

## **Agenda item 12.01**

### **Nurse Practitioners as secondary reviewers for ongoing treatment with opioid medications**

#### **1. Purpose of Item**

- 1.1. To consider the request from the Australian College of Nurse Practitioners (ACNP) to allow Nurse Practitioners (NP) to conduct the secondary annual review required for patients to access ongoing treatment with PBS subsidised opioid medications.

#### **2. Background**

##### *Revised Opioids PBS listings*

- 2.1. A number of changes to opioid listings which were recommended by the PBAC in December 2019 were implemented on 1 June 2020. These changes were intended to align the opioid listings with regulatory measures undertaken by the Therapeutic Goods Administration (TGA) to reduce the harms associated with prescription opioid dependence and inappropriate use, including overdose fatalities. The regulatory measures were based on the findings from the TGA's 2018 prescription opioid review, and advice received from the Opioid Regulatory Advisory Group (ORAG).
- 2.2. The 1 June 2020 changes included the addition of the requirement for patients who have received combined non-PBS and PBS opioid treatment for greater than 12 months to have their condition reviewed, and need for ongoing opioid treatment confirmed, annually by a second medical practitioner. This requirement applies only where authorisation to supply an increased quantity or repeats is requested by the prescriber.
- 2.3. At its July 2020 meeting, the PBAC Executive noted the implementation of this requirement had created unintended barriers in access to opioids for palliative care patients and recalled the PBAC's intention was to prevent disruption of supply for these patients.
- 2.4. A corrigendum was added to the December 2019 minutes, stating that, for palliative care patients, treatment review after 12 months could be in consultation with a palliative care nurse practitioner (in addition to a medical practitioner). In addition, the corrigendum advised that opioid restrictions could be amended to exempt palliative patients, who have been prescribed opioids for greater than 12 months but are unable to attend a secondary consultation due to their clinical condition, from the annual review requirement. These changes were implemented on 1 October 2020.

### **3. Current situation**

- 3.1. The ACNP requested that NP be able to perform the secondary annual review on non-palliative patients with chronic pain requiring more than 12 months of opioid treatment.
- 3.2. The ACNP stated that the addition of NP as second reviewer for ongoing treatment of severe disabling chronic pain will assist in addressing the challenges of delivering health care in Australia including:
  - Geographical challenges (regional, rural and remote)
  - Economical cost (both patients and governments)
  - Improving access to treatment modalities/health care to all Australians (especially disadvantaged groups and in aged care)
  - Provision of evidence-based health care
  - Improving health outcomes for patients
  - Recognition and acknowledgement of patient choice (who they want to conduct the review)

### **4. PBAC Outcome**

- 4.1. The PBAC did not support the request from the Australian College of Nurse Practitioners (ACNP) that Nurse Practitioners (NP) be able to perform the secondary annual review on non-palliative patients with chronic pain requiring more than 12 months of opioid treatment.
- 4.2. The PBAC noted there are only 2,097 NP registered with the Australian Health Practitioner Regulation Agency (AHPRA) nationally and considered it would not be in scope for all to be able to undertake the review.
- 4.3. The PBAC considered that telehealth may be able to overcome some of the ACNP's stated challenges of delivering health care in Australia outlined in paragraph 3.2, dependent on criteria changes applied from March 2021.
- 4.4. The PBAC recalled that the changes to opioid listings (implemented on 1 June 2020) were intended to reduce the harms associated with prescription opioid dependence and inappropriate use, including overdose fatalities. In this context, the PBAC considered the request did not identify barriers to appropriate opioid access that the requested change would overcome.

**Outcome:**

Advice provided

## **5. Context for Decision**

The PBAC helps decide whether and, if so, how medicines should be subsidised through the Pharmaceutical Benefits Scheme (PBS) in Australia. It considers applications regarding the listing of medicines on the PBS and provides advice about other matters relating to the operation of the PBS in this context. A PBAC decision in relation to PBS listings does not necessarily represent a final PBAC view about the merits of the medicine or the circumstances in which it should be made available through the PBS. The PBAC welcomes applications containing new information at any time.