



Recommendations made by the PBAC – November 2024 meeting

Last updated: 1 February 2025

Nurse practitioner – Continuing Therapy Only PBS listings

At its [November 2024 meeting](#), the Pharmaceutical Benefits Advisory Committee (PBAC) considered approximately 140 PBS medicines with restrictions that contain an administrative note limiting nurse practitioner prescribing to continuing therapy only (CTO) ¹.

The PBAC noted the purpose of reviewing the CTO requirements is to 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 noted stakeholder feedback received through a consultation survey which highlighted that CTO requirements for nurse practitioner prescribing of PBS medicines can lead to inefficient patient care and contribute to financial or administrative burden for patients.

The PBAC recommended removing the CTO administrative note from all PBS listings and provided advice on further conditions that should apply for certain PBS listings regarding nurse practitioner prescribing. The PBAC made its recommendations with reference to its four general principles for determining PBS prescriber eligibility.

The PBAC recommended that the PBS restrictions for most of the medicines considered be amended to allow nurse practitioners to initiate and continue therapy, without any further conditions beyond those already specified in the PBS restrictions (Table 1).

For approximately 40 medicines (Table 2), the PBAC recommended that nurse practitioners be permitted to initiate therapy where care of the patient is shared with a medical practitioner. 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. The PBAC recognised that nurse practitioners managing these health conditions are likely to be working in collaboration with a medical practitioner and/or specialist, and that allowing nurse practitioners to initiate treatment under shared care arrangements may provide greater accessibility to treatment for patients, and more efficient healthcare delivery.

¹ For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner.



For some medicines (Table 3), the PBAC recommended that CTO requirements be retained for nurse practitioner prescribing through addition of a PBS restriction criterion. The PBAC considered that Principles 3 and 4 applied in this context as these medicines and the health conditions they are used to treat, are complex. Medical practitioners or medical specialists are likely to establish the diagnosis/treatment, but nurse practitioners may be required to prescribe continuing treatment. The PBS restrictions for many of these medicines already have criteria restricting treatment initiation to a specialist medical practitioner ('specialist initiation' medicine), and for some medicines (i.e. psychostimulants), state and territory legislation currently prevents nurse practitioners from initiating treatment.

The PBAC's recommendations and rationale from the guidance principles are summarised in tables below.

Implementation

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

The PBAC's recommendations applied to PBS listings subject to a CTO administrative note as at November 2024. 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 (www.pbs.gov.au).



Table 1: Summary of PBAC recommendations to remove the CTO note from PBS medicine restrictions and permit nurse practitioner initiation of therapy

Topic, class or medicine name(s)	PBAC Consideration(s)
<p>Cardiology Heart failure: beta blockers (bisoprolol, carvedilol, metoprolol succinate, nebivolol), eplerenone, ivabradine, vericiguat Hypercholesterolaemia: ezetimibe, ezetimibe + statin FDCs</p>	<p>High number of requests received from survey respondents. PBS restrictions for vericiguat requires treatment initiation to be by, or directed by, a cardiologist. Many nurse practitioners practice in heart failure clinics or have a clinical focus on cardiology.</p>
<p>Dermatology Acne: adapalene + benzoyl peroxide Topical corticosteroids: (moderate potency: betamethasone valerate (0.05%)), (high potency: betamethasone dipropionate (0.05%), mometasone furoate (0.1%), methylprednisolone (0.1%)) Psoriasis: calcipotriol + betamethasone (as dipropionate)</p>	<p>High priority area as identified by stakeholders. Topical application - lower risk profile relative to systemic medicines.</p>
<p>Endocrinology Diabetes: DPP4is (linagliptin, saxagliptin, sitagliptin, vildagliptin), DPP4i + metformin FDCs, SGLT2is (empagliflozin, dapagliflozin), SGLT2is + metformin FDCs, SGLT2i + DPP4i FDCs</p>	<p>Diabetes medicines were commonly cited by in survey respondents. Consistency with other PBS medicines for diabetes that nurse practitioners can already initiate (metformin, sulfonylureas, GLP1 RAs).</p>
<p>Hypothyroidism: levothyroxine</p>	<p>One survey respondent cited that levothyroxine is used to manage hypothyroidism as a side effect of immunotherapies.</p>
<p>Gynaecology Estrogens: estradiol (tablets, pessaries, gel, patches), estriol (cream, pessary) Progestogens: norethisterone (5 mg), medroxyprogesterone (5 mg and 10 mg tablets), dienogest Progestogen + estrogen combinations – patches</p>	<p>Many nurse practitioners cited a special interest in women's health, including managing menopausal symptoms.</p>
<p>Benign prostatic hyperplasia: dutasteride, dutasteride + tamsulosin</p>	<p>Consistency with prazosin (which has no Shared Care Model/CTO requirements).</p>
<p>Nephrology SGLT2is (chronic kidney disease indication), finerenone</p>	<p>Consistency with SGLT2i for other indications (i.e. heart failure). Some nurse practitioners reported a scope of practice focusing on nephrology.</p>
<p>Neurology Anti-migraine: triptans, pizotifen, topiramate Neuropathic pain: pregabalin</p>	<p>Most triptans were down scheduled to Schedule 3 (pharmacist only medicines) in February 2021.</p>
<p>Alzheimer disease: donepezil, galantamine, rivastigmine, memantine</p>	<p>PBS restrictions require that for initiation of therapy the condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist).</p>



Topic, class or medicine name(s)	PBAC Consideration(s)
Hypnotics in a higher than standard quantity: nitrazepam, temazepam (insomnia indications in benzodiazepine dependence)	PBS restriction requires the patient to be in long-term nursing care (insomnia indication). Some nurse practitioners have a scope of practice focusing on aged care.
Psychotropics Antidepressants: SNRIs (desvenlafaxine, venlafaxine, duloxetine), TCAs (amitriptyline, clomipramine, imipramine, dosulepin (dothiepin), nortriptyline), Others: mianserin, mirtazapine, moclobemide, reboxetine	Consistency with other anti-depressant classes that nurse practitioners can already initiate (selective serotonin reuptake inhibitors (SSRIs)).
Respiratory Asthma: fluticasone propionate 50 mcg (children <6), tiotropium (severe asthma in children 6-17 years), theophylline COPD: triple combination inhalants	CTO note does not apply to fluticasone and tiotropium formulations when indicated for adults. PBS restrictions for tiotropium require treatment to be by, or in consultation with certain specialist medical practitioners.

Abbreviations: FDC = fixed dose combination; DPP4i = dipeptidyl peptidase-4 inhibitors; SGLT2i = sodium-glucose cotransporter-2 inhibitors; GLP1-RA = glucagon-like peptide-1 receptor agonist; GORD = gastro-oesophageal reflux disease; SNRIs = serotonin and noradrenaline reuptake inhibitors; TCAs = tricyclic antidepressants; COPD = chronic obstructive pulmonary disease

Table 2: Summary of PBAC recommendations to amend PBS restrictions for medicines with a CTO note: nurse practitioner prescribing (to initiate or continue treatment) where patient care is shared with a medical practitioner.

Topic, class or medicine name(s)	PBAC Consideration(s)/Rationale
Gastroenterology - Inflammatory disease: <ul style="list-style-type: none"> • 5-Aminosalicylates (balsalazide, mesalazine, olsalazine, sulfasalazine) • corticosteroid capsules, suppositories/enema/foam for Crohn disease/ulcerative colitis (hydrocortisone acetate, prednisolone, budesonide) 	Principle 4 - complex conditions where gastroenterologists are likely to oversee treatment.
Neurology Anti-epileptics: <ul style="list-style-type: none"> • carbamazepine, clonazepam, large qty listing of nitrazepam (myoclonic epilepsy indication), ethosuximide, gabapentin, lacosamide (for idiopathic generalised epilepsy with primary generalised tonic-clonic seizures), lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, primidone, sulthiame, tiagabine, topiramate, valproate, vigabatrin, zonisamide 	Principle 4 – complex condition where neurologists are likely to oversee treatment.
Parkinson disease: <ul style="list-style-type: none"> • amantadine, cabergoline, entacapone, levodopa + benserazide, levodopa + carbidopa, levodopa + carbidopa + entacapone, opicapone, pramipexole, selegiline Other neurology related medicines: <ul style="list-style-type: none"> • riluzole, tetrabenazine 	Principle 4 – complex conditions where neurologist is likely to oversee treatment.



Topic, class or medicine name(s)	PBAC Consideration(s)/Rationale
Oncology <ul style="list-style-type: none"> denosumab ibandronate, tamoxifen (prevention of breast cancer indication) larger quantity listings of temazepam and nitrazepam for late-stage malignant neoplasia 	Principle 4 – complex conditions where oncologist expertise is likely needed to oversee treatment.

Table 3: Summary of PBAC recommendations for medicines with a CTO note that are to retain the CTO requirement in the form of a PBS restriction treatment criterion.

Topic, class or medicine name(s)	PBAC Consideration(s)/Rationale
Cardiology <ul style="list-style-type: none"> minoxidil 	'Specialist initiation' medicine; Principle 4 - complex condition (severe refractory hypertension) requiring cardiologist expertise.
Endocrinology Hypothyroidism: <ul style="list-style-type: none"> liothyronine (thyroid cancer, hypothyroidism with levothyroxine intolerance/resistance) Hyperthyroidism: <ul style="list-style-type: none"> carbimazole propylthiouracil 	Principle 4 - complex conditions likely to require endocrinologists/medical practitioners' expertise.
Other endocrinology medicines: <ul style="list-style-type: none"> calcitonin salmon phenoxybenzamine 	Principle 4 - complex conditions where specialist medical practitioners are likely to establish the diagnosis/treatment.
Gastroenterology <ul style="list-style-type: none"> esomeprazole 40 mg (non-GORD indications) obeticholic acid pancreatic extract trientine dihydrochloride ursodeoxycholic acid 	Principle 4 - complex conditions where specialist medical practitioners are best placed to establish the diagnosis; trientine dihydrochloride is 'specialist initiation' only
Miscellaneous <ul style="list-style-type: none"> acetazolamide pamidronate (Paget disease) risedronate Systemic corticosteroids: <ul style="list-style-type: none"> cortisone acetate fludrocortisone acetate hydrocortisone 	Principle 4 - complex conditions where medical practitioners are likely to establish diagnosis/treatment.



Topic, class or medicine name(s)	PBAC Consideration(s)/Rationale
Nephrology <ul style="list-style-type: none">• patiromer	'Specialist initiation' medicines; Principle 4 - complex condition requiring specialist medical practitioner expertise.
Neurology Anti-epileptics: <ul style="list-style-type: none">• brivaracetam• lacosamide (intractable partial epileptic seizures)• perampanel	'Specialist initiation' medicines; Principle 4 – complex condition where specialist medical practitioners are likely to oversee or escalate treatment.
Mood stabilisers: <ul style="list-style-type: none">• lithium carbonate	Principle 3 – medicine specific considerations e.g. drug monitoring Principle 4 – complex condition and psychiatrist expertise likely required to establish diagnosis/treatment.
Psychostimulants: <ul style="list-style-type: none">• dexamfetamine• lisdexamfetamine• methylphenidate	Principle 3 – medicine specific considerations (Schedule 8 - Controlled drug, risk of diversion/addiction, state/territory legislation restrictions on initiation by nurse practitioners) Principle 4 – complex condition and specialist medical practitioner is likely required to establish diagnosis/treatment.