

Nurse Practitioners and Special Authorities

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Today's brief

- Special Authorities and Nurse Practitioners
- What we won't talk about today
 - Specialist recommendations on Rx
 - Hospital pharmaceutical restrictions
 - “Specialist” definition

Plan

- Current Situation
- Share some information
- The future
 - Direction of travel
 - Managing the past

Acknowledgement

- Patience
- Prescribing
- Appreciate your feedback
 - Macro level – paving the forward direction, affiliated organisations
 - Individual pharmaceutical level consults etc

About you 😊

- 235+ Nurse Practitioners
- Small numbers spread across a wide range of scopes
- More NPs in some scopes than others
- Growing group
- Independent prescribers
- Responsible prescribers

Statutory objective

- PHARMAC must:

‘secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the amount of funding provided.’

New Zealand Public Health and Disability Act 2000

About us

- Enable patient access to pharmaceuticals
- Acknowledge
 - potential access barriers
 - patients access to healthcare may not be "typical"
 - team based environment
- Aligned with Health Strategy
 - Closer to home
 - Top of scope workforce etc
- Focus on system improvement

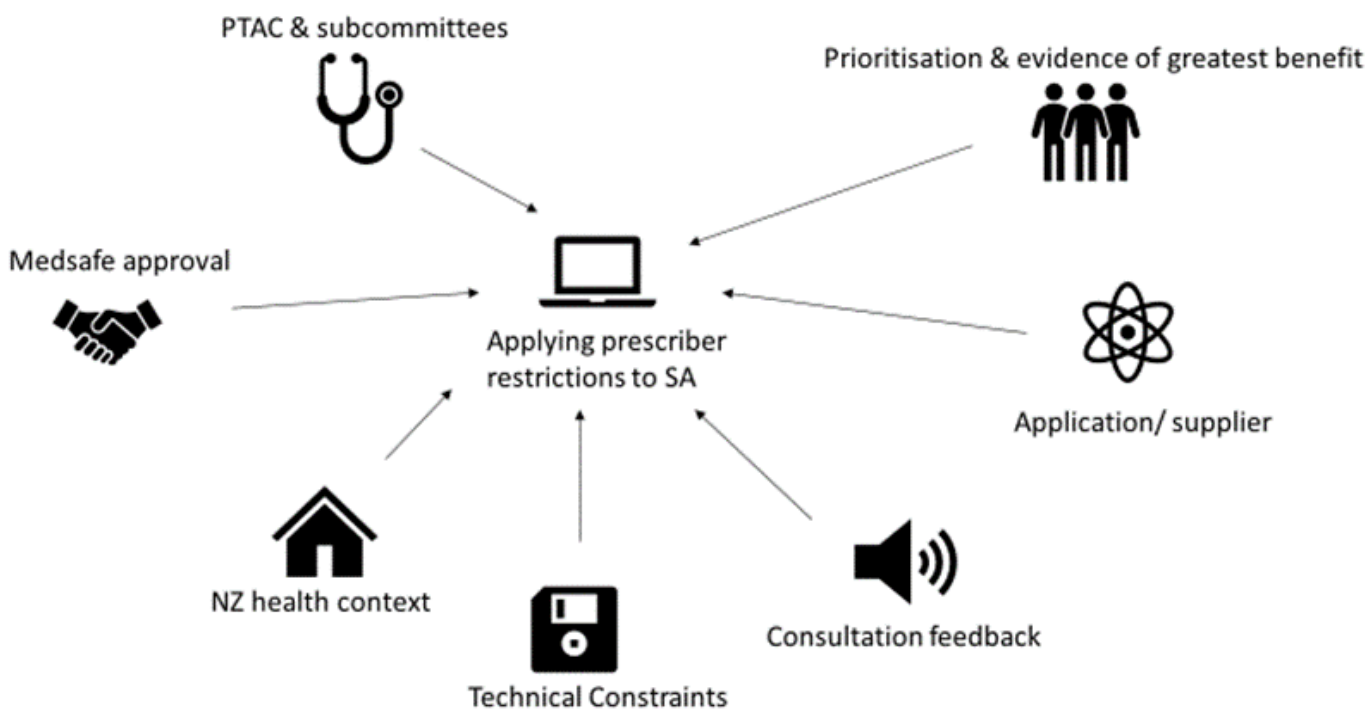
About Prescriber Restrictions

- Legacy of the Drug Tariff, predecessor to Pharmaceutical Schedule
- Schedule carried over much of Drug Tariff content including Prescriber Restrictions
- Other restrictions since introduced in Schedule;
 - Indication restrictions (via Rx endorsement)
 - Special Authorities (inc indication component and prescriber type restriction)

Special Authorities

- Targeting tool
 - Patients who would receive greatest benefit from pharmaceutical
 - Subset of approved indications
- Capped budget
- Simple (tamsulosin) to very complex (biologics e.g. “mabs”)

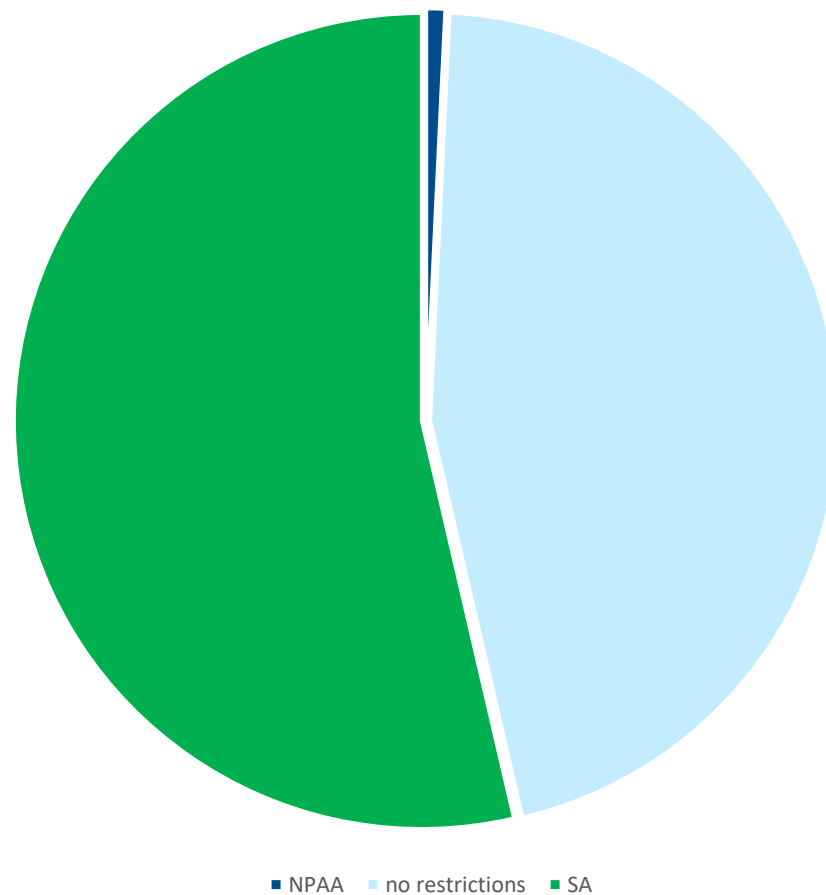
Constructing a Special Authority



And then review!

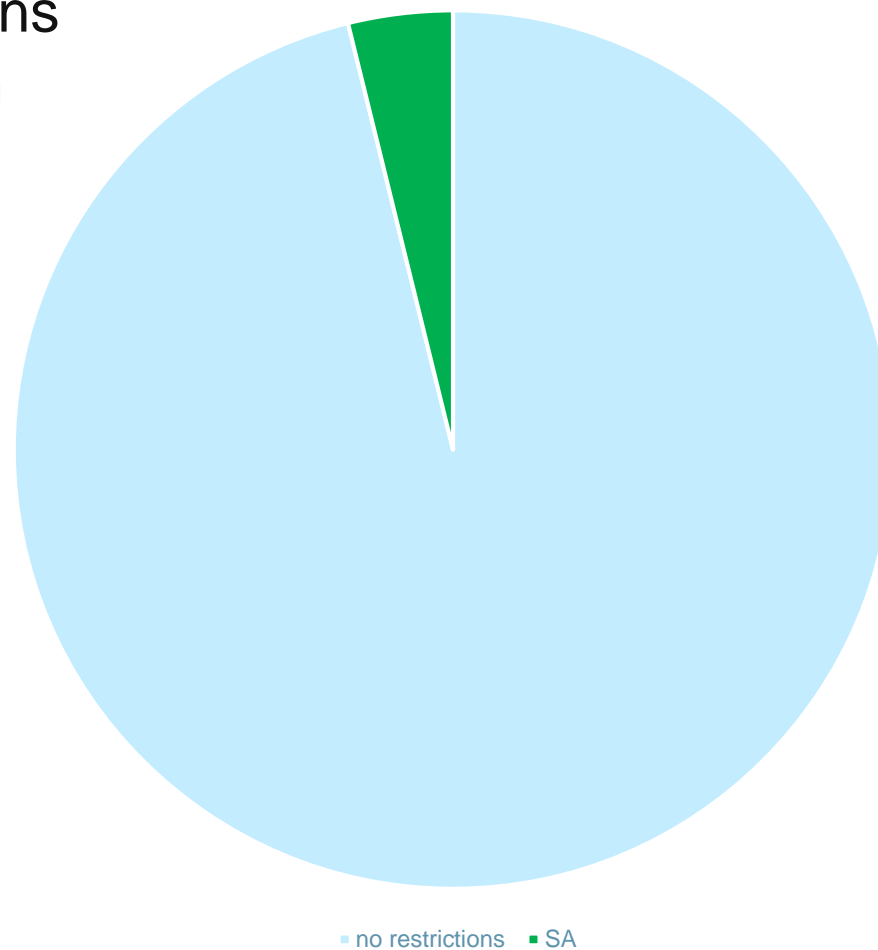
Special authorities are high cost.....

- Total pharms cost for 2017-18 was just over 1 billion
- Just over half (\$580mil) are SA's



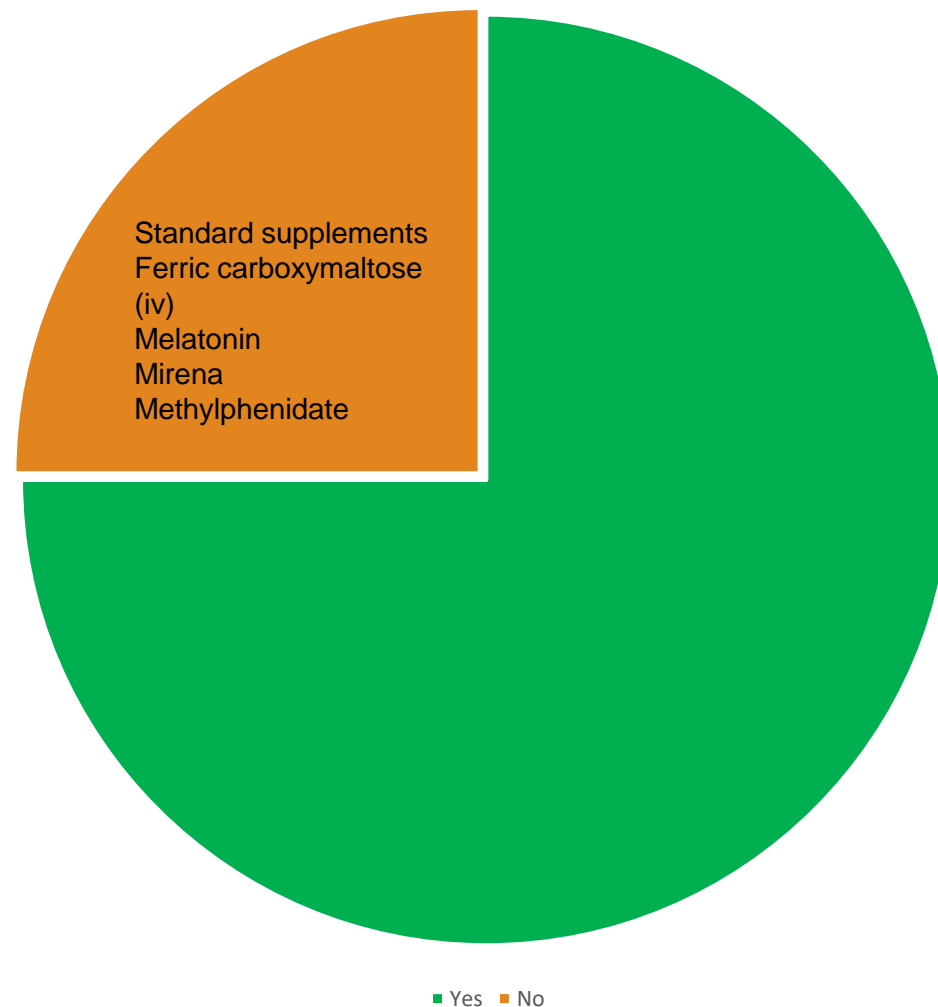
...but they are low volume

- Total numbers of prescriptions for 2017-18 was 46.5 million
- SA's 1.8 million (4%)



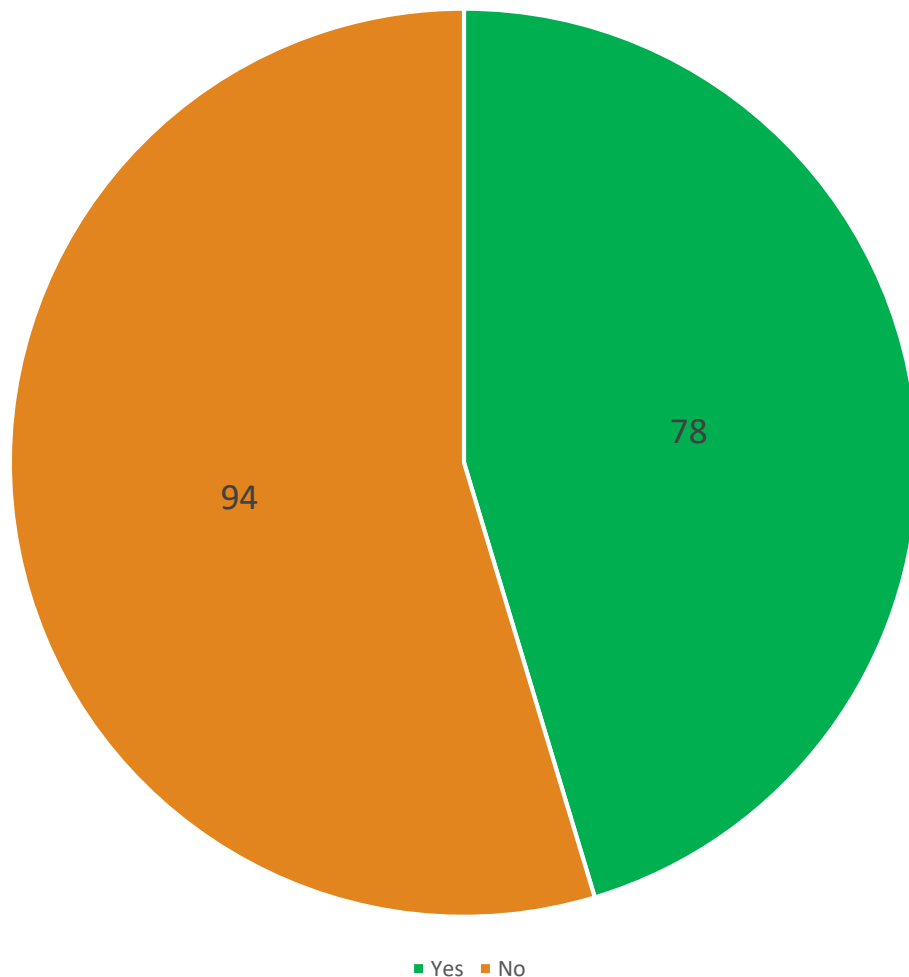
Current situation: by volume (initial applications)

- The top 20 SAs by volume make up three quarters of total SA applications
- NPs can apply for 75% of these high volume SAs? (independent applications)



Current situation: by the numbers (initial applications)

- 172 total Special Authority forms
- NPs apply for 78 SAs independently OR on the recommendation of a specific vocational scope e.g. gastroenterologist?



Where are the issues?

- New listings
- Legacy listings
 - One by one review - each individual case is different
 - Currently some work in this space
 - Some we see as being pretty straightforward
 - Others will be more complex
 - Timelines

Parameters

- The pharmaceutical is funded
 - E.g. we don't fund pseudoephedrine
- Within legislation
 - Handful of legislative prescriber restrictions
 - SA better reflect legislative requirements e.g. methylphenidate

Direction of travel

- Primarily target the patient by indication
- Prescriber restriction by exception
- Key elements that impact on NPs
 - Structure of restriction
 - Practitioner
 - Team work i.e. recommendation
- Acknowledging patients have different routes to access pharmaceuticals
- Parallel process for Specialist recommendations on Rx & Hospital pharmaceuticals

Feedback re: SAs & NPs

- Current areas of interest and high volume SAs

Suboxone, Methylphenidate, Mirena, Special foods, PrEP

Melatonin, Standard supplements, ferric carboxymaltose, cancer treatments, prednisolone minims

- In general, very positive

- Acknowledge small number of SAs very significant for individual NP scope of practice

We are very happy
to answer your
questions

THANK YOU