

11.08 Designated Registered Nurse Prescribing

1 Purpose

- 1.1 The PBAC was asked to review and endorse the developed guidance principles (the principles) for the review of PBS listings to assess suitability for designated registered nurse (RN) prescribing. The PBAC was also asked to advise on a revised timeline for this review.

2 Background

- 2.1 At its September 2025 meeting, the PBAC noted an update from the Department of Health, Disability and Ageing (the Department) on the implementation of the designated registered nurse (RN) prescriber registration standard and guidelines. The PBAC was asked to endorse a proposed sequencing approach for the review of all PBS medicine listings for designated RN prescribing suitability, including an indicative timeline. The PBAC requested the Department return with draft principles to guide the review, examples of their application, and a revised timeline for the review.
- 2.2 Following the PBAC's September 2025 advice, the Department developed guiding principles for designated RN prescribing (the principles) to bring to the December 2025 PBAC meeting. In doing so, the Department reviewed the *Guidance principles on PBS prescriber type* (which the PBAC endorsed at its March 2024 meeting).
- 2.3 At the December 2025 PBAC intracycle meeting, the PBAC was asked to review and endorse the principles and advise on a revised timeline for the suitability assessment.

3 Overview of designated RN prescribing

- 3.1 RNs endorsed against the Nursing and Midwifery Board of Australia's *Registration standard: Endorsement for scheduled medicines - designated registered nurse prescriber* will be able to administer, obtain, possess, prescribe, supply and/or use Schedule 2, 3, 4 and 8 medicines in partnership with an authorised health practitioner.
- 3.2 A designated RN prescriber will be required to have completed the approved units of study, demonstrated adequate clinical experience, undertaken a six-month period of clinical mentorship with an authorised health practitioner post-endorsement, and met the requirements for an active prescribing agreement and a clinical governance framework.
- 3.3 Designated RN prescribers will be required to work within the relevant medicines and poisons legislation in their state or territory and within the remit of their prescribing agreement and clinical governance framework.
- 3.4 Amendments to the *National Health Act 1953* are being progressed to recognise designated RN prescribers as PBS prescribers from mid-2026.

4 Proposed approach to assess PBS medicine listings

Guidance principles for designated registered nurse prescribing

4.1 The initial set of principles, known as Tier 1 principles, would be used to assess whether a medicine is appropriate for designated RN prescribing. If minimal concerns are identified in Tier 1, Tier 2 principles would be applied to further determine the appropriateness of medicine for designated RN prescribing.

Table 1: Guiding Principles for the suitability review of PBS listings for designated RN prescribing (PBAC revisions incorporated)

<p>Tier 1 principles</p> <p>Key principles to assess whether a medicine should be listed for designated RN prescribing</p> <ul style="list-style-type: none"> • If the application of tier 1 principles raises significant concerns, the medicine should not be listed for designated RN prescribing • If minimal concerns are identified, proceed to apply the tier 2 principles.
<ul style="list-style-type: none"> • Is the medicine considered high risk¹? <ul style="list-style-type: none"> - Are there existing significant PBS restrictions? - Are there significant contraindications or safety concerns? • Does the medication have additional PBS conditions such as 'not for initiation' or 'hospital use only'? • Is the condition the medicine is prescribed for complex? <ul style="list-style-type: none"> - Consider the complexity of the diagnosis and monitoring of the condition (indication) that the proposed medicine is prescribed for. • Is the condition the medicine is prescribed for a rare condition² with severe consequences? <ul style="list-style-type: none"> - Consider the complexity of the condition (indication) that the proposed medicine is prescribed for. • Is the medicine likely to be prescribed in combination with other medicines? <ul style="list-style-type: none"> - If yes, are these other medicines made available to the designated RN prescriber in the same or different circumstances?
<p>Tier 2 principles</p> <ul style="list-style-type: none"> • If no concerns arise from tier 1, tier 2 principles are applied to consider the appropriateness of the medicine for designated RN prescribing.
<ul style="list-style-type: none"> • Would designated RN prescribing have any impact on patient access? <ul style="list-style-type: none"> - Would treatment be delayed due to prescribing restrictions being placed on designated RN prescribers? Would this have implications for the patient? • Does the cost of the medicine exceed \$120³? <ul style="list-style-type: none"> - Medicines under \$120 have lower financial risk. - Medicines that cost more than \$120 place a greater financial strain on patients; consider allowing designated RN prescribing if of benefit to patients. • Is the medicine classified as Schedule 8? <ul style="list-style-type: none"> - Consider class, short term or long-term use. - State and territory legislation is yet to be amended for designated RN prescribing.

¹ High risk medicines are medications that have an increased risk of causing significant patient harm or death if they are misused or used in error. [Australian Commission on Safety and Quality in Health Care](#)

² A rare condition is one that affects less than five in 10,000 people. [Rare Voices Australia](#), 2026.

³ Based on dispensed price for maximum quantity.

Outcome statement – December 2025 PBAC Meeting – Designated RN prescribing

○ Any restrictions will need to be considered.

4.2 The Department presented a revised timeline for PBAC review of medicine listings for designated RN prescribing, by body system. The revised timeline is outlined in Table 2.

Table 2: Revised timeline to assess PBS medicine listings for designated RN prescribing at PBAC meetings inclusive of an intracycle meeting.

March 2026 PBAC Meeting	May 2026 Intracycle PBAC Meeting	July 2026 PBAC Meeting
C - CARDIOVASCULAR SYSTEM	G - GENITO URINARY SYSTEM AND SEX HORMONES	B - BLOOD AND BLOOD FORMING ORGANS
J - ANTIINFECTIVES FOR SYSTEMIC USE	N - NERVOUS SYSTEM	H - SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS
A - ALIMENTARY TRACT AND METABOLISM	P - ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS	L - ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS
D - DERMATOLOGICALS	M - MUSCULO-SKELETAL SYSTEM	S - SENSORY ORGANS
	R - RESPIRATORY SYSTEM	V - VARIOUS

5 PBAC Outcome

5.1 The PBAC endorsed the guidance principles for the review of PBS listings to assess suitability for designated registered nurse (RN) prescribing. The PBAC recommended minor refinements to the principles to improve clarity and ensure consistency when assessing PBS listings for designated RN prescribing. The PBAC also endorsed the revised timeline for the review.