Position Statement: Nurse Practitioner Prescribing for Section 100 Medications for the treatment of HIV and Hepatitis B and Section 85 Medications for Hepatitis C in Australia

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The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) is a peak body of medical practitioners, nurses and other health professionals in Australia and New Zealand who work in HIV, viral hepatitis and sexual health. ASHM works in partnership with stakeholders across Australia to prevent HIV, viral hepatitis and sexually transmissible infections, and to preserve and protect the health and choices of those infected.

ASHM is supportive of expanding access to treatment and care for all those affected by HIV, viral hepatitis and STIs and works collaboratively and in partnership to support the implementation of innovative models of health service delivery.

The issues:

- Expanding access to treatment for HIV, hepatitis B and hepatitis C is a priority within all BBV National Strategies.
- Alternative models of increasing access to treatment include General Practitioner (GP) s100 community prescribers but these are geographically limited
- Nurse Practitioner (NP) prescribing presents an additional model for consideration as NPs work in a variety of hospital and community settings providing access to care for those who may not access traditional GP or hospital specialists
- Nurse practitioners (NPs) are authorised to prescribe a range of medications as defined by their scope of practice and formulary (with significant variation between states/territories, settings, roles). Many NPs’ formularies contain drugs used to treat HIV, hepatitis B and hepatitis C.
- NPs have been prescribing HIV and hepatitis C medicines in Australia, safely and effectively since 2010. This has only been possible where the medicines are not provided via the Pharmaceutical Benefits Scheme (PBS), such as through compassionate access, clinical trials and non-occupational post-exposure prophylaxis (NPEP) for HIV.
Nurse Practitioners are valued members of the multidisciplinary team in the settings where they work and are trusted health professionals within the community.

NPs are required to undertake continuing professional development related to their area of expertise, including prescribing and administering medicines as per APHRA Registration Standards.

To be able to prescribe PBS subsidised HIV, hepatitis B and hepatitis C medicines, the prescriber must be a medical practitioner. This restricts restricting NPs’ practice and limits access to NP’s services.

Internationally there is recognition for the need to ‘task shift’ or ‘task share’ to allow the completion of clinical interventions by the most appropriately skilled individual, rather than solely on the basis of traditional role delineations1,2,3,4.

**ASHM’s position:**
The current PBS prescribing eligibility criteria unnecessarily restrict access to treatment for individuals seeking health care for HIV, hepatitis B or hepatitis C. NPs with the appropriate experience, expertise and qualifications, working within a collaborative framework, should be authorised to initiate patients on PBS-subsidised treatments for blood-borne viruses and to provide ongoing treatment.

ASHM advocates for and supports a change to the PBS to allow suitably qualified NPs to be able to autonomously prescribe PBS subsidized treatments for blood borne viruses including HIV, hepatitis B and hepatitis C. This will increase and promote timely, affordable and equitable access to treatment in Australia.

3. Olson, D (2012). Task sharing, not task shifting: Team approach is best bet for HIV care