



# Recommendations made by the PBAC – July 2024

Last updated: 1 November 2024

## Nurse Practitioner – Shared Care Model listings

At its [July 2024 meeting](#) 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



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)
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



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)
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 <ul style="list-style-type: none"> <li>• Palliative care schedule</li> <li>• S100 opioid dependency</li> <li>• General Schedule listings</li> </ul>	No	Nil
buprenorphine + naloxone <ul style="list-style-type: none"> <li>• S100 opioid dependency</li> </ul>	No	Nil
fentanyl patches <ul style="list-style-type: none"> <li>• General Schedule listings</li> </ul>	Yes	3 - Medicine specific considerations: high risk medicine where addiction and overuse risks should be considered
fentanyl <ul style="list-style-type: none"> <li>• Palliative care schedule</li> </ul>	No	Nil
methadone hydrochloride <ul style="list-style-type: none"> <li>• General Schedule listings</li> </ul>	Yes	3 - Medicine specific considerations: high risk medicines where addiction and overuse risks should be considered
methadone hydrochloride <ul style="list-style-type: none"> <li>• Palliative care schedule</li> <li>• S100 opioid dependency</li> </ul>	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



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)
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
<i>General Schedule listings for continuing/maintenance therapy</i>		
apomorphine	No	Nil
levodopa + carbidopa intestinal gel	No	Nil
lanthanum	No	Nil
sevelamer	No	Nil
sucroferic oxyhydroxide	No	Nil