NPS MEDICINEWISE

ACTIVE INGREDIENT PRESCRIBING AND PRIMARY CARE

The active ingredient prescribing initiative aims to increase community understanding of active ingredients, promote uptake of generic and biosimilar medicines and contribute to a financially sustainable PBS.

- Between November 2019 and January 2021, prescribing software used by primary care practices to generate prescriptions will change. The changes will comply with revised legislation requiring medicines to be identified by active ingredient names on PBS/RPBS prescriptions.[1,2]
- All necessary updates to software will be made during this time. Prescribers must make sure they are using updated software by 1 February 2021.

Clinical decision-making is not affected

- When it is necessary to prescribe a medicine for a patient, the principles of quality use of medicine remain high priority.
- The revised legislation recognises that the inclusion of a brand name on a prescription, or the supply of a particular brand, may be deemed clinically appropriate by a prescriber in some cases, eg, to reduce risk of patient harm or minimise patient confusion.[1,2] In these cases, the brand name will appear after the active ingredient name(s) on the prescription.
- Prescribers will need to decide whether a brand name is clinically necessary for each prescription, as prescribing software will not permit default brand name inclusion.
- The Australian Commission on Safety and Quality in Health Care has developed best practice guidance to support prescribers.

Patient choice is not affected

- Active ingredient prescribing helps patients understand their medicines and encourages shared decision-making at multiple points in the prescribing journey.
- The revised legislation continues to support patient choice of brand at the pharmacy (if substitution is permitted).

How do the changes work in practice?

Wording and information flow to support the revised legislation may vary between prescribing software platforms. However, key elements apply to all decisions to prescribe a medicine.

- **Prescribing software will automatically prescribe by active ingredient names**
  A prescriber can still include a brand name if clinically appropriate.
- **Software will prompt the prescriber if the medicine is on the *List of Medicines for Brand Consideration***
  This list identifies medicines where the inclusion of brand name after active ingredient **may** be appropriate for clinical treatment of a patient, at a particular point in time. Inclusion of brand name is not mandatory for these medicines.
- **Computer-generated prescription by brand name is permitted if the product is on the *List of Excluded Medicinal Items* (LEMI)**
  This list identifies medicines excluded from the revised legislation for practicality or safety reasons (such as vaccines, nutrients and vitamin supplements). Active ingredient names are **not** mandated for these medicinal items, so they may be prescribed by brand name only.
- **"Brand substitution not permitted" box remains relevant**
  If a brand name has been included on the prescription, and for clinical reasons this brand cannot be substituted at the point of dispensing (if suitable alternative brands are available), then the "brand substitution not permitted" box must also be marked. The inclusion of brand name on the prescription is not sufficient to prevent substitution.
- **Not all prescriptions will change**
  These medicines and prescribing situations are not affected by the revised legislation:
  - handwritten prescriptions
  - medicines containing 4 or more active ingredients
  - prescriptions generated from prescribing software that utilises a free text function.
  - paper-based medication charts in residential aged care
  - medicinal and non-medicinal items listed on the LEMI

Further guidance, clarity and background information for prescribers about active ingredient prescribing can be found in *Active ingredient prescribing: User guide for Australian prescribers*, prepared by the Australian Commission on Safety and Quality in Health Care.

Improving medicine access while maintaining medicine choice and ensuring patient safety

Active ingredient prescribing supports greater consistency in the way people see their medicines information, and can lead to safer and more appropriate use of medicines.[3,4]

Active ingredient prescribing

Supports medicine literacy by

- helping consumers find active ingredient information

  and

- providing consistent communication so that individuals can make informed decisions about their medicines.

Encourages medication safety by

- reducing the risk of taking multiple doses of an active ingredient

  and

- reducing likelihood of taking medicines that interact in an adverse way.

Provides continuity by

- ensuring the same information is delivered by different health professionals and across transitions of care

  and

- aligning Australian prescribing practices with international standards.

Reduces out-of-pocket costs by

- educating individuals on safety and efficacy of generic and biosimilar medicines approved by the TGA as bioequivalent

  and

- encouraging the use of these medicines.

Improves sustainability of the PBS by

- generating savings through the increase in generic medicine prescribing

  and

- increasing funding available for new medicine and technology listings.

Find out more

PBS Active Ingredient Prescribing information and resources pbs.gov.au/info/general/active-ingredient-prescribing

NPS MedicineWise support materials nps.org.au/active-ingredient-prescribing

Send any questions about Active Ingredient Prescribing to aiprescribing@health.gov.au

References available online at: **nps.org.au/aip-references**

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