

Consultation on proposed amendments to the specified prescription medicines list for designated registered nurse prescribers in primary health and specialty teams

Summary of submissions

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Introduction

In December 2019, the Nursing Council of New Zealand invited applications from nurse prescribers and directors of nursing to assist in its review of the current medicines able to be prescribed by designated registered nurse prescribers, to determine additions and amendments to that list. Subsequently, the Nursing Council submitted a proposal to the Ministry of Health in August 2020 recommending 52 prescription-only medicines it considered should be added to the list and eight amendments to medicines already on the list specifying a different route, form or indication. The proposal included new medicines for diabetes and respiratory conditions and new antiviral medicines. The Nursing Council's proposal did not include all the prescription medicines mentioned in the applications it received.

Pursuant to section 105(5B) of the Medicines Act 1981, the Ministry of Health, on behalf of the Director-General, then consulted on the proposed amendments to the list of specified prescription medicines for designated registered nurse prescribers. The Act requires that the Ministry of Health consult with people or organisations that may be affected by a change to the specified prescription medicines before the Ministry makes a legal change to the list by *Gazette* notice.

This report is a summary of the submissions received during the Ministry's consultation period, which started on 4 December 2020 and ended on 27 January 2021.

The summary of submissions is presented in four parts. Part one describes those who made submissions. Part two presents feedback from submitters on the proposed medicines list, the existing list and requests for additions to the list. Part three summarises specific feedback on the restrictions and guidance that the Nursing Council should include on the medicines list. Part four is a summary of recommendations for future updates to the list based on feedback received about the current process.

Part one: Description of submitters

The Ministry of Health received a total of 90 submissions from individuals and professional organisations in the fields of nursing, medicine and optometry.

Table 1 shows the types of health practitioner who made submissions. The 'Other' category comprises four policy advisors, a pharmaceutical company representative, a manager, a dietitian, an optometrist and a regional coordinator. No submissions were received from consumers, educators or pharmacists.

Table 1: Types of submitter

	Total N	Total %
Registered nurse prescriber	32	36
Medical practitioner	22	24
Registered nurse	21	23
Nurse practitioner	6	7
Other	9	10
Total	90	100

The Ministry's consultation form asked submitters to state the role they held: Table 2 records these responses. Most submissions were received from clinical nurse specialists (CNSs), who work in a variety of specialty areas.

Table 2: Roles held by submitters

	Total N	Total % (rounded)
Clinical nurse specialist	24	27
General practitioner (GP)	15	17
Other	11	12
Registered nurse (RN)	9	10
RN prescriber	7	8
Specialty nurse	6	7
Nurse practitioner	6	7
Medical consultant	5	6
Director of nursing	4	4
Manager	3	3
Total	90	101

Submissions could be made as an individual or on behalf of an organisation or group. The Ministry received 62 individual submissions and 28 on behalf of an organisation or group (see Table 3).

Table 3: Submissions received from organisations

District health boards	Auckland Counties Manukau Waitemata Waikato (Regional Renal Centre) MidCentral Hutt Valley (Respiratory Department) Capital & Coast
Primary care organisations or non-governmental organisations	Coromandel Family Health Pakuranga Medical Centre Family Planning New Zealand
Professional organisations/ associations	College of Nurses Aotearoa New Zealand Association of Optometrists New Zealand Medical Association (NZMA) New Zealand Nurses Organisation (NZNO) Te Ao Māramatanga: New Zealand College of Mental Health Nurses New Zealand Society for the Study of Diabetes (NZSSD) Royal Australasian College of Physicians (RACP) Royal New Zealand College of General Practitioners (RNZCGP)
Nursing groups	Aotearoa College of Diabetes Nurses Hutt Valley District Health Board Nurse Prescribing Group New Zealand Gastroenterology Nurses College New Zealand Hepatology Nurse Group New Zealand Inflammatory Bowel Disease Nurses Group (NZIBDNG)
Primary health organisations	Tu Ora Compass Health
Advisory groups	Hepatitis Foundation of New Zealand South Island Hepatitis C Steering Group
Other	Dunedin School of Medicine AbbVie NZ Ltd

Level of support for the amended medicines list

The Ministry's consultation form asked submitters to indicate if they agreed with the medicines on the list ('Yes'/'No'), and provided an opportunity for submitters to explain

'No' responses. Table 4 shows responses by type of health practitioner. 58 percent of submitters agreed with the list (n = 52), and 39 percent disagreed (n = 35).

Table 4: Do you agree with the medicines on the list?

	RN	RN prescriber	Nurse practitioner	Medical practitioner	Other	Total
Yes	16	19	4	7	6	35
No	5	11	2	15	2	52
Missing		2			1	3
Total	21	32	6	22	9	90

We advise caution when using this data to extrapolate the level of support for the amended list, because some forms involved internal inconsistency: for example, some made recommendations for additional medicines or cautions and also gave a 'Yes' response.

The Ministry received five submissions from individual GPs who expressed general concerns about RN prescribing authority. Three expressed the opinion that RN prescribing undermines continuity of care and the viability of the GP role. Another expressed a reservation about RN prescribing for acute conditions.

The NZMA maintained that unfunded medicines should not be listed, and expressed a continued preference for *delegated* prescribing models.

Expected benefits of the proposed additions to the medicines list

The RACP agreed that adding medicines to the specified list for RN prescribers will contribute to widening the availability of medicines, and supported the proposed changes. Diabetes, respiratory conditions and viral conditions are more common among communities that typically struggle to access medicines, which means that adding these particular medicines to the list could potentially improve outcomes for these communities.

Part two: Feedback on the proposed medicines list

This part presents a summary of the written feedback the Ministry received from submitters, and is divided into three sections: the proposed list, the existing list and requested additions.

Proposed list

1 Cardiovascular system

The Ministry received four submissions providing feedback on cardiovascular system medicines, from a CNS in cardiology, a group of RN prescribers working in cardiology, the NZNO and one GP. The submission by the group of RN prescribers was supported by the cardiologists with whom they work. All additions to the list were supported.

Anticoagulants oral

RN prescribers working in cardiology and the NZNO supported the inclusion of rivaroxaban and dabigatran on the list, but requested the removal of the continuation prescribing¹ (CP) restriction on rivaroxaban. Currently, dabigatran is not restricted to continuation prescribing, but rivaroxaban is restricted. These submitters noted that nurses can initiate dabigatran despite the requirement for more caution with renal impairment than is required for rivaroxaban.

One GP stated an opinion that RN prescribers should not initiate dabigatran, and the NZMA stated that further specific training would be necessary before registered nurse prescribers can initiate or prescribe anticoagulants.

Anticoagulants parenteral

Heparin sodium has been added to the proposed list for subcutaneous use. One renal specialty nurse submitter requested that the intravenous route be added for central venous catheter heparin locks used every day in the context of haemodialysis.

¹ Continuation prescribing (CP) means the treatment must be initiated by a medical or nurse practitioner, but an RN can renew the prescription and/or make dose adjustments thereafter.

Antiplatelet drugs

Registered prescribers in cardiology and the NZNO requested the removal of continuation prescribing restrictions on clopidogrel and ticagrelor. They noted that the restrictions were not needed in the context of the European Society of Cardiology and Cardiac Society of Australia and New Zealand guidelines and the district health board protocols under which nurses prescribe.

2 Central nervous system

Drugs used in nausea and vertigo

A nurse specialist in haematology requested that the continuation prescribing restriction for the antiemetic aprepitant be removed, for the following reason:

Dosing comes as a package – a larger dose 125 mg day 1 of chemotherapy then 80 mgs days 2 and 3. Since the package is written up all together it is not useful for it to be for continuation prescribing but is useful only if it can be initiated by the RN prescriber.

Antiepileptic drugs

Three submissions providing feedback on antiepileptic drugs were received, from a CNS in neurology, a clinical director in neurology and a GP. It was noted that very limited antiepileptic medicines had been added to the list, and that the newly added phenytoin is used infrequently in practice. The GP expressed concern about the inclusion of drugs with high-saturation kinetics (for example, phenytoin) and teratogenicity (for example, valproate).

3 Endocrine system

Antidiabetic drugs

Seven submissions concerned prescribing for the management of diabetes, from the NZSSD, a primary health organisation, nurse practitioners, a CNS and RN prescribers, all of whom welcomed the new medicines to the list.

The NZMA cautioned that:

third line and onwards medications for diabetes management should require input from a GP / nurse specialist / secondary care, and potentially be restricted to continuation prescribing.

4 Gastro-intestinal system

The NZIBDNG was grateful for the inclusion of mesalazine (oral and rectal), olsalazine (oral) and colifoam (hydrocortisone acetate) enemas on the list.

5 Infections

Antiviral drugs – viral hepatitis

The Ministry received 14 submissions, from gastroenterologists, CNSs, RNs working in the community, a sexual health physician, regional coordinators of Hepatitis B services and the pharmaceutical company AbbieVie, about glecaprevir and pibrentasvir (Maviret), used for treatment of hepatitis C. They all expressed anxiety about the restriction of glecaprevir and pibrentasvir for the treatment of hepatitis C to continuation prescribing. The course for this medicine is eight weeks with only one prescription; very few patients need a repeat prescription. A CNS in hepatology referred to the futility of including Maviret on the list with the proposed restriction.

A specialty nurse highlighted the importance of nurse-led prescribing in terms of achieving the World Health Organization's goal for elimination of viral hepatitis by 2030. The submission noted this was contingent on the removal of the continuation prescribing restriction on Maviret:

Nurse-led, peer supported services designed by and for those most in need are proven to be effective with a 'one-stop-shop' approach being optimal. The removal of this restriction would allow nurses to provide quality, safe care to those most in need of HCV [hepatitis C] care, including those who need only 8 weeks of treatment and thus only ever have one prescription.

Herpes virus infections

Family Planning supported the removal of the continuation prescribing restriction for valaciclovir, noting that nurses are well trained in its use.

Antibacterial drugs

A respiratory department expressed surprise about the inclusion of nebulised tobramycin and nebulised pentamidine isethionate on the list without restriction. The group said that both are normally used in very limited situations, such as cystic fibrosis. Pentamidine is a 'specialist-only' medicine. The submission said there would be benefit in continuation prescribing for tobramycin if a nurse is working in a cystic fibrosis or bronchiectasis clinic and the patient has been established on therapy and has regular monitoring. The NZMA also recommended that inhaled tobramycin should be restricted to continuation prescribing or require consultation regarding antibiotic stewardship.

6 Malignant diseases and immunosuppressants

Hormone antagonists

The NZMA commented that tamoxifen was an odd addition to the list, especially for initial prescribing.

7 Respiratory system

Bronchodilators

The Ministry received five submissions from respiratory CNSs and a GP supporting the inclusion of new long-acting antimuscarinic (LAMA) and long-acting beta agonist (LABA) inhalers. However, submitters noted some inconsistencies, in terms of continuation prescribing restrictions in place for some of these medicines and not for others. Submitters expressed concerns that the continuation prescribing restrictions would impede best practice. A submission from a respiratory department explained:

For example, Umeclidinium – a long acting antimuscarinic (LAMA) bronchodilator is recommended for continuation prescribing. However, glycopyrronium another LAMA is not restricted despite the profile of both drugs being similar. In addition, the LAMA tiotropium is already on the list and has no prescribing restrictions.

A respiratory CNS stated:

This will now mean that we are able to follow guideline led prescribing in commencing a choice of two of three LAMAs, however we are only able to step up to continuing a LAMA/LABA if it has previously been prescribed, and not using the device that we were able to start? This feels rather contradictory ...

A GP supported these views, stating:

I don't understand why glycopyrronium is the only LAMA allowed to be initiated. If LAMAs can't be initiated by a RN prescriber then that should include all of them. If they can, then so should Umeclidinium – which I find the most useful device.

Similar concerns were expressed by a CNS about indacaterol – a LABA bronchodilator that is recommended for continuation prescribing. It was pointed out that another once-daily LABA, vilanterol, given in combination inhaler with fluticasone furoate (Breo), has no prescribing restrictions.

Mucolytics

One CNS and the NZNO requested changing the continuation prescribing restriction wording for dornase alfa from '*children with cystic fibrosis*' to '*patients with cystic fibrosis*', to allow for those that may first be prescribed it as adults.

8 Obstetrics, gynaecology and urinary tract disorders

Drugs used in obstetrics

The Ministry received nine submissions, from nurse prescribers, a director of nursing, Family Planning, four GPs, a sexual health physician and a group of academics at a medical school, providing feedback on drugs used in obstetrics. Not all submissions were supportive of the proposed additions to the list; three GPs stated they did not support the inclusion of misoprostol and mifepristone, because they are abortifacients. Inclusion of these medicines on the list was strongly supported by Family Planning and the group of academics.

Contraceptives

One sexual health physician expressed reservations about the inclusion of cyproterone acetate and ethinylestradiol as a combined oral contraceptive on the list, citing:

a significantly higher risk of VTE [venous thromboembolism] than the other COCs [combined oral contraceptives]. The perceived benefits on concomitant acne are unproven and unsupported by evidence. I strongly recommend against allowing nurse prescribing of this combination.

9 Sensory organs

Corticosteroids and other anti-inflammatory preparations

Although supportive of the expansion of the RN prescribers' medicines list, one submission from the New Zealand Association of Optometrists raised a specific clinical concern about the inclusion of olopatadine 0.1 percent eye drops, arising from the danger of a misdiagnosis of ocular allergy, for which olopatadine is prescribed, which often occurs in primary care. The submission noted that training is necessary to diagnose this, along with the equipment to physically examine the front and/or inside of the eye for conditions such as traumatic or infectious conjunctivitis (herpes), anterior uveitis, vernal kerato-conjunctivitis, dry eye, viral conjunctivitis or anomalies of convergence. In the primary care context, many GP surgeries have a magnifying loop and staining agents for finding large lesions on the cornea, but most do not have a slit lamp for microscopically examining anterior eye structures, or equipment to look inside the eye; most are only able to assess the red reflex with a direct ophthalmoscope. The submission noted that this would not be such a great concern if the RN prescriber were working within an ophthalmology team, with a suite of appropriate equipment and specialist ophthalmic knowledge available.

Another submission, from a nurse prescribing group from primary care, highlighted the restrictions on their practice due to the current list, and specifically endorsed the inclusion of olopatadine 0.1 percent eye drops on the proposed list.

10 Skin

Topical corticosteroids and antibacterial preparation

One CNS in paediatrics expressed her concern about the inclusion of betamethasone with fusidic acid on the list as a combined topical preparation. These two components are on the existing list as separate items; the CNS expressed concern about antibiotic resistance if these components become more widely available as a single product. If antibiotic treatment is indicated for a skin infection, oral antibiotics are almost always the most appropriate choice.² However, this preparation is needed for peritoneal dialysis patients.

Existing list

11 Cardiovascular

Registered nurse prescribers in cardiology and the NZNO requested the removal of continuation prescribing restrictions on bisoprolol, carvedilol and ezetimibe from the existing list. They noted that the restrictions were not needed in the context of the European Society of Cardiology and Cardiac Society of Australia and New Zealand guidelines and the district health board protocols under which specialty nurses in cardiology prescribe.

12 Gynaecology

Contraceptives

Submissions noted other indications for medicines on the existing list usually prescribed for contraceptive purposes; for example, the regulation of menstruation. One RN prescriber made a request for the restriction 'only in combination for contraception' to be removed from ethinylestradiol with levonorgestrel and the restriction 'contraceptive use only' to be removed from medroxyprogesterone, noting the following:

RN prescribers do a thorough history, and if on assessment the RN found the person had abnormal menstruation that had not been investigated, then we would refer on, as this is outside of our scope.

² Best Practice Advocacy Centre New Zealand. 2018. 'Topical antibiotics: keep reducing use'. URL: <https://bpac.org.nz/2018/topical-antibiotics.aspx> (accessed 30 July 2021).

13 Pain management

One GP and a specialist in pain medicine pointed out that gabapentin, on the existing list, prescribed for neuropathic pain, is now used infrequently. The specialist recommended that pregabalin should replace gabapentin on the list, stating:

Gabapentin is unreliably absorbed with a considerably variable and unpredictable dosage. Pregabalin is completely reliable and therefore should be substituted for gabapentin. Gabapentin is also likely to be moved off the subsidised register.

14 Requested change of form for medicines on the existing list

Some submissions requested that an intravenous route be added to nine medicines on the existing list and currently restricted to another form (such as oral, subcutaneous or rectal): see Table 5.

Table 5: Requested addition of intravenous route for medicines on the existing list

Submitter	Purpose (where stated)	Medicine
RN prescribers in cardiology NZNO		Furosemide (frusemide)
Acute pain service	Patients with diagnosed ileus	Paracetamol Tramadol
Practice nurse in private surgical gastroenterology centre		Omeprazole Metronidazole Amoxicillin with clavulanic acid
Primary health care CNS renal Chief nurse	Iron deficiency in chronic conditions, severe anaemia from menorrhagia	Ferric carboxymaltose*
College of Cancer Nurses	Nausea	Cyclizine Dexamethasone
Renal specialty nurse	Heparin lock for central venous catheters used in haemodialysis	Heparin**

* Oral ferrous fumarate and ferrous sulphate with or without folic acid are on the existing list.

** Heparinised saline is on the existing list. Subcutaneous heparin is on the proposed list.

Requested additions

Numerous submissions made requests for medicines to be added to the list. Most requests came from nurses or groups of nurses who work in specialty areas. Most submitters stated that their requests had been made to the Nursing Council when it called for applications for its review of the list in December 2019.

Table 6 lists the prescription medicines that submitters wanted added to the list. This summary does not include requests for medicines classified as 'pharmacy only' or 'pharmacist only' and eligible for a PHARMAC subsidy when prescribed by an authorised prescriber (including RNs with designated prescribing rights). It also excludes requests for general sale medicines.

Note that some of the requested medicines are unavailable in the form requested, refer to a class of products or are not funded for the use intended.

Table 6: Requested additions to the list or changes in form

Submitter	Purpose (where stated)	Medicine
Nurse specialist in haematology College of Cancer Nurses	Prevention of hepatitis B reactivation in patients receiving cytotoxic or immunotherapy	Entecavir (oral) Lamivudine (oral)
Nurse specialist in haematology Nurses in primary health care	Antidiarrheal/antispasmodic	Hyoscine hydrobromide* (oral)
Allergy nurse specialist	De-sensitisation	Bee and wasp venom Immunoglobulin products
GP	Gout	Colchicine Carbamazepine (CP)
GP CNS gastroenterology NZIBDNG New Zealand Gastroenterology Nurses' College	Inflammatory bowel disease	Methotrexate (CP) Azathioprine (CP) 6-mercaptopurine (CP) Methotrexate (CP)
Ear nurse specialist	Treatment of paediatric chronic suppurative otitis media (eye drops for use in ears)	Ciprofloxacin 0.3% w/v
Nurses in primary health care	Ear drops	Ciprofloxacin 0.2% with hydrocortisone 1%

Submitter	Purpose (where stated)	Medicine
College of Cancer Nurses	Peripheral blood stem cell mobilisation	GSCF filgrastim subcutaneous
	PJP (PCP) prophylaxis in cancer patients when intolerant of cotrimoxazole	Dapsone oral Pentamidine inhaled
	Local subcutaneous anaesthesia for central line removal with cut down procedure	Lidocaine (lignocaine) ** 1% with adrenaline 1 in 100,000 subcutaneous
	Pain relief	Oxycodone oral and subcutaneous
Respiratory CNS	Life-long medicines provided in a community setting but prescribed in tertiary care	Omalizumab (CP) Mepolizumab (CP)
	LABA/LAMA combination	Tiotropium bromide [‡] with Olodaterol
Clinical director of neurology Neurology CNS	Anti-epileptic drugs	Aspirin Levodopa/carbidopa topiramate Levetiracetam lamotrigine Clobazam
Acute pain service	When morphine is ineffective	Oxycodone
Medicines in intravenous form		
Primary health care		Zoledronic acid
Practice nurse in private surgical gastroenterology centre		Plasmalyte 148
Chief nurse	Sedation during endoscopy	Midazolam
College of Cancer Nurses	Peripheral blood stem cell mobilisation	Cyclophosphamide
	Prevention of high-dose cyclophosphamide-induced hemorrhagic cystitis	Mesna

* Hyoscine hydrobromide transdermal and injectable forms are on the existing list. An oral form is not available.

** Lignocaine by injection without adrenaline is on the existing list.

‡ Tiotropium is on the existing list.

Error noted

The NZMA noted that the classification of sacubitril for hypertension on the proposed list is incorrect.

Part three: Specific feedback on restrictions and guidance that the Council should include on the medicines list

The proposed medicines list has a column headed 'Restrictions, specific route or form or other guidance'. Submitters expressed varying concerns about the adequacy of information in this column, or conversely, the presence of restrictions (for example, continuation prescribing). Sections 16 to 19 below outline these concerns.

16 Removal of restrictions to specific nursing groups

The existing medicines lists for RN prescribers restricts the prescription of some medicines to specific nursing groups, such as ophthalmology specialist nurses or nurses working in specialist addiction teams. The proposed amendments to the medicines list have not included these restrictions, because the Nursing Council considered them to be unnecessarily restrictive for nurses who are expected to prescribe within their area of competence.

Five submissions recommended that restrictions to specific nursing groups continue. The NZMA expressed the following opinion:

While some of the medicines may be appropriate for nurse prescribers who have experience in specialty teams, we are concerned that all the medicines on the list would be available to all nurse prescribers, including those working in primary care.

The RNZCGP observed that:

Registered nurses working in general practice have a very wide area of practice and it could be argued that very few medications are not 'relevant to their area of practice'. However, some conditions are seen very rarely in general practice and registered nurses may not see patients with these conditions frequently enough to be competent to prescribe for them.

An individual GP recommended that specialist medicines should be identified as such, so that there is transparency as to which medicines can be freely prescribed and which should be restricted to a specialist setting. Similarly, a CNS prescriber in an acute pain service identified specific medicines needed for her specialty, but suggested these be 'ring-fenced' to that specialty. One renal specialty nurse also asked for restricted prescribing for renal specialty medicines.

17 Continuation prescribing

Some medicines prescribed by designated RN prescribers are currently restricted as continuation prescription medicines. This means the treatment must be initiated by a medical or nurse practitioner, due to the diagnostic decision-making required or the associated risks of initiating the medicines, but an RN can renew the prescription and/or make dose adjustments thereafter. The nurse is accountable for ongoing assessment and monitoring and must assess the patient themselves for each prescription. Restrictions to continuation prescribing are noted on the current medicines list and on the proposed amended list.

The NZMA noted that continuation prescribing by RN prescribers entails considerable responsibility and consideration of other factors, such as changes in renal function. The NZMA expressed concern that continuation prescribing is seen as 'an easy no-issues option that somehow rationalises access to a large number of specialised medicines'.

The RNZCGP was pleased to see the requirement to consult with the patient before issuing a continuation prescription on the list, but cautioned against prolonged periods without review by an authorised prescriber. It noted that there are proportionally more continuing prescription restrictions on the proposed list than the existing list. The RNZCGP considered that the increased number of continuing prescribing restrictions:

better reflects the additional complexity of initial prescribing. Restricting a wider range of medications on the existing list to continuation prescribing may be justified.

In contrast, one individual GP submitter pointed out that continuation prescribing was unnecessarily restrictive in the context of increasing numbers of virtual consultations.

18 Insufficient information

The RNZCGP requested that a consistent level of detail be provided for each medicine, to 'avoid the assumption that the absence of such information signifies that the medication is without contraindications or side effects'. It gave an example of celiprolol and clonidine on the existing list. The entries for these are accompanied by cautions and directions for dose adjustment in renal or hepatic impairment; such information is absent for other medicines on the proposed list where similar considerations are relevant.

19 Specified classes of prescription medicines

The Ministry received numerous submissions, from nurse practitioners, CNSs (especially CNS in diabetes), a director of nursing and the NZNO, providing feedback on the limitations of individually named medicines on the list. At present, when new medicines become available, RN prescribers are unable to prescribe them until the list is updated. Insulins and vaccines are the exceptions. Given the cumbersome process to update the list, submitters suggested that if RN prescribers could instead prescribe from a class of medicines, it would be possible to provide up-to-date, evidence-based best practice as new generations of medicines are released. A CNS in diabetes noted:

This would mean that if the funded medicine changed or a substitute was put in its place then a nurse prescriber could still prescribe a medicine from that group.

There were seven submissions concerning the management of diabetes, from the NZSSD, a PHO, nurse practitioners, CNSs and RN prescribers, all of whom welcomed the new medicines to the list. They requested that antidiabetic drugs be listed by class rather than by individual agent, due to the similarity of indications, safety and side-effect profiles within classes. Some submissions said that initial prescribing and special authority application for SGLT-2 inhibitors and GLP-1 receptor antagonists should be enabled for RN prescribers.

Part four:

Recommendations for future updates to the list

The Ministry received numerous and lengthy submissions about the need for more timely updates to the medicines list so that RN prescribers can provide medicines that are based on best practice recommendations. In general, these submissions called for a more timely and transparent process, a view of RN prescribing in the context of a wider workforce strategy, a solution to issues with the current consultation process and revision of guidance on the use of the medicines list.

A more timely process

Submitters noted that medicines are often funded and listed on the New Zealand pharmaceutical schedule years before the medicines list for RN prescribers is updated. This delay creates inefficiencies for nurse prescribers, increases the workload for other prescribers and reduces access for patients.

A less cumbersome mechanism for updating the list is therefore necessary. Submitters called for a regular, more frequent process.

A more transparent process

Submitters said that regular review of the list should include a more open process for inviting and receiving suggestions for modification to the list, more transparent decision-making about inclusion/exclusion, the provision of information about the process for raising safety concerns about medications on the list, and the provision of information on the process for removal of medications no longer available (for example, on the existing list, celiprolol is no longer available; and cilazapril is not available for new patients). Submitters also suggested that the review process should be carried out by health practitioners with experience of prescribing.

Submitters sought information on the processes in place for monitoring, audit and evaluation of RN prescribing.

Wider implications: the need for a workforce strategy

The RACP raised the need to consider the development of an updated list of medicines for RNs to prescribe in the context of the wider implications for the entire health workforce. It pointed out that regulatory and policy changes to one professional group's roles and responsibilities will affect those of others and potentially diminish the unique aspects that delineate one profession from another. It suggested that a comprehensive workforce strategy is needed, to ensure that the settings applied to each profession are aligned to, and in concert with, the broader workforce strategic direction.

The current consultation process

The current consultation process (beginning with the Council seeking responses from nurse prescribers for additions to the list) has taken 18 months. The RACP noted that contextual information supporting the proposed changes was absent, and suggested the following information be included in future consultations:

- a summary of the implementation, monitoring and evaluation of RN prescribing since 2016, or references to longer-form analyses and literature on the matter
- a summary of the process the Nursing Council undertook to arrive at the recommended list
- the medicines that were not recommended for consideration for RN prescribing.

Revision of guidance on the use of the medicines list

The RNZCGP made a range of suggestions for revisions to the guidance provided to RN prescribers about the use of the medicines list. It suggested that this guidance should include:

- a summary of the types (or levels) of RN prescribing, with references to medication lists relevant to each level
- the need for periodic review of a patient's medicines by an authorised prescriber
- advice to RN prescribers to consult an authorised prescriber³ about requests to provide repeat (continuing) prescriptions to patients who have co-morbidities when they have presented to address a particular clinical issue
- emphasis on the requirement to work within a collaborative team
- more prominent emphasis on prescribing medications from the list that are relevant to an RN prescriber's area of practice and that they are competent to prescribe
- more prominent information on accountability for prescribing decisions and monitoring of nurse prescribing.

³ An authorised prescriber in this context refers to a medical or nurse practitioner.

Appendices

Appendix one: Consultation document

Consultation on proposed amendments to the specified prescription medicines list for designated registered nurse prescribers in primary health and specialty teams

The Ministry of Health invites submissions on proposed amendments to the list of specified prescription medicines for designated registered nurse prescribers.

The Nursing Council of New Zealand (the Nursing Council) has recommended 60 prescription-only medicines it considers appropriate for designated registered nurse prescribers in primary health and specialty teams.

The Nursing Council received suggestions for other prescription medicines that they have not recommended be added at this time.

The Ministry of Health, on behalf of the Director-General, must consult with those people or organisations that may be affected by a change to the specified prescription medicines before making a legal change by *Gazette* notice.

The current prescription medicines list for designated registered nurse prescribers was developed in 2014 and came into effect in September 2016. Since then there have been many new medicines introduced to the New Zealand Formulary.

The proposed amendments include new medicines for diabetes, respiratory conditions and antiviral medicines. Most medicines on this list are subsidised. The PHARMAC Community Pharmaceutical schedule should be consulted for details of the subsidies. Registered nurse prescribers need to be aware of the funding rules.

Consultation

The proposed amendments to the medicines list for registered nurse prescribing in primary health and specialty teams are appended.

Please submit your feedback on the proposed amendments to:

<https://consult.health.govt.nz/nursing/proposed-amendments-to-the-specified-prescription>.

Submissions close on Wednesday 27 January 2021.

Note that specific questions you may have about the proposed prescription medicines list for designated nurse prescribers or suggestions about other medicines should be directed to the Nursing Council (**reception@nursingcouncil.org.nz**).

Background

Legal framework for registered nurse prescribing

Under the Medicines (Designated Prescriber – Registered Nurses) Regulation 2016 and the Misuse of Drugs Regulations 1977, the Nursing Council can authorise suitably qualified nurses practising in primary health and specialty teams to prescribe specified prescription medicines and controlled drugs. Registered nurses with designated prescribing rights can also write a prescription for medicines of a ‘lower’ classification (for example, restricted medicines, pharmacy only medicines) within their level of competence and specific area of practice.

The qualifications, training, assessment and continuing competence requirements for registered nurses seeking to be authorised by the Nursing Council are set out in a *Gazette* notice made under these regulations.

The prescription medicines in current use have been specified by the Director-General of Health in a *Gazette* notice.

Regulation of registered nurse prescribing

Registered nurses prescribing in primary health and specialty teams prescribe from a list of medicines for common and long-term conditions. Nurses must be a part of a collaborative team so that the nurse can consult a doctor or nurse practitioner if the patient’s health concerns are more complex than the registered nurse prescriber can manage.

Registered nurses have a different level of prescribing authority than nurse practitioners who are authorised to prescribe any prescription medicine within their area of competence.

Nursing Council sets the professional regulation and guidance for registered nurse prescribing in Aotearoa New Zealand. The relevant documents are on the Nursing Council **website**:

- *Medicines List for registered nurse prescribing in primary health and specialty teams*. This guidance lists all medicines in current use categorised by body system, and outlines restrictions, specific route or form and any other guidance.
- *Competencies for nurse prescribers (2016)*. The competencies describe the activities that are essential for safe, appropriate and effective prescribing including patient assessment, clinical reasoning, monitoring and communication skills.
- *Preparation and Guidance for Employers and RN Prescribers (2020)*.

Appendix: Proposed amendments to the Medicines List for registered nurse prescribing in primary health and specialty teams

	System of the body	Broad therapeutic group (by New Zealand Formulary classification)	Subgroup	Prescription medicine	Restrictions, specific route or form or other guidance
1	Cardiovascular system	Diuretics	Thiazides and related diuretics	Chlortalidone	
2	Cardiovascular system	Diuretics	Aldosterone antagonists	Eplerenone	Continuation prescribing
3	Cardiovascular system	Lipid regulating drugs	Statins	Rosuvastatin	
4	Cardiovascular system	Lipid regulating drugs		Ezetimibe	Continuation prescribing
5	Cardiovascular system	Anti-arrhythmic drugs	Supraventricular and ventricular	Flecainide acetate	Continuation prescribing
6	Cardiovascular system	Hypertension and heart failure	Angiotensin-II receptor antagonists	Sacubitril and valsartan	Continuation prescribing
7	Cardiovascular system	Anticoagulants and reversable agents	Oral anticoagulants	Dabigatran etexilate	
8	Cardiovascular system	Anticoagulant and reversable agents	Oral anticoagulants	Rivaroxaban	Continuation prescribing
9	Cardiovascular system	Antiplatelet drugs	Management of stroke	Clopidogrel	Continuation prescribing
10	Cardiovascular system	Antiplatelet drugs	Management of stroke	Ticagrelor	Continuation prescribing
11	Central nervous system	Drugs used in nausea and vertigo	Neurokinin receptor antagonists	Aprepitant	Continuation prescribing
12	Central nervous system	Antidepressant	Serotonin and noradrenaline reuptake inhibitor	Venlafaxine	Continuation prescribing
13	Central nervous system	Antiepileptic drugs	Control of the epilepsies	Phenytoin	Continuation prescribing for control of epilepsy
14	Central nervous system	Drugs used in substance dependence	Nicotine dependence	Varenicline	
15	Endocrine system	Antidiabetic drugs	Dipeptidylpeptidase-4 inhibitors	Vildagliptin	
16	Endocrine system	Antidiabetic drugs	Dipeptidylpeptidase-4 inhibitors and biguanides	Vildagliptin and metformin	
17	Endocrine system	Antidiabetic drugs	Thiazolidinediones (glitizones)	Pioglitazone	
18	Endocrine system	Antidiabetic drugs		Acarbose	
19	Endocrine system	Antidiabetic drugs	Glucagon-like peptide 1 receptor agonists	Dulaglutide	
20	Endocrine system	Antidiabetic drugs	Glucagon-like peptide 1 receptor agonists	Exenatide	

	System of the body	Broad therapeutic group (by New Zealand Formulary classification)	Subgroup	Prescription medicine	Restrictions, specific route or form or other guidance
21	Endocrine system	Antidiabetic drugs	Sodium-glucose co-transporter 2 (SGLT2) inhibitors	Empagliflozin	
22	Endocrine system	Antidiabetic drugs	Sodium-glucose co-transporter 2 (SGLT2) inhibitors and biguanides	Empagliflozin and metformin	
23	Endocrine system	Corticosteroids	Glucocorticoids	Hydrocortisone	Oral Continuation prescribing
24	Endocrine system	Thyroid and antithyroid drugs	Thyroid hormones	Levothyroxine sodium	Continuation prescribing
25	Endocrine system	Thyroid and antithyroid	Antithyroid	Carbimazole	Continuation prescribing
26	Gastrointestinal system	Chronic bowel disorders	Aminosalicylates	Mesalazine	Oral Rectal
27	Gastrointestinal system	Chronic bowel disorders	Aminosalicylates	Olsalazine sodium	Oral
28	Gastrointestinal system	Chronic bowel disorders	Corticosteroids	Hydrocortisone acetate	Rectal
29	Gastrointestinal system	Intestinal secretions		Pancreatin	
30	Infections	Antiviral drugs	Viral hepatitis	Glecaprevir and pibrentasvir	Continuation prescribing
31	Infections	Antiviral drugs	Herpes virus infections	Valaciclovir	
32	Infections	Antibacterial drugs	Aminoglycosides	Tobramycin	Inhalation (nebulised)
33	Infections	Antiprotozoal drugs	Pneumocystis pneumonia	Pentamidine isethionate	Inhalation (nebulised)
34	Malignant disease and immunosuppressant	Sex hormones and hormone antagonists in malignant diseases	Hormone antagonist	Letrozole	Oral Continuation prescribing
35	Malignant disease and immunosuppressant	Sex hormones and hormone antagonists in malignant diseases	Hormone antagonist	Tamoxifen	Oral
36	Musculoskeletal and joint diseases	Rheumatic diseases and gout	Gout and cytotoxic induced hyperuricaemia	Febuxostat	Continuation prescribing
37	Musculoskeletal and joint diseases	Rheumatic diseases and gout	Non-steroidal and anti-inflammatory	Celecoxib	
38	Musculoskeletal and joint diseases	Rheumatic diseases and gout	Antimalarials	Hydroxychloroquine sulfate	Continuation prescribing

	System of the body	Broad therapeutic group (by New Zealand Formulary classification)	Subgroup	Prescription medicine	Restrictions, specific route or form or other guidance
39	Nutrition and blood	Vitamins	Vitamin D	Calcitriol	
40	Obstetrics, gynaecology and urinary tract disorders	Contraceptives	Combined oral contraceptives	Cyproterone acetate and ethinylestradiol	Oral contraceptive only
41	Obstetrics, gynaecology and urinary tract disorders	Vaginal and vulval changes	Topical HRT	Estriol	Vaginal cream
42	Obstetrics, gynaecology and urinary tract disorders	Drugs used in obstetrics	Prostaglandins and oxytocics	Misoprostol	
43	Obstetrics, gynaecology and urinary tract disorders	Drugs used in obstetrics		Mifepristone	
44	Respiratory system	Bronchodilators	Antimuscarinic bronchodilators	Umeclidinium	Continuation prescribing
45	Respiratory system	Bronchodilators	Antimuscarinic bronchodilators and adrenoceptor agonists	Umeclidinium and vilanterol	Continuation prescribing
46	Respiratory system	Bronchodilators Corticosteroids		Fluticasone furoate and vilanterol	Inhalation
47	Respiratory system	Bronchodilators	Antimuscarinic bronchodilators	Glycopyrronium	Inhalation
48	Respiratory system	Bronchodilators	Adrenoceptor agonists – selective beta agonists	Indacaterol	Inhalation Continuation prescribing
49	Respiratory system	Mucolytics		Dornase alfa	Inhalation Continuation prescribing for children with cystic fibrosis
50	Sensory organs	Corticosteroids and other anti-inflammatory preparations	Other anti-inflammatory preparations	Olopatadine 0.1%	Eye drops
51	Skin	Topical corticosteroids and antibacterial preparation		Betamethasone and fusidic acid	Topical
52	Skin	Preparations for warts and calluses	Anogenital warts	Imiquimod cream	External genital and perianal warts Continuation prescribing for superficial basal cell carcinoma

Medicines that are already on the list with a different route, form or indication

	System of the body (by New Zealand Formulary classification)	Broad therapeutic group	Subgroup	Prescription medicine	Restrictions, specific route or form or other guidance
53	Anaesthesia	Local anaesthesia		Lidocaine (lignocaine) with adrenaline	Subcutaneous – wound suturing Lidocaine plain and Adrenaline already on the list
54	Cardiovascular system	Anticoagulants	Parenteral anticoagulants	Heparin sodium	Subcutaneous
55	Central nervous system	Antiepileptic drugs	Control of the epilepsies	Sodium valproate	Continuation prescribing for control of epilepsy Already on the list for neuropathic pain
56	Central nervous system	Antiepileptic drugs	Control of the epilepsies	Gabapentin	Continuation prescribing for control of epilepsy Already on the list for neuropathic pain
57	Endocrine system	Corticosteroids	Glucocorticoids	Prednisolone	Continuation prescribing Oral Already on the list
58	Respiratory system	Bronchodilators	Adrenoceptor agonist and antimuscarinic bronchodilators	Indacaterol and glycopyrronium	Inhalation Continuation prescribing Indacaterol and glycopyrronium are both on the list but not in combination
59	Obstetrics, gynaecology and urinary tract disorders	Contraceptives	Long acting reversible contraceptives	Levonorgestrel (implant)	Subdermal Nurses must complete education for administering implant
60	Obstetrics, gynaecology and urinary tract disorders	Contraceptives	Long acting reversible contraceptives	Levonorgestrel (intra-uterine system)	Intra-uterine

Appendix two: Consultation questions

1. Your name
2. What is your email address?
3. Your job title
4. Are you submitting as an individual or on behalf of an organisation?
5. What is the name of your organisation?
6. Which of these best describes you?
 - Registered nurse
 - Registered nurse prescriber
 - Nurse practitioner
 - Medical practitioner
 - Pharmacist
 - Educator
 - Consumer
 - Other (please specify)
7. Do you agree with the medicines on the list?
 - Yes
 - No (if no, please explain)
8. Do you have any other comments on the proposed indication, restrictions, specific route, form or other guidance?