



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

PHARMAC
TE PĀTAKA WHAIORANGA

Special Authority requirements for HIV medicines

From **1 November 2026** Pharmac will remove the Special Authority for HIV medicines (antiretrovirals) and enabling access to two HIV medicines on a Practitioners Supply Order (PSO).

These changes were part of a [consultation in October 2025](#) which resulted in STAT (3 monthly) dispensing for antiretrovirals [being enabled from May 2026](#). These additional changes are intended to address issues raised with Pharmac by clinicians and pharmacists around the prescribing of antiretroviral medicines for HIV, specifically:

- Confusion between clinicians and pharmacists on how people access HIV medicines for treatment, Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP) due to the Special Authority, endorsement requirements and how these funding rules interact when prescribing multiple medicines.
- Lack of access to 'on hand' or 'starter pack' antiretrovirals meaning that some people who require PEP face delays before commencing treatment.

The impact of these changes to the funding criteria will be:

- People will no longer need a Special Authority to receive medicines for HIV treatment.
- People will no longer need a Special Authority to receive medicines for HIV prophylaxis (PEP and PrEP).
- Emtricitabine with tenofovir disoproxil combination tablets and dolutegravir tablets will be available on PSO, only when held for use in HIV post-exposure prophylaxis (PEP).
- Pharmaceutical schedule notes to prompt prescribers to ensure patients are linked with specialist services will be added to all antiretroviral medicines.

No changes to prescribing pathways

HIV remains a notifiable disease. The intent of these changes is to simplify the administrative requirements for clinicians and pharmacists when prescribing and dispensing medicines for HIV. Referral and management of people living with HIV should be informed by the [New Zealand Sexual Health Service guidelines](#) or relevant local pathways.

While these changes will remove a barrier to the initiation of antiretrovirals in primary care, the expectation of the College is that practitioners will exercise their clinical judgement when prescribing these medicines. This includes appropriate referral to, and consultation with specialist services when treating people living with HIV or requiring HIV prophylaxis. Initiation of these medications for treatment of HIV will continue to occur via hospital specialist services.