

IMPORTANT UPDATE: Change to Cellulitis Management and POAC Funding in Auckland Region – effective 14 August 2025

From 14 August 2025, the management of cellulitis in the community will change in line with best practice guidelines and national recommendations from the Antimicrobial Stewardship Group.

This update is based on clinical evidence showing that once-daily IV antibiotics are not effective for most patients with cellulitis. Instead, high-dose oral antibiotics, with probenecid when indicated, provide equivalent antibiotic concentrations and clinical outcomes.

Key Changes to Clinical Care

- Once-daily IV antibiotics will no longer be recommended for community cellulitis management.
- First-line treatment for mild to moderately severe cellulitis is **high-dose oral antibiotics** (with probenecid where appropriate) – refer to the updated Auckland HealthPathways (updated 14 August 2025):
 - [Cellulitis Adult HealthPathway](#)
 - [Cellulitis Child HealthPathway](#)
- If IV antibiotics are required, discuss with the hospital team – admission is recommended as appropriate dosing frequency cannot be provided in the community
- A grace period for funding will be applied during the transition.
- Refer to the POAC website for further information www.poac.co.nz/cellulitis

New Process for Community Management

- Patient presents with mild to moderately severe cellulitis
- If appropriate, commence oral therapy as per Auckland HealthPathway.
- For funding, apply normal POAC rules (i.e., patient would otherwise be considered for acute admission).
- If patient requires IV antibiotics, single daily dose is not effective – discuss with hospital.
- A standardised national funding framework has been developed to support this change.
- Initial consultation remains payable by the patient.

Follow-up Care

1. **Proactive Review:** For patients at high risk consider a follow-up (phone or in person, usually nurse-led) within 72 hours – funded via POAC at \$44.85 (incl GST). Virtual or in-person follow-up is at the clinician's discretion. If this review results in a required in-person follow-up, this is funded by POAC \$109.25.
2. **Reactive Follow-up:** Patient presents for review. First follow-up is payable by the patient.
3. Subsequent follow-ups within 7 days of initial appointment are funded by POAC.

High Risk Patients: Reasons for Proactive Follow-up may include:

- Immunocompromised patients
- Diabetes with poor glycaemic control
- Peripheral vascular disease
- Lymphoedema
- Previous cellulitis in the same limb
- Other clinician-determined factors that indicate increased risk

Note: Redness may worsen within the first 48–72 hours and this is not necessarily treatment failure.

POAC Funding Table (GST Inclusive)

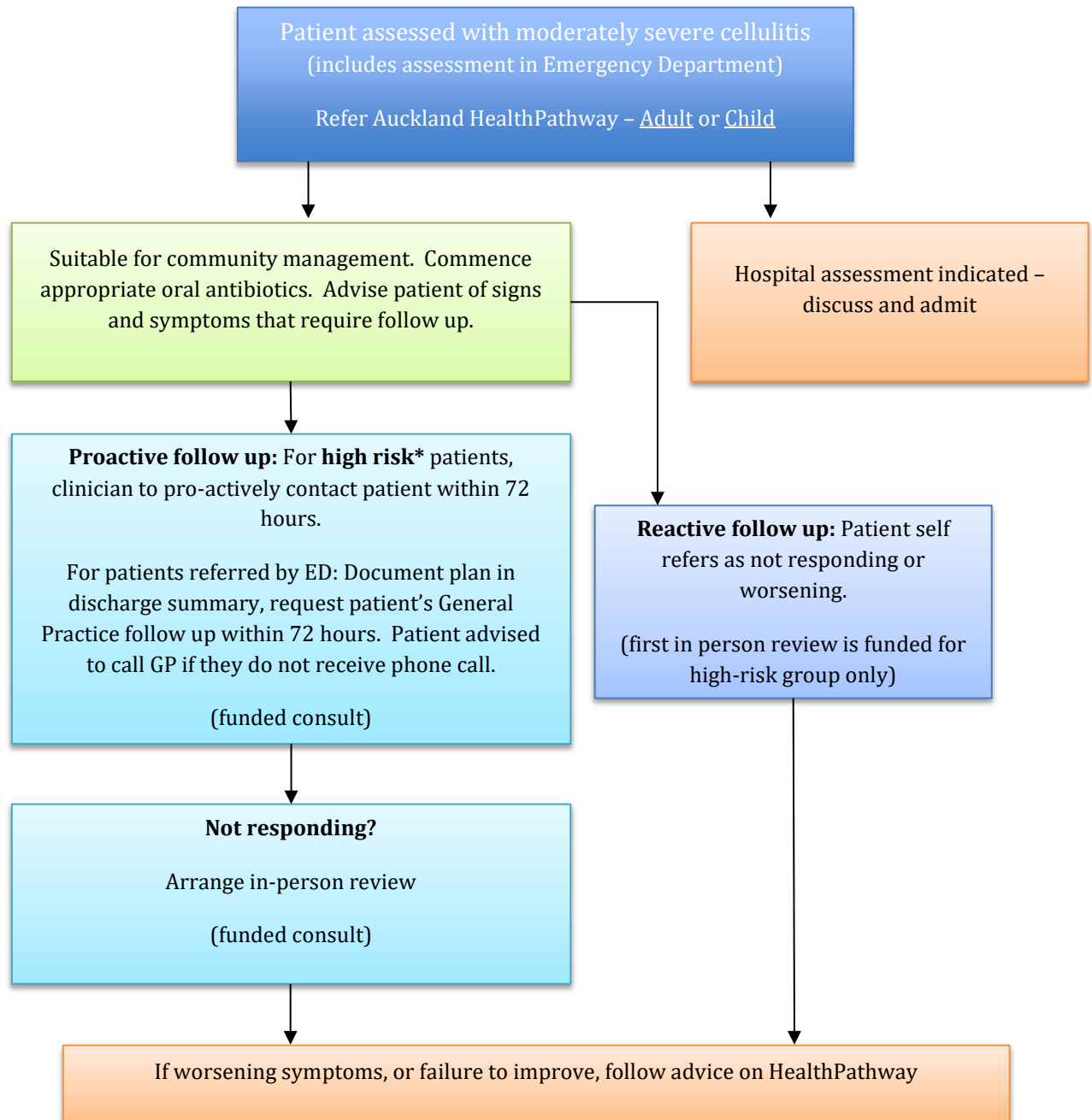
Type of Follow-up	Description	Fee (incl GST)
Proactive Follow-up	Proactive initial follow up for high-risk patients - phone/virtual or in person, can be nurse-led, within 72 hours.	\$44.85
Proactive Follow-up In-Person (GP/NP*)	Subsequent in-person follow up. In-person with GP/NP*	\$109.25
Reactive Follow-up (GP/NP*)	Patient generated follow-up within 7 days. In-person with GP/NP* Patient pays the first follow up if low risk.	\$109.25

**or registered clinician working within their scope of practice with prescribing rights.*

POAC Claiming

- Submit POAC referral using code **Cellulitis (moderately-severe) High Dose Oral Therapy** (indicate low or high risk).
- Submit claim using the fixed fees for Proactive or Reactive Consultation.
- Full clinical notes to be submitted.
- ACC cases are excluded from this funding framework.

- Follow up is funded for a maximum of 7 days from date initial treatment commenced.



***High-risk patients may include:**

- Immunocompromised patients
- Diabetes with poor glycaemic control
 - Peripheral vascular disease
 - Lymphoedema
- Previous cellulitis in the same limb
- Other clinician-determined factors that indicate increased risk