

Review of the medicines list for registered nurse prescribers in primary health and speciality teams

The Nursing Council consulted on the list of medicines for registered nurse prescribers practising in primary health and speciality teams in 2013. The Nursing Council is considering proposing additional medicines for consultation by the Ministry of Health. This is an interim measure until future changes to the Therapeutics Medicines Bill are enacted.

The registered nurse prescribing model remains focused on primary health settings and speciality teams where a diagnosis has: -

- already been made, or
- the diagnosis is relatively uncomplicated or
- builds on an identified underlying disease process.

Current registered nurse prescribers may wish to propose additional medicines in collaboration with their team and authorised prescriber with a focus on long term and common conditions e.g. diabetes, respiratory, cardiovascular.

This review excludes changes to the list of controlled drugs under the Misuse of Drugs Amendment Act 2019 and non-prescription medicines.

Proposed additional medicines will be consulted on by the Ministry of Health early in 2020.

Principles of Medicines Review

1. Applications must be for medicines that registered nurses can prescribe in a primary health or specialty team context or, where the health care team agrees that this medicine is appropriate e.g. diabetes medicines
2. Consideration about the scope of registered nurse prescribing should inform the medicines review. Certain areas may be considered outside of scope because of diagnostic or prescribing complexity. In other areas there may be a lack of medical support or the “risk” taken by the registered nurse prescriber may be beyond their scope i.e. medicines that have adverse effects, are not approved for use or age group or where life-saving treatment may be immediately required (anaesthetics).
3. Medicines that are high risk or prescribing for patients who have complex existing diagnosis (high risk patients) or require close monitoring may be excluded.
4. Medicines that are new and untested on the NZ population may be excluded for 5 years

5. PHARMAC Restrictions.

- Medicines that are not subsidised by PHARMAC may not be included unless there are specific indications that health consumers will pay to access these medicines e.g. travel medicines.
 - “specialist only” and “retail pharmacy specialist” may mean a medicine will be excluded. PHARMAC allow nurse prescribers to repeat prescribe “Special Authority”¹ medicines so some of these medicines may be included.
6. Best practice guidelines from the New Zealand Formulary, Nice (National Institute for Health and Care Excellence) and BPAC (Best Practice Advisory Centre) and other sources should be consulted and inform the evidence.
 7. Antibiotic resistance should be carefully and thoroughly considered. Antibiotic stewardship and best practice guidelines must be followed, and antibiotics excluded if they require a specialist recommendation.
 8. Some unapproved medicines, that may be useful for patients, are not permitted to be prescribed except by medical practitioners under section 29 of the Medicines Act and therefore will be excluded.
 9. Some medicines restricted under section 23 of the Medicines Act or Regulation 22 of the Misuse of Drugs Act that require initiation by specialist doctors will be excluded.
 10. Some medicines may be identified for unapproved uses or for unapproved patient groups. Unless there is valid and reliable evidence that the medicine is widely used for this indication then these medicines will be excluded.

How to make a submission

Please complete the attached application form and return to heleny@nursingcouncil.org.nz by **30 January 2020**.

¹ Special Authority is an application process in which a prescriber requests government subsidy on a Community Pharmaceutical for a particular person (<http://www.health.govt.nz/new-zealand-health-system/claims-provider-payments-and-entitlements/special-authority>)

Application form to add a medicine to the medicines list for registered nurse prescribing in primary health and speciality teams

Name of applicant:
Setting of care: tertiary; secondary; primary
Submission date:
Medication generic name:
Medication brand names:
Is this medicine on the NZ formulary list?
Is this medicine on the current PHARMAC Community Pharmaceutical schedule?
Does PHARMAC impose any restrictions on the prescribing of this medicine? State prescribing restrictions, for example 'specialist only
When was this medicine approved for use in NZ? Describe the reason why this medicine or new medicine is needed:
Proposed indications for use (please indicate if this includes off label uses):
Major adverse effects and drug interactions:(drug drug/ drug to food and drug to OTC interactions potential and specify what particular group/high risk group may be susceptible):
Precautions and contraindications:
Location of prescribing guidelines;
Average dose and frequency:
Average duration of therapy:
Proposed route for RN prescribing

List drugs already approved for same indication:

Advantages over listed alternative(s).

Reasons why medicine is suitable for registered nurse prescribing. Please give evidence of national multidisciplinary support for the inclusion of this medicine on the designated nurse prescribers list.