## Recommendations made by the PBAC – July 2024

## Last updated: 1 November 2024

## Nurse Practitioner – Shared Care Model listings

At its [July 2024 meeting](https://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/pbac-outcomes/recommendations-made-by-the-pbac-july-2024) the Pharmaceutical Benefits Advisory Committee (PBAC) reviewed a subset of Pharmaceutical Benefits Scheme (PBS) listings for prescribing by authorised nurse practitioners (NP) that are subject to a Shared Care Model (SCM) administrative note requiring a ‘formalised arrangement’ to be in place between a nurse practitioner and medical practitioner.

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 Table 1.

The PBAC recommended that the SCM note be removed for most listings (marked as ‘No’ in Table 1’s ‘Shared care requirement to be retained?’ column). The PBAC noted that professional practice standards for nurse practitioners, together with a nurse practitioner’s individual scope of practice and setting of care, would largely determine the degree of consultation or collaboration that occurs with medical practitioners.

For some medicines (marked as ‘Yes’ in Table 1’s ‘Shared care requirement to be retained?’ column) the PBAC recommended that the SCM administrative note be replaced by a restriction criterion for PBS prescribing by a nurse practitioner requiring the patient’s care to be shared with a medical practitioner as follows: *Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.*

## Implementation

Changes to the SCM administrative note were implemented on 1 November 2024. Importantly, these changes only relate to eligibility for prescriptions written by a nurse practitioner to attract a PBS subsidy. Prescribing by nurse practitioners continues to be limited by an individual’s scope of practice, adherence to professional practice standards as set by the Nursing and Midwifery Board of Australia, and state and or territory law.

The PBAC’s recommendations applied to PBS listings subject to a SCM administrative note at July 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](http://www.pbs.gov.au)).

**Table 1: Summary of recommendations made by the PBAC at its July 2024 meeting – medicines with a Shared Care Model note for PBS prescribing by nurse practitioners**

| **Medicine with Shared Care Model (SCM) note at July 2024** | **PBAC consideration** | |
| --- | --- | --- |
| **Shared care requirement to be retained? (Yes/No)** | **General principles cited to maintain shared care for PBS prescribing by nurse practitioners (NPs)** |
| atropine injection | No | Nil |
| apixaban | No | Nil |
| dabigatran | No | Nil |
| rivaroxaban | No | Nil |
| clopidogrel | No | Nil |
| clopidogrel + aspirin | No | Nil |
| ticagrelor | No | Nil |
| fondaparinux | No | Nil |
| tenecteplase | No | Nil |
| tirofiban | Yes | 4 - Health condition specific considerations: serious and complex health condition requiring specialist cardiology input |
| tranexamic acid | No | Nil |
| amiodarone | Yes | 3 - Medicine specific considerations: requires close monitoring; potential for severe side effects |
| disopyramide |
| flecainide |
| lidocaine injection |
| perhexiline |
| sotalol |
| digoxin | Yes | 3 - Medicine specific considerations: requires close monitoring; potential for severe side effects |
| nicorandil | No | Nil |
| dapsone | No | Nil |
| betamethasone acetate + betamethasone sodium phosphate injection | No | Nil |
| dexamethasone | No | Nil |
| triamcinolone injection | No | Nil |
| cinacalcet | No | Nil |
| cefazolin | Yes | 4 - Health condition specific considerations: acute condition with severe consequences |
| cefepime |
| cefotaxime |
| ceftriaxone |
| fluconazole  (cryptococcal meningitis, severe/life-threatening fungal infections) | Yes | 4 - Health condition specific considerations: acute condition with severe consequences |
| fluconazole  (oropharyngeal candidiasis, oesophageal candidiasis) | No | Nil |
| itraconazole | Yes | 4 - Health condition specific considerations.: acute condition with severe consequences |
| posaconazole |
| voriconazole |
| isoniazid | Yes | 4 - Health condition specific considerations: acute condition with severe consequences |
| rifampicin | Yes | 4 - Health condition specific considerations: acute condition with severe consequences |
| anastrozole | No | Nil |
| bicalutamide | No | Nil |
| exemestane | No | Nil |
| flutamide | No | Nil |
| letrozole | No | Nil |
| tamoxifen | No | Nil |
| azathioprine | No | Nil |
| febuxostat | No | Nil |
| auranofin | Yes | 3 - Medicine specific considerations: shared care to ensure other treatment options are considered before using this medicine |
| hydroxychloroquine | No | Nil |
| penicillamine | Yes | 3 - Medicine specific considerations: shared care to ensure other treatment options are considered before using this medicine |
| buprenorphine   * Palliative care schedule * S100 opioid dependency * General Schedule listings | No | Nil |
| buprenorphine + naloxone   * S100 opioid dependency | No | Nil |
| fentanyl patches   * General Schedule listings | Yes | 3 - Medicine specific considerations: high risk medicine where addiction and overuse risks should be considered |
| fentanyl   * Palliative care schedule | No | Nil |
| methadone hydrochloride   * General Schedule listings | Yes | 3 - Medicine specific considerations: high risk medicines where addiction and overuse risks should be considered |
| methadone hydrochloride   * Palliative care schedule * S100 opioid dependency | No | Nil |
| morphine sulfate pentahydrate | No | Nil |
| oxycodone | No | Nil |
| oxycodone + naloxone | No | Nil |
| tapentadol | No | Nil |
| tramadol | No | Nil |
| amisulpride | No | Nil |
| aripiprazole | No | Nil |
| asenapine | No | Nil |
| brexpiprazole | No | Nil |
| cariprazine | No | Nil |
| flupentixol decanoate | No | Nil |
| haloperidol | No | Nil |
| lurasidone | No | Nil |
| olanzapine | No | Nil |
| paliperidone | No | Nil |
| quetiapine | No | Nil |
| risperidone | No | Nil |
| ziprasidone | No | Nil |
| chlorpromazine | Yes | 3 - Medicine specific considerations: potential for severe side effects; consider other treatment options before using these medicines |
| periciazine |
| zuclopenthixol decanoate |
| atovaquone | No | Nil |
| atovaquone + proguanil | No | Nil |
| aciclovir eye ointment | No | Nil |
| *General Schedule listings for continuing/maintenance therapy* | | |
| apomorphine | No | Nil |
| levodopa + carbidopa intestinal gel | No | Nil |
| lanthanum | No | Nil |
| sevelamer | No | Nil |
| sucroferric oxyhydroxide | No | Nil |