

Drop-In Webinar: 12 Month Prescribing

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Background

- The Government has announced a new initiative in the Budget to extend the maximum prescription length from 3 months to 12 months.
- From early 2026 prescribers will be able to issue prescriptions for up to 12 months **if it is clinically appropriate and safe to do so.**
- To make management of long-term health conditions easier and more affordable.

“This change could save up to \$105 a year in GP fees for patients who need to renew their prescriptions four times annually. It’s a win-win for patients and the health system – fewer avoidable hospitalisations, better health outcomes, and reduced long term costs.”

Simeon Brown May 2025



Why this change?

Policy Intent

- Reduce unnecessary repeat GP appointments and administrative burden
- Improve convenience and affordability for people on long-term medicines
- Regular pharmacy contact maintained through 3-monthly dispensing
- Align with modern long-term condition management and continuity of care

Who might be eligible?

Your patient may be eligible if:

- Their condition and medication dose have remained stable for 6 – 12 months
 - They don't require regular monitoring, or they are able to self-manage with agreed monitoring (like blood tests or blood pressure checks)
 - The medicine is approved for 12-month prescribing
 - They understand that an annual in-person review for their medication will be required.
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- The change is not universal.
 - Not all medicines or patients will be suitable
 - Prescriber discretion applies regarding safety and appropriateness

What's not included?

Some prescriptions are not included in this change, including:

- Controlled medicines (e.g. opioids) or medicines taken only as needed
- Conditions or medications that require monitoring within 12 months
- If your condition or medication dose has changed in the past 6 months

The final decision about whether a 12-month script is safe and appropriate belongs to the prescribing clinician.

The change in prescribing rules also mean scripts could be extended to six months, which may be a safer option than 12 months for some people.

Regulatory and funding levers

- Amendments to Medicines Regulations Act 1984 to allow up to 12-month prescriptions
- Pharmac alignment:
 - Schedule Rules updated to enable up to 12 months funded
 - Special Authority repeats must be dispensed before SA expiry
- Budget 2025 investment to support implementation

What do you need to do as a Practice to prepare?

Adopting an in-house policy

Factors that practices should consider when developing their own in-house policy:

- 1. Age and life stage of patient:** Consider infants and children, adolescents, pregnant patients, older adults (65+) who typically require closer monitoring – 12-month prescriptions may not be suitable.
- 2. Chronic conditions:** Consider patients with multiple or unstable conditions and patients taking multiple medicines (polypharmacy) who may require shorter intervals for timely review and adjustments.
- 3. Adherence:** Assess patients' ability to manage medications safely, as well as their caregiver/whānau support, before extending prescriptions.
- 4. Continuity of care:** Consider attendance at reviews and follow-ups – a minimum of annual review is required, or earlier if clinically indicated.



What do you need to do as a Practice to prepare?

- Discussion as a team to identify what you feel comfortable with.
- Discussion re Script costs
- Discussion re how to manage Screening – Birthday Reviews
- Clear messaging for Phone Nurse/Reception Staff
- Website information needs to be updated
- Discussion as to how it will be annotated within the PMS
- Review of Policy of Repeat Drug Prescribing
- RNZCGP/ Pharmac Info
- Posters for Waiting Room – Pinnacle have created Template.
- Inclusion in Practice Policy for Locum Orientation Process

Potential impact and considerations

Role	Impact
Prescribers <ul style="list-style-type: none"> - General Practitioners - Nurse Prescriber 	<ul style="list-style-type: none"> - Fewer admin-only repeat requests - Ability to focus on proactive long term condition reviews - Use EMR prompts for eligibility and monitoring plans
Community Pharmacies	<ul style="list-style-type: none"> - No change to 3 monthly dispensing - Opportunity for medicine optimisation and adherence checks
Administrators/Practice Managers	<ul style="list-style-type: none"> - Adjust recall systems - Patient communications <ul style="list-style-type: none"> - Posters - Website changes - Messaging from reception teams - Engagement with Community Pharmacy
Practice Owners/Clinical Directors/Business Managers	<ul style="list-style-type: none"> - Monitor equity impact - Policy changes – Repeat Prescription Policy <ul style="list-style-type: none"> - GP Docs policy changes if appropriate - PMS recording methods - Annotation of script and alert in PMS - Structured reviews - Financial monitoring - New staff orientation process and impact of repeat prescribing
Pinnacle Midlands Health (PHO)	<ul style="list-style-type: none"> - What do we need to consider to support practices?

Potential Risk and Mitigation

Risk	Mitigation
Reduced clinical touchpoint	- Planned annual reviews + interim monitoring
Therapy changes mid-year	- Issue shorter durations for unstable regimens
Wastage/non-adherence	- Keep 3 monthly dispensing - Pharmacist follow up
Equity considerations	- Proactive outreach to ensure access and safe monitoring
Ties patient to a specific pharmacy	??

Resources

<https://www.rnzcgp.org.nz/our-voice/hot-topics/12-month-prescriptions/>

<https://www.mcnz.org.nz/our-standards/current-standards/prescribing/>

What's changing?

Currently

Most prescriptions are given in 3-month instalments and patients need to see their GP for repeats or request them via their patient portal.

From early 2026

GPs and other prescribers will be able to issue some patients with a prescription for 12 months – if it is clinically safe to do so.

Am I eligible for a 12-month prescription?

You may be eligible if:

- > Your condition and medication dose have been stable for at least **6 months**
- > You **don't need regular monitoring** (like blood tests or blood pressure checks)
- > The medicine is **approved** for 12-month prescribing
- > You agree to a **yearly in-person review** to check the medicine is still suitable.

The decision to extend your prescription length or not, belongs with the prescribing clinician based on the above factors.

Your health and safety will always be at the centre of any decision made by your health care team.

Why is this changing?

This change will allow some patients to get more timely access to the medicines they need; improving access and delivering better outcomes.

What's not included?

Some prescriptions won't be eligible for the 12-month option, including:

- > **Controlled medicines** (e.g. opioids, stimulants) or medicines taken only **as needed**
- > Conditions or medications that require **monitoring within 12 months**
- > If your condition or medication dose has **changed in the past 6 months**.

What's not changing?

You will still collect medicines in 3-month instalments from the same pharmacy, and be required to pay any co-payment fee (e.g. \$5). You will not be able to collect 12 months' worth of your medication at once, even with a 12-month prescription.

Need more information?

Talk to your GP during your next appointment. We're here to help you understand what these changes mean for you.

What is changing and when?

From early 2026, GPs will be able to prescribe some medicines for up to 12 months, instead of the current three. This national change aims to make it easier for people to access their regular medicines – especially if they live rurally or find it hard to get appointments.

Does this mean I'll automatically get a 12-month prescription?

Not necessarily because every person's health is different. It depends on your health situation, the medicines you take, and how stable your condition is. Your GP will decide with you what's safe and appropriate. Some people will still need shorter prescriptions so that their health can be checked more often. It's about finding the safest option for you, not applying one rule for everyone.

Will this mean fewer GP and pharmacy visits?

Possibly – but we'll still want to see you when needed. Regular reviews are important to check your medicine is working, that you're not having side effects, and to pick up early signs of other health issues. Safety and continuity of care come first.

If you do receive a 12-month prescription, the medicine will be dispensed in three-monthly instalments, meaning you'll still need to visit the same pharmacy every three months to collect the next round of your medication, and pay any co-payment fees (e.g. \$5).

Will this save me money on appointments or prescriptions?

For some people, yes. Having fewer prescription renewals might mean fewer GP visits. But if regular check-ups are needed for your condition, those appointments remain important to keep you healthy long-term.

How does this affect people who find it hard to see their GP?

For some, a 12-month prescription might make things easier. But less frequent contact can also mean fewer chances to catch problems early. That's why decisions are made case-by-case, taking into account your personal situation and any barriers you face to care.

Can all medicines be prescribed for 12 months?

No. Some medicines are higher risk or require regular monitoring, so they'll stay on shorter prescribing cycles. Your GP or pharmacist will explain if your medicines fall into that category.

What if I run out of my medicine before the 12 months are up what should I do?

If you ever have trouble with supply or dosage, contact your GP or pharmacist right away. We'll make sure you have what you need safely.

What if I'm worried about seeing my GP less often?

You'll still be able to discuss your health and medicines whenever you need to. The aim is to make medicine access easier – not reduce your care. Your GP team is here to make sure you're safe and supported.



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Tēnā koutou

