# Recommendations made by the PBAC – September 2024 intracycle meeting

## Last updated: 1 November 2024

## Endorsed midwife – PBS listings

At its [September 2024 intracycle meeting](https://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/pbac-outcomes/recommendations-made-by-the-pbac-september-2024-intracycle-meeting), the Pharmaceutical Benefits Advisory Committee (PBAC) considered approximately 50 medicines listed on the Pharmaceutical Benefits Scheme (PBS) identified through consultation that were requested for prescribing by endorsed midwives. The PBAC made its recommendations with reference to its general principles for determining PBS prescriber eligibility. The PBAC’s recommendations and rationale from the guidance principles are summarised in tables below.

The PBAC recommended that PBS listings for over 30 medicines be amended to allow PBS prescribing by endorsed midwives without any further conditions beyond those that may already specified in PBS restrictions (Table 1). The PBAC considered that the midwifery/ obstetric proposed uses are likely to be covered by the existing PBS listings, but reiterated that endorsed midwives should ensure that prescribing is in accordance with any PBS restrictions where specified. For an additional 11 medicines (Table 2), the PBAC recommended that endorsed midwives be added as authorised prescribers under certain circumstances (e.g. for continuing therapy only, where care of the patient is shared with a medical practitioner). The PBAC recommended that endorsed midwives be added as authorised prescribers for several Prescriber Bag listings (included in Table 1). The PBAC noted that some medicines requested by stakeholders for inclusion in the Prescriber Bag for endorsed midwives are not currently PBS-listed and would require a submission from a sponsor.

The PBAC did not recommend the addition of endorsed midwives as authorised prescribers for some medicines (Table 3) due to the following reasons: where the proposed use is not Therapeutic Goods Administration (TGA) registered; the medicine is currently withdrawn from the market; or clinical guidelines do not support use of the medicine during pregnancy in favour of alternative medicines. Some requested medicines (Table 4) were excluded from PBAC consideration if they were not already listed on the PBS, or the intended form, presentation or indication were not PBS-listed.

## Implementation

The PBAC’s recommendations are expected to be implemented in the first half of 2025 as part of routine monthly changes to the PBS schedule. PBS prescribers should check the schedule regularly to ensure they prescribe in accordance with any restrictions specified in a listing.

More information can be found by visiting ‘Review of PBS items for prescribing by nurse practitioners and endorsed midwives‘ on the PBS website ([www.pbs.gov.au](http://www.pbs.gov.au)).

**Table 1: Medicines recommended by the PBAC for PBS prescribing by an endorsed midwife**

| **Medicine** | **Relevant PBS restriction** | **Midwifery/obstetric purpose cited** |
| --- | --- | --- |
| ***Anti-infectives*** |
| Aciclovir | Initial or recurrent moderate to severe genital herpes – episodic or suppressive therapy | Prevention of herpes outbreak from 36 weeks or treatment of existing outbreak |
| Valaciclovir |
| Amoxicillin + Clavulanic acid | Infection where resistance to amoxicillin is suspected or proven | Post-natal perineal infection |
| Amoxicillin liquid | Unrestricted benefit | As an alternative dose form to solid oral dose forms in patients having difficulty swallowing a solid oral dose form |
| Azithromycin  | Urethritis or cervicitis due to chlamydia trachomatis | Sexually transmitted infection |
| Benzylpenicillin 3 g injection | Prescriber bag listing | First line management of suspected sepsis in labour, Group B streptococcus positivity in labour |
| Cefalexin liquid | Unrestricted benefit | Mastitis - as an alternative dose form to solid oral dose forms in patients having difficulty swallowing a solid oral dose form |
| Cefazolin | Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent | Group B streptococcus positivity in labourMastitis |
| Ceftriaxone | Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent | Sexually transmitted infection |
| Doxycycline  | Unrestricted benefit | Sexually transmitted infection |
| Erythromycin | Unrestricted benefit | Prolonged rupture of membranes |
| Flucloxacillin injection, oral liquid | Unrestricted benefit,Serious staphylococcal infection | Mastitis |
| Metronidazole oral liquid, tablets | Unrestricted benefit, Anaerobic infections | Bacterial vaginosis |
| Trimethoprim  | Unrestricted benefit | Urinary tract infection |
| Vancomycin injection | Infection where treatment is initiated in a hospital | Group B streptococcus positivity in labour |
| ***Contraceptives*** |
| Norethisterone 350 mcg tablets  | Unrestricted benefit | Contraception in breastfeeding mothers |
| Medroxyprogesterone depot injection  | Unrestricted benefit | Contraception  |
| Levonorgestrel 19.5 mg IUD (Kyleena) | Contraception | Contraception |
| Levonorgestrel 52 mg IUD (Mirena) |
| ***Pain relief*** |
| Diclofenac tablets | Unrestricted benefit | Pain and inflammation |
| Indometacin suppositories | Unrestricted benefit | Pain and inflammation |
| Paracetamol + codeine | Short term acute severe pain | Analgesia |
| Lidocaine 1% injection | Prescriber bag listing | Local anaesthetic |
| ***Iron deficiency*** |
| Iron (as ferric carboxymaltose)  | Unrestricted benefit | Iron deficient anaemia in pregnancy Treatment of low iron postnatally following postpartum haemorrhage |
| Iron (as polymaltose) |
| Ferrous fumarate (including in combination with folic acid)  | For treatment of a patient identifying as Aboriginal or Torres Strait Islander | Iron deficiency in someone identifying as Aboriginal or Torres Strait Islander who is pregnant |
| ***Stomach acid suppression*** |
| Omeprazole  | Initial treatment or short-term maintenance treatment of gastro‑oesophageal reflux disorder (GORD) | GORD |
| Esomeprazole 20 mg |
| ***Anti-emesis*** |
| Prochlorperazine | Unrestricted benefit (General schedule)Prescriber bag listings | Antiemetic |
| Promethazine  | Unrestricted benefit (General schedule)Prescriber bag listings | Antiemetic |
| ***Lactation related*** |
| Cabergoline | Prevention of the onset of lactation in the puerperium for medical reasons | Suppression of lactation following stillbirth or neonatal death |
| ***Miscellaneous*** |
| Naloxone  | Unrestricted benefit (General schedule)Prescriber bag listings | Opioid overdose |
| Folic acid | For treatment of a patient identifying as Aboriginal or Torres Strait Islander | Folate deficiency in a pregnant patient identifying as Aboriginal or Torres Strait Islander |

**Table 2: Medicines recommended by the PBAC for PBS prescribing by an endorsed midwife under certain circumstances**

| **Medicine - purpose** | **Relevant PBS restriction** | **Circumstances and rationale**  |
| --- | --- | --- |
| ***Analgesia*** |
| Oxycodone 5 mg capsules, tablets, 10 units – acute post-operative pain | Severe pain – acute, short term, where non-opioids are inadequate. | Principle 3 – Medicine specific considerations Treatment must be shared with a medical practitioner to limit prescribing to the proposed purpose only (i.e. severe post-partum pain following surgery) and ensure there are not underlying medical concerns. |
| Tramadol 50 mg immediate release capsules – acute post-operative pain | Severe pain – acute, short term, where non-opioids are inadequate. | As above for oxycodone |
| ***Anti-infectives*** |
| Benzylpenicillin 3 g - first line management of suspected sepsis in labour, GBS positivity in labour | Unrestricted benefit (General schedule) | Principle 4 - Health condition specific considerations Add a Caution note that patient care be shared with a medical practitioner when prescribed by a non-medical practitioner for suspected sepsis as a matter of urgency. The severity of the proposed use warrants medical practitioner involvement as prompt rapid escalation may be required. |
| Gentamicin – first line management of suspected sepsis in labour | Unrestricted benefit | As above for benzylpenicillin |
| ***Anti-hypertensives*** |
| Labetalol - hypertension | Unrestricted benefit | Principle 4 - Health condition specific considerations Continuing therapy only after initiation by a medical practitioner in the current pregnancy; treatment for this condition must be shared with a medical practitioner. To assist in ensuring the underlying causes(s) of the hypertension are investigated and treated appropriately before the commencement of drug therapy. |
| Methyldopa - hypertension | Hypertension in a pregnant patient | As above for labetalol. |
| ***Miscellaneous*** |
| Enoxaparin – thromboprophylaxis | Unrestricted benefit | Principle 4 - Health condition specific considerations Continuing therapy only; initiation by a medical practitioner for the current pregnancy/post-partum episode. Treatment must be shared with a medical practitioner to address the marked increased risk of thromboembolism in pregnancy/the post-partum period compared to that in a non-pregnant woman.  |
| Hydroxocobalamin – vitamin B12 deficiency | Pernicious anaemia or proven vitamin B12 deficiencies other than pernicious anaemia in a patient identifying as Aboriginal or Torres Strait Islander. | Principle 4 - Health condition specific considerations Treatment must be shared with a medical practitioner to assist in ensuring that the underlying cause(s) of anaemia are investigated and treated appropriately.  |
| Levothyroxine - hypothyroidism | Unrestricted benefit | Principle 4 - Health condition specific considerations Continuing therapy only. Treatment must be shared with a medical practitioner to assist in ensuring the underlying causes of hypothyroidism are investigated and treated appropriately before the commencement of drug therapy. |
| Metformin - diabetes | Unrestricted benefit | Principle 4 - Health condition specific considerations Continuing therapy only. Treatment must be shared with a medical practitioner to assist in ensuring the underlying causes of diabetes are investigated and treated appropriately before the commencement of drug therapy. |
| Temazepam – insomnia | Unrestricted benefit | Principle 3 - Medicine specific considerations Treatment must be shared with a medical practitioner to assist in ensuring the underlying causes(s) are investigated and treated appropriately, as well to ensure short term use only. |

**Table 3: Medicines not recommended by the PBAC for PBS prescribing by an endorsed midwife**

| **Medicine** | **Reason** |
| --- | --- |
| Domperidone | The proposed use (increase lactation post-partum) is not a TGA registered indication |
| Terbutaline injection | The proposed use (tocolytic) is not a TGA registered indication |
| Ondansetron | The proposed use (nausea/vomiting associated with pregnancy) is not a TGA registered indication |
| Ranitidine 300 mg | Medicine is currently withdrawn from the market |
| Enalapril | Clinical guidelines do not support use of the medicine during pregnancy in favour of alternative medicines |
| Pantoprazole | Clinical guidelines do not support use of the medicine during pregnancy in favour of alternative medicines |

**Table 4: Medicines excluded from consideration for PBS prescribing by an endorsed midwife due to not being PBS‑listed**

| **Medication**  | **Midwifery/obstetric indication** |
| --- | --- |
| Chloramphenicol ointment | Infection |
| Clindamycin vaginal cream, injection | Bacterial vaginosis |
| Clotrimazole cream | Fungal infection |
| Combined oral contraceptive pills x 8 | Contraception |
| Copper IUD | Contraception |
| Etonogestrel with ethinylestradiol vaginal ring | Contraception |
| Ergometrine | UterotonicManagement of third stage of labour and post-partum haemorrhage |
| Fluconazole single tablet (Pharmacist only medicine (Schedule 3)) | Thrush |
| Levonorgestrel single tablet (Schedule 3) | Emergency contraception |
| Lignocaine with adrenaline | Local anaesthetic |
| Magnesium sulphate injection | Anti-convulsant |
| Metronidazole injection  | First line management of suspected sepsis in labour |
| Miconazole oral gel (Schedule 3) | Fungal infections of the nipple/breast |
| Mifepristone as the single drug | Pregnancy termination |
| Misoprostol as the single drug | Management of third stage of labour and post-partum haemorrhage |
| Mupirocin ointment | Skin infection (ointment is RPBS listed for skin infection; PBS listing is for nasal infection) |
| Nifedipine immediate release tablets | Anti-hypertensive |
| Nitrous oxide | Analgesia |
| Nystatin vaginal cream, oral liquid | Vaginal thrush, nipple thrush |
| Oseltamivir | Viral infection |
| Oxytocin | Anti-haemorrhagicManagement of third stage of labourPost-partum haemorrhage |
| Oxytocin with ergometrine | Management of third stage of labourPost-partum haemorrhage |
| Phytomenadione paediatric formulation | Prevention of haemolytic disease of the foetus and newborn |
| Promethazine liquid, tablets (Schedule 3) | Anti-emetic |
| Prostaglandin E2 | Cervical ripening |
| Pyridoxine (vitamin B6) | Unstated |
| Tranexamic acid injection | Post-partum haemorrhage |