Pharmaceutical Benefits Scheme
Hospital Access Program

Background to hospital PBS

Approved\(^1\) prescribers in approved Queensland public hospitals\(^2\) are able to write prescriptions for relevant section 85 pharmaceutical benefits but the range of items will generally be restricted to those that are also on the Queensland Hospitals List of Approved Medicines (LAM).

Nurse practitioners are further restricted to medicines appropriate to their scope of practice, although it is not the responsibility of community pharmacists to check this.

Public hospital prescriptions for section 85 (general) PBS listed items and section 100 Complex Authority Required Highly Specialised Drugs (CAR HSD) may be dispensed at any PBS approved public hospital pharmacies or at community pharmacies.

Although hospital pharmacies can make claims to Medicare Australia for hospital prescribed PBS items, they cannot dispense prescriptions written by GPs or Specialists on private PBS prescription forms except in an emergency.

The PBS Access Program has been adopted by all Queensland Health hospitals that employ pharmacists.

S100 Highly Specialised Drugs

The arrangements for section 100 Highly Specialised Drugs prescribed in public hospitals have not changed. With the exception of CAR HSDs as above, s100 HSD items for public hospital patients cannot be claimed by community pharmacies. This includes prescriptions written by GPs where the treatment is under the guidance of a specialist at a public hospital clinic.

GP scripts will either have a phone approval number (linking to a private hospital provider number) or a streamlined code indicating that the supervising specialist is at a public hospital.

If a community pharmacist attempts to dispense using the public hospital streamlined code the dispensing software will flag a warning.

Queensland Health will not reimburse community pharmacists for HSD dispensing claims that have been rejected by Medicare Australia on the grounds that the patient is a public patient, unless a special agency arrangement has been made.

Hospital PBS prescriptions

1. An approved hospital PBS prescription form must be used for public hospital patients – there are two types, the commonly used one which is intended for the prescriber to hand-write (see Attachment 1) and one that can be used with prescribing software and be printed by a computer.(Attachment 2)

2. Each hospital has its own prescription forms that are pre-printed with the hospital name, address and provider number. On the hand written forms the prescriber details, including name, prescriber number, and a direct contact number need to be completed at the time of prescribing.

\(^1\) Prescribers need approval from Medicare Australia to be able to prescribe pharmaceutical benefits, this approval gives them a prescriber number

\(^2\) Public hospitals need individual approval from the Commonwealth Department of Health and Ageing to participate in the PBS Access Program
3. The prescriber must complete the prescription in a manner that complies with both Queensland Health (Drugs & Poisons) Regulation 1996 (e.g., Controlled Drugs must be written on a separate form); and with the PBS requirements for form, strength, and quantity.

4. If computer generated labels have been used to provide patient details on the handwritten form, there must be one on each copy, and the prescriber must confirm the patient's name in HANDWRITING in the space below the label. Dispensers need to check that the label and the handwritten name correspond. Medicare Australia can reject scripts where the patient's name has not been handwritten by the prescriber. There is no requirement for this confirmation on the computer generated scripts.

5. Hospital PBS scripts can list up to 10 items and these can be a mixture of general PBS, authority and non-PBS items.

6. There is an authority prescription number printed on every form. This number applies to all relevant items with a telephone approval number or streamline authority code beside them.

7. If the patient has a good supply of medication at home but the item has been included on the discharge prescription form simply to provide a complete medication profile, the item will have 'N' or 'No' in the 'Supply' column. This cancels the order to supply. In this case do not dispense, nor defer the item.

**Processing hospital PBS prescriptions**

1. Hospital PBS prescription forms have 3 copies (the top 2 copies make up the PBS prescription):

2. The top copy is the 'patient or pharmacist' copy and can be used as the attachment for repeat authorisations.

3. The second copy is to be sent to Medicare Australia with the claim.

4. The third copy is for filing in the patient's medical record at the hospital and should be removed at the hospital before the script is taken away by the patient. If the third copy is inadvertently presented at a community pharmacy, then it would be appreciated if it was sent back to the hospital for filing.

5. In most cases community pharmacy PBS dispensing software has been updated to allow capture of the hospital provider number field.

6. Claim stickers for the PBS items should be affixed to back of the claim copy.

7. Hospital PBS scripts can be sorted with community scripts into general, concessional, safety-net in the usual manner, they do not need to be sorted separately.

8. As mentioned above prescriptions for s100 Highly Specialised Drugs for public hospital patients cannot be claimed by community pharmacists, even when written by General Practitioners.

**PBS Safety-net**

1. All items that have been supplied at a public hospital pharmacy whether PBS or not, count towards the joint Commonwealth/State Safety Net. Community pharmacists can contact the local public hospital to confirm the number of items that have been dispensed there.

2. Public hospital scripts that are exempt from the rule excluding 'early' dispensings from the safety-net, i.e., repeats dispensed earlier than the '20-day' rule still count towards the PBS safety-net and should be included on the relevant PRF. However, community pharmacists should satisfy themselves as to the need for early repeats and can discuss any concerns with the prescriber or the hospital pharmacist.

**Key points about hospital PBS scripts**

- The handwritten version of the hospital PBS prescription form is not pre-printed with individual prescriber details – these have to be written on the form (the prescriber number must be included).

- Up to 10 items can be written on the form and these can be a mixture of PBS benefits (including Authority items) and non-PBS items.

- Authority items do not need to go on a separate authority form.
- For problems with an individual prescription please contact the prescriber in the first instance.
- If you have any general queries about this program please call Medication Services Queensland on 3131 6556
# Handwritten Prescription Form (Page 1 of 3)

**NB Not to scale**

<table>
<thead>
<tr>
<th>Drug name and form</th>
<th>Strengths</th>
<th>Dose, route, frequency, duration</th>
<th>Quantity</th>
<th>Days (if pill)</th>
<th>Supply</th>
<th>12 Approval number if required</th>
</tr>
</thead>
</table>

**Prescriber’s name:**

**Prescriber number:**

**Paging number:**

**Date:**

**Clinical unit:**

**Date of supply:**

**Patient or agent’s signature:**

**Agent’s address:**

(Example)

**Print patient’s name**

**For appropriate boxes (one each only pre-boxed):**

- [ ] Yes
- [ ] No

**NB** Not to scale
Handwritten Prescription Form (Page 2 of 3)

NB Not to scale

<table>
<thead>
<tr>
<th>Drug name and form</th>
<th>Strength</th>
<th>Dose</th>
<th>route</th>
<th>frequency</th>
<th>duration</th>
<th>Quantity</th>
<th>Rate</th>
<th>Supply</th>
<th>Y/N</th>
<th>TP Approval number</th>
</tr>
</thead>
</table>

Prescriber’s name: ___________________________ Signature: ___________________________

Prescriber number: ___________________________ Date: ___________________________

Pager number: ___________________________ Clinical unit: ___________________________

I certify that I have received this medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading:

Date of supply: ___________________________ Patient or agent’s signature: ___________________________

Agent’s address: ___________________________
Handwritten Prescription Form (Page 3 of 3)

NB Not to scale

NB Page 3 is wider than pages 1 and 2 as it contains extra information down the right hand side.
## Hospital Prescription

**Details:**
- **Provider no.:** 0051400F
- **Medicare Number:** 25641324531
- **Department of Veterans Affairs' entitlement number:** 
- **Safety Net Entitlement Cardholder:** 
- **Concessional Dependant, RPBS:** 
- **Beneficiary or Safety Net Cardholder:** 
- **Program/Ward:** W1B
- **Fullname:** MR PATIENTS TESTS
- **Address:** 20 SMITH STREET
- **BANKSTOWN AERODROME NSW 2200
- **Consultant:** Dr Andrew Galbraith
- **Patient Identification:**
  - **URN:** 0666666 DOB 17/12/1985
  - **Primary Prescription Number:** 75035668

## Prescription Details

<table>
<thead>
<tr>
<th>Item</th>
<th>Drug / Strength</th>
<th>Dosage / Route</th>
<th>Qty</th>
<th>Rpt</th>
<th>Supply</th>
<th>Approval</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BUCLIDANINE TABS 5mg</td>
<td>1 tablet Oral morning</td>
<td>20</td>
<td></td>
<td></td>
<td>31/40</td>
<td>new</td>
</tr>
<tr>
<td>2</td>
<td>CLOPIDOGREL TABS 75mg</td>
<td>1 tablet Oral evening</td>
<td>20</td>
<td></td>
<td></td>
<td>31/40</td>
<td>new</td>
</tr>
<tr>
<td>3</td>
<td>ATORVASTATIN TABS 40mg</td>
<td>1 tablet Oral evening</td>
<td>30</td>
<td></td>
<td></td>
<td>up</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>BISOPROLOL TABS 2.5mg</td>
<td>1 tablet Oral evening</td>
<td>20</td>
<td></td>
<td></td>
<td>32/34</td>
<td>new</td>
</tr>
<tr>
<td>5</td>
<td>RAMIPRIL CAPS 10mg</td>
<td>1 capsule Oral</td>
<td>30</td>
<td></td>
<td></td>
<td>up</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>GLYCERYL TRINITRATE TABS 0.5mg</td>
<td>1 tablet Sublingual as required under a licensed practitioner</td>
<td>100</td>
<td></td>
<td></td>
<td>new</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>ASPRIN TABS 100mg</td>
<td>1 tablet Oral</td>
<td>112</td>
<td></td>
<td></td>
<td>new</td>
<td></td>
</tr>
</tbody>
</table>