FPM
Faculty of Pain Medicine
ANZCA

Te Whare Tohu o
Te Hau Whakaora

20 August 2026

ATTENTION: Karl Herman
Therapeutic Group Manager
PHARMAC
By email: karl.herman@pharmac.govt.nz

Dear Herman

Supporting information for extending funding for Naloxone and Buprenorphine for the treatment of long-term chronic pain

On behalf of the New Zealand National Committee of the Faculty of Pain Medicine (FPM NZNC), please find in the proposals below the information you requested at our June meeting showing how these medicines could safely address unmet need in specific patient groups with chronic pain, including considerations relating to prescribing, delivery, dosage, and potential suppliers.

About the Faculty of Pain Medicine

The Faculty of Pain Medicine (FPM) sits within the Australian and New Zealand College of Anaesthetists (ANZCA) and is responsible for the education and training of SPMPs across Australasia.

There are 44 Specialist Pain Medicine Physicians (SPMPs) and six trainees in Aotearoa, which has four accredited pain medicine training sites:

- Auckland Regional Pain Services (TARPS)
- Middlemore Hospital
- Waikato Hospital
- Wellington Regional Pain Unit.

SPMPs are the only specialists formally qualified to assess and manage the complexities of long-term chronic pain. They use a sociopsychobiomedical model of care and lead interdisciplinary teams to deliver quality integrated pain care. Most SPMPs work across all health settings, including hospitals, outpatient clinics, and community pain services, private practice and ACC-funded services.

Background

Persistent pain is a common and disabling condition affecting a substantial proportion of New Zealanders.[1] There is also a complex relationship between chronic pain and socioeconomic disadvantage, including recognised ethnic disparities in prevalence, access to services, and outcomes.[2] These factors are reflected in the relatively small, but high-needs and mainly socio-economically disadvantaged patient population considered in this proposal.

While non-pharmacological and multidisciplinary approaches remain the foundation of care, a carefully selected group of patients continue to require opioid therapy as part of an individualised management plan.

FPM NZNC strongly supports contemporary opioid stewardship and recognises the well-described risks associated with long-term opioid therapy, including opioid-induced ventilatory impairment, dependence, opioid use disorder and overdose. FPM NZNC does not support indiscriminate opioid

prescribing and advocates that opioids should be prescribed only when clinically appropriate, at the lowest effective dose, and alongside regular review and optimisation of non-opioid treatments.[3]

This submission proposes two measures that the Faculty considers would improve patient safety while supporting responsible opioid prescribing:

- funded access to take-home naloxone for selected patients receiving long-term opioid therapy for persistent pain; and
- funded access to buprenorphine formulations suitable for persistent pain management.

The Faculty considers these proposals to represent **opioid stewardship initiatives**, rather than an expansion of opioid availability.

Proposal 1: Funded take-home naloxone for selected patients with persistent pain

Rationale

Naloxone is an emergency rescue medication that rapidly reverses opioid-induced respiratory depression.

Although funded access currently exists for people receiving treatment for opioid use disorder, patients receiving long-term opioid therapy for persistent pain may also be at increased risk of opioid-induced respiratory depression, particularly those with:

- higher opioid doses
- obstructive sleep apnoea
- chronic respiratory disease
- renal impairment
- concomitant sedating medicines
- significant medical comorbidity.

FPM NZNC supports extending funded access to take-home naloxone for appropriately selected patients receiving long-term opioid therapy for persistent pain, consistent with contemporary opioid stewardship principles.[34]

Naloxone would be prescribed as an emergency rescue medication for administration by family members, carers or other bystanders in the event of suspected opioid-induced respiratory depression while awaiting emergency medical assistance.[6]

Preferred formulation

FPM NZNC considers intranasal naloxone the preferred formulation because of its ease of administration by non-healthcare providers.

Recognising that an intranasal product is not currently available in Aotearoa New Zealand, FPM NZNC supports funding injectable naloxone together with the equipment required for community administration, including syringes, needles, storage kits and appropriate patient education resources.

Proposal 2: Funded buprenorphine for persistent pain

Rationale

FPM NZNZ considers funding buprenorphine to be an opioid stewardship initiative rather than an expansion of opioid availability.

Improved access to buprenorphine would allow carefully selected patients to transition from higher-risk opioid regimens to an opioid with a more favourable safety profile while supporting ongoing dose optimisation and review. In many patients this would facilitate opioid rotation rather than increasing overall opioid exposure.[3]

While buprenorphine–naloxone (Suboxone®) is currently funded for opioid use disorder, it is not funded for the treatment of persistent pain where buprenorphine is clinically appropriate.

Although Suboxone® may be clinically useful for a small number of patients with persistent pain, the currently funded formulation is available only in doses substantially higher than those commonly used when initiating or maintaining buprenorphine therapy for persistent pain. This limits its usefulness for many patients and makes careful dose titration difficult.

Patient population

Potential indications include patients with:

- persistent pain where ongoing opioid therapy remains clinically appropriate
- need for opioid rotation
- unacceptable adverse effects from conventional opioids
- renal impairment or dialysis
- increased risk of opioid-related harm where buprenorphine may offer safety advantages.

Recommended formulations

The Faculty recommends funding both **transdermal buprenorphine patches** and **low-dose sublingual buprenorphine tablets** for the management of persistent pain.

The two formulations serve complementary clinical roles.

Transdermal buprenorphine is likely to be the preferred formulation for many patients requiring ongoing opioid therapy because it provides stable drug delivery and convenient long-term administration.

Low-dose sublingual buprenorphine tablets facilitate treatment initiation, opioid rotation and dose titration. In addition, they would provide a useful option for short-term management of acute pain where clinically indicated.

Temgesic SL tablets and Temgesic ampoules are registered in Australia, with only the tablets being supplied by Echo Technologies. The tablets are not registered with Medsafe in Aotearoa New Zealand, but are available to hospitals via the S29 pathway and can be ordered from HCL NZ. While these tablets are currently promoted primarily for short-term management of acute pain, this formulation would also have an important role in selected patients with persistent pain.

Temgesic Ampoules, 300 mcg/1 mL, 5 ampoules/pack is registered in New Zealand. Currently Echo Technologies' Regulatory team is working on a submission to update the Medsafe registration following a change in the manufacturing site. Supply is anticipated to return early in 2027.

Prescribing

For persistent pain, FPM NZNC proposes that both transdermal buprenorphine patches and low-dose sublingual buprenorphine tablets initially be funded through Special Authority initiated by SPMPs.

This would support equitable national access while ensuring appropriate patient selection, opioid stewardship and specialist oversight during implementation. Ongoing prescribing could then be undertaken by the patient's usual medical practitioner where clinically appropriate.

For acute pain, low-dose sublingual buprenorphine tablets should be available for prescribing by appropriately qualified medical practitioners within their usual scope of practice where clinically indicated. Prescribing should be limited to short-term treatment only and to no greater quantity than required for the expected duration of severe acute pain, consistent with the approved indication and contemporary opioid stewardship principles. For most patients, this would generally not exceed seven days, with ongoing prescribing requiring clinical reassessment.[9] [10]

Opioid stewardship and implementation

The Faculty acknowledges that Pharmac will wish to understand the potential size of the eligible patient population and the likely impact on prescribing.

National opioid dispensing data are already available through the Health Quality & Safety Commission's Opioids Atlas of Healthcare Variation, which demonstrates regional variation in opioid dispensing and identifies groups at increased risk of prolonged opioid exposure. These data may assist Pharmac in estimating the potential population eligible for funded buprenorphine and take-home naloxone.[8]

The Faculty considers these proposals to be opioid stewardship initiatives rather than an expansion of opioid availability. Funding buprenorphine is expected to facilitate opioid rotation from higher-risk opioid regimens to an opioid with a more favourable safety profile in carefully selected patients, while funding take-home naloxone would improve patient safety for patients who remain at increased risk of opioid-induced respiratory depression.

The Faculty would welcome the opportunity to work collaboratively with Pharmac, Health New Zealand and the Health Quality & Safety Commission to support implementation through prescribing guidance, education and opioid stewardship initiatives. While recognising that prescribing governance extends beyond Pharmac's primary role, Pharmac has an important role in determining funded access to medicines and supporting prescribing practices that promote patient safety, equitable access and responsible use.

Summary

The Faculty supports:

1. Funded take-home naloxone for selected patients receiving long-term opioid therapy for persistent pain who are at increased risk of opioid-induced respiratory depression.
2. Funding for transdermal buprenorphine patches and low-dose sublingual buprenorphine tablets for carefully selected patients with persistent pain.
3. Funded sublingual buprenorphine for short term acute pain management.
4. A Special Authority pathway for initiation of buprenorphine for persistent pain by Specialist Pain Medicine Physicians, with ongoing prescribing by the patient's usual medical practitioner where clinically appropriate.
5. Funding and implementation strategies that promote opioid stewardship, improve patient safety and facilitate equitable access to safer opioid therapies.

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We trust this application meets with your approval and look forward to your response.

Ngā mihi

Dr Charlotte Hill
Chair, FPM
New Zealand National Committee

Dr Paul Vroegrop
Deputy Chair, FPM
New Zealand National Committee

Australian and New Zealand
College of Anaesthetists
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