MILLHOUSE INTEGRATIVE MEDICAL CENTRE
25.3 EXTENDED REPEAT PRESCRIPTION POLICY (2026)

Summary: To ensure quality & safety of patient care in prescribing up-to-12 month repeat prescription medications.

Context: The NZ Government has announced changes to extend the maximum prescription period from three to 12 months in 2026 as a cost saving for patients.

Medical & Nurse Practitioners will need to assess individual patient risk in determining the prescription duration.

Clinical notes will clearly document the reasons for an extended prescription and a CLASSIFICATION/REVIEW code will be entered for audit purposes.

The 'Extended Repeat Prescription Policy' is an addendum to the existing (25.2) 'Repeat Prescribing Policy'.

Patient Eligibility for 12-month prescriptions will include persons with:

- Stable medical conditions.
- Stable medication dosages with no changes in the past 6 months.
- No monitoring required for 12 months (bloods, BP).
- Medications are not on the controlled medication list or have the potential for misuse/ abuse.
- Patients agree to be seen in-person in 12 months for review of their health issues, medication, monitoring and ongoing care plan.

Patients excluded from 12 -month prescribing will include those on:

- Controlled medications eg opioids, benzodiazepines, stimulant medications
- Medical conditions or medications requiring monitoring within 12 months (bloods, BP)
- Medical conditions or medication doses that are not stable
- Medications taken on an irregular or as needed basis or with the potential for misuse/ abuse.

Higher risk scenarios that need consideration – adapted from RCGP Repeat Prescribing Toolkit[i]

Medications that affect renal function

- Diuretics
- ACE/ARB
- NSAIDs/ COX2 inhibitors
- empagliflozin

Medications that increase bleeding risk

- Anticoagulants/ antiplatelet agents
- NSAIDS/ COX2 inhibitors

CNS medications

- Antidepressants, antipsychotics
- Gabapentin/ pregabalin
- Lithium (would generally be excluded due to 3-6 monthly monitoring requirement)

Antimicrobial agents

Immunosuppressants

- These would often require more frequent monitoring than 12monthly

Other potential high-risk factors

- Polypharmacy or multiple medical conditions
- Factors such as communication barriers (language barrier or learning disorder), frailty, house-bound
- Women of childbearing age on teratogenic medications eg valproate or isotretinoin
- Medication that has weight-based dosing
- Medication with small therapeutic window eg isotretinoin, amiodarone, warfarin, digoxin
- Off label medication use
- Higher risk for legacy prescribing (ie drugs that should be prescribed for an intermediate term (longer than 3 months, but not indefinitely) that are not appropriately discontinued[ii]

Initiation of 12 month prescribing to include an appointment for:

Medication review and care plan creation covering the following areas -

- Documented indication and intended outcome for each medication
- Biomarker target - BP, LDL, hba1c, etc
- Any red flags that would require earlier review
- Ensure patient is aware that they are responsible to book a review in 12months, for sole purpose of treatment review and care plan update before next prescription is issued. Consider if they should book nurse appointment for screening updates prior to prescriber review.
- Set appropriate monitoring timeframes and recalls.
  - Medication Review for 1year (***Classifications - 12 rx***, ***Recall – 12rx)*** – set 11month for nurse recall or a lesser interval as agreed with patient.
- Clearly outline the circumstances which would necessitate in-person review eg symptoms no longer controlled by current management, deteriorating/ changing condition, unsatisfactory results on monitoring bloods etc.

Where monitoring is needed within 12 months

- Indicate type of monitoring, purpose and intended treatment target for the medication in question
- Can the person have a repeat script plus monitoring or do they need review prior to next script
- Suggest that script interval is set to the same as monitoring interval, which allows the repeat script fee to cover the recall/ monitoring workload

Where a new script is required due to medication supply disruption

- Repeat script fee or consultation (depending on what is clinically required) applies

MILLHOUSE INTEGRATIVE MEDICAL CENTRE
25.3 EXTENDED REPEAT PRESCRIPTION POLICY (2026)

Medications where 12-month script could be considered (indicative, not exhaustive)

These all require the condition to be stable and monitoring not required for 12 months. The more medications a person takes, the more likely it is they should have 3-6 monthly monitoring, particularly with increasing age.

- Allopurinol (if uric acid at or below target 0.36)
- Antihistamines
- Antihypertensives (if BP stable or at target)
- Asthma inhalers (only if using reliever/ SABA less than 2x a week)
- Stable COPD without frequent exacerbations
- B12
- MHT including vaginal oestrogen
- Omeprazole (risk of legacy prescribing)
- Oral contraceptive with normal BP and no other concerns
- Statin (if at target LDL)
- Thyroxine
- Vitamin D
- Topical treatments for eg eczema and psoriasis
- Long term, stable SSRI or antidepressant (risk of legacy prescribing)
- Anti-convulsant medications (Stable epilepsy, BPAD)

Medication Review Coding

Classification Read Codes

12 rx	**1 Year Medication Review**

12 MONTH SCRIPT - CHECKLIST
(To access table - use keyword .12rx)

- ☐ STABLE medical condition
- ☐ 1YR UNCHANGED medication
- ☐ NO polypharmacy
- ☐ NO controlled restricted meds
- ☐ NO misuse of meds
- ☐ BIOMARKERS in target range (BP, weight, blood - Hba1c, LDL, TFTs, etc)
- ☐ F2F review completed
- ☐ NO ongoing monitoring needed
- ☐ AGREES to annual review
- ☐ DOCUMENTED in clinical notes
- ☐ AUDIT review code inserted

[i] Repeat prescribing

[ii] Mangin D, Lawson J, Cuppage J, Shaw E, Ivanyi K, Davis A, Risdon C. Legacy Drug-Prescribing Patterns in Primary Care. Ann Fam Med. 2018 Nov;16(6):515-520. doi: 10.1370/afm.2315. PMID: 30420366; PMCID: PMC6231929.