



60-Day Prescriptions - Dispensing Frequently Asked Questions

What is the maximum number of repeats allowed on each medicine as part of 60-day prescriptions?

The maximum number of repeats allowed on each medicine included as part of 60-day prescriptions remains the same as the corresponding 30-day items (excluding anti-depressants recommended in the measure). For a prescription allowing 5 repeats this may provide patients up to 12 months' supply of medicine from one prescription.

Will prescribing and dispensing software be updated for implementation of 60-day prescriptions to allow options to choose between 30- and 60-day quantities?

Yes, the department has been liaising with the software vendors through the usual process for monthly listing changes to ensure prescribing and dispensing software was updated to allow for 60-day prescriptions.

The medicines that are included in 60-day prescriptions have a PBS item code for 60-day supply and a different PBS item code for 30-day supply, allowing prescribers to choose the most suitable option for their patients.

Will a new early supply rule period longer than the current 20-day safety net rule apply to MDQ medicines?

The PBS Safety Net early supply rule means that for some PBS medicines a repeat supply of the same medicine within less than a specified interval will fall outside the Safety Net.

The PBAC has recommended that a 50-day Safety Net Rule be applied to 60-day script items to discourage stockpiling and reduce the quantity of unused medicines in the community.

From 1 December 2023, the PBS Safety Net early supply rule for 60-day prescriptions has been extended from within 20 days, to within 50 days of a previous supply of a 60-day prescription of the same medicine or any brand of an equivalent medicine to the same person.

If the previous supply of the same medicine was not a 60-day prescription, the early supply period remains 20 days.

Will patients be impacted by medicine shortages if I prescribe the 60-day items?

The move to 60-day prescriptions is not expected to increase medicine shortages as patients will still purchase the same amount of medicine each year. While eligible patients can now obtain twice the medication on a single prescription, this will last them for a longer period, meaning demand for



medicines will stay the same. We are monitoring the list of medicines recommended for inclusion in 60-day prescriptions to reduce the risk that medicines being implemented in each stage are not in shortage or at risk of shortage.

If shortages do occur:

- A health professional can prescribe a different form of the same active ingredient e.g. a different strength, or a similar medicine with different active ingredient, or recommend a new treatment option, which suits the individual circumstances
- pharmacists can substitute another brand of the same medicine at the time of dispensing, dispense one box then another later (at no additional cost to the patient), assist patients to access medicines through another pathway, or consult with the prescriber about an alternative that might be appropriate.

What actions should the pharmacist take if a patient presents a prescription for a 60-day quantity of medicine where the stock on hand has a shorter expiry than 60 days?

- As part of good dispensing practice, medicines should not be supplied after their expiry date or so close to their expiry date that this date is likely to occur before the medicines are used by patients.
- The 60-day dispensing policy means that patients will be able to receive twice the medication on a single prescription where their prescriber considers that it is clinically appropriate to do so. If stock is low or has a short expiry date, patients should not be negatively impacted.
- If a pharmacy is experiencing low stock with a sufficient expiry date, it may dispense the full amount (2 packs) according to the prescription and order in a second pack with a longer expiry date from the medicine wholesaler. The patient would then collect the second box of medicine when the pharmacy receives it. Ideally, this should only be done if the stock can be supplied within the current claim period.
- The issue of expiry dates is broader than for 60-day dispensing items. The TGA's "[Australian code of good wholesaling practice for medicines in schedules 2, 3, 4 & 8](#)" provides advice on stock handling and stock control:
 - (4.4) There should be a system to ensure stock rotation, with regular checks that the system is operating correctly, such as a stock cycle counting program.
 - (4.7) Medicines bearing an expiry date should not be received or supplied after their expiry date or so close to their expiry date that this date is likely to occur before the medicines are used by the patient. Such medicines should be withdrawn from sale and quarantined pending disposal in accordance with agreements between wholesaler and supplier or sponsor.
 - (4.9) Upon stock arrival at the wholesaler, it should be inspected and examined for correctness against order, acceptable period of time before stock expiry date and absence of damage or evidence of tampering. Pharmacists should check any agreements with their wholesaler about the supply of stock, the required minimum expiry dates and expired stock.



How will the outcomes of 60-day prescriptions be measured and evaluated after implementation?

The Department of Health and Aged Care will develop a comprehensive evaluation framework that will monitor risks and provide mitigation strategies should unforeseen circumstances arise. The framework will utilise existing PBS evaluation processes and existing data sources (e.g. PBS claims data) where possible, and implement specific evaluation processes as required. More information on the comprehensive evaluation framework is available as part of the impact analysis:

oia.pmc.gov.au/published-impact-analyses-and-reports/lowering-costs-medicines-through-changes-maximum-dispensing .

What if patients want to see their doctor before 12 months? Do prescribers have to write a prescription for 60-day dispense with the maximum quantity and repeats?

Since 1 September 2023, prescribers have been able to prescribe 60-day supply items for patients. Patients will need to consult their prescriber about whether it is suitable to receive a prescription for the 60-day quantity for their medicine/s. A prescription for the 60-day supply is required before this larger quantity can be dispensed.

Doctors retain full clinical discretion over what quantity of medicine is prescribed for their patients, based on their assessment of whether a patient's condition is stable and suitable at that time.

For example, a doctor may choose to write a 30-day rather than a 60-day prescription or may choose to write a 60-day prescription with an appropriate number of repeats, depending on their clinical assessment of patient needs.

As with all PBS listed medicines, the prescriber must be satisfied that the patient meets the eligibility requirements for the subsidy.

The PBS restriction for all items with increased 60-day quantities will include an additional clinical criterion: "The patient's condition must be stable and suitable for the increased maximum quantity measure".

If a prescriber feels the maximum quantity or number of repeats should be increased for a particular patient, usually where higher than normal dosages are required, they must apply for prior approval from Services Australia. They can do so by calling the Services Australia Telephone Authority Applications free call service (1800 888 333), or using the [Services Australia PBS authorities website](#).

Increases will not be approved when the PBS restriction contains the administrative advice that no increase in the maximum quantity or number of repeats will be approved.

Patients can still visit their doctor at frequent intervals if clinically appropriate.



Will prescribers be able to write an Authority prescription for an increased quantity of medicine for patients who take a higher dose as part of 60-day prescriptions?

Most Pharmaceutical Benefits Scheme (PBS) medicines are listed with a quantity that allows a maximum of 30-days supply at the usual dosage recommended in the product information.

If a prescriber feels the maximum quantity or number of repeats should be increased for a particular patient, usually where higher than normal dosages are required, they must apply for prior approval from Services Australia. They can do so by calling the Services Australia Telephone Authority Applications free call service (1800 888 333), or using the [Services Australia PBS authorities website](#).

The authorised quantity of medicine will be dispensed for a single co-payment. This also applies to medicines included in the 60-day prescriptions. The authorised quantity of medicine providing twice the medication on a single prescription.

Approvals for increased maximum quantities and/or repeats will not be granted if the PBS restriction for that medicine includes the advice that 'increased maximum quantities and repeats will not be authorised'.

Can a regulation 24/49 prescription be written for medicines included in 60-day prescriptions allowing patients to receive 12-months' supply?

The special provisions (Regulation 49, previously Regulation 24) regarding supply of more than one repeat of a prescription at the same time under certain conditions are unchanged for increased dispensing quantities PBS items.

In certain circumstances, a PBS prescription can be endorsed by the prescriber for "one supply" to allow the quantities for the original prescription and repeats to be supplied at the same time.

The medical practitioner, midwife or nurse practitioner must first be satisfied all the following conditions apply:

- the maximum PBS quantity is insufficient for the patient's treatment; AND
- the patient has a stable ongoing health condition or lives in a remote area where access to PBS supplies is limited; AND
- the patient would suffer great hardship trying to get the pharmaceutical benefit on separate occasions.

The patient charge that applies is a combined total equivalent to the PBS co-payment amount that would otherwise apply for the original and each repeat making up the total supply. There may also be brand premiums charged for each quantity making up the total.



How do brand price premiums and special patient contributions apply to medicines included in 60-day prescriptions?

A brand price premium is an extra charge that applies to some brands of PBS medicines, which is set by the medicine supplier. The premiums and special contributions that apply to 30-day maximum dispensed quantity PBS items also apply to 60-day PBS items.

Brand price premiums apply to each pack of medicine (usually 30-days' supply) and therefore where a brand price premium applies, 2 packs (usually 60-days' supply) of medicines would attract 2 brand price premiums.

Are prescribers expecting an increase in demand for appointments due to the implementation of the next stage of 60-day prescriptions?

It is expected patients would take the opportunity at their next regular appointment to discuss 60-day prescriptions with their prescriber.

Current PBS prescriptions providing 30-days' supply of medicine per dispensing are valid for 12 months from the date of prescribing. Patients can continue to use these prescriptions for all remaining repeats before returning to their doctor for consideration of a new prescription under the new policy.

Who would be suited to 60-day prescriptions?

The Pharmaceutical Benefits Advisory Committee (PBAC) recommended that a patient's condition must be stable and suitable for the increased maximum dispensed quantity measure.

Many patients can now receive twice the medication on a single prescription.

Patients will need to discuss with their pharmacist or doctor whether the medicines they are taking are included on the PBS schedule and allow for the 60-day quantity.

A patient's doctor or nurse practitioner may decide that it is safe and suitable for a patient with a stable ongoing health condition to receive a new prescription with a 60-day quantity for some or all their medicines.

Once the PBS item with increased dispensing quantities for a patient's medicine is included on the PBS schedule, the doctor or nurse practitioner may write a new prescription with the higher dispensed quantity.

It is important to remember that the doctor or nurse practitioner still needs to use their best professional judgement to decide whether the patient's ongoing health condition is stable and suitable for the higher maximum dispensed quantity item.



Do patients require a concession card to be eligible for a 60-day prescription?

Patients do not need a concession card to access a 60-day prescription. Doctors retain full clinical discretion over what quantity of medicine is prescribed for their patients based on their assessment of their patient's condition at the time.

How do 60-day prescriptions impact the co-payment that is made by patients?

The PBS is funded by the Australian Government and subsidises the cost of most prescription medicines for all eligible Australians. Patients pay a PBS co-payment to the pharmacist for each prescription that is dispensed.

For patients who pay the full general co-payment of \$31.60 and where the cost of their PBS medicine is over this amount, the full co-payment of \$31.60 will be saved every second month for each medicine with a 60-day quantity. For medicines with a dispensed price lower than \$31.60, the saving will vary. The amount a general patient saves will change once the PBS Safety Net threshold is reached. Pharmacies can compete on price for medicines priced below the general patient co-payment, and patients can shop around, including online, to find the best prices available.

Patients who pay the concessional co-payment of \$7.70 will save this amount every second month for each medicine with a 60-day quantity (prior to reaching the PBS Safety Net threshold). The amount that a concessional patient pays for PBS medicines will reduce once the PBS concessional Safety Net threshold is reached.

Eligible Aboriginal and Torres Strait Islander people will continue to have access to low cost or free PBS medicines through the Closing the Gap (CTG) PBS Co-payment Measure.

In some cases, patients may also pay a brand premium that applies to certain brands of medicine. Patients will still be required to make these payments under the new arrangements. Brand premiums are only permitted where an alternative, premium-free, brand is available on the PBS for substitution by the pharmacist. Patients should speak to their pharmacist to discuss the option of dispensing a premium-free alternative to ensure greater savings.

Why have there been changes to the original list considered by the PBAC in December 2022?

The PBS schedule changes on a monthly basis. A small number of medicines recommended by the PBAC in December 2022 will not have increased MDQ listings implemented as they have been, or are in the process of being removed from the PBS by their sponsor companies.

Other changes to listings that occur over the course of implementation will also be taken into account. For example, in December 2022 when the PBAC recommended methyldopa 250mg as suitable for inclusion in 60-day dispensing this medicine was an unrestricted benefit. On 1 April 2023, the restriction level changed to an Authority Required listing for hypertension in patients who are pregnant, and this medicine was not included in changes on 1 September 2023.



The government has considered medicines shortages in determining the medicines included 60-day prescriptions. Medicines have been considered suitable for implementation of the increased MDQ measure on 1 September 2023, if they have premium-free alternative brands of the same form that are suitable for substitution by the pharmacist.

The department will continue monitoring changes to the PBS schedule and medicines shortages reported to the TGA and take this into account during implementation of each stage of the changes.

If a patient usually reaches the PBS Safety Net threshold each year, will they save any money on medicine costs under 60-day prescriptions?

If a patient has a stable ongoing health condition, their doctor or nurse practitioner may consider it suitable to provide a prescription with a 60-day quantity for some or all their medicines.

This means they will only pay for these medicines every second month, potentially lowering the overall out-of-pocket costs for their medical expenses. If the dispensed price of these medicines is more than \$31.60 and they do not have a concession card, they could save up to \$189.60 per year for each medicine. Depending on other medicines that are taken by members of their household, they may also have fewer trips to the pharmacy or visits to the GP each year.

Because of the overall reduction in PBS co-payments for some or all the medicines used, patients may no longer reach the PBS Safety Net threshold, or they may reach the threshold later in the calendar year. This means the yearly out-of-pocket costs are lower (if they do not reach the PBS Safety Net) or may be spread more evenly across the calendar year, rather than being concentrated in the first half of the calendar year.

How has medication wastage been considered when implementing 60-day prescriptions?

The [Impact Analysis](#) considered the potential for increased medicine wastage and cost to the PBS for medicines included in this policy. However, the risk of wastage is mitigated by prescribers choosing the PBS item for increased dispensed quantities only for patients with stable health conditions. The PBS restriction for all items with increased quantities will include the following clinical criterion:

“The patient’s condition must be stable and suitable for the increased maximum quantity measure”.

When will the stage 3 list of medicines included in 60-day prescriptions be available?

The medicines to be made available in stage 3 are still being finalised.

Where do we find the list of medicines currently available for 60-day prescriptions?

The medicines available for 60-day prescriptions can be found at: <https://www.health.gov.au/our-work/60-day-dispensing/pbs-medicines-current-item-codes>.



What information is available to make patients aware that they will need a new prescription from their GP, and this is not automatically applied to their current prescription?

- For further information on 60-day prescriptions visit [health.gov.au/our-work/60-day-dispensing](https://www.health.gov.au/our-work/60-day-dispensing)
- For a searchable list of available medicines and current item codes visit [health.gov.au/our-work/60-day-dispensing/pbs-medicines-current-item-codes](https://www.health.gov.au/our-work/60-day-dispensing/pbs-medicines-current-item-codes)
- For a list of medicines recommended by the Pharmaceutical Benefits Advisory Committee (PBAC) as suitable for increased dispensing quantities visit the PBS website: [Increased Dispensing Quantities – List of Medicines](https://www.pbs.gov.au/medicines/increased-dispensing)
- Resources for patients are available at: [60 Day Scripts – Brought to you by Consumers Health Forum](https://www.health.gov.au/our-work/60-day-scripts).

Why hasn't there been uptake of prescriptions with 11 repeats (such as statins)?

A 60-day prescription is different to a prescription with 11 repeats. An 11-repeat prescription offers minimal financial advantage to the patient, they pay the same amount for each prescription each month as they would for a 5 repeat prescription.

A 60-day prescription allows patients to get twice the medication on a single prescription.

How many patients are set to benefit?

It is estimated that when fully implemented, more than 6 million Australians will lower their annual medicine cost and may need fewer visits to their prescriber and pharmacist.

How will 60-day prescriptions work for patients managing multiple health conditions and symptoms, some acute and some ongoing?

Increased dispensing quantities are not suitable for all medicines for patients with stable ongoing health conditions.

The PBAC selected only medications for chronic conditions considered sufficiently safe and suitable for dispensing in higher quantities. Medicines were excluded if they may require regular adjustment (titration), need close monitoring or have a potential risk to safety if stockpiled.

Prescribers will retain the choice to select a PBS item for a specific medicine with a smaller dispensed quantity where clinically appropriate. This will avoid medicine wastage and support closer clinical monitoring of patients if required.

Existing PBS items allowing one month's supply per dispensing and up to 6 months' supply (5 repeats) of a medicine will remain on the PBS.

Prescribers may also select the PBS item with increased dispensing quantities and reduce or tailor the quantity and number of repeats to meet each patient's needs.



For medicines not included in 60-day prescriptions or where a 30-day prescription is more suitable, patients will continue to pay up to the \$31.60 PBS co-payment for each prescription for 30-day's supply (or up to \$7.70 for concession card holders).

What actions should the pharmacist take if they believe a patient presenting a 60-day prescription is not suited to a 60-day supply?

According to the Pharmaceutical Society of Australia's dispensing practice guidelines¹, pharmacists should exercise professional autonomy, objectivity and independence in the dispensing process. They have the right to decline to supply medicines if they believe use is unsafe or inappropriate, even if the prescriber is not in agreement. While respecting the autonomy of the patient and the prescriber, the pharmacist must ensure that the patient is adequately informed about:

- the reasons for declining to supply the medicine, including the benefits and risks associated with the medication-related problem (MRP) that has been identified
- recommended action to be taken by the patient to pursue safe and appropriate treatment in a timely manner; the patient should be provided with information to support further discussion with the prescriber, if required. Information should be provided verbally and in writing to the patient. It should be provided in a manner that maintains the patient's confidence in their prescriber and does not cause them unnecessary alarm.

The justifications for declining to supply a medicine and recommended action to be taken by the patient should be recorded in the patient healthcare record in the dispensing software.

Why have some strengths of medicines not been included in the list of medicines available for 60-day prescriptions? Will they be implemented in other stages?

The full list of PBAC December 2022 recommended medicines is available at www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/pbac-outcomes/recommendations-made-by-the-pbac-december-2022-intracycle

If the medicine strength **is not included** in the PBAC December 2022 list, while other strengths of the same medicine are included, this may be because:

- the PBAC considered inclusion of this strength inappropriate for reasons such as safety or quality use of medicines; or
- the PBAC considered that the strength of medicine is usually used to treat a specific medical condition, and inclusion of the medical condition was not appropriate for reasons such as requiring close monitoring.

If a medicine strength is included in the PBAC December 2022 list but is not included in the list of medicines available for 60-day prescriptions, while other strengths of the medicine are available, then that strength of the medicine may have been deferred due to a medicine supply shortage.

¹ https://www.psa.org.au/wp-content/uploads/2019/06/5574-PSA-Dispensing-Practice-guidelines_FINAL.pdf



What is the Remote Area Aboriginal Health Service Program (RAAHS) and how does it interact with 60-day prescriptions?

Under this program, Aboriginal health services (AHSs) in remote areas (RRMA6 – RRMA7) can provide free Pharmaceutical Benefits Scheme (PBS) medicines to their patients. They can give the medicines directly to their patients during a consultation without using a PBS prescription form. This means the patient does not need to go to a pharmacy for their medicines. This special arrangement began in 1999 under [section 100 of the National Health Act 1953](#).

This program makes it easier for people in remote areas to get PBS medicines for free. More than 160 AHSs and their patients benefit from this program.

Ready-prepared medicines that are in [section 2](#) of the [PBS Schedule](#) at the time of consultation are eligible, **except for**:

- medicines on the [section 100 item list](#), including highly specialised drugs.
- repatriation medicines
- emergency drug (prescriber bag) supplies
- [Schedule 8 controlled drugs](#) as defined by the relevant state or territory legislation.

The RAAHS legislation does not prevent approved suppliers to use 60-day codes when claiming. It is recommended that when preparing a claim form that PBS 60-day codes are only used where needed.

How does funding work for the RAAHS Program if a 60-day code is selected?

For each PBS medicine supplied to an AHS, the payment to the supplier is the sum of:

- the approved price to pharmacists
- an amount for administration, handling and infrastructure
- a handling fee – this is indexed annually and is \$3.40 as of 1 July 2024.

For medicines labelled for individual patients, the payment also includes a patient-specific medicine supply fee. This is indexed annually and is \$5.37 as of 1 July 2024.

For more detail, see the [National Health \(Remote Area Aboriginal Health Services Program\) Special Arrangement 2017 \(section 15\)](#).

Under 60-day dispensing this fee structure will operate the same, with a single handling fee applied to items under a 60-day code (i.e., 2 packet amounts one fee).

What is the Closing the Gap PBS Co-payment Program and how does it interact with 60-day prescriptions?

The CTG PBS Co-payment program was established in July 2010 to improve access to affordable PBS medicines for Aboriginal and Torres Strait Islander people living with, or at risk of, chronic disease, and who in their doctor's opinion would experience setbacks in the prevention or ongoing



management of chronic disease if they did not take the prescribed medicine and would be unlikely to adhere to their medicines regimen without assistance through the program.

When obtaining PBS General Schedule medicines at their local pharmacy, eligible general patients who would normally pay the full PBS co-payment will pay the concessional rate (\$7.70) and those eligible patients who would normally pay the concessional rate receive their PBS medicines without being required to pay a PBS copayment.

The Closing the Gap PBS Co-payment Program is available to Aboriginal and Torres Strait Islander people of any age who are registered with Medicare, and in the opinion of a prescriber or Aboriginal Health Practitioner (AHP):

- would experience setbacks in the prevention or ongoing management of a condition if the person did not take the prescribed medicine; and
- are unlikely to adhere to their medicines regimen without assistance through the program.

The Closing the Gap (CTG) PBS Co-payment Program now applies to all PBS General Schedule and Section 100 PBS medicines. If you are currently paying a reduced price or getting your PBS medicines for free under the CTG Program, this arrangement will remain in place when your doctor writes a 60-day prescription.

As announced in the 2024-2025 Budget, the Closing the Gap scheme has expanded, allowing Section 100 PBS medicines to be dispensed at community pharmacies from July 1 2024.

Section 100 medicines include the Highly Specialised Drugs Program (which includes Opioid Dependence Treatment medicines), Efficient Funding of Chemotherapy, and the Growth Hormone, IVF and Botulinum Toxin Programs.

This measure expands access to the [CTG PBS Co-Payment Program](#) to:

- Apply to section 100 PBS medicines when dispensed by a community pharmacy, approved medical practitioner or private hospital from 1 July 2024
- Extend these arrangements to all section 85 and section 100 PBS medicines dispensed by public hospitals from 1 January 2025.
- These changes will also include both section 85 and section 100 PBS medicines supplied under Continued Dispensing arrangements.

This allows eligible First Nations patients access to the full suite of PBS section 85 and section 100 medicines in both primary and acute care settings.



Aged care

How does 60-day prescriptions work with the electronic National Residential Medication Chart (eNRMC) used in aged care?

The paper based NRMC and eNRMC (allowed for use under a Transitional Arrangement) are valid for 4 months and allows for ongoing supply of most medicines for the duration of the chart and removes the requirement for repeats. Pharmacists can dispense a single maximum PBS quantity as many times as necessary to ensure ongoing supply and administration of that medicine to the resident, for either the duration of the chart or a shorter duration as specified by the prescriber.

The 60-day dispense rule does not affect the way medicines are prescribed using an NRMC/eNRMC, however, it may impact supply. For relevant medicines (where a prescriber has indicated eligibility), the pharmacist will dispense a 60-day supply, in the same way they previously dispensed medicines for the resident. Once the 60-day supply of medicine has been administered to the resident, the pharmacist can re-dispense a further 60-day supply, and so on for the medication chart's duration.

This means that if a prescriber determines a 60-day prescription of an available medicine is suitable for their patient (as their ongoing health condition is stable), the medicine could potentially only be dispensed twice during the NRMC/eNRMC validity period (rather than 4 times), reducing the out-of-pocket costs for the resident.

Like any other patients, this means that patients in an Aged Care Facility may have some medicines dispensed under a 60-day quantity, and some medicines dispensed under current arrangements.

For pharmacies that dispense to a nursing home using the electronic National Residential Medication Chart (eNRMC), will prescriptions automatically transfer from 30-days to 60-days supply?

No, there is no rollover, new prescriptions for 60-day dispensing quantity will be required.

Only patients who are taking an eligible medicine and has a stable ongoing health condition will be able to be prescribed the 60-day items by their doctor. eNRMC charts will default to the current supplies unless the prescriber makes a clinical decision to supply under the new quantities.

Will there be education materials available for prescribers, pharmacists, and patients about 60-day prescriptions?

The Department of Health and Aged Care have consulted with stakeholders to inform the implementation of 60-day prescriptions, including with pharmacy groups, prescribers, medicines sponsors, wholesalers and software vendors.

The department has undertaken extensive communication activities to inform prescribers and Pharmacists of these changes, including the publication of the [60-day Prescriptions Information Kit for Prescribers](#) and [60-day Prescriptions Information Kit for Pharmacists](#) which are available for download on department's website.



Why are only some medical conditions eligible for 60-day prescriptions of the same medicine?

In December 2022, the independent, expert PBAC considered medicines listed on the PBS for chronic medical conditions and made recommendations about which medicines were clinically safe and suitable for listing with the option to prescribe in higher quantities (60-days' supply). The decision to write a 60-day script will be made by the prescriber based on their clinical judgement. The option to prescribe 30-day's supply remains, if the prescriber considers a 60-day supply presents any risk for the patient.

In making its recommendations, the PBAC excluded medicines that are prescribed for the short term management of symptoms in chronic diseases. The PBAC also excluded medicines requiring regular adjustment (dose titration), close monitoring or with a potential risk to safety if stockpiled. For some instances, only certain medical conditions (indications) or forms of a medicine (e.g. certain strengths) were considered suitable to be prescribed in higher quantities, to ensure patient safety and minimise medicine wastage. For example, pramipexole (Sifrol®, Simipex®) is currently listed on the PBS for 2 indications: Parkinson disease and primary severe restless legs syndrome.

Will the 60-day dispensing be updated on e-scripts?

The policy change which enables 60-day prescription dispensing will not impact electronic prescribing. The content of electronic prescriptions will not change.

Some chemists have "forgotten" to provide repeat tokens to patients, will there be a way to avoid this?

A key pillar of electronic prescribing is patient choice, where patients can take their prescriptions to any pharmacy of their choice for dispense including repeat prescriptions. There are online training modules available for pharmacists on the Australian Digital Health Agency website regarding how to send repeat tokens.

Pharmacies are required to keep a copy of the dispense record of a prescription for audit purposes, but they are not able to withhold a prescription or repeat from a patient unless:

- the patient has requested the pharmacy to do so, and given their consent
- there is a safety risk or potential for harm to occur.

To assist in managing electronic prescription tokens patients can approach their chosen pharmacy to create an Active Script List (ASL) on their behalf. An ASL is a token management system that provides a list of a patient's active prescriptions. It can display all current active electronic prescriptions any time a prescriber/pharmacist accesses the patient's ASL, removing the need to track of multiple tokens.

Patients can elect which prescriptions are sent to their ASL and which prescribers and pharmacists can view their ASL. From this list, the pharmacist can dispense electronic prescriptions, including those that were issued before the ASL was registered, and issue repeats. If a patient registers for an ASL they can request for all their prescriptions to be listed on it. This allows patients to keep an



accurate record of their prescriptions and easily move between pharmacies for dispense of medicines if required. If patients would like to register a complaint about a pharmacist they can contact the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#) through their 'Raise a concern' portal. Alternatively, if a patient would like to complain about a pharmacy they can contact their local authority listed on the [Pharmacy Council Australia website](#).

How will the additional \$52 million for the Rural Pharmacy Maintenance Allowance be distributed to Pharmacies?

Through the 8th Community Pharmacy Agreement, an additional \$52 million over 5 years has been provided to the total budget for the Regional Pharmacy Maintenance Allowance (RPMA). The 2024-25 RPMA Payment Matrix is currently being finalised and is expected to be available by mid-July 2024.

Why has the Rural Pharmacy Transition Allowance ceased? How will the Additional Community Supply Support Payment function?

The Regional Pharmacy Transition Allowance (RPTA) was designed to assist eligible pharmacies in transitioning their business arrangements to adapt for the implementation of increased Maximum Dispensing Quantities (MDQ). The RPTA will cease on 30 June 2024. The final payments for RPTA will be made by the Pharmacy Programs Administrator in July 2024 in respect to the month of June 2024.

The new Additional Community Supply Support (ACSS) payment is designed to give pharmacists more confidence to continue delivering services for their patients, particularly cheaper medicines through 60-day prescriptions, without increasing patient fees. Pending passage of legislation through Parliament, the ACSS payment will consist of two components for s90 Community Pharmacies:

- a payment associated with the dispensing of subsidised MDQ prescriptions, and
- a payment associated with the dispensing of any subsidised prescription.

It is intended that first ACSS payments will be made by November 2024, with this process being managed by Services Australia as part of regular PBS payments.