

Sector consultation on the addition of the oral therapeutic COVID-19 medicines nirmatrelvir and ritonavir (Paxolvid™) and molnupiravir (Lagevrio®) to the list of specified prescription medicines for designated registered nurse prescribers - Summary of Submissions

Summary

This report is a summary of the submissions received by the Manatū Hauora on the addition of the oral therapeutic COVID-19 medicines nirmatrelvir and ritonavir (Paxolvid™) and molnupiravir (Lagevrio®) to the list of specified prescription medicines for designated registered nurse prescribers.

The reclassification of nirmatrelvir and ritonavir (Paxolvid™) and molnupiravir (Lagevrio®), from prescription-only medicines to restricted (pharmacist-only) medicines when used in the treatment of COVID-19 on 27 July 2022 meant that their addition to the list of specified prescription medicines for designated registered nurse prescribers was no longer required. Therefore, following the consultation process there was no further action taken.

Background

In early April 2022, the Ministry approached the Nursing Council of New Zealand to confirm that the oral therapeutic COVID-19 medicines nirmatrelvir and ritonavir (Paxolvid™) and molnupiravir (Lagevrio®) fit within their defined scope of practice and would be suitable for designated registered nurse prescribers to prescribe. Following this confirmation, Manatū Hauora began work to consult on the addition of these medicines to the list of specified prescription medicines. This change would enable designated registered nurse prescribers in primary health and specialty teams to write a prescription for those patients who meet Pharmac's criteria if it is within their scope and area of practice.

The Medicines Act 1981 requires that Manatū Hauora consult with people or organisations that may be affected by a change to the specified prescription medicines before a legal change is made to the list by Gazette notice. The consultation period started on 8 June 2022 and ended on 8 July 2021.

Description of Submitters

55 submitters responded to the survey and one email was received. The majority (50%) of respondents identified as registered nurse prescribers, with remainder identifying as nurse practitioners, registered nurses, medical practitioners, pharmacists, educators and other.

Submitter	Total	Percentage
Consumer	0	0.00%
Educator	1	1.79%
Registered Nurse Prescriber	28	50.00%
Registered Nurse	4	7.14%
Nurse Practitioner	6	10.71%
Medical Practitioner	6	10.71%
Pharmacist	3	5.36%
Other (please specify below)	8	14.29%
Not Answered	0	0.00%

Summary of Submissions

The majority (89.29%) of submitters supported the proposal. 14 out of 15 of the organizational submitters agreed with the proposed prescription medicines being added to the list. The reasons given were:

- It benefits patients with COVID-19
- There are clear funding and eligibility requirements
- There is a timeliness required for prescribing these medicines and authorised prescribers are not always available; and
- It will increase access for Māori, Pacific Peoples, and people with disabilities.

Submitters supported registered nurse prescribing, noted that they work as part of a team and this proposal will spread the prescribing across stretched teams.

Of those not in favour (11%) of the medicines being added to the list, reasons included the possible adverse events from medicine interactions, Paxlovid™ being a medicine with significant and complex interactions, and that it can be complex to prescribe in patients with multiple comorbidities and polypharmacy (i.e., those most likely to benefit). Medical practitioners noted that through their prescribing of these therapeutics, they have had to make trade-offs between medicines and that communication was required with hospital specialists to inform prescribing decisions.