# Active Ingredient Prescribing – Prescriber FAQ’s

## What is active ingredient prescribing?

Pharmaceutical Benefits Scheme (PBS) and Repatriation PBS (RPBS) prescriptions are changing to list the active ingredient of medicines. This will help consumers understand the medicines they are taking.

## What do I need to do?

Prescribing software will automatically prescribe by active ingredients, and prescribers will need to select the inclusion of brand if they believe it is clinically necessary.

## When does it start?

Software is already changing to automatically include active ingredients on prescriptions. From 1 February 2021, prescribers must ensure they are using the updated software, and that all PBS and RPBS prescriptions generated meet the new requirements for active ingredient prescribing.

## Are any medicines excluded?

Yes. The Department of Health is working with the Australian Commission on Safety and Quality in Health Care to identify medicines and medicinal items which can not be prescribed by active ingredient for safety or practicality reasons. These items will be identified in the List of Excluded Medicinal Items, legislated and published by the Department of Health.

## Can I still prescribe specific brands of medicines?

Yes. Prescribers are still able to prescribe medicines by brand if clinically necessary. A prescriber may:

* include a brand name on the prescription (it will appear after the active ingredient);
* if a certain brand of medicine must be provided for their patient, the prescriber may choose to disallow brand substitution; or
* add brand if required for PBS Authority.

Clinical support materials will be made available, to assist prescribers to determine when it may be appropriate to include a brand name on a prescription, depending on the patient's clinical needs. Patients will also be able to choose their medicine of choice at the point of dispensing (if brand substitution is permitted).

## What are the benefits of active ingredient prescribing?

* Supporting prescribers and patients to better understand the active ingredients in medicines;
* Reducing the risk of patients taking multiple doses of medicines;
* Encouraging pharmacists and patients to discuss generic medicines;
* Decreasing out-of-pocket expenses for patients by promoting the uptake of generic and biosimilar medicines;
* Improving the financial sustainability of the PBS, and encouraging more sustainable prescribing practices; and
* Aligning Australia with international prescribing practices.

## Will it apply to all prescriptions?

No. The changes won’t apply to handwritten prescriptions, paper-based medication charts in residential aged care, and a small number of PBS and RPBS items which should be prescribed by brand name only for safety or practicality reasons (i.e. medicinal foods, multivitamins, wound dressings, etc.). The Department is working with the Australian Commission on Safety and Quality in Health Care to develop a list of excluded medicinal items.

## Can I set my prescribing software to automatically include brand?

No. The legislation prevents prescribing software from automatically including brand names on prescriptions. Prescribers should determine whether a brand name is clinically necessary for each prescription.

## Where can I get more information?

A range of information and clinical support materials are available on The PBS website and Australian Commission on Safety and Quality in Health Care's website.

## Who should I contact for more information?

Email any queries to [aiprescribing@health.gov.au](mailto:aiprescribing@health.gov.au)