

# How to write a PBS prescription

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## Resources



**Application for approval to prescribe medications under the Pharmaceutical Benefits Scheme** (by a registered medical practitioner)

This is the Medicare Australia application form for a provider number.

Writing an R/PBS (repatriation/pharmaceutical benefits scheme) prescription (aka "external" script for hospital based JMOs) is easy and simple when you know how. Incredibly (looking retrospectively), I don't think that anyone actually went through with me how to write one. I'm sure there were more than a handful of community pharmacists shaking their heads (or their fists) at my dodgy scripts when I was a resident in ED!

This article is aimed mostly at interns and residents on how to write a community R/PBS prescription.

## Who can write a PBS or RPBS script?

You must have a prescriber number and general (i.e., unconditional) registration with the state medical board. Interns (PGY1) have neither so they cannot legally write an R/PBS script. Once you've satisfactorily completed your internship and have obtained general registration, then you can apply to Medicare Australia for a prescriber number. Your training hospital may not necessarily request that you do this since you only need a *provider number* to function within the public hospital system. The appropriate form can be downloaded at the top of this article.

## Change your mindset

The thing to realise is that PBS scripts are very different beasts to an internal hospital medical chart. They are designed for a different purpose. Hospital medication charts are designed for rapidly changing medications / dosages while PBS scripts are for long term dispensing. You must change your way of thinking for a PBS script.

### *Box sizes*

Once a hospital medication chart is filled, any one medication can be continued "ad infinitum" if so needed, though perhaps more realistically, for the exact clinically indicated period. Medications are dispensed on a daily basis.

With PBS scripts, you must consider the total number of tablets/doses as well as box sizes and repeats.

For example, if you want to discharge someone on cephalexin 500 mg, four times a day for a week,

simply writing this on a script is not satisfactory. A box of cephalexin comes with 20 capsules; only enough for 5 days. In this case, you must write a script for a box with one repeat.

### *PBS indications*

**PBS indications** are not the same as **RPBS indications** and neither are necessarily the same as **clinical indications**. PBS indications are the conditions that the government (through the PBS) will pay for the medication out of the public purse and are usually only a subset of all possible clinical indications. RPBS indications are usually somewhat more generous (benefits to war veterans and their family). Prescribing through the RPBS is usually cheaper for the patients as well.

Some common examples:

- **celecoxib** (and all the COX-2 inhibitors) is only PBS subsidised for symptomatic treatment of osteoarthritis or rheumatoid arthritis (i.e., the government won't pay for it being used for muscular pain).
- **gabapentin** only has a PBS indication for treatment of epilepsy. Unless the patient has access to the RPBS, then the government won't subsidise it for use in neuropathic pain.
- **rosiglitazone** (and all the glitazones) is not PBS subsidised for monotherapy.
- **olanzapine** (and most of the atypical antipsychotics) is only PBS subsidised for treatment of schizophrenia maintenance of bipolar affective disorder (Type I).

### **Some limitations**

- You can only write **three** medications per single script.
- R/PBS medications that require **authority** must be written on a specific PBS/RPBS authority prescription pad (not covered in this article).
- Schedule (S8) medications (e.g., morphine) must be written individually on their own script (must include words and numbers for the strength and quantity; see below examples).
- Schedule 100 (S100) medications (e.g., etanercept) cannot be written by you (if it is an S100 drug you will know if you can prescribe it as specific training is required).
- Non-PBS items should not be written on the same script with PBS items.

### **Example of a standard PBS script**

Dr Joe Blogs  
 BSc (Med) MB BS  
 1 Medicine Lane  
 Sydney, NSW 2000  
 Phone: (02) 1234 5678

1234567

Patient's Medicare no.

Patient's name and address  
 First name: Mary Family name: Citizen  
10 Fantasy Road  
Sydney Postcode: 2000

Pharmaceutical benefits entitlement number

Safety for entitlement (and table rows relevant too)  Concomitant or dependent RPBS benefits or Safety Net conditions and notes

(tick appropriate boxes)  
 PBS  RPBS  Brand substitution not permitted

AS01687701  
 cephalixin 500 mg capsules  
 1 capsule qid for 7 days

[20] 1 repeat

Doctor's signature:  Date: 6 / 2 / 2007

Please see over for privacy note. I certify that I have received this medication and the information relating to my entitlement to free or concessional pharmaceutical benefits is not false or misleading.

Date of supply: \_\_\_\_\_ Patient's or agent's signature: \_\_\_\_\_  
 Agent's address: \_\_\_\_\_ 4/01 (1/2007)

1. Contact details at the top;
2. personal prescriber number (where "1234567" is on the above sample);
3. patient's name and address;
4. tick either PBS or RPBS boxes;
5. tick the "Brand substitution box not permitted" box if necessary;
6. drug name (generic name preferable) and strength;
7. dosing amount and frequency;
8. quantity of the medication and number of repeats (if applicable);
9. signature and date.

**Example of an S8 script**



Dr Joe Blogs  
BSc (Med) MB BS  
1 Medicine Lane  
Sydney, NSW 2000  
Phone: (02) 1234 5678

1 2 3 4 5 6 7

Patient's Medicare no.

Patient's name and address  
First name: Mary Family name: Citizen  
10 Fantasy Road  
Sydney Postcode: 2000

Pharmaceutical benefits entitlement number

Entitled to entitlement (and table rows relevant too)  Concomitant or dependent RPBS benefits or table rows relevant too

(Tick appropriate boxes)  
 PBS  RPBS  Brand substitution not permitted  
(Private Script)

AS01687701

Caltrate 1500 mg tablets  
2 tablets at night

[60]

Pharmacist  
patient  
COPY

Doctor's signature:  Date: 6 / 2 / 2007

Please see over for privacy note. I certify that I have received this medication and the information relating to my entitlement to free or concessional pharmaceutical benefits is not false or misleading.

Date of supply: \_\_\_\_\_ Patient's or agent's signature: \_\_\_\_\_  
Agent's address: \_\_\_\_\_ 400 (1/200)

1. It isn't actually necessary to write a private script on PBS stationary but most people do;
2. The script must have your name and prescriber number;
3. the patient's name and address;
4. cross out both the PBS and RPBS boxes and note that it is a "private script";
5. drug name, dose, frequency and quantity;
6. signature and date.

### Tips and Hints

1. Give **both** copies of the prescription to the patient (one copy is for the pharmacist, the other for Medical Australia/Department of Veteran Affairs).
2. Beware of the irritating box sizes that don't make sense. A good example is with clindamycin. The antibiotic guidelines(1) suggest clindamycin 450 mg, three times a day for 7-10 days for mild early cellulitis and erysipelas (in immediate penicillin hypersensitivity). As clindamycin comes in 150 mg capsules, that means 9 capsules a day. A box of 25 capsules then lasts less than 3 days! Furthermore, under the PBS, it doesn't allow for repeats. If you send someone home from the emergency department with a script for clindamycin the result would be an annoyed patient, an annoyed general practitioner or the patient taking only a fraction of the recommended course. Please ensure there are alternative arrangements in place first!

### References

- (1) Cellulitis and erysipelas. *Therapeutic Guidelines, Antibiotic version 13. October 2006.*