Doctors are a key part of the transition to the Pharmaceutical Benefits Scheme (PBS) in Tasmanian public hospitals. They can contribute by:

- Prescribing within the requirements of the PBS, and any local hospital guidelines.
- Adjusting any prescribing policies or procedures to be consistent with PBS requirements.
- Highlighting the benefits of the PBS (and more broadly Pharmaceutical Reform) to patients.
- Getting to know the clinical pharmacist on their ward, as they are a valuable resource.

Prescriber numbers

Doctors will need a prescriber number in order to write a PBS prescription. All doctors and interns affiliated with an Area Health Service are eligible for a prescriber number. Doctors who already have a prescriber number use that number; these will be collected by Pharmaceutical Reform staff. Those without a prescriber number must complete the application form on our intranet site. Contact your local Pharmaceutical Reform team member for assistance.

Prescription forms

Prescription forms that better suit the hospital setting are provided by Medicare Australia, and will replace any existing alternatives. The prescription is in triplicate and local hospital policy should be followed on how these copies are used. These prescriptions must be completed using the prompts with particular attention to:

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

Patient contributions

The patient makes a co-payment for the medications supplied. This co-payment is applied in the same manner as it is in the community, and contributes to their PBS Safety Net tally (a system designed to assist those who have high medication usage).
All **inpatient** medications 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 medicines.

**Repeats should not be ordered on discharge**

- The patient’s general practitioner 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.

**For outpatients, only prescribe medicines that are required for the treatment of the condition managed by that clinic and which cannot be managed by the patient’s GP.**

**All the medications that a patient is taking at discharge should be written on the PBS prescription.**

- This helps to generate an accurate medication profile and discharge summary.
- Only those items that a patient requires will be supplied.

**Non-PBS items available on formulary will still be supplied by the hospital, and will attract a co-payment.**

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

Prescriptions generated in the community cannot be dispensed at a public hospital.

**Compliance with the PBS prescribing rules will be enforced.** The costs saved through this system provide more accountable and safer medication management for patients.

**Support for hospital doctors**

Clinical pharmacists will be an important source of guidance on the requirements of the PBS and the medication needs of the patient.

A number of prescribing tools will assist doctors to complete the PBS prescription accurately.

**Key points:**

- More pharmacy support for doctors to provide a new level of medication care.
- PBS prescriptions may be written for Medicare eligible hospital patients on discharge and those attending an outpatient clinic.
- PBS quantities should be ordered where clinically appropriate; this will provide patients with up to a month’s supply of medications.
- Hospital specific stationery is used.
- All doctors require a prescriber number to write PBS prescriptions.
- Local policies apply for some aspects of the prescription.

**Where to find more information?**

**DHHS Intranet**

Email: pharmaceuticalreform@dhhs.tas.gov.au


**Pharmaceutical Reform Team Members:**

**NAHS:** Lauren White & Jane Dennis 6348 7522

**STAHS:** Rory Gilmour & Louise August 6222 8355

**NWAHS:** Suzette Seaton & Katrina De Bomford 6430 6722

**Central:** Jaclyn Baker 6236 5695

Denny Fleming 6233 2990