Australian Government
Department of Health, Disability and Ageing

Designated Registered Nurse Prescribing

Vendor Resource Document

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Contents

Glossary and Abbreviations

Acronym/Term	Description
Ahpra	Australian Health Practitioner Regulation Agency
PBS	Pharmaceutical Benefits Scheme
RN	Registered Nurse
RTPM	Real time prescription monitoring
Designated Registered Nurse Prescriber	A registered nurse who holds an endorsement for scheduled medicines from the Nursing and Midwifery Board of Australia
Eligible nurse prescriber	A designated registered nurse prescriber who meets the Commonwealth requirements to apply for approval as an authorised nurse prescriber
Authorised Nurse Prescriber	A designated registered nurse prescriber who has been approved under the Pharmaceutical Benefits Scheme (PBS) to prescribe PBS medicines.
NPDS	National Prescription Delivery Service

Introduction

The Australian Government is making changes to enable Pharmaceutical Benefits Scheme (PBS) subsidies for medicines prescribed by authorised nurse prescribers in partnership with an authorised health practitioner. To enable this, a new endorsement and approval process is being rolled out along with a framework to outline obligations for the registered nurse (RN), listing changes for the PBS and PBS claiming as well as system changes in the prescribing ecosystem.

A designated RN prescriber is endorsed to prescribe some medicines, in partnership with an authorised health practitioner and must have an active prescribing agreement in place.

These designated RN prescribers can apply to Services Australia to be issued with a PBS prescriber number and become an authorised nurse prescriber and are then eligible to PBS prescribe a subset of Schedule 2, 3 and 4 medicines.

This change is anticipated to impact authorised health practitioners, RNs, employers, patients, pharmacists, the prescribing and dispensing software vendors, multiple federal government departments and all state and territory governments.

Document Intent

This document has been written to act as a central repository of information to support prescribing and dispensing vendors to implement changes needed to expand prescribing to authorised RN prescribers. While the focus of this document is on PBS prescribing by authorised nurse prescribers, it is acknowledged that this initiative also impacts private prescribing by designated RN prescribers. Where possible, we have sought to identify where jurisdictional regulations, rules or processes may need to be considered for impacts on systems in addition to the PBS changes.

This document aims to communicate the changes being made to government systems and outlines potential impacts to vendors and their products based on this change in policy.

The intent of this document is NOT to stipulate end system design or UX/UI or act as a substitute for any conformance requirements or system analysis tailored to individual products or act as a change management tool for end users.

Background

In December 2024, Health Ministers approved a new registration standard and endorsement for RNs - designated RN prescriber. The Nursing and Midwifery Board of Australia's (NMBA) registration standard came into effect on 30 September 2025 and will allow endorsed RNs to administer, obtain, possess, prescribe, supply and/or use Schedule 2, 3, 4 and 8 medicines in partnership with an authorised health practitioner. These designated RN prescribers can apply to Services Australia to be issued with a PBS prescriber number and become an authorised nurse prescriber and are then eligible to PBS prescribe a subset of Schedule 2, 3 and 4 medicines with the scope of prescribing to potentially change over time.

The endorsement for designated RN prescribers and increased scope of PBS prescribing for authorised nurse prescribers will enhance access to high-quality, reliable medicines for all Australians, especially those in rural and remote areas. It will also help alleviate pressure points in both acute and primary care, where access to appointments is a challenge for healthcare consumers.

This prescribing model improves resource use and strengthens care coordination. It allows designated RN prescribers to prescribe medicines in partnership, freeing up other healthcare professionals to focus on more complex areas of patient care.

Amendments to the *National Health Act 1953* enables certain medicines prescribed by authorised RNs to attract PBS subsidies. The Department of Health, Disability and Ageing has worked with the independent expert Pharmaceutical Benefits Advisory Committee (PBAC) to consider medicine listing suitability for designated RN prescribing.

Designated Registered Nurse Prescribing Journey

The Designated Registered Nurse Prescribing journey requires actions across the healthcare ecosystem.

1. **Registered Nurse applies for endorsement**
    - A RN applies to Ahpra to become a designated RN prescriber.
    - The NMBA assesses qualifications and grants endorsement where eligibility requirements are met.
2. **Ahpra publishes endorsement data**
    - Endorsed designated RN prescriber details are included in the existing Ahpra data feed provided to Services Australia and the Real Time Prescription Monitoring (RTPM) system.
    - The designated RN prescriber project has identified Provider systems involvement in supporting Ahpra data feed processing and management.
3. **Services Australia systems receive and process the feed**
    - Services Australia provider systems ingest the Ahpra feed.
    - The Ahpra endorsement status is validated and loaded into provider records.
    - This provides Services Australia with the information needed to recognise the person as an eligible nurse prescriber.
4. **Nurse applies for PBS authorisation**
    - Once recognised by Services Australia systems, the eligible nurse prescriber applies to become a PBS authorised nurse prescriber.
5. **Services Australia issues a PBS prescriber number**
    - Services Australia creates the authorised nurse prescriber record.
    - A PBS prescriber number is allocated.
    - Importantly, authorised nurse prescribers receive a PBS prescriber number but not a Medicare provider number.
6. **Prescriber information becomes available to downstream PBS systems**
    - New authorised nurse prescribers are recognised by PBS Online systems.
    - New prescriber type values are introduced, including **‘R’** for Authorised Registered Nurse Prescriber.
7. **Nurse applies for RTPM system access**

- Eligibility for RTPM access by designated RN prescribers varies across jurisdictions and is determined by state and territory legislation. Nurses should consult their jurisdiction to confirm their eligibility for RTPM access and any applicable access requirements, including mandatory checks and other jurisdiction-specific conditions.
- RNs will be able to register for RTPM access through the Self-Service Registration Portal within their jurisdiction. Practitioner identity and registration details are automatically verified through integration with the Ahpra Practitioner Information Exchange (PIE).
- A valid PBS prescriber number is required as part of this registration process. (Note: Nurses who do not yet have a PBS prescriber number can still register for RTPM, however they will need to seek an exemption from the RTPM support team. Jurisdiction-specific RTPM websites will provide support contact details and guidance for RNs requiring an exemption or additional assistance during registration.)

8. **PBS Schedule and reference data updated**
    - PBS Schedule data is published with authorised nurse RN prescribing eligibility information.
    - The monthly PBS Schedule data contains the prescriber code entries vendors need to consume.
9. **Software products ingest updated PBS data**
    - Prescribing, dispensing and claiming software products consume the updated PBS Schedule/API data.
    - Prescribing, dispensing and claiming products must recognise the new prescriber type and any PBS item eligibility rules (per existing process for updates to rules related to particular PBS items).
10. **Prescribing workflow**
    - Prescribing software allows generation of electronic and paper-based prescriptions using the new prescriber type rules for PBS item eligibility.
    - Prescription is generated in the NPDS with an EoP sent to the patient/ sent to the patient's ASL
    - For electronic prescriptions, the National Prescription Delivery Service (eRx) passes the prescriber type of R through to dispensing software and to RTPM as applicable.
11. **Dispensing and PBS claiming**
    - Dispenser records sent to NPDS and onward to RTPM as applicable.
    - The patient presents to the pharmacy, and pharmacists dispense the prescription.
    - Dispensing software should recognise and map the new nurse prescriber type code from the PBS Schedule data, to support existing software functionality when preparing and submitting PBS claims. This was identified in the technical discussion as a key vendor change area.
    - PBS Online receives the claim containing the authorised nurse prescriber's PBS prescriber number.
    - Existing claiming interfaces remain in place.

Eligibility

To become endorsed as a designated RN prescriber, a RN must be able to demonstrate all of the following:

1. Current general registration as an RN in Australia with no conditions or undertakings relevant to this endorsement.
2. The equivalent of three years' full-time post-initial registration clinical experience (5,000 hours) within the past six years, from the date when the complete application seeking endorsement for scheduled medicines as a designated RN prescriber is received by the NMBA.
3. Successful completion of:
    a) NMBA-approved units of study leading to endorsement for scheduled medicines as a designated RN prescriber, or
    b) units of study that are equivalent to the NMBA-approved units of study leading to endorsement for scheduled medicines as a designated RN prescriber.

Designated RN prescribers will be required to complete a six-month period of clinical mentorship with an authorised health practitioner.

To maintain their endorsement, a designated RN prescriber must:

- Comply with the *NMBA Guidelines for registered nurses applying for or with the endorsement for scheduled medicines – designated registered nurse prescriber*, including requirements relating to prescribing relationships and governance arrangements.
- Complete a period of clinical mentorship with an authorised health practitioner during the first six months of endorsement.
- Prescribe only where there is an active prescribing arrangement with an authorised health practitioner.
- Meet any additional requirements applicable to sole practitioners or registered nurses working in private practice.

Designated RN prescribers must make an annual declaration that they meet the ongoing requirements of endorsement. This includes professional indemnity insurance and recency of practice requirements and completion of the required continuing professional development (CPD), including an additional 10 hours of CPD related to prescribing of scheduled medicines.

Failure to maintain their endorsement will result in the designated RN prescriber having their endorsement removed by the NMBA and Ahpra which will result in updates across Ahpra's website and data feeds resulting in the cancellation of an authorised nurse prescribers PBS prescriber number.

Removal and Revocation of Prescribing Privileges

When a designated RN prescriber has their prescribing privileges revoked or removed or is no longer endorsed, the healthcare organisation must remove the prescribing privileges from the individual in their prescribing systems.

If a designated RN prescriber is no longer endorsed by the NMBA due to suspension or expiry, the Ahpra provider registry will be updated leading to the designation flowing through the Ahpra data feed and to the Provider Directory Systems impacting the nurse's PBS Prescriber Number validity. Claims associated with an invalid PBS Prescriber Number will be rejected. Any individual can access Ahpra's provider registry to validate an individual's current endorsement status.

Prescribing Partnerships

A designated RN prescriber and authorised health practitioner work together in partnership in the provision of healthcare in accordance with a clinical governance framework. A prescribing agreement is a key document for the prescribing model which outlines the prescribing relationship and scope of prescribing practice. A prescribing agreement is reviewed at least annually and is managed locally within the boundaries of organisational clinical governance processes.

Prescribing agreements will not be managed in a national database nor is there any requirement that prescribing or dispensing systems provide oversight mechanisms for these agreements. The details of these partnerships do NOT need to form part of the prescription, the payload or other documentation to the pharmacist.

The authorised health practitioner works in partnership with the designated RN prescriber in accordance with the clinical governance framework. The authorised health practitioner must be aware of the designated RN prescriber's scope of practice and ensure it aligns with their own area of practice. The designated RN prescriber must consult and refer to the authorised health practitioner when a person's care needs fall outside the designated RN prescriber's scope of practice.

Issuing PBS Prescriber Numbers

An eligible RN prescriber applies for recognition as an authorised nurse prescriber through the same pathway used by other prescribers, which includes a paper-based application form or a digital application via PRODA/HPOS. Services Australia then assesses the application and, if approved, issues a PBS prescriber number. The RN does not receive a Medicare Provider Number. Once the nurse has been approved, they will receive a response to their application (either via a digital mailbox or via a paper letter) advising of their approval, and including their PBS prescriber number.

PBS Prescriber Numbers are NOT location specific and the designated RN prescriber will not require different PBS Prescriber Numbers if they operate across multiple locations/practices.

Following allocation of a PBS prescriber number, a designated RN prescriber will be recognised by PBS systems.

To issue an electronic prescription, the designated RN prescriber will also need to include their HPI-I that is automatically assigned to all nurses with Ahpra registration.

PBS Prescriber numbers are validated by PBS Online at the time of claiming to confirm they are active and valid for prescribing that medication at the time of prescribing.

The ability for a designated RN prescriber to issue private prescriptions will be based on jurisdictional regulations.

Prescribing Scope

Designated RN prescribers are qualified to administer, obtain, possess, prescribe, supply and/or use Schedule 2, 3, 4 and 8 medicines in partnership with an authorised health practitioner, in line with the NMBA's registration standard and guidelines, and in accordance with relevant state or territory medicines and poisons legislation.

The designated RN prescriber will be accountable for the prescribing decisions they make and ensuring they are prescribing within the bounds of federal and jurisdictional legislation and regulation as well as within their scope of practice and prescribing agreement.

The PBAC has approved some medicines listed on the PBS schedule to be PBS prescribed by designated RN prescribers once they are approved by Services Australia as authorised nurse prescribers.

- As of September 2026, PBAC has **not approved** authorised nurse prescribers to issue **PBS prescriptions for Schedule 8 medicines**. PBAC may consider changes to the medicines that are eligible to be PBS prescribed by authorised nurse prescribers (including potential inclusion of Schedule 8 medicines) in the future.
- Section 100 items and prescriber bag prescriptions were excluded from PBAC consideration at this time.
- RPBS items are not currently included within the designated RN prescribing arrangements. The initial implementation focuses on a defined list of PBS medicines considered through the PBAC process for designated RN prescribers. Should this change over time in consultation with Department of Veterans Affairs (DVA), the PBS API will be updated accordingly.
- The initial list of medicines considered by the PBAC for PBS prescribing by authorised nurse prescribers was drawn from the Nurse Practitioner PBS prescribing scope and assessed against additional guiding principles developed for designated RN prescribers to determine which medicines were appropriate for this new prescribing cohort.

Authorised nurse prescribers are subject to existing PBS processes. Authorised nurse prescribers will need to leverage existing HPOS and phone approval mechanisms to seek authorities for medications should the PBS restrictions require it. Authorised nurse prescribers are able to issue verbal authorisations for emergency supply of PBS medicines under the existing legislative provisions for authorised PBS prescribers.

The PBS Schedule is the source of truth for determining what PBS medicines an authorised nurse prescriber can prescribe. Up to date information about the list of medicines that are able to be PBS prescribed by authorised nurse prescribers will be available on the PBS schedule and accessible via the PBS API.

This initiative is distinct and separate from midwife and nurse practitioner PBS prescribing. Midwife and nurse practitioner prescribing has been excluded from this document.

Transition and timing

PBS API test data has been made available as of 19 August 2026, government is actively working towards appropriate transition timelines that enable sufficient time for vendors to conduct regression, integration and end to end testing prior to rollout and go live of designated RN prescribing. The government acknowledges that the time and resources required to conduct fulsome testing is highly dependent on individual vendor commitments, architectures, implementation roadmaps.

Authorised nurse prescribing of PBS medicines will be permitted from 1 December 2026. To enable these prescriptions to be used the support of dispensing vendors as well as prescribing vendors is critical to support this timeline.

Key dates

- Late 2025 – Applications open with Ahpra to become a Designated RN Prescriber
- 13 May 2026 – Webinar on upcoming PBS changes including Designated RN prescribing
- 18 May 2026 – Initial test data available on PBS vendor embargo site
- 30 June 2026 – RTPM system enhancement completed to give 7 of 8 Jurisdictions (all except NSW) the ability to allow designated RN prescribers to register for RTPM system access through the respective Jurisdictional RTPM Self-Service Registration Portals. Jurisdictions to activate this functionality at their discretion, in accordance with their respective designated RN prescribing implementation plans.
- 19 August 2026 – Updated test data available on PBS vendor embargo site
- 28 August 2026 – NPDS schema was updated and made available to vendors
- 10 September 2026 – Industry Briefing for prescribing and dispensing vendors
- Mid-September 2026 – Additional test data with all Tranche 1 and Tranche 2 proposed authorised nurse prescriber PBS eligible items to become available on the PBS vendor embargo site
- 1 October 2026 – Applications open with Services Australia for Authorised Nurse Prescriber PBS prescriber numbers
- 1 October 2026 – Commencement of federal regulatory and legislative arrangements enabling designated RNs to become authorised nurse prescribers. Additional changes to jurisdictional regulations may impact readiness across individual states and territories.
- Early-mid November 2026 – Normal monthly Embargo PBS data released to vendors for 1 December 2026 PBS changes. This will include the RN prescriber data released in mid-September 2026
- 1 December 2026 – PBS Schedule updated and Services Australia systems are available to support claiming for authorised nurse prescriber PBS prescriptions.
- 1 December 2026 – Commencement of PBS prescribing by authorised nurse prescribers (where authorised under applicable state and territory legislation)

The Department is working with Industry and software vendors to determine when systems will be in place to support designated RN prescribing.

Readiness

Date	Milestone	Lead	Supporting parties	Readiness dependency / responsibility
1 October 2026	Applications open with Services Australia for authorised nurse prescriber PBS prescriber numbers	Services Australia	Department of Health, Disability and Ageing	Services Australia application and approval processes available.
1 October 2026	Commonwealth regulatory and legislative commencement of designated RN prescribing	Department of Health, Disability and Ageing		Relevant legislative and regulatory arrangements commence.
Mid September 2026	RN prescriber PBS data released to vendors	Department of Health, Disability and Ageing	Services Australia	Vendors use released data to prepare and test system changes.
6 November 2026	Capability to enable NSW Health to allow designed RN prescribers to register for the RTPM system (SafeScript NSW) goes live	FRED IT	NSW Health Australian Digital Health Agency	Follows 5 November 2026 commencement of new medicines regulations in NSW. NSW Health to activate this functionality at a date of their choosing.
Early to mid-Nov	Monthly embargo PBS data provided to vendors for the 1 December 2026 PBS update,	Department of Health, Disability and Ageing	Services Australia, software vendors	Vendors complete implementation, testing and deployment activities in preparation for publication.

Date	Milestone	Lead	Supporting parties	Readiness dependency / responsibility
	including RN prescriber data			
1 December 2026	PBS Schedule updated to include authorised nurse prescriber PBS prescribing arrangements	Department of Health, Disability and Ageing	Services Australia	Publication of the PBS Schedule is required before PBS prescribing by authorised nurse prescribers can commence.
1 December 2026	Services Australia systems available to support authorised nurse prescriber PBS access	Services Australia	Department of Health, Disability and Ageing	Prescriber number, PBS claiming and authority processes available.
1 December 2026	Commencement of PBS prescribing by authorised nurse prescribers	Department of Health, Disability and Ageing / Services Australia	Jurisdictions, employers, software vendors, prescribers	Authorised nurse prescribers may commence PBS prescribing where permitted under applicable state or territory legislation and local governance arrangements. The timing may vary by jurisdiction.

Dispensing vendors

Dispensing software vendors will play an important enabling role in supporting readiness for Designated RN prescribing. Ongoing engagement across government, software vendors and the sector will support readiness, assist with necessary system updates, and provide opportunities for implementation considerations to be identified and managed as arrangements progress. Dispensing systems provide the connection with PBS Online for claiming and will support the practical implementation of prescribing arrangements across the sector. Dispensing systems will support PBS Prescriber Numbers for designated RN prescribers to be submitted to PBS Online and assist with the resolution of any claiming issues as implementation progresses. PBS Online claiming capability will be an important

contributor to realising the intended benefits of the program for prescribers, patients and the broader health system.

All updated dispensing software products must be rolled out prior to the commencement of authorised nurse prescribing from 1 December 2026 to ensure that patient choice of pharmacy and medicine access is maintained. The Department will work with software vendors to manage rollout and track readiness ahead of this date.

Prescribing vendors

The readiness of prescribing vendors to support end user change management will be important to the success of designated RN prescribing. Prescribing vendor readiness is important to support increased clinical safety and reducing clinician burden for both prescribers and pharmacists.

While authorised nurse prescribers may use paper prescriptions where prescribing systems are not yet available, the Department encourages prescribing vendors to roll out updated products by 1 December 2026 to support designated RN prescribing. The Department acknowledges that implementation timeframes will be subject to individual vendor prioritisation, product roadmaps and customer demand.

It is recommended that software vendors conduct appropriate end user training and thorough testing across their systems to ensure implemented functionality is working as expected and systems can leverage the new information and support the new prescriber types. No independent verification, testing nor certification will be conducted by government as part of this change.

End user readiness

The Department is supporting readiness through implementation guidance, stakeholder communications and engagement with nurses, employers, professional organisations and jurisdictions. Nurses and employers are responsible for ensuring all regulatory, workplace, software and clinical governance requirements are met before an authorised nurse prescriber commences prescribing. Recognising that implementation readiness may vary across jurisdictions and settings, communications will encourage nurses and employers to assess their readiness and make any necessary preparations.

The Department and Services Australia will continue to provide implementation support throughout the transition period.

Interim Processes and Contingency Planning

The Department has undertaken an analysis of alternate interim processes to support designated RN prescribing while software vendors update their software. It has been determined that paper based manual claiming for PBS prescriptions is not suitable given the widespread use of electronic prescribing and legal requirements that PBS suppliers cannot decline a valid PBS prescription for an eligible patient.

However, private paper prescriptions may be issued should jurisdictional regulations permit.

Where prescribing systems are not yet operational, paper prescriptions may be used once *all* dispensing vendors have completed roll out to enable claiming.

Interactions with Jurisdictions

PBS prescribing and National Law changes make up only one component of the ability to prescribe. Jurisdictional regulations provide the authorisation to a designated RN to prescribe medications and/or may limit what medications they can prescribe.

As of September 2026, the table below outlines where designated RN prescribers will be permitted to prescribe. Schedule 8 medicines are not currently able to be PBS prescribed by authorised nurse prescribers.

State/Territory	Nurse Prescribing Permitted
Australian Capital Territory	Yes
New South Wales	Yes[1]
Victoria	No
Queensland	No
Tasmania	Yes
South Australia	Yes
Northern Territory	Yes
Western Australia	No

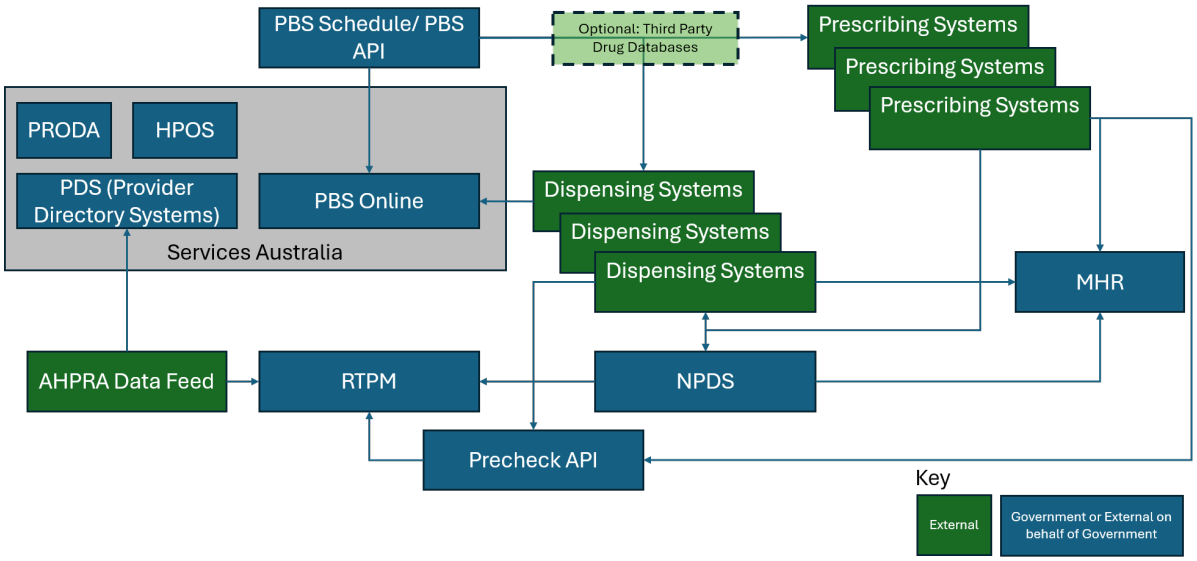
It is the obligation of the designated RN prescriber to understand the requirements of their jurisdictional legislation and regulations. Vendors can access further information:

- Tasmania
- Western Australia
- Victoria
- South Australia
- Northern Territory
- New South Wales
- Australian Capital Territory

[1] Schedule 8s require additional authority from New South Wales

Impacted Systems

The below diagram outlines the systems impacted by the designated RN prescribing changes.



System	Role	Impact	Owner
Ahpra provider data feed	Once a RN is endorsed by Ahpra their details are added to the existing data feed of practitioners	Additional information to be shared to RTPM and Services Australia	Ahpra
Provider Directory Systems	Consumes information from the Ahpra feed, manages provider/ prescriber records to support downstream Services Australia systems.	New prescriber types to be managed and new information to be shared within Services Australia	Services Australia
PRODA	Authentication and identity verification of users, facilitates access to HPOS	Increased user activity as RNs access to connect with HPOS	Services Australia
HPOS	Eligible RNs apply to be recognised as an authorised nurse prescriber,	New prescriber applications to be managed, new user accesses	Services Australia

System	Role	Impact	Owner
PBS Online	Assess PBS Claims, including validating PBS/RPBS prescriber entitlement and providing return reason codes	Accept and validate PBS Prescriber Number against claimed PBS Item Code and prescribing permissions	Services Australia
PBS Schedule/ PBS API	Consumable repository of PBS medications including prescriber type limitations	Update to include new prescriber types and medications that prescriber type can PBS prescribe	Department of Health, Disability and Ageing
Third Party Drug Databases	Transform and append medicine data to be consumable, complete and relevant to clinicians and prescribing and dispensing systems. Use the PBS API/ PBS Schedule as an input	Update to include new prescriber types and medications that prescriber type can privately and PBS prescribe	External vendors
Prescribing systems	Support the creation of a prescription (electronic or other paper based). Transmit electronic prescriptions to the NPDS. Transmit relevant data to MHR.	Enable designated RN prescribers to access prescribing functionality Enable their electronic prescription payload to carry R as a prescriber type for endorsed nurse prescribers Enable the capture of PBS prescriber number for designated RN prescribers Consider additional validation functionality based on supporting workflows and jurisdictional restrictions	External vendors
Dispensing systems	Access prescriptions via the NPDS or capture prescriptions information in other forms to enable a dispense and creation of a dispense record.	Accept RN prescriber as a prescriber type (R) in an electronic prescription payload	External Vendors

System	Role	Impact	Owner
	Integrate with PBS online to support claiming. Transmit relevant data to MHR.	Accept the PBS prescriber number for authorised nurse prescribers Transmit PBS prescriber number for designated RN prescribers on a claim Consider additional validation on prescriber types and permissible PBS medicines to be dispensed (prior to claim)	
RTPM	Monitor prescribing and dispensing of monitored medicines	Permit registration of designated RN prescribers	FRED IT in conjunction with ADHA, states & territories
NPDS	Enables the electronic transfer of prescription information systems to dispensing systems. Shares information to RTPM.	Enable the transmission of prescriptions with a new prescriber type (R) Enable the transmission of PBS Prescriber numbers for designated RN prescribers	FRED IT in conjunction with Department of Health, Disability and Ageing and ADHA
MHR	My Health Record is a secure online summary of key patient health information. It brings together health information from the individual and/or their representatives, Services Australia and the healthcare providers involved in their care. Some clinical documents in MHR include shared health summaries, prescription and dispense records, pathology and diagnostic imaging	There are no changes required to the MHR. Designated RNs will continue to work within existing MHR participation arrangements. To access or share information to the MHR, they will need to be working within a healthcare provider organisation that has an HPI-O, is registered to participate in My Health Record, and is using conformant clinical software which supports uploading. Once authorised by the organisation they can	ADHA

System	Role	Impact	Owner
	reports and event summaries.	author and upload the clinical documents that registered nurses are already permitted to contribute and can view information in their patients' My Health Record as part of providing care. Additional document that designated RN prescribers may upload to My Health Record is the prescription record. Prescription records contain information about medicines that have been prescribed and details about both the healthcare provider that prescribed the medicine/s and the healthcare organisation. Generally, prescription records are set to upload to My Health Record automatically via conformant clinical information systems unless the patient or their representative has requested not to have this information uploaded to their record.	

Impacts on PBS data

The PBS Schedule will identify eligible items that can be PBS prescribed by a designated RN prescriber. This list is subject to change over time and will be communicated via the PBS Schedule and PBS API as part of the '/prescribers' endpoint.

For PBS purposes, designated RN prescribers may only prescribe medicines where the relevant PBS listing includes 'RN' as an approved prescriber type on the PBS Schedule (recorded as 'R' in PBS data). The key change is that a new prescriber type is being included as new line of data in the same places where existing prescriber/item combinations are located. No new fields or structures or relationships are being added to the PBS data.

Vendors may choose whether to build additional validation rules/logic for their customers. The PBS Schedule remains the source for PBS item eligibility. Specifically, the '/prescribers' endpoint in the PBS API and/or API download files (currently on the vendor embargo site) identify eligible item codes.

A full data dictionary for the PBS API and release notes for each API release can be found on the PBS Website: PBS API | PBS Data

Impact on prescribing vendors

Prescribing vendors will have a new set of users accessing their systems to conduct prescribing. How this prescriber class impacts user access within individual prescribing products will be unique to each user access model. For these new prescribers, the systems must be able to capture their PBS prescriber number and for electronic prescriptions carried via the NPDS identify them as authorised nurse prescribers (prescriber type R).

Designated RN prescribing scope, and it's PBS scope as a subset of that, is distinct from other prescriber types such as medical practitioners and nurse practitioners. This prescribing scope also interacts with jurisdictional rules.

This may result in new users to systems or users having access to functionality they did not have access to previously. These users may have increased training needs.

Impact on NPDS

The eRx schema was updated to support the new designated RN prescriber type. Prescribing and dispensing software must be able to pass, receive and map the new prescriber type code in the electronic prescription payload. In August 2026, Fred IT published the updated schema on GitHub on Friday, 28 August 2026 and notified software vendors directly on Monday, 31 August 2026.

If a physical prescription is generated (future paper or barcoded), it would follow the same format as existing scripts.

The changes to support designated RN prescribing do not impact the NPDS accreditation process and existing vendors will not need to recomplete accreditation.

Impact on PBS Online/Claiming

Services Australia will continue to apply existing prescriber validation when a pharmacy submits a PBS claim. PBS Online checks that the prescriber number is validly constructed, that the prescriber was active, and that the prescriber was eligible to prescribe the item at the time the prescription was written.

Services Australia has not changed the PBS Online claiming structure nor introduced any new business rules, claim indicators or rejection codes.

Impact on dispensing vendors

While dispensing *processes* are not anticipated to change, software will need to support PBS claiming with the authorised nurse prescriber's PBS Prescriber number and be able to

receive the new prescribers PBS Prescriber number and the new prescriber type (R) in an electronic prescription payload.

There is not a requirement for dispensing vendors to support verification of a designated RN prescriber's endorsement nor verification that a PBS prescribed medicine falls within the prescribers' remit. The intent is that this is managed through the claiming process and PBS Online. Pharmacists can also verify a designated RN prescriber's endorsement status by searching on Ahpra's practitioner database.

No new claiming fields, web services or structural changes are required to support PBS claiming specifically.

If the PBS Prescriber Number was not validly constructed, the prescriber was not active, or the prescriber was not eligible to prescribe the item at the time the prescription was written, the claim will be rejected. During the transition, vendors may see increased issues due to new users.

Impact on RTPM

Prescribing and dispensing systems interact with RTPM through the existing Precheck API. No changes have been made to the Precheck API and therefore prescribing and dispensing systems do not need to make any changes to their RTPM integrations as a consequence of the DRNP reform.

7 of 8 Jurisdictions (all except NSW) now have the technical capability to allow designated RN prescribers to register via their respective Self-Service Registration Portals. However, it is up to each Jurisdiction to determine when they activate that registration functionality. Jurisdictional timelines for rolling out designated RN prescribing vary, noting that there are differences in their regulatory preparedness.

NSW is due to have the technical capability to allow designated RN prescribers to register for SafeScript NSW from 6 November 2026. This capability comes with a new release of SafeScript NSW that had been deferred so it would follow the 5 November 2026 commencement of new medicines, poisons and therapeutic goods legislation in NSW. When this registration functionality is activated will be at the discretion of NSW Health. Usage of SafeScript NSW by clinicians remains optional, so designated RN prescribers that have not registered for SafeScript NSW will still be able to prescribe.

Impact on My Health Record

Where the healthcare provider organisation has an HPI-O and is registered to participate in My Health Record, a designated RN prescriber authorised by the organisation can author and upload event summaries, shared health summaries and prescription records containing medicines information to My Health Record. They can also view health information in their patients' My Health Record.

Guidelines for Implementation

Guidelines for Prescribing vendors

Permissions and user access

How designated RN prescribers will be able to access clinical information systems to generate electronic prescriptions systems will differ by healthcare organisation and by product, however specific information will need to be captured for authorised nurse prescribers. There is not a requirement that prescribing systems limit prescribing of medicines to the scope of the designated RN prescriber, the obligation to prescribe within the legal and clinical boundaries lies with the prescriber.

Identifying information to generate a prescription

Most prescribing software captures identifying and qualifying information as part of the user setup and/or user profile. At a minimum – the prescribing system will need to capture and use the designated RN prescriber's information required to issue a PBS prescription, additional information may be required based on jurisdictional regulations. This includes the designated RN prescribers:

- Full Name
- PBS Prescriber Number (seven digits long, may have leading zeros)

If the designated RN prescriber is accessing electronic prescribing functionality, additional information must be captured to support the legal generation of electronic prescriptions:

- HPI-I that is active and verified if the user will be leveraging ePrescribing

Currently published EP conformance (v3.0 series) mandates the inclusion of HPI-I and PBS prescriber number for any prescriber account provisioned with access to electronic prescribing. This will also apply to designated RN prescribers.

The following information about the designated RN prescriber and their practice **must** be captured and provided to generate the electronic prescription in the NPDS (additional information regarding this can be found on the NPDS GitHub):

- Practice Name
- Prescriber Type – Populated with R for designated RN prescriber
- HPI-O that is active and verified if the practice will be leveraging ePrescribing
- Practitioner qualifications

In addition, the following information about the designated RN prescriber and their practice **can** be captured and provided to generate the electronic prescription in the NPDS (additional information regarding this can be found on the NPDS GitHub):

- Practice address
- Contact details (e.g. phone number, email address etc)
- Prescriber Ahpra number

The existence, validity and details of prescribing partnerships do NOT need to form part of the prescription, the payload or other documentation shared to the pharmacist and may be managed outside of the prescribing system.

When a designated RN prescriber has their prescribing privileges revoked or removed or is no longer endorsed, the healthcare organisation must remove the prescribing privileges from the individual in their prescribing systems. There is not an obligation for the prescribing vendor to establish automatic verification processes to ensure the designated RN prescriber remains endorsed.

Collection of PBS Prescriber Numbers and Identifiers

PBS Prescriber Numbers will be issued to designated RN prescribers by Services Australia after they have applied, at this point they become an authorised nurse prescriber.

PBS prescriber numbers will be issued to authorised nurse prescribers and must be captured by prescribing systems to be included in prescriptions, including electronic prescriptions. Current Conformance Profiles require the capability to capture PBS prescriber number.

PBS prescriber numbers must meet standards of construction and validity to support claiming processes. PBS Prescriber numbers will be issued based on the same construction standards that are currently used. They will be seven digits long and may include leading zeros. It is recommended that prescribing systems implement some level of validation on the data to support smoother processing across the prescribing workflow.

Authorised nurse prescribers using electronic prescribing will require their HPI-I and their own PBS Prescriber number. Every registered nurse is automatically assigned an HPI-I when they register with Ahpra. Existing processes to retrieve and validate HPI-I for RNs will apply, where software products will need to be integrated with the HI service to validate HPI-I.

Designated RN prescribers will NOT be issued with Medicare Provider Numbers as part of this initiative.

The ability for a designated RN prescriber to issue private prescriptions will be based on jurisdictional regulations.

Setting Prescriber Type

The prescriber type is set by the prescribing system for the individual user and is passed through to the dispensing system via the NPDS payload. For authorised nurse prescribers this will be set to R.

Note that midwives and nurse practitioners have separate prescriber types for electronic prescriptions captured with Prescriber Type in the NPDS payload set to F and U respectively.

Additional details about information and payload constraints can be found in the NPDS GitHub.

Workflows

Designated RN prescribers are required to work in partnership with an authorised health practitioner. There are **no explicit requirements to support different workflows for**

designated RN prescribers, however clinical governance processes and flexibility is encouraged to be supported.

Vendors may wish to consider how the following impacts their systems and how end users can be supported in their clinical workflows, prescribing and managing their ongoing obligations:

- Limits on designated RN prescriber's scope based on scope of practice, jurisdictional rules, their individual prescribing agreements, differences between PBS and private prescribing scopes.
- Identification of the designated RN prescriber within the system
- The responsibilities for the authorised health practitioner of the designated RN prescriber
- Annual renewal declarations from designated RN prescribers
- Ongoing validity/verification that the designated RN prescribers is in still endorsed
- Managing revocation and user access limitations where a RN is no longer a designated RN prescriber
- Not all Registered Nurses are designated RN prescribers.
- Difference in clinical decision support needed in different settings and for different roles

There is no change to guidance regarding prescribing dates for prescriptions issued by designated RN prescribers. The date of prescribe must always be the date the prescription is written/authorised by the prescriber. In the case of emergency supply (also known as script owing), this would be the date the prescription is written and reconciled, prescriptions should **not** be backdated.

Authorised nurse prescribers may need to seek authority from Services Australia to PBS prescribe some medicines. This can be sought via HPOS, via the PBS Authorities Web Service (for some prescribing software products), or via phone by the authorised nurse prescriber following the same processes that exist for other prescriber types. These authorities are unable to be transferred or applied for on behalf of another prescriber. Note, authority requirements do not differ between prescriber types.

Prescribing Scope

Designated RN prescribing model has a distinct from other prescriber types such as medical practitioners and nurse practitioners.

Designated RN prescribers are endorsed to administer, obtain, possess, prescribe, supply and/or use Schedule 2, 3, 4 and 8 medicines. However, many factors influence what an individual Designated RN prescriber is able to prescribe. This can include:

- Jurisdictional regulations
- Jurisdictional approvals for specific schedules e.g. NSW require additional approval for Schedule 8 medicines
- Private prescribing scope for designated RN prescribers based on jurisdictional regulations rules

- PBS prescribing scope based on the current PBS schedule – noting this changes over time based on decisions by the PBAC. Schedule 8 medicines are not currently available for PBS prescribing by designated RN prescribers
- Individual scope of practice
- Individual prescribing agreement contents

It is the obligation of the designated RN prescriber to ensure their prescribing occurs legally and within the boundaries of their scope of practice and prescribing agreement. This may include private prescriptions for medicines that are within the scope of their endorsement and jurisdictional rules but not able to be PBS prescribed.

It is **not** a requirement of prescribing systems to limit prescribing of medicines to the scope of a designated RN prescriber as the obligation to prescribe within their prescribing agreement and federal and jurisdictional regulations sits with the individual prescriber. However, it is noted that prescribing systems can play a role in this by including additional system barriers to designated RN prescribers when issuing prescriptions (e.g. limiting what medications are available at the time of prescribing based on organisational policy or including logic and error handling for users when attempting to prescribe a PBS medicine that is not available for designated RN prescribers). If implemented, this will result in:

- Less confusion and frustration from patients, should their prescription be deemed invalid or inaccurate or not valid under the PBS
- Less burden for pharmacists at the time of dispense and claim in determining validity of prescription and ensuring claims are smoothly processed.

It is recommended that, at a minimum, prescribing systems update their drug databases and interfaces to identify what medicines are available for designated RN prescribers to PBS prescribe, what limitations there are on those medicines and that these are maintained with the most recent PBS Schedule/PBS API data. Restrictions on PBS prescribing medicines currently vary between prescriber types and this may impact if medicines are available for initiation or continuing therapy only, as well as maximum quantities and repeats. Restrictions form part of the PBS Schedule and are available via the PBS API.

Incorporating Updated PBS Data and Drug Databases

The scope of designated RN prescribers is wide and covers Schedule 2, 3, 4 and 8 medicines and a subset of these are able to be prescribed by authorised nurse prescribers as PBS prescriptions.

An important source of information to identify PBS prescribable medicines is the PBS Schedule as provided by the PBS API. This is updated on a monthly basis with the latest information about which PBS items are PBS prescribable by what type of prescriber.

The PBS API data will be revised to identify which PBS items the designated RN prescribers will be able to PBS prescribe (excluding any limitations from jurisdictional rules, scope of practice, prescribing agreements etc.). This will represent new eligibility against existing items (see test data and example below). This can be accessed from the '/prescribers' endpoint, which will show the new Prescriber code 'R' for Registered Nurses, and associated

description “Registered Nurse” in the Prescriber type field for each pbs_code when the medicine is available for PBS prescribing by a designated RN prescriber. No further changes to the PBS API data endpoint is planned to support this initiative.

The Tranches of medicines being added to the PBS schedule and PBS API roughly align to the recommendations from the PBAC meetings - Tranche 1 (March 26 meeting), Tranche 2 (July 26 meeting), and Tranche 3 (September 4 meeting). Future updates following initial implementation will be provided as per standard PBS updates in the monthly data release.

This data represents an addition to the PBS API and there is no historical data to backfill, as RN is a new prescriber type within the PBS information, and so should not be applied to any historical data.

pbs_code	prescriber	prescriber_type	schedule_code
10001J	M	Medical Practitioners	4730
10001J	N	Nurse Practitioners	4730
10001J	R	Registered Nurses	4730
10003L	M	Medical Practitioners	4730
10003L	N	Nurse Practitioners	4730
10004M	M	Medical Practitioners	4730
10005N	M	Medical Practitioners	4730
10005N	N	Nurse Practitioners	4730
10005N	R	Registered Nurses	4730
10007Q	M	Medical Practitioners	4730
10007Q	N	Nurse Practitioners	4730
10008R	M	Medical Practitioners	4730
10008R	N	Nurse Practitioners	4730
10009T	M	Medical Practitioners	4730
10009T	N	Nurse Practitioners	4730
10010W	M	Medical Practitioners	4730
10010W	N	Nurse Practitioners	4730
10011X	M	Medical Practitioners	4730
10011X	N	Nurse Practitioners	4730
10011X	R	Registered Nurses	4730
10012Y	M	Medical Practitioners	4730
10012Y	N	Nurse Practitioners	4730
10012Y	R	Registered Nurses	4730
10014C	M	Medical Practitioners	4730

It is noted that for some software providers, instead of seeking this information directly from the PBS API, this is sourced from third party databases e.g. MIMS. Owners of these third party databases should uplift to their product to identify what medications are prescribable and PBS prescribable by authorised nurse prescribers to support prescribing and dispensing systems.

Limitations exist at the jurisdictional level for private prescribing of schedule 8 medicines by designated RN prescribers. The PBS API identifies schedule 8 & 9 medicines with the dangerous drug flag. Vendors may wish to use this to support management of additional jurisdictional rules about private prescribing of schedule 8 medicines. Note that currently, authorised nurse prescribers are not permitted to PBS prescribe schedule 8 medicines.

Guidelines for Dispensing vendors

The commencement of this initiative is not anticipated to impact core dispensing and clinical workflows for pharmacists.

Pharmacists are expected to undertake their usual professional and clinical checks when dispensing medicines prescribed by designated RN prescribers.

There is not an expectation for dispensing systems to verify the existence or validity of prescribing agreements between authorised healthcare providers and designated RN prescribers.

There will be impacts in terms of what types of prescribers may write the prescriptions that Pharmacists supply.

Prescriber Information and Identifiers

Dispensing systems will receive prescriber information as part of the prescription either on paper or via the NPDS for electronic prescriptions.

This includes the designated RN prescriber's:

- Full Name
- PBS Prescriber Number, for PBS prescriptions

If the designated RN prescriber issued an electronic prescription, additional information will be included (additional information regarding this can be found on the NPDS GitHub):

- HPI-I that is active and verified
- Practice Name
- Prescriber Type – Populated with R for Nurse
- HPI-O that is active and verified
- Practitioner qualifications

In addition, the following information about the designated RN prescriber and their practice **may** be provided in the electronic prescription in the NPDS (additional information regarding this can be found on the NPDS GitHub):

- Practice address
- Contact details (e.g. phone number, email address etc)
- Prescriber Ahpra number

Validation and Verification

There is not an expectation that a pharmacist is verifying the scope of practice of an authorised nurse prescriber, the validity of their prescribing agreement or otherwise permitted to prescribe a medication beyond their existing processes. Pharmacists are expected to undertake their usual professional and clinical checks when dispensing medicines prescribed by designated RN prescribers.

However, there exists two methods for information verification:

- Any individual can access the Ahpra health practitioner search and identify for individual clinicians if the prescriber is endorsed as a designated RN prescriber.
- For PBS prescriptions, the PBS Prescriber Number will be verified at the point of claiming to ensure that the prescriber is eligible to PBS prescribe that medicine.

Note that neither of these validation methods consider the jurisdictional constraints of the prescriber nor their individual prescribing agreement.

Submitting Prescriber Information to PBS Online

The designated RN prescriber's information will form part of the prescription and the payload as carried through the NPDS (in the case of electronic prescriptions). Information that will need to be entered into PBS Online has not changed. Claims will still require:

- Prescriber's PBS Prescriber Number – this will need to be included in the legal prescription information for PBS prescriptions. The designated RN prescriber will receive this from Services Australia and it will be on the prescription. If the prescription does not contain the Prescriber's PBS Prescriber number, it does not have sufficient information to form a legal PBS prescription.
- For claiming for electronic prescriptions, PBS Prescriber HPI-I - this will need to be included in the legal electronic prescription information for PBS prescriptions. The designated RN prescribers will receive this when they initially register for Ahpra as a RN. If the prescription does not contain the Prescriber's HPI-I, it does not form sufficient information to form a legal PBS electronic prescription.
- For claiming for electronic prescriptions, PBS Prescriber HPI-O - this will need to be included in the legal electronic prescription information for PBS prescriptions. The designated RN prescribers HPI-O is the HPI-O of the organisation in which they are practicing (note that a clinician may operate out of multiple practices with different HPI-Os). If the prescription does not contain the Prescriber's HPI-O, it does not form sufficient information to form a legal PBS electronic prescription.

The prescriber type does not need to be sent to PBS Online. PBS Online will validate that the PBS Prescriber Number is in the expected form (seven digits long – may have leading zeros), is valid and is permitted to prescribe the medication in line with the PBS Schedule. If the PBS Prescriber Number is not valid, an error code will be sent in line with existing behaviour.

Workflows

Dispensing software should consume the PBS Schedule data to validate against a prescriber's information (including the prescriber type passed with the electronic prescription payload) that the prescription is valid and is PBS claimable from that prescriber type. Without this validation there is a risk that a pharmacist could dispense a medicine and then be unable to claim for the dispensed medicine. This is not a hard requirement to support this project but is recommended for dispensing software vendors to have this functionality.

The workflows associated with dispensing authorised nurse prescriber PBS prescriptions are expected to be the same as for other prescriber types including for authority required medicines, repeat authorisations and emergency supply.

Guidelines for working with RTPM

Prescriptions generated by designated RN prescribers will be recorded in the RTPM system in the same manner as those generated by other prescribers. Designated RN prescribers will receive the same RTPM notifications in their prescribing system as any other prescribers, via

the Precheck API which has not changed a result of the designated RN prescriber reform. Designated RN prescribers who login to and access the RTPM system will view the same information as other prescribers. So there are no additional enhancements software vendors need to make that are specific to RTPM functionality.

The precise timelines and regulations associated with designated RN prescribing are being determined by the Jurisdictions. This includes deciding when to allow designated RN prescribers to register via the Self-Service Registration Portal associated with each Jurisdictional implementation of the RTPM system.

Electronic Prescribing Conformance Impacts

Vendor system changes required to support designated RN prescribers will not affect a vendor system's current conformance status for electronic prescribing or My Health Record. As with any product change, vendors should undertake appropriate testing to ensure their products continue to operate consistently with existing conformance requirements. While there are no additional conformance requirements associated with this change, designated RN prescribing may identify broader risks or opportunities in the health information systems ecosystem that could inform future conformance profiles. Any future changes to conformance requirements would be managed through established governance and processes led by ADHA.

Other impacts

It is noted that some software providers, instead of seeking this information directly from the PBS API, source this information from third party databases e.g. MIMS. Owners of these third party databases should uplift to their product to identify what medications are prescribable and PBS prescribable by the new designation of authorised nurse prescribers to support prescribing and dispensing systems as well as consider jurisdictional scope impacts.

Test Data

It is recommended that software vendors conduct thorough testing across their systems to ensure implemented functionality is working as expected and systems can leverage the new information and support the new prescriber types. Services Australia will make test PBS prescribing records available, and load test schedule data into the Services Australia vendor test environment.

No independent verification, testing nor certification will be conducted by government as part of this change.

PBS API

PBS API test data was made available on the vendor embargo site on 19 August 2026 which closely approximates the full set of implementation data. This data set is equivalent with regards to structure and available values to Production, however, did not represent all medicines and item codes that were approved by PBAC for authorised nurse prescribers.

The example table below shows items eligible for designated RN prescribing in the PBS API data.

pbs_code	prescriber	prescriber_type	schedule_code
10001J	M	Medical Practitioners	4730
10001J	N	Nurse Practitioners	4730
10001J	R	Registered Nurses	4730
10003L	M	Medical Practitioners	4730
10003L	N	Nurse Practitioners	4730
10004M	M	Medical Practitioners	4730
10005N	M	Medical Practitioners	4730
10005N	N	Nurse Practitioners	4730
10005N	R	Registered Nurses	4730
10007Q	M	Medical Practitioners	4730
10007Q	N	Nurse Practitioners	4730
10008R	M	Medical Practitioners	4730
10008R	N	Nurse Practitioners	4730
10009T	M	Medical Practitioners	4730
10009T	N	Nurse Practitioners	4730
10010W	M	Medical Practitioners	4730
10010W	N	Nurse Practitioners	4730
10011X	M	Medical Practitioners	4730
10011X	N	Nurse Practitioners	4730
10011X	R	Registered Nurses	4730
10012Y	M	Medical Practitioners	4730
10012Y	N	Nurse Practitioners	4730
10012Y	R	Registered Nurses	4730
10014C	M	Medical Practitioners	4730

In mid-September 2026, new data files will be made available on the vendor embargo site. This will include the full set of approved authorised nurse prescriber items for this release, which will cover Tranche 1 and Tranche 2 of the medicine listings for authorised nurse prescribers. These will be included in the December 2026 PBS listing updates. Please note item codes may be subject to change in the intervening months' updates.

Following usual release processes, the December 2026 PBS API production release will be available on the vendor embargo site in early to mid-November.

Vendors should continue to use the normal monthly PBS Schedule update process and refer to the relevant PBS Schedule data tables when checking prescriber eligibility processes.

Supporting documents and information

Educational material for designated RN prescribers – https://hpe.servicesaustralia.gov.au/PBS_prescribers.html

Australian Digital Health Agency - Online Learning Portal: Home | DigitalHealth

Department of Health, Disability and Ageing Website - Designated registered nurse prescribing | Australian Government Department of Health, Disability and Ageing

Nursing and Midwifery Board Australia - Nursing and Midwifery Board of Australia - Endorsement for scheduled medicines designated RN prescriber

Health.gov.au

All information in this publication is correct as at Month Year