Hospital pharmacy staff are essential in the transition to Pharmaceutical Reform and the introduction of the Pharmaceutical Benefits Scheme (PBS) in Tasmanian public hospitals. Pharmacy staff can contribute by:

- Working towards integrating the medication management activities outlined in the Australian Pharmaceutical Advisory Council (APAC) Guidelines into their practice.
- Assisting doctors to prescribe within the requirements of the PBS, and any local hospital guidelines.
- Highlighting the benefits of the PBS (and more broadly Pharmaceutical Reform) to other hospital staff and patients, and answering any questions they might have.
- Contributing to the development of local policies and procedures relating to Pharmaceutical Reform and the PBS.

**Pharmaceutical Reform: APAC Guidelines**
Under Pharmaceutical Reform, Tasmanian hospitals have committed to delivering the APAC Guidelines to all patients at a consistently high level across the state.

Clinical pharmacists will be the key drivers of such activities including:

- Timely and accurate admission medication history interviews.
- Daily medication chart reviews.
- Tailored patient education, including supply of Consumer Medicine Information (CMI) and medication lists.
- Documentation of medication related information in the discharge summary.

Additional clinical pharmacists will be employed statewide to ensure these services can be provided routinely. Statewide key performance indicators (KPIs) will be used to monitor progress.

**Pharmaceutical Reform: The PBS**
Public hospitals will have access to the Pharmaceutical Benefits Scheme (PBS) for the first time in early 2011. The PBS is a medication subsidy program administered by Medicare Australia. Medications that are listed on the “PBS Schedule” are eligible for subsidy when used for approved indications. The Schedule is updated with new items regularly, and can be searched online at [www.pbs.gov.au/html/healthpro](http://www.pbs.gov.au/html/healthpro).

Patients will receive the PBS quantity (a month’s supply of medication) where clinically appropriate. This means the patient doesn’t need to visit their GP straight after discharge just for the purpose of obtaining a prescription for ongoing supply.

**PBS eligibility in a public hospital**
PBS prescriptions may be written for Medicare eligible patients:

- At discharge.
- When attending an outpatient clinic.
- When receiving public day admitted chemotherapy*.

*Treatment that includes intravenous chemotherapy (CPAP) will not be included in the initial rollout.

**Prescription forms**
Prescription forms have been created for the hospital setting and are provided by Medicare Australia. These will replace any existing prescription forms.

The prescription is a triplicate form and local hospital policy should be followed on how each copy is used.

These prescriptions must be completed with attention to:

- Strength and form of the medication.
- Correct PBS quantity.
- Authority approval number (if required).
- Prescriber number.
Patient contributions

Patients will contribute a co-payment towards the cost of each PBS item dispensed by the hospital pharmacy, including discharge items. This co-payment is applied in the same manner as in a community pharmacy.

Outpatient items and non-PBS items available on the hospital formulary will be supplied by the hospital pharmacy and attract the same co-payment as PBS items for a full month’s supply. Some low cost medications may have a special price allocated that is different to the usual co-payment.

All co-payments contribute to the patient’s PBS Safety Net record (a system designed to assist those who have high medication usage).

Patients will have the choice of paying before they leave the hospital, or paying later with an invoice.

Patients who are ineligible for the PBS will be charged prices as determined by the hospital.

All inpatient medications will continue to be funded by the hospital and patients do not contribute to this cost.

Important policies for Tasmanian public hospitals

- **Hospital generated PBS prescriptions should be dispensed at the hospital pharmacy.** This ensures a review by a pharmacist who is familiar with the patient and an important check against the patient’s medication history and inpatient medications. Some exemptions apply- see local policy.

- **Repeats should not be ordered on discharge.** The patient’s GP should provide ongoing prescriptions for items available on the PBS. An exemption exists to achieve a specific quantity for a course of treatment e.g. antibiotics, corticosteroids.

- **All existing State legislation prescription requirements apply.** e.g. Schedule 8 items (e.g. narcotics) must be written on a separate prescription.

- **All the medications that a patient is taking at discharge should be written on the PBS prescription.** This helps to generate an accurate medication list and discharge summary. Only those items that a patient requires will be supplied.

- **A doctor can prescribe less than the PBS quantity.** For example if a patient is at risk of intentional overdose.

- **Hospitals are not permitted to dispense community PBS prescriptions.**

Other important points

- Extensive training will be provided to hospital pharmacy staff.

- Extra pharmacy staff will be employed to assist with dispensing and PBS claiming.

- Cashier positions have been funded to collect payments from patients.

- Patient entitlement information will be collected at the point of admission where possible. All pharmacy staff will need to assist in collecting missing data.

- iPharmacy will be upgraded to allow for PBS dispensing, and training will be provided.

Key points:

- ✓ Pharmacy staff will need to support doctors to ensure that PBS compliant prescriptions are written.

- ✓ New hospital PBS prescription forms will be used.

- ✓ PBS quantities should be ordered where clinically appropriate. Repeats should generally not be ordered on discharge.

- ✓ All existing state legislation with regard to prescriptions still applies.

- ✓ All inpatient medications continue to be entirely funded by the hospital.

Where to find more information and staff contact details

DHHS intranet
Email: pharmaceuticalreform@dhhs.tas.gov.au
Phone: 6233 2990

1 Australian Pharmaceutical Advisory Council. Guiding principles to achieve continuity in medication management. Canberra;

Commonwealth of Australia: 2005