



# Recommendations made by the PBAC – March 2025 meeting

Last updated: 9 May 2025

## Nurse practitioner PBS listings

At its March 2025 meeting, the Pharmaceutical Benefits Advisory Committee (PBAC) considered and provided advice on approximately 70 PBS medicines identified by stakeholders which do not have nurse practitioners as authorised prescribers. The PBAC made its recommendations with reference to its four general principles for determining PBS prescriber eligibility.

In most instances, the PBAC recommended that nurse practitioners be permitted to prescribe these medicines in accordance with existing PBS restrictions. In some instances, the PBAC recommended nurse practitioners be permitted to prescribe certain medicines provided shared care with a medical practitioner occurs and/or as continuing therapy only. The PBAC considered that Principle 4 ('Health condition specific considerations') applied in this context, as these medicines are used to treat complex health conditions and management generally requires oversight by a medical specialist. For a smaller number of medicines, mostly those where the PBS restriction already limits treatment to specialist medical practitioners, the PBAC recommended no changes to PBS prescriber type eligibility.

The PBAC noted these changes would enable nurse practitioners to prescribe PBS subsidised medicines within their scope of practice and existing prescribing rights, which are determined by states and territories. Scope of practice varies between individual nurse practitioners and the decision by an individual nurse practitioner to initiate or continue treatment with a particular medicine is influenced by that individual's scope of practice and governed by professional standards as set by the Nursing and Midwifery Board of Australia and any state or territory law.

The PBAC's recommendations and rationale are summarised in tables below.

## Implementation

The PBAC's recommendations are expected to be implemented in 2025 as part of routine monthly changes to the PBS schedule.

The PBAC's recommendations applied to PBS listings as at March 2025. Some medicines are listed in more than one section of the Schedule or for more than one indication. PBS listings for the same medicine may have different conditions for prescribing. Medicines listed on the PBS are updated monthly and 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.



**Table 1 – PBS General schedule medicines requested by stakeholders where nurse practitioners are not currently (as at 1 March 2025) authorised prescribers**

Drug name	PBS listed indication(s)	PBAC recommended nurse practitioner outcome / <i>Rationale</i>
<b><i>Dermatologicals</i></b>		
Isotretinoin	Severe cystic acne	Outcome 2 – Permit NP continuation of therapy noting that PBS listings already contain a note for prescribers to comply with state/territory law.  <i>Principle 1 – Scope of practice of the health practitioner group (e.g. state or territory regulations prohibiting prescribing by NPs)</i>
Acitretin	Severe intractable psoriasis Severe disorders of keratinisation	
Imiquimod	Superficial basal cell carcinoma	Outcome 1 – Permit NP prescribing.
Pimecrolimus	Atopic dermatitis	Outcome 1 – Permit NP prescribing.
Apremilast Deucravacitinib	Severe chronic plaque psoriasis <sup>a, d</sup>	Outcome 2 – Permit NP continuation of therapy where there is agreement with either a dermatologist, rheumatologist or general physician (i.e. same conditions as a general practitioner).  <i>Principle 4 – complex conditions where specialists are likely to oversee treatment.</i>
Dupilumab	Chronic severe atopic dermatitis <sup>b</sup>	Outcome 4 – Exclude. Specialist only medicine.  <i>Principle 4 – complex conditions where specialists are likely to oversee treatment.</i>
Clobetasol propionate	Moderate to severe scalp psoriasis (shampoo) Corticosteroid-responsive dermatoses (cream and ointment)	Outcome 1 – Permit NP prescribing.



Drug name	PBS listed indication(s)	PBAC recommended nurse practitioner outcome / <i>Rationale</i>
<b>Eye drops</b>		
<b>Glaucoma eye drops</b> Prostaglandin analogues (bimatoprost, latanoprost, travoprost) +/- timolol Brimonidine (+/- timolol, brinzolamide) Carbonic anhydrase inhibitors (brinzolamide, dorzolamide) +/- timolol Pilocarpine Beta blocking agents (betaxolol, timolol)	Unrestricted benefit (single agent eye drops) Elevated intraocular pressure not controlled by monotherapy (combination eye drops)	Outcome 1 – Permit NP prescribing.
Ciprofloxacin Ofloxacin	Bacterial keratitis <sup>c</sup>	Outcome 1 – Permit NP prescribing.  <i>Existing restriction (for MP, OP) already requires treatment to be by, or in consultation with an ophthalmologist.</i>
Cyclosporin eye drops	Chronic severe dry eye disease with keratitis <sup>b</sup>	Outcome 4 – Exclude.  <i>Principle 4 – complex conditions where specialists are likely to oversee treatment. Existing restriction requires treatment to be by an OP, ophthalmologist, or ophthalmology registrar in consultation with an ophthalmologist.</i>
Tobramycin eye drops/ointment	Invasive ocular infection Perioperative use in ophthalmic surgery Suspected Pseudomonas eye infection	Outcome 3 – Permit NP prescribing, but only where treatment is in consultation with an MP or OP.  <i>Principle 4 – complex conditions where medical practitioners are likely to oversee treatment.</i>



<b>Drug name</b>	<b>PBS listed indication(s)</b>	<b>PBAC recommended nurse practitioner outcome / <i>Rationale</i></b>
<b><i>Gastrointestinal medicines</i></b>		
Budesonide orally disintegrating tablets	Eosinophilic oesophagitis <sup>a, d</sup>	Outcome 1 – Permit NP prescribing. <i>Existing restriction already requires treatment to be by, or in consultation with specialist MPs (i.e. gastroenterologist, experienced surgeon)</i>
Esomeprazole Pantoprazole	Complex gastro-oesophageal reflux disease (GORD) <sup>a, d</sup>	Outcome 4 – Exclude  <i>Principle 4 – complex conditions where specialists are likely to oversee treatment.</i> <i>Previous PBAC concern with higher quantities being prescribed by non-specialist prescribers. NPs can continue therapy through the standard quantity GORD listings.</i>
Mercaptopurine	Unrestricted benefit	Outcome 1 – Permit NP prescribing.
<b><i>Sex hormones</i></b>		
Cyproterone tablets	Unrestricted benefit (50 mg, 100 mg tablets, 50) Moderate to severe androgenisation (50 mg tablet, 20)	Outcome 1 – Permit NP prescribing.
Testosterone cream, gel, injection	Androgen deficiency (1) - due to established pituitary or testicular disorder <sup>c</sup> Androgen deficiency (2) - not from pituitary, testicular disorders, age, obesity cardiovascular, infertility, drug causes <sup>c</sup> Micropenis <sup>c</sup> Pubertal induction <sup>c</sup> Constitutional delay of growth or puberty <sup>c</sup>	Outcome 1 – Permit NP prescribing.  <i>Existing restrictions already require the patient to be treated by, in consultation with, or have an appointment to be assessed by a specialist.</i>
Medroxyprogesterone	Endometriosis (10 mg tablets, 100)	Outcome 1 – Permit NP prescribing.



Drug name	PBS listed indication(s)	PBAC recommended nurse practitioner outcome / <i>Rationale</i>
<b>Anti-infectives</b>		
Cefalexin capsules	Osteomyelitis (500 mg, 40 units, 1 repeat)  Prophylaxis of urinary tract infection (250 mg caps, 40 units, 2 repeats)	Osteomyelitis: Outcome 2 – Permit NP continuation of therapy.  <i>Principle 4 – complex condition where MPs are likely to establish diagnosis/treatment.</i>  UTI prophylaxis: Outcome 1 – Permit NP prescribing.
Cefuroxime tablets, liquid	Unrestricted benefit	Outcome 1 – Permit NP prescribing.
Doxycycline 100 mg Erythromycin 250 mg capsules	Severe acne (larger quantity listings)	Outcome 1 – Permit NP prescribing.
Flucloxacillin capsules	Osteomyelitis (48 capsules, 1 repeat)	Outcome 2 – Permit NP continuation of therapy as per cefalexin listing for this indication.  <i>Principle 4 – complex condition where MPs are likely to establish diagnosis/treatment.</i>
Tobramycin inhalation (nebulas and powder for inhalation)	Proven <i>Pseudomonas aeruginosa</i> infection in a cystic fibrosis patient.	Outcome 3 – Permit NP prescribing where patient care is being shared with a medical practitioner.  <i>Principle 4 – complex condition where specialist is likely to oversee treatment.</i>
Trimethoprim + sulfamethoxazole	Prophylaxis of <i>Pneumocystis jiroveci</i> pneumonia (30 tablets, 2 repeats)	Outcome 1 – Permit NP prescribing.
Vancomycin capsules	Antibiotic associated pseudomembranous colitis	Outcome 1 – Permit NP prescribing of the capsules (injection form not requested).



Drug name	PBS listed indication(s)	PBAC recommended nurse practitioner outcome / <i>Rationale</i>
<b>Rheumatology</b>		
<b>Biologics</b> Adalimumab, abatacept, certolizumab, etanercept, infliximab, ixekizumab, golimumab, secukinumab, tocilizumab  <b>JAK inhibitors</b> – Baricitinib, tofacitinib	All PBS indications	Outcome 4 – Exclude.  <i>Principle 4 – complex conditions where specialist medical practitioners are likely to oversee treatment. Specialist only medicines.</i>
<b>Disease modifying anti-rheumatic drugs</b> Leflunomide	Severe active rheumatoid arthritis <sup>a</sup> Severe active psoriatic arthritis <sup>a</sup>	Outcome 2 – Permit NP continuation of therapy.  <i>Principle 4 – complex condition where MPs are likely to establish diagnosis/treatment. Existing restriction already limits initiation to a physician.</i>
Methotrexate pre-filled syringes (Trexject)	Severe active juvenile idiopathic arthritis	Outcome 1 – Permit NP prescribing.
<b>Metabolic disorders</b>		
Sapropterin – initial treatment (including responsiveness testing)	Hyperphenylalaninaemia <sup>a</sup> Hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU) <sup>a</sup> Hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency <sup>a</sup> Maternal hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU) <sup>g</sup>	Outcome 4 – Exclude.  <i>Principle 4 – complex conditions where specialists are likely to oversee treatment. Specialist expertise required to make the diagnosis. NPs already eligible to continue treatment.</i>
Betaine	Homocystinuria <sup>c</sup>	Outcome 1 – Permit NP prescribing.  <i>Existing restrictions already state treatment must be by, or in consultation with a metabolic physician with the specialist's name included in the authority approval.</i>



Drug name	PBS listed indication(s)	PBAC recommended nurse practitioner outcome / <i>Rationale</i>
<b>Respiratory disorders</b>		
Nintedanib Pirfenidone	Idiopathic pulmonary fibrosis <sup>c</sup>	Outcome 1 – Permit NP prescribing.  <i>Existing restriction already requires the condition to be diagnosed through a multi-disciplinary team and treated by, or in consultation with a specialist physician.</i>
<b>Attention deficit hyperactivity disorder (ADHD) medicines (non-stimulant)</b>		
Atomoxetine Guanfacine	Attention deficit hyperactivity disorder <sup>a</sup>	Outcome 2 – Permit NP continuation of therapy.  <i>Existing restriction already limits treatment initiation to a paediatrician or psychiatrist.</i>
<b>Miscellaneous</b>		
Amifampridine	Lambert-Eaton myasthenic syndrome (LEMS) <sup>c</sup>	Outcome 4 – Exclude.  <i>Principle 4 – Complex/rare condition where specialist expertise is required to make initial diagnosis and assess response to treatment.</i>
Cannabidiol	Severe myoclonic epilepsy in infancy (Dravet syndrome) <sup>a, d</sup>	Outcome 4 – Exclude.  <i>Principle 4 – Complex/rare condition where specialist expertise is required to make initial diagnosis and assess response to treatment.</i>
Evolocumab injection	Familial homozygous hypercholesterolaemia <sup>e</sup>	Outcome 3 – Permit NP prescribing where consultation with a specialist physician has occurred.  <i>Principle 4 – complex condition where specialist is likely to oversee treatment.</i>



<b>Drug name</b>	<b>PBS listed indication(s)</b>	<b>PBAC recommended nurse practitioner outcome / <i>Rationale</i></b>
Mycophenolate Ciclosporin capsules	Unrestricted (Gen.Sched)	Outcome 1 – Permit NP prescribing, but amend ‘Caution’ for prescribers to consider consulting with a specialist medical practitioner.
Rifaximin tablets	Prevention of hepatic encephalopathy <sup>c</sup>	Outcome 1 – Permit NP prescribing.  <i>PBS restriction already requires treatment to be by, or in consultation with specialists (i.e. gastroenterologist or hepatologist).</i>
Rotigotine patches	Parkinson disease	Outcome 2 – Permit NP continuation of therapy, but only where patient care is being shared with a medical practitioner.  <i>Principle 4 – complex condition where specialist is likely to oversee treatment.</i>

<sup>a</sup>initiation must be by a specialist medical practitioner only; <sup>b</sup> both initiation and continuation must be by a specialist medical practitioner only; <sup>b1</sup> both initiation and continuation must be by either: (i) a specialist medical practitioner, (ii) under the supervision of a paediatric rheumatology treatment centre; <sup>c</sup> prescribing (any) must be by a specialist medical practitioner or in consultation with the specialist; <sup>d</sup> continuation must be by a specialist practitioner or in consultation with the specialist, <sup>e</sup> initiation must be by a specialist medical practitioner or in consultation with a specialist. NP – nurse practitioner, MP – medical practitioner, OP – optometrist

**Table 2 – PBS Prescriber bag medicines requested by stakeholders where nurse practitioners are not currently (as at 1 March 2025) authorised prescribers**

<b>Drug name</b>	<b>PBS listed indication(s)</b>	<b>PBAC recommended nurse practitioner outcome / <i>Rationale</i></b>
<b><i>Prescriber bag items</i></b>		
Methoxyflurane	Prescriber Bag listing	Outcome 1 – Permit NP access.
Phytomenadione	Prescriber Bag listing	Outcome 1 – Permit NP access.