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**Medicare Australia**



**Writing PBS/RPBS prescriptions for  
Highly Specialised Drugs (HSD)  
in public hospitals participating in the  
pharmaceutical reforms**



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## Outline

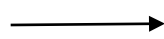


- **Impact of incorrectly written PBS/RPBS prescriptions**
- **What you need to include on a prescription**
- **Special information requirements for HSD medicines**
- **What you need to do for non PBS/RPBS medicines**

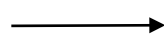


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## HSD PBS/RPBS prescriptions written incorrectly



**Cost to hospital**



**Delay in dispensing**







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## Patient details



Discharge location: \_\_\_\_\_ Ward/ clinic: 344 Discharge date: 02/07/09 Time: 3 am/pm

**Hospital prescription 2** 82873001

**GENERAL HOSPITAL**  
585 MAIN ST  
MELBOURNE CITY 3999  
Phone (03) 9191 9199  
Provider no. 0000000X  
Patient's Medicare number  
1 2 3 4 5 6 7 8 9 1 1

UR number: 23456 Ward: 344/ect  
Name: Patient's Name  
Address: Patient's Address  
DoB: Patient's DOB

Fill in or attach patient label

Print patient's name 3c Patient's Name

Pharmaceutical benefits entitlement or DVA number

Pharmaceutical benefits entitlement or DVA number

Print patient's name 3c Patient's Name

Tick appropriate box (one scheme only per form)

Safety Net entitlement card holder  Concessional or dependent, FPBS beneficiary or Safety Net concession card holder  PBS  RPBS  Chemo Access

5 Drug name and form 6 Strength 7 Dose, route and frequency 8 Quantity 9 Rpts 10 Days 11 Approval



Discharge location: \_\_\_\_\_ Ward: 344 Discharge date: \_\_\_\_\_

**Hospital prescription 2**

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MELBOURNE CITY 3999  
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Print patient's name 3c Patient's Name

Tick appropriate box (one scheme only per form)

Safety Net entitlement card holder  Concessional or dependent, FPBS beneficiary or Safety Net concession card holder  PBS  RPBS  Chemo Access

5 Drug name and form	6 Strength	7 Dose, route and frequency	8 Quantity	9 Rpts	10 Days	11 Approval
Paracetamol/Cofeine tabs	500mg	1 tab every 6hrs prn	60	0	2173444	
Methotrexate tabs	10mg	1 tab weekly	12	1		
Alendronate tabs	70mg	1 tab weekly	1	3	2646	
Lactulose mixture	20ml	over daily	500ml	0	Non PBS	
Folic acid tabs	5mg	1 daily	200	1		
Prednisone tabs	5mg	2 tabs daily	60	4		
Rufopracole tabs	20mg	1 tab daily	60	3		
Darunavir tabs	300mg	2 tabs twice daily	120	0	3333	

Drug hypersensitivity

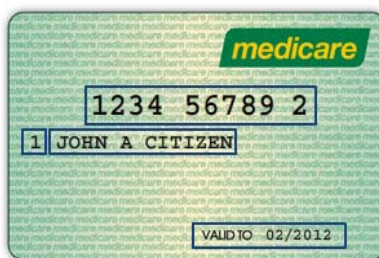
Prescriber's name: Draciver's Name Prescriber number: 223456  
Signature: Draciver's Signature Date: 02/07/09  
Pager number: #413 Clinical unit: Geriatrics

Please turn over for pharmacy note

Identify that these received this medication and the information relating to any entitlement to concessional pharmaceutical benefits is not also outstanding

Date of supply: \_\_\_\_\_ Patient or agent's signature: \_\_\_\_\_ Agent's address: \_\_\_\_\_

- If using patient labels, verify patient's name



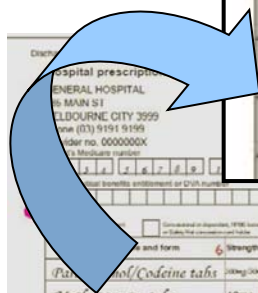


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# PBS/RPBS medicine details



5 Drug name and form	6 Strength	7 Dose, route and frequency	8 Quantity	9 Rpts	10 Supply Y/N	11 Approval number if required
Paracetamol/Codeine tabs	500mg/30mg	2 tabs every 6hrs pm	60	0		21234AA
Methotrexate tabs	10mg	1 tab weekly	15	1		
Alendronate tabs	70mg	1 tab weekly	4	5		2646



Print patient's name **3C** Patient's Name  
Use separate line for each medicine per page

5 Drug name and form	6 Strength	7 Dose, route and frequency	8 Quantity	9 Rpts	10 Supply Y/N	11 Approval number if required
Paracetamol/Codeine tabs	500mg/30mg	2 tabs every 6hrs pm	60	0		21234AA
Methotrexate tabs	10mg	1 tab weekly	15	1		
Alendronate tabs	70mg	1 tab weekly	4	5		2646
Lactulose mixture	20ml once daily	500ml	0		Non PBS	
Folic Acid tabs	5mg	1 daily	200	1		
Propranolol tabs	5mg	2 tabs daily	60	4		
Rabeprazole tabs	20mg	1 tab daily	60	5		
Darunavir tabs	300mg	2 tabs twice daily	120	0		3335

Prescriber's name **12** Prescriber's Name  
Signature: Prescriber's Signature Date: 02/07/09  
Prescriber number: 123456  
Pager number: #413 Clinical unit: Geriatrics

- Up to 10 medicines on one prescription
- Can include authority and non-authority medicines on the same form



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## Authority required medicines



- Authority required medicines **require prior approval** from Medicare Australia or the Department of Veterans' Affairs (DVA):
  - Complex Authority required (CAR) medicines
  - PBS trastuzumab (Herceptin®)
- Authority required (STREAMLINED) medicines **do not require prior approval** from Medicare Australia or the Department of Veterans' Affairs except when:
  - prescribing increased quantities and/or increased repeats above those specified in *the Schedule*.



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# Non PBS/RPBS medicine



Methotrexate tabs	10mg	1 tab weekly	15	1		
Alendronate tabs	70mg	1 tab weekly	4	5	2646	
Lactulose mixture		20ml once daily	500ml	0	Non PBS	
Folic Acid tabs	5mg	1 daily	200	1		

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Discharge to: 1 GENERAL HOSPITAL  
MUNICIPALITY OF BURRUM  
BURRUM CITY 3599  
(03) 9191 9199  
no. 0000000X  
suburb number

First patient's name: Patient 2 Name  
Last name and first name (one name only per line)

3 Form 6 Strength 7 Name, trade and frequency 8 Quantity 9 Units 10 Prescriber's name 11 Approval number if required

Paracetamol tablets	500mg	3 tabs every 6hrs prn	60	0	2121444
Methotrexate tabs	10mg	1 tab weekly	15	1	
Alendronate tabs	70mg	1 tab weekly	4	5	2646
Lactulose mixture		20ml once daily	500ml	0	Non PBS
Folic Acid tabs	5mg	1 daily	200	1	
Propranolol tabs	5mg	2 tabs daily	60	4	
Rubiproprazole tabs	20mg	1 tab daily	60	5	
Darunavir tabs	300mg	2 tabs twice daily	120	0	3335

12 Prescriber's name: Prescriber's Name Prescriber number: 123456  
Signature: Prescriber's Signature Date: 02/07/09  
Pager number: #413 Clinical unit: Geriatrics

13 Date of supply Patient or agent's signature Agent's address

- Not listed on the PBS/RPBS
- Patient not entitled to PBS/RPBS medicine
- Therapeutic use is outside PBS/RPBS restrictions
- Use outside PBS/RPBS manner of administration.



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## Summary



- Incorrectly written prescriptions cost time and money
- If there are HSD on the form, prescription must be:
  - on a Medicare Australia approved public hospital PBS/RPBS prescription form
  - for non-admitted patients, day admitted patients or patients on discharge
- Prescriptions must include:
  - patient's details (including verification if using patient labels)
  - prescriber details
  - PBS/RPBS medicine details
- Up to 10 medicines can be included on one form.



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## Summary



- Authority required medicines require prior approval from Medicare Australia or DVA. State the authority approval number on the prescription.
- Authority required (STREAMLINED) medicines do *not* require prior approval from Medicare Australia or the DVA. Record the streamlined authority code on the prescription.
- Prescriptions must include 'non PBS' in the approval column if the PBS subsidy does not apply.
- If you want to prescribe a quantity and/or a number of repeats exceeding the maximum listed *in the Schedule* either:
  - contact Medicare Australia or the Department of Veterans' Affairs for prior approval,

**OR**

  - write 'non PBS' on the prescription.