

# Community Pharmacy Extended Pharmacy Services (EPS) Overview for pharmacies May 2026

## About the service

### 1. What is the Extended Pharmacy Service?

The Extended Pharmacy Service (EPS) enables participating community pharmacies nationwide to provide funded treatment for a range of common health conditions.

Health New Zealand–Te Whatu Ora (Health NZ) has established a \$5 million fund per annum fund to help ensure these services are available nationwide.

### 2. Who is eligible to receive the service?

A person is eligible to receive the service if they have an approved health need, they are eligible for publicly funded health services in NZ, and they meet one of the following:

Approved Health Needs	Eligible Service User
Acute Analgesia and Fever Management	The Service User is under 14 years old
Acute Oral Rehydration	The Service User is under 14 years old
Acute Conjunctivitis	The Service User is under 14 years old
Headlice Treatment	The Service User is: <ul style="list-style-type: none"><li>• under 14 years old; or</li><li>• is a whānau member of a Service User who is under 14 years old, and has the same Approved Health Need as that Service User</li></ul>

Approved Health Needs	Eligible Service User
Scabies Treatment	The Service User is: <ul style="list-style-type: none"> <li>• under 14 years old; or</li> <li>• is a whānau member of a Service User who is under 14 years old, and has the same Approved Health Need as that Service User</li> </ul>
Emergency Contraception	The Service User is a woman under 25 years old
Acute Uncomplicated Urinary Tract Infection	The Service User is a woman aged 16 to 65 years old

### 3. When will the EPS start and end?

The service will commence on 2 June 2026 and will continue on an ongoing basis unless terminated according to provisions within the Integrated Community Pharmacy Services Agreement.

### 4. Will EPS be available from all pharmacies?

Yes. All Integrated Community Pharmacy Service Agreement (ICPSA) holders will have the opportunity to opt in to provide the service at any time on or after 2 June 2026 by submitting a claim in accordance with the Service Schedule.

### 5. Do I need a separate contract to provide EPS?

The EPS is provided under your ICPSA, within Schedule 3A.7. HNZ has issued an Approved Health Needs Schedule for this purpose. You do not need to sign this Schedule. By submitting a claim for the service, you are deemed to have accepted the terms and conditions.

## Funding, claims and co payments

### 6. Will there be an EPS consultation Copayment?

Yes, a pharmacy can charge service users an EPS consultation co-payment up to the maximum amount specified in the table below.

**Table. Permitted EPS consultation fees**

Approved Health Need	EPS consultation Co-payment (GST inclusive)	
	Service User has a Community Services Card (CSC)	Service User <u>does not have a</u> Community Services Card (CSC)
Acute Analgesia and Fever Management	\$5	\$20
Acute Oral Rehydration	\$5	\$20
Acute Conjunctivitis	\$5	\$20
Headlice Treatment	\$5	\$20
Scabies Treatment	\$5	\$20
Emergency Contraception	\$0	\$0
Acute Uncomplicated Urinary Tract Infection	\$5	\$20

## 7. How much will I get paid to provide an EPS consultations?

You will be paid \$25.00 (ex GST) less the maximum EPS copayment per EPS consultation for Acute Analgesia and Fever Management, Acute Oral Rehydration, Acute Conjunctivitis, Headlice Treatment, and Scabies Treatment.

You will be paid \$37.50 (ex GST) less the maximum EPS copayment per EPS consultation for Emergency Contraception and Acute Uncomplicated Urinary Tract Infection.

Where you supply a subsidised pharmaceutical, you will be paid a dispensing transaction fee for this, as per Schedule 1 of the ICPSA.

In addition, you will be reimbursed for any approved treatment aids supplied as part of the EPS consultation.

## 8. Will I need to request evidence from a Service User to determine their CSC status or age?

You should take reasonable steps to verify eligibility information provided (as required when dispensing funded prescriptions) when determining eligibility for the service.

**9. What if a person's EPS consultation copayment will be more than the cost of purchasing the required treatment OTC?**

In this instance Health NZ would expect you to act in the best interests of the person and instead supply the treatment as an OTC medicine for private payment, rather than provide an EPS Consultation.

**10. Will pharmaceuticals be funded when supplied under this service?**

Yes. An update to the Pharmaceutical Schedule permits subsidy for pharmaceuticals under direct provision by pharmacists, where supplied following a consultation under this service, and where clinically appropriate.

Associated service and dispensing fees, as outlined in Schedule 1 of the ICPSA, will also apply.

Medicines that cannot be repacked without a prescription, such as ibuprofen 200 mg tablets, have been excluded

**11. How do I know which medicines are approved for funding under EPS?**

Pharmaceuticals that may be supplied and funded under EPS by direct provision by a pharmacist are listed in Section B of the Pharmaceutical Schedule. Funded supply is only permitted when the pharmaceutical is supplied as part of the EPS service and in accordance with the Schedule requirements.

**12. How will Approved Treatment Aids be reimbursed?**

Treatment aids may be supplied when necessary and reimbursement can be claimed via your reporting and claiming portal. Reimbursement via your pharmacy batch claim is not possible. The reimbursement amount is shown on the approved treatment aids list in the EPS Schedule, or in writing from Health NZ from time-to-time in. Any treatment aid that meets description in the Service Schedule (e.g. metal head-lice comb) may be used. You do not need to use a particular brand.

**13. Can I claim for assessing a person's eligibility for EPS?**

No. There is no payment to assess the service user's eligibility. A consultation fee is only payable for an Eligible Service User when a full consultation for one or more of the approved health needs has taken place.

#### **14. Can I claim for more than one consultation fee per service user?**

You can claim only one consultation fee per Eligible Service User per day, irrespective of whether the person presents with more than one eligible condition. Routine follow-up provided on a different day is not claimable.

A person may receive a consult for multiple health needs within a single consultation. Where this occurs, the pharmacy may only charge the service user one consultation fee and may only submit one claim. If more than one applicable fee could apply, the higher of the eligible fees may be charged to the person and claimed from Health NZ. Your claiming portal supports selection of multiple health needs within a single consultation; however, only one consultation fee will be payable.

You may claim for an additional consultation for the same condition on a different day only in exceptional circumstances where a further full consultation is clinically essential (for example, where the condition has worsened or has not resolved as expected). The clinical rationale for any additional full consultation must be documented for audit purposes. Service User

#### **15. Can pharmacies claim for medicines provided using their usual claim mechanism?**

Yes. Use your usual batch claiming mechanism for medicine cost and dispensing fees.

Please note that approved treatment aids are reimbursed through your EPS claiming portal – see question 12.

#### **16. Can I claim an EPS consultation fee if a medicine is not required?**

Yes – a consultation fee can be claimed. Payment of an EPS consultation fee is not linked to dispensing of a pharmaceutical. For example, some approved health needs may be self-limiting with advice and reassurance including how

the condition can be managed, with self-care, non-pharmacological treatment and what to do if the condition does not resolve or worsens.

**17. Can I claim a consultation fee if I referred the service user to the service user's usual GP or another health provider?**

Yes. If a full consultation is completed and a diagnosis cannot be determined or the condition is outside the scope of the pharmacist, a consultation fee can be claimed when a referral is made to another health provider. The referral should be documented in the EPS claiming portal form.

An EPS consultation fee cannot be claimed if the service user is referred to another EPS Provider (for example from virtual consultation to in-person).

**18. How and when will pharmacies be reimbursed for service delivery?**

Approved EPS claiming portals will be used for EPS activity reporting, claiming EPS consultation fees and reimbursement for Approved Treatment Aids . Pharmacies will be paid monthly by Health NZ.

**19. Can EPS be documented and claimed through other platforms?**

EPS consultations and Approved treatment aids can only be claimed via Health NZ-approved EPS claiming portal for the pharmacy's region. Links to these portals will be made available on the Health NZ website.

Pharmaceuticals claimed via the pharmacy's usual batch claiming process using their pharmacy management system (PhMS).

**20. Can EPS consultations be provided virtually? Will there be reimbursement for home deliveries?**

EPS consultations can be provided virtually when this is clinically appropriate. Service users must be able to receive the same standard of care as an in-person consultation, including any necessary medicines being supplied in a timeframe appropriate for the condition being treated.

Where it becomes evident that an in-person EPS consultation is necessary, and the pharmacy is unable to hold a full in-person consultation, the service user should be referred to another pharmacy delivering the EPS where they can attend in-person, or if that is not possible, or appropriate, referred to their

GP or other appropriate provider. An EPS consultation fee cannot be claimed by the referring pharmacy.

Home deliveries of pharmaceuticals are not funded by this service. Some providers may offer medicine delivery as part of their business-as-usual practice, charging service users for this is permitted. Service users can also arrange for dispensed medicine (if clinically appropriate) to be collected by a friend or family member.

## Supporting people with EPS

### **21. What if a person does not meet the eligibility criteria and presents to the pharmacy for the EPS?**

Pharmacists will follow their usual practice for advice, treatment and referral for any person who does not meet the Eligibility Criteria for the EPS.

### **22. Will people need to book an appointment for a consultation?**

Pharmacies may choose to offer bookable appointments for EPS; consultations however the priority is that all participating pharmacies can also accept 'walk-in' service users in their usual manner.

### **23. If a woman vomits after receiving an Emergency Contraceptive Pill (ECP) via an EPS consultation and needs another dose of levonorgestrel, can you claim another EPS consultation fee?**

No, you must not claim a second EPS consultation fee. However, you may claim an additional dispensing fee and medicine reimbursement pharmaceutical cost associated with supplying the additional levonorgestrel dose.

### **24. Can I provide more than one medicine to a Service User?**

Yes, you may provide treatment that is clinically appropriate to treat the service user's health need(s) as they present.

### **25. Are there limits on the quantity of medicine I can provide?**

Pharmaceutical Schedule limits may apply for any approved medicine provided as part of the service. There are no further restrictions, however, you

should use your clinical judgement to supply the most appropriate quantity necessary to treat the acute condition as it presents. **Treatment of long-term conditions is not within the scope of this service.**

**26. Does the Service User have to be present during the EPS consultation?**

No. The Service User does not have to be present in the pharmacy if, for example the parent, guardian or partner presents on their behalf. The pharmacist should exercise their usual discretion to ensure that all necessary information and informed consent can be obtained.

**27. How do I manage a situation where multiple whānau or household members require treatment for an Approved Health Need?**

In situations where there are multiple whānau or household members of an eligible child who has an Approved Health Need, there is no expectation that those whānau or household members are present at the time of consultation in order to receive treatment, provided that appropriate consent is obtained (e.g. through a parent or guardian).

For the avoidance of doubt, only one EPS consultation fee is claimable for this situation.

Treatment should be dispensed to each named whānau or household member being treated and a dispensing transaction fee is claimable for each

**28. Can the EPS be delivered off-site, eg, in primary schools?**

No. Pharmacies must not provide EPS consultations and treatment off-site without prior written consent from Health NZ. EPS can only be delivered from the licensed premises, that is the pharmacy.

**29. Can pharmacies advertise the Extended Pharmacy Service?**

Yes, pharmacies can advertise the service to their local communities. Any promotion of the availability of the EPS by pharmacies must be accurate, and professionally appropriate.

Pharmacies can promote the fact that it provides funded EPS consultations for Eligible Service Users and that these may result in provision of funded

treatments. Pharmacies must not advertise free or subsidised medicines as the main enticement to use the service.

**30. How will the community know about this service and which pharmacies are offering this?**

A public advertising campaign will begin in June, and the Minister of Health announced the new service in April. There will likely be further ministerial announcements on the service later in the year.

Service users will also have visibility of pharmacies offering the service via Healthpoint.

## Pharmacy processes

**31. Will pharmacists need a standing order to supply these medicines?**

No. The medicines funded under the EPS are classified as either general sales, pharmacy or pharmacist-only medicines, or prescription except when provided by a pharmacist (under specific conditions for the pharmaceutical).

**32. Are pharmacies required to keep any hard-copy documentation of medicines dispensed?**

Pharmacies should submit hard-copy documentation for any pharmaceuticals supplied as part of the EPS into the usual batch process.

**33. What records of the consultation or medicines management plan do I need to keep?**

Pharmacists providing EPS are required to comply with all treatment-specific legal requirements and established clinical best practice. Providers should note that EPS claims may be subject to audit by Health NZ from time to time to assess validity and compliance with service specifications. Maintaining robust and accurate records will support this process

**34. Can one pharmacy carry out an EPS consultation, and another pharmacy dispense the funded treatment for that consultation?**

No. Any medicine supplied pursuant to an EPS consultation must be dispensed by the pharmacy that provided the EPS consultation.

**35. How do pharmacies opt-in to deliver this service?**

Pharmacy providers will be receiving onboarding information through their Regional Pharmacy Commissioning Teams.

**36. What support will be available for pharmacists if a diagnosis cannot be determined, or the condition is more severe?**

Pharmacists should advise Service Users to go to their general practice, an urgent care centre or use an online GP service as they would normally in these circumstances.

**37. Are there any training requirements for pharmacists to deliver the service?**

There are no additional training requirements to deliver the EPS. Pharmacists and other registered health professionals delivering EPS must continue to comply with all existing accreditation, training, competency and legal requirements applicable to the medicines and services being provided.

It is recommended pharmacy teams attend the Health NZ online webinar that covers detailed information on service delivery, funding and clinical support.

Health NZ will provide links to resources on the pharmacy EPS webpage

**38. Are there any requirements for pharmacy premises or staffing?**

The pharmacy must have a suitably sized private consultation area, where a consultation can be conducted, ensuring privacy and confidentiality is maintained. To avoid doubt, a private consultation area is not a space (such as a corner) within the retail area where participants in a consultation can be seen and/or heard.

All Service Users must be offered the use of the consultation area for their consultation.

Staff are recommended to review/complete staff training, online material, or refresher courses available to optimise consumers' experiences in accessing treatment and care.

### **39. How will the service be evaluated?**

Health NZ will use data provided through the EPS claiming portals, along with dispensing claim data, and information already held, to evaluate access to the EPS and assess system impacts.

In addition, Health NZ may collect service user experience data directly from service users.

Health NZ will also undertake audits of providers to monitor provider compliance against service specifications.

### **40. Who can carry out EPS consultations?**

EPS consultations may be undertaken by:

- A registered pharmacist
- A registered nurse practising within their scope of practice
- An intern pharmacist under the supervision of a registered pharmacist

However, supply of approved pharmaceuticals must comply with all applicable legal, scope of practice, and medicine classification requirements.

### **41. If I supply a medicine who is the prescriber?**

The name of pharmacist who performed the consultation, or in the case of a consultation performed by a registered nurse or intern pharmacist, the name of supervising pharmacist must be entered into the PhMS as the 'prescriber'. The pharmacist must ensure that they have all the information they require to accept full legal and professional responsibility for the supply of the medicine.

### **42. What Service User Prescription Code do I use? Are their EPS specific patient codes?**

There are no EPS specific Service User prescription codes. You must use the correct Service User prescription code from an approved provider e.g. Y4, J4, A4, S4, X4. Or Y1, J1, A1, S1 or X1 for those with a CSC. For EPS pharmacists are deemed to be 'approved providers' providers.

**43. Following a consultation and medicine supply, will I need to provide a clinical record to the GP?**

There is no requirement for clinical notes to be sent to the service user's usual GP unless Health NZ advises in writing. If a medicine is supplied under this service, a dispensing record will be visible through the usual shared clinical repository (TestSafe, HealthOne etc)

**44. Some districts have existing services that are similar to the proposed EPS How will this be managed going forward?**

Your regional pharmacy lead will contact you directly to clarify provisions relating to local services.

**45. Has Health NZ anticipated workforce pressures?**

Health NZ acknowledges that there are workforce pressures across the pharmacy sector and broader healthcare system. It is anticipated that the EPS initiative will cover some existing demand for services related to common health needs that would usually have resulted in an over-the-counter sale of medicines, or a consultation with a GP for a prescription. The EPS initiative utilises existing workflows minimising additional administrative burden or training requirements.

**46. How will Health NZ engage with other primary care providers (such as GPs, PHOs and urgent care) to raise awareness of pharmacists' capabilities to undertake Extended Pharmacy Services consultations?**

Health NZ is in discussions with other primary care representatives (including PHO/GP and urgent care). Health NZ will remind other primary care providers that:

- Pharmacists providing Extended Pharmacy Services will be required to comply with treatment-specific legal requirements and established clinical best practice.
- Pharmacists currently diagnose and treat the proposed conditions within their scope of practice. This initiative provides funding for these services.