

PBS and RPBS Section 85 and Section 100 Data

Explanatory Notes

These reports contain data on standard “Section 85” and “Section 100” supply—supply of pharmaceuticals under Section 85 and Section 100 of the *National Health Act 1953*. This includes the majority of prescriptions written by general practitioners and supplied through community pharmacies, as well as some supplied by public and private hospital pharmacies and other facilities. This does not include medicines supplied through some special arrangements under Section 100 of the *National Health Act*.

Also included in these reports are supplies of Repatriation Pharmaceutical Benefits Scheme (RPBS) items to veterans, and Prescriber Bag supplies.

The under co-payment data was collected from 1 April 2012, not all pharmacies started recording the information until 1 July 2012. From 1 July 2012, the data contains PBS/RPBS under co-payment prescriptions data (for which the government contribution is zero). From 1 July 2012 until 31 December 2015, the patient contribution for under co-payment scripts are calculated as the maximum schedule price. From 1 January 2016 the actual patient contribution for the under co-payment scripts are collected and presented in the patient net amount field. Prior to 1 April 2012, data for under co-payment prescriptions was unavailable.

Claims for reimbursement for the supply of PBS or RPBS subsidised medicines are submitted by pharmacies through the Services Australia PBS claiming system (PBS Online) for processing.

Date of Processing Reports (discontinued from January 2018)

A series of annual reports containing data by month of processing is provided. These reports contain aggregated historical prescription data for each year from 2008-09 to January 2018. Reports for completed years are final, and are not updated except to correct an error.

Each month the year-to-date report is updated to include an additional month. Data for previous months remains unchanged. However, data in this report may be subject to variation due to late claim adjustments submitted by pharmacies and processed by PBS Online each month.

Prior to March 2018, the date of processing of a prescription was the date on which the Services Australia PBS Online system finalises the payment for a prescription. Due to changes in the data provided to Health by Services Australia, from March 2018 onwards the date of processing of a prescription is the date a processing action was last performed on that prescription. This means that where once the date of processing for a prescription was fixed, it may now vary over time. This changes the interpretation and utility of the date of processing reports and hence a decision was taken to cease updating these reports after January 2018.

Date of Supply Report

A single report containing data by month of supply is provided. This report contains aggregated historical prescription data for the previous four completed financial years and the current financial year to date. However, the most recent 2 months are not published. This is to ensure that the data has reached a certain level of completeness prior to publication.

From time to time there may be significant revisions to previously published data, and data for recent months is less complete on average than data for older months. Each month the whole report is re-created to include an additional month, and to update previous months with data on recently processed prescriptions. For this reason, this report should not be used to analyse the recent trends.

Comparability of date of supply data after March 2018

From March 2018, the PBS and RPBS date of supply data supplied by Services Australia to the Department of Health (Health) contains prescription data not previously available. Before March 2018, Services Australia provided data to Health only where a prescription was fully processed by Services Australia. This excluded prescriptions that had been dispensed but had not yet been fully processed, as the expectation was that once a prescription was fully processed it would become available to Health for reporting. From March 2018, Services Australia are providing information to Health on all prescriptions that are dispensed under the PBS and RPBS the day after they are dispensed, irrespective of whether they have been fully processed. This was done to give Health visibility of dispensed prescriptions in a timelier manner. However, this change in reporting has resulted in a slight increase (approximately 1.5%) in the number of prescriptions reported. When looking at date of supply data in a time series this should be taken into account.

Due to the new data provided by Services Australia, the time lag between supply and reporting has decreased from 3 months to 2 months. Over time this lag may reduce further as Health is able to analyse the stability of this new data.

Field Definitions

MONTH_OF_PROCESS and MONTH_OF_SUPPLY

The year and month of processing or supply (depending on the report), in “YYYYMM” format.

In the date of processing reports, this is the year and month during which Services Australia finalised processing of a claim. Pharmacies submit online claims for reimbursement to Services Australia for scripts supplied. Services Australia will make an advance payment within 17 days 9 days, but it can take substantially longer for processing to be finalised due to reconciliations, adjustments, and other processes undertaken by pharmacies.

In the date of supply report, this is the year and month the script was supplied to the patient at a pharmacy. Data for the prescriptions supplied in a particular month becomes available gradually over time, as more and more claims from that month are finalised.

ITEM_CODE

A unique 6-character alphanumeric code is assigned to items listed on the Schedule of Pharmaceutical Benefits Scheme. The full details of currently listed items can be obtained from the PBS website (www.pbs.gov.au). A separate file which contains a list of all PBS item codes found in the data along with the generic name of the drug is also provided for download. This file includes historical item codes which are no longer listed on the current Schedule of Pharmaceutical Benefits Scheme. A single item code (99999Z) is used in these reports for all unlisted RPBS-only items.

ATC5_CODE

In the ATC classification system, the active substances are classified in a hierarchy with five different levels. ATC5_CODE refers to the fifth level of the Anatomical Therapeutic Chemical (ATC) classification system, which is used to categorize medicines. A single ATC5_CODE (99999Z) is used in these reports for all unlisted RPBS-only items.

DRUG_NAME

Drug name on the PBS is typically the generic name of the medicine.

PATIENT_CAT

The patient category. This determines how much the patient contributes to the cost of their medicine. Current and historical patient co-payment amounts and safety net thresholds can be found on the PBS website (www.pbs.gov.au).

The following values are possible:

- “C0”: Concessional safety net
- “C1”: Concessional non-safety net
- “DB”: Prescriber Bag (“doctor’s bag”)
- “G1”: General safety net
- “G2”: General non-safety net
- “R0”: RPBS safety net
- “R1”: RPBS non-safety net
- “UK”: Patient category could not be determined – this will be due to internal Health processing issues and all such cases should disappear over time as issues are resolved. This category is included to ensure no prescriptions are excluded from reporting.

However, the correct patient category will have been applied when Services Australia were making payments.

Under co-payment prescriptions are those where the government contribution is zero. These will almost all be cases where a script was dispensed at a price below the general co-payment amount to a general patient not eligible for the safety net.

Prescriber Bag items (formerly known as Doctors Bag) are supplied to prescribers for emergency use. These are provided to the patient free of charge (there is no co-payment).

DRG_TYP_CTGRY

DRG_TYP_CTGRY refers to the type of medicinal product group prescribed in a claim for a benefit under the PBS such as Section 85, Section 100, RPBS and UNKNOWN.

SCRIPT_TYPE

Under co-payment prescriptions (SCRIPT_TYPE = UNDER CO-PAYMENT) are those where the government contribution is zero. These will almost all be cases where a script was dispensed at a price below the general co-payment amount to a general patient not eligible for the safety net.

Above co-payment prescriptions (SCRIPT_TYPE = ABOVE CO-PAYMENT) are those where cost is above the threshold of the PBS co-payment amount in each year. If a patient is a general patient, then the patient pays the co-payment amount and the government pays the rest.

PRESCRIPTIONS

The total number of prescriptions for the relevant patient category and item code which were either supplied or processed (depending on the report) during the relevant month.

PATIENT_CONTRIB

The portion of the total cost of the prescriptions which was paid by patients, in dollars, to two decimal places.

From 1 July 2012, the data contains PBS/RPBS under co-payment prescriptions data (for which the government contribution is zero). From 1 July 2012 until 31 December 2015, the patient contribution for under co-payment scripts are calculated as the maximum schedule price. From 1 January 2016 the actual patient contribution for the under co-payment scripts are collected and presented in the patient net amount field. Prior to 1 July 2012, data for under co-payment prescriptions was unavailable.

GOVT_CONTRIB

The portion of the total cost of the prescriptions which was paid by the Government, in dollars, to two decimal places. Expenditure on nusinersen and onasemnogene abeparvovec has not been adjusted to include manual payments that were not processed through the PBS Online system.

For prescriptions dispensed at a price under the co-payment amount the Government does not pay a benefit.

TOTAL_COST

The total cost of the prescriptions, in dollars, to two decimal places. This includes the approved ex-manufacturer price, wholesale and retail mark-up amounts, dispensing fee and other applicable fees (e.g. dangerous drug fee). This is the total amount received by pharmacies for the supply of the item, excluding additional premiums paid by the patient.

The sum of the patient contribution and the Government contribution is equal to the total cost.

RETAIL_MARKUP

The retail mark-up amount as calculated using the formula specified in the relevant Community Pharmacy Agreement (CPA), in dollars, to two decimal places.

This is a theoretical amount only, defined in the CPA, and is not equal to the pharmacy's actual retail margin on the supply of PBS items. The actual retail margin includes the retail mark-up, the dispensing fee, other applicable fees, and any additional margin due to discounts on the approved ex-manufacturer price offered by suppliers. For some items, supplier discounting may result in a retail margin many times greater than the retail mark-up amount.

PATIENT_NET_CONTRIB

The actual patient contribution, in dollars and cents.

Collected from 1 January 2016. The patient contribution rates are adjusted on 1 January each year in line with inflation.

Date of Supply Supplementary Report

The supplementary report contains aggregated prescription data for the current financial year to date, including two fields in addition to the Date of Supply report, DRUG_TYPE and PHRMCY_TYPE. The Premium-free Dispensing Incentive amount is not included in this report as this was discontinued from 1 July 2020.

DRUG_TYPE

The type of medicinal product prescribed in a claim for a benefit under the PBS, as represented by a code.

Includes the following values:

DB	Prescriber Bag
DT	Dental
EP	Extemporaneously Prepared
GE	General Schedule
OT	Optometrical
PL	Palliative Care
R1	RPBS Schedule
RN	Unlisted RPBS items
UK	Unknown

PHRMCY_TYPE

The approval type of the dispensing pharmacy.

Includes the following values:

S90	Community pharmacies and friendly societies
S92	Approved medical practitioners
S94 PRI	Private hospitals
S94 PUB	Public hospitals