resistance, it is essential all prescribers of antibiotics remain up to date with best practice guidelines including the soon to be released national antimicrobial guidelines for New Zealand (Antibiotic Conservation Aotearoa).

At present, registered nurse prescribers may be unable to follow best practice medicine selection if the appropriate antimicrobial is not on the specified prescription medicines list.

Registered nurse prescriber education and training includes extensive education on best prescribing practice including antimicrobial resistance, not prescribing and deprescribing as appropriate.

Antibiotics for systemic use	Gentamycin Minocycline Vancomycin	Vancomycin and gentamycin requested by the national renal clinical network.
Antiprotozoal drugs	Pentamidine	
Cytomegalovirus infection	Valganciclovir	
Direct acting antivirals	Lamivudine Zidovudine  Emtricitabine Tenofovir	Early intervention is optimal for best outcomes and patients presenting to a registered nurse prescriber should have early access to appropriate medicines to prevent acute or ongoing morbidity.  Access to preventative antivirals such as tenofovir disoproxil + emtricitabine used for both pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) of HIV can significantly reduce the morbidity and mortality of HIV infection. Access to these medicines will improve outcomes for individuals and save significant long-term costs for the health system.
Hepatitis infection	Entecavir Ledipasvir Sofosbuvir	

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Influenza	Baloxavir Zanamivir	Baloxavir and zanamivir are included in the national reserve for the prophylaxis and treatment of pandemic influenza. Enabling registered nurse prescribers to prescribe baloxavir and zanamivir will enable rapid distribution in the event of a national pandemic.
Triazole antifungals	Fluconazole Itraconazole Posaconazole Voriconazole	Fluconazole is commonly given for vaginal thrush, particularly in those who are wanting to avoid use of topical creams or for who topical treatment is unsuitable
Tuberculosis	Bedaquiline Isoniazid Pyrazinamide Rifabutin	These medicines would be prescribed by nurses within a multidisciplinary team for the treatment of tuberculosis. Note: rifampicin is already on the list.
<b>Malignant disease and immunosuppression</b>		
Allowing the nurse to provide the prescription for continuation of these medicines will allow for more timely follow ups.		
Antimetabolites	Thioguanine (tioguanine)	
Colony stimulating factors	Filgrastim Pegfilgrastim	These medicines would be prescribed by nurses working within haematology or oncology settings for the management or prevention of neutropenia.
Gonadotrophin releasing hormone analogues	Goserelin Leuprorelin	These medicines are commonly requested by registered nurse prescribers working in oncology to suppress sex hormone levels, particularly in hormone-sensitive cancers. These patients are often seen regularly by the registered nurse for follow ups. Allowing the nurse to provide the prescription for continuation of these medicines will allow for more timely follow ups.
Hormone antagonists and related agents	Abiraterone Apalutamide	Hormone therapy for breast cancer is often prescribed for extended

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	Anastrozole Bicalutamide Flutamide Exemestane Fulvestrant	<p>periods (5-10 years), requiring ongoing monitoring and management. Nurse prescribers play a critical role in supporting adherence, managing side effects, and adjusting treatment where appropriate, thereby improving long-term outcomes.</p> <p>Restricting registered nurse prescribers to just tamoxifen and letrozole as is the case currently creates barriers for nurses who are managing the long-term follow up of these patients.</p> <p>This subclass also includes antiandrogen treatments used in prostate cancer which is a commonly requested group of treatments by nurses working within an oncology or urology setting.</p>
Immunosuppressants	Apremilast Azathioprine Ciclosporin Leflunomide Mercaptopurine Methotrexate Mycophenolate Sulfasalazine Tacrolimus	Medicines in this group have been requested to be added by nurse practitioners and medical specialists for continuation prescribing only.
Other antineoplastic drugs	Hydroxyurea (hydroxycarbamide)	
Protein and tyrosine kinase inhibitors	Ruxolitinib	
Immunosuppressants: biologics / cytokine modulators	Adalimumab Etanercept Infliximab Risankizumab Secukinumab Tocilizumab Upadacitinib	



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	Ustekinumab	
Treatment of multiple sclerosis	Dimethyl fumarate Fingolimod Glatiramer Interferon beta Natalizumab Ocrelizumab Teriflunomide	
<b>Musculoskeletal system</b>		
Gout management	Colchicine	
<b>Nutrition and blood</b>		
Drugs used in haemophilia	Alfa1 antitrypsin Aprotinin Factor XIII Emicizumab	
Iron-deficiency anaemias	Ferric carboxymaltose Iron polymaltose Iron sucrose	
<b>Obstetrics, gynaecology, and urinary-tract disorders</b>		
Prostaglandins and oxytocics	Ergometrine Oxytocin	To manage the delivery of the placenta during early medical abortion
Drugs for urinary retention	Tamsulosin	
<b>Respiratory system</b>		
Drugs for obstructive airway diseases	Olodaterol Benralizumab Omalizumab Tezepelumab	
Other respiratory system products	Elxacaftor Ivacaftor Tezacaftor	Request for addition of these medicines for continuation prescribing being lifetime medicines for cystic fibrosis patients.

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<b>Sensory organs</b>		
Medicines for the eyes and ears are frequently requested additions to the specified prescription medicines list, by specialist nurses working in ophthalmology and ear health settings.		
A barrier occurs when practice and guidance for infection is for antibiotics according to culture, but if the antibiotic is not on the list, then the registered nurse cannot follow best practice, for example, pseudomonas ear infection guidance is for ciprofloxacin drops which are not on the registered nurse specified prescription medicines list.		
Eye medicines	Acetylcholine Acetazolamide Apraclonidine Betaxolol Carbachol Cyclosporin Ciprofloxacin; ophthalmic and otic use only Ketorolac Nepafenac	
Subfoveal choroidal neovascularisation	Aflibercept Bevacizumab Faricimab Ranibizumab	Registered nurse prescribers working in specialist ophthalmological settings are involved in giving intravitreal medications for the ongoing treatment of macular degeneration. The inclusion of these medicines would enable continuation prescribing following specialist approval.
Ear, nose, and oropharynx	Ciprofloxacin; ophthalmic and otic use only	
<b>Skin</b>		
Chemotherapeutics for topical use	Fluorouracil (5-fluorouracil; 5-FU); topical	Chemotherapeutics for dermatological use are also important in primary health care and are commonly requested medicines by registered nurse prescribers.

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Corticosteroids, dermatological preparations	Clobetasone	Topical corticosteroids are among the most frequently prescribed medicines by registered nurse prescribers and adding these medicines to the list will enable the prescriber to provide the most suitable medicine for the patient. Often these patients have a long-term relationship with the nurse who is aware of the preparations that are most effective for a given circumstance and will work in partnership with the patient to ensure optimal use of the corticosteroid.
Agents for dermatitis excluding corticosteroids	Pimecrolimus Tacrolimus	Requests for the addition of these medicines have been received from the sector including specialists and registered nurse prescribers working in general practice.  Used for short-term or intermittent treatment of atopic eczema when other therapy ineffective or inappropriate. Shortages of staff trained in dermatology are significant and enabling the prescribing of this medicine will improve access to effective care
<b>Controlled drugs</b>		
The controlled drugs (eg, morphine, tramadol and zopiclone) the registered nurse prescribers can prescribe are listed under the <b>Misuse of Drugs Regulations 1977, Schedule 1A</b> . Updating this Schedule is a separate but parallel process to updating the specified prescription medicines list. Changes to the controlled drugs the registered nurse prescribers can prescribe may be published at a different time to the gazetted updated specified prescription medicines list.		
Proposed additions	Ketamine Midazolam Oxycodone	Requests from palliative care and acute pain practitioners. These are medicines that are commonly used within these specialist settings where timely access to medicines is valuable to improving the patient's quality of life.
Proposed removal of existing restrictions under	Buprenorphine Buprenorphine with naloxone	Removal of 'transdermal only' Removal of 'sublingual only'

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Schedule 1A, Misuse of Drugs Regulations 1977		By removing these restrictions future proofs the viability of nurse prescribers working within the setting of opioid substitution therapy where subcutaneous injection formulations are currently being evaluated for funding by Pharmac
	Clonazepam Diazepam	Removal of 'for anxiety and panic disorder only' Removal of 'oral only'  Removing the restrictions on diazepam and clonazepam rationalises their use and allows the registered nurse prescriber to prescribe these medicines at times that it would be appropriate to do so within their scope of practice and in the best interests of the patient.
	Fentanyl Methadone	Removal of 'transdermal only' Removal of 'oral only'
		The request by palliative care and acute pain practitioners. These are medicines that are commonly used within these specialist settings where timely access to medicines is valuable to improving the patient's quality of life. These restriction reduce the value for registered nurse prescribers working within palliative care settings as they cannot prescribe standard practice medicines.