



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

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Pharmac Consultation Team
Pharmac
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By email: consult@pharmac.govt.nz

Tēnā koe

Pharmac Proposed changes to Special Authority renewal requirements

Thank you for the invitation provide comment on the proposed changes to Special Authority renewal requirements.

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in Aotearoa New Zealand, representing 6,018 specialist General Practitioners (GPs). Through our General Practice Education Programme (GPEP) and Rural Hospital Medicine Training Programme (RHMTTP) we train the specialist General Practitioner and Rural Hospital Doctor workforce. The Medical Council of New Zealand accredits the College to deliver a Vocationally Registered workforce via our Continuing Professional Development Programme, which comprises 40 percent of the specialist medical workforce.

Our members are the first point of contact for medical care, supporting patients and their whānau, in managing 90 percent of all patient healthcare concerns in the community. Each year, approximately 24 million² patient contacts are recorded by 1,085 general practice teams across Aotearoa.

The College is committed to the reduction of health inequities experienced by Māori, honouring Te Tiriti o Waitangi, and the rights of Māori. To do this we prioritise initiatives that support our members in developing cultural safety capability across our training, professional development and Quality¹ programmes.

Our submission

Recommendation to remove the Special Authority Requirement for PrEP

The College recognises that Special Authority mechanisms are designed to prevent inappropriate use of certain medicines - for example, Monifloxacin for resistant Mycoplasma genitalium infections. However, based on member feedback and clinical evidence, we strongly recommend removing the Special Authority requirement for PrEP (pre-exposure prophylaxis).

PrEP is a highly effective medication that prevents HIV infection by stopping viral replication if exposure occurs. It is 99% effective when taken as prescribed.² . Timely access to PrEP is critical for individuals at risk of HIV exposure, and any delay can result in preventable transmission.

¹As at June 2025, 972 out of 1085 general practices met the RNZCGP Foundation Standard.

² Body Positive. New Zealand. PrEP. <https://bodypositive.org.nz/Pages/PrEP/#WhatIsPrEP>

Specialist GPs and other qualified Health Care Professionals (HCPs) are well-equipped to prescribe PrEP safely and appropriately. Requiring Special Authority for PrEP creates unnecessary barriers, delays care and undermines the clinical judgment of trained professionals. In primary care, PrEP is a well-established and successful method of HIV prevention.

Key Concerns from Specialist GPs

Our members have raised several concerns about the current Special Authority process:

- **Prescriber Qualification:** While it is important to ensure prescribers are appropriately trained, specialist GPs already meet the necessary standards to prescribe antiretrovirals. Requiring named specialists for HIV-related applications adds redundant oversight.
- **System Inefficiencies:** The Special Authority process is overly complex, even with modern Practice Management Systems, and is a particular burden in hospital settings.
- **Resource Waste:** Time and financial resources are being lost due to administrative bottlenecks. This inefficiency imposes significant costs on Te Whatu Ora and detracts from patient care.

Rather than maintaining a restrictive process, we see an opportunity to improve system-wide efficiency. Monitoring inappropriate prescribing through a background system, rather than obstructing access, would better support safe, effective care.

Proposed Solution

We recommend implementing a streamlined monitoring framework that:

- Supports safe prescribing without delaying access to PrEP.
- Improved administration shifts the burden across the system.
- Reduces time pressure on high-cost HCPs working in hospital systems.
- Addresses inappropriate prescribing through targeted policies and processes, recognising that such cases are likely to be rare.

In summary

Removing the Special Authority requirement for PrEP is a practical, evidence-based step toward a more responsive, equitable, and efficient health system. It empowers qualified clinicians, improves patient outcomes, and unnecessary costs.

We urge Pharmac to act swiftly to remove this barrier and support timely access to HIV prevention for all New Zealanders.

For further clarification, please contact Maureen Gillon, Manager - Policy, Advocacy and Insights.
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Nāku noa, nā



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