Australian Government
Australian Institute of Health and Welfare

Impacts of COVID-19 on Medicare Benefits Scheme and Pharmaceutical Benefits Scheme: quarterly data

Web report | Last updated: **18 Feb 2022** | Topic: Health care quality & performance

About

The COVID-19 pandemic has had an impact on both patients and health practitioners in terms of the number of medical services, type of services and the way in which services are delivered.

Primarily, this report compares data for the first quarter of 2021–22 (the quarter ending September 2021) with the preceding quarter (the quarter ending June 2021) and with the same quarter from the previous year (the quarter ending September 2020). The report examines the impact of the pandemic and associated measures on the:

- Medicare Benefits Scheme (MBS) by presenting the number of MBS services and Government benefits paid; and
- Pharmaceutical Benefits Scheme (PBS) by presenting the number of prescriptions dispensed and Government benefits paid.

Cat. no: HPF 66

- MBS service utilisation
- PBS service utilisation
- Data

Findings from this report:

- MBS services and benefits paid increased by 13% and 6% respectively in Sep quarter 2021 compared to Sep quarter 2020
- Jun to Sep quarters 2021, GP consults up 9% (suitability for COVID vaccine +194%, microbiology tests on referral +72%)
- MBS services via telehealth (phone and video conferencing) increased by 51% from Jun quarter to Sep quarter in 2021
- The pandemic had minimal impact on total script volumes, with a 2% growth in the year ending Sep 2021 compared to 2020

Data overview

This report presents data up to the first quarter of 2021-22 (the quarter ending September 2021) and represents an update of the MBS and PBS data published in September 2021. As PBS data is reported based on the date the medicine was supplied to the patient, a lag period was applied to ensure the completeness of the data, which is why data is reported up to September 2021.

The following data visualisations show the impact of the COVID-19 pandemic and associated measures on the MBS and PBS service use since the start of the pandemic in March 2020 compared with periods in the previous years. The visualisations display the:

- Medicare Benefits Scheme (MBS) by presenting the number of MBS services and Government benefits paid, and
- Pharmaceutical Benefits Scheme (PBS) by presenting the number of prescriptions dispensed and Government benefits paid.

Events that may have impacted on service use over the period March 2020 to September 2021 across Australia, include:

- March 2020 – national lockdown introduced
- June 2020 – second wave of COVID-19 cases in Victoria
- August 2020 – Lockdown in Victoria
- October 2020 – Victorian lockdown eased
- December 2020 – outbreak of cases in Sydney's Northern Beaches
- January to March 2021 – brief snap lockdowns in some states and territories to contain COVID-19 spread
- July to October 2021 – a series of extensive lockdowns and/or extended lockdowns in New South Wales, Victoria, and Australian Capital Territory.

Impact on MBS service utilisation

Since 13 March 2020, COVID-19 telehealth items have been introduced into the MBS at different stages, to reduce the risk of transmission of COVID-19 by providing telephone and video conferencing options for consultations. In addition, schedule fees for bulk billing incentive items for non-referred services were doubled until 1 October 2020.

The introduction of COVID-19 telehealth items changed the profile of Medicare services provided to patients. For patients located in COVID-19 hotspots, or those required to isolate or quarantine because of public health orders, telehealth consultations provided easy access to medical care. For non-isolating patients in lockdown areas, even though they were still able to leave home to seek medical care, the use of telehealth consultations increased as well.

From the June to September quarters 2021, GP attendances increased 8.9%, driven by increases in suitability for COVID vaccine assessments (up by 193.7%) and microbiology testing on referral, including COVID-19 tests (up by 71.5%).

Lockdowns significantly impacted MBS utilisation for some broad type of service groups. For example, the volume of optometry services decreased sharply during lockdowns for two reasons:

- During the quarter ending June 2020, a large number of optometry practices were closed (services were down 38.4% on the March quarter 2020, but this decrease was picked up in the September quarter 2020). The fall in optometry services in the September quarter 2021 compared to the September quarter 2020 was due to the high base in the September quarter 2020.
- During lockdowns optometry practices could remain open but were limited to essential or time critical care to patients (as opposed to routine check-ups) in many cases.

Cancellation of elective surgery in some states in some quarters reduced MBS utilisation for anaesthetics and surgical operations.

For the quarter ending September 2021, points of note are:

Compared with the quarter ending June 2021

- There was an increase of 7.0% in the total number of Medicare services processed to 131.9 million services, and an increase of 6.8% in the amount of benefits paid to $7.5 billion.
- The increase in services was mainly driven by an increase in pathology services (up by 13.8% to 49.5 million services) and non-referred GP attendances (up by 8.9% to 51.7 million services).
- Driving the increase in pathology services was the large number of microbiology tests. This included those COVID-19 tests funded through the MBS (and not those funded through mechanisms such as state and territory run testing clinics). Microbiology tests for Australia were up 71.5% to 11 million services and benefits were up 147.5% to $715.4 million.
- The increase in non-referred GP attendances can also be linked to COVID-19 vaccinations, because of the number of vaccine suitability assessments. In the quarter ending September 2021, there were 9.5 million attendances rendered to assess a patient's suitability for a COVID-19 vaccination, which amounted to 18.4% of all GP attendances in the quarter, and an increase of 193.7% on the quarter ending June 2021.
- The increase in pathology services was particularly apparent in both New South Wales (up by 40.4% to 20.6 million services) and the Australian Capital Territory (up by 27.2% to about 856,000 services). Benefits paid for pathology services also increased (up by 96.9% to $676.3 million and 52.1% to $22.4 million respectively for New South Wales and the Australian Capital Territory). For New South Wales, microbiology tests were up 175.6% to 5.8 million services and benefits were up 351.0% to $430.0 million. This shows that the increase in pathology service and benefit volumes was driven by COVID-19 testing, along with its relatively high Medicare rebate, when compared to other pathology services.
- New South Wales also experienced strong growth in GP attendances (up by 13.8% to 17.8 million services). This increase was due to growth in both the vaccine suitability assessments and COVID testing on referral.
- In contrast to GP attendances and pathology services, the service volumes in many other broad type of service (BTOS) categories fell. The categories experiencing the largest falls were optometry (down by 22.3% to 1.9 million services), other allied health (down by 5.4% to 4.0 million services) and diagnostic imaging (down by 4.9% to 7.3 million services). These falls can be attributed to COVID-19 lockdowns in New South Wales, Victoria, and the Australian Capital Territory, and patients deferring non-urgent allied health attendances and diagnostic imaging.
- Of all the MBS services in the quarter ending in September 2021, 11.0% or 14.5 million services were delivered via telehealth consultations, an increase of 50.7% from the quarter ending in June 2021, where 7.8% or 9.6 million services were delivered via telehealth consultations.

- In terms of mode of delivery, telehealth consultations for COVID-19 related MBS items often replaced face-to-face consultations (for example, GP videoconferences replacing GP face-to-face attendances and in-person consultant physician attendances replaced by phone calls). COVID-19 related face-to-face consultations reduced by 15.3% to 36.3 million consultations, whereas telephone consultations increased by 43.1% to 12.7 million consultations, and video conferencing consultations increased by 165.5% from about 615,000 to 1.6 million consultations. The shift from face-to-face consultations to telehealth consultations across the COVID-19 related items can be seen particularly in New South Wales, Victoria and the Australian Capital Territory, which were heavily affected by lockdowns during this period. The guide to the COVID-19 telehealth items is available through MBS Online. Refer to the technical notes for more details.

Compared with the quarter ending September 2020

- There was an increase of 13.2% in the number of Medicare services processed, and 6.5% in the amount of benefits paid.
- There was, however, a decrease in the percentage of services delivered via telehealth consultations with 13.3% of all MBS services or 15.5 million telehealth consultations in the quarter ending September 2020 as opposed to the 11.0% or 14.5 million telehealth consultations in the quarter ending September 2021.
- When comparing BTOS groups, the biggest increases were seen in GP attendances and pathology (up by 21.1% and 16.7% respectively), which can be explained by the introduction of the COVID-19 vaccine suitability assessments in early 2021 and the increase in COVID-19 testing. At the Australia level, microbiology services were up 61.6% to 11.0 million services (driven by COVID-19 testing services, which are within the microbiology MBS group).
- The biggest decrease was in optometry (down by 20.1%), which was heavily impacted by lockdowns as optometrists were generally limited to only providing essential or time critical services to patients.
- In relation to mode of delivery associated with COVID-19 related items, all the other states and territory saw a decrease in proportion of consultations delivered via telehealth consultations, except New South Wales (from 25.6% or 4.3 million telehealth consultations in the quarter ending September 2020 to 38.3% or 6.3 million telehealth consultations in the quarter ending September 2021) and the Australian Capital Territory (from 20.4% or about 141,000 telehealth consultations in the quarter ending September 2020 to 31.1% or about 212,000 telehealth consultations in the quarter ending September 2021).
- COVID-19 related allied health attendances delivered via telehealth consultations experienced the largest percentage change variation in service volumes, from a 42.4% decrease to about 3,200 telehealth consultations in the Greater Hobart area to a 150.0% increase to about 255,000 telehealth consultations in Greater Sydney. Two other regions had an increase of more than 50%, these were: the Australian Capital Territory (up by 91.6% to about 14,400 telehealth consultations), and the Rest of New South Wales (up by 52.6% to about 81,400 telehealth consultations), which again could be attributable to COVID-19 lockdowns.
- Other medical practitioner (OMP) services delivered via telehealth consultations also experienced a large variation. The Greater Hobart area had an increase of 53.8% to nearly 2,700 services.
- GP/OMP brief attendances delivered via telehealth consultations increased by over 100% in each of the following areas: Greater Darwin (up by 187.6% to about 3,900 telehealth consultations), the Australian Capital Territory (up by 133.5% to about 13,400 telehealth consultations) and Greater Sydney (up by 110.5% to almost 400,000 telehealth consultations).

Comparing the year ending September 2021 with the year ending September 2020

- The number of services increased by 11.1% to 481,3 million services and the benefits paid increased by 10.2% to $27.9 billion between the two 12-month periods.
- Anaesthetics was the BTOS group with the highest percentage change over the 12-month period (up by 15.3% to 3.9 million services). Other BTOS categories experiencing a large percentage change in the number of services were: Pathology (up by 15.1% to 174.5 million services), Other allied health (up by 12.8% to 16.3 million services) and GP attendances (up by 10.0% to 180.5 million services).
- In relation to the COVID-19 related items, the number of services increased by 4.7% to 200.3 million services and the benefits paid increased by 7.1% to $11.1 billion between the two 12-month periods. The service increase was mainly driven by allied health attendances (up by 17.3% to 15.7 million services), specialist attendances (up by 6.9% to 30.3 million services), and obstetric attendances (up by 6.1% to 1.7 million services).
- Among all the states and territories, Victoria, the Australian Capital Territory, Western Australia, and New South Wales are the top four jurisdictions who had the largest growth in services for COVID-19 related items (up by 8.5% to 54.0 million services, 4.5% to 2.7 million services, 4.0% to 18.7 million services, and 3.6% to 65.4 million services respectively). In contrast, there was a decrease of 1.5% to 1.2 million services in Northern Territory.

Interactive charts showing: (a) overview of temporary COVID-19 related items introduced to the MBS by quarter; (b) BTOS comparison; (c) COVID-19 related items by mode of delivery; (d) standard GP attendance items by mode of delivery; and (e) bulk billing incentives for non-referred services.

Overview

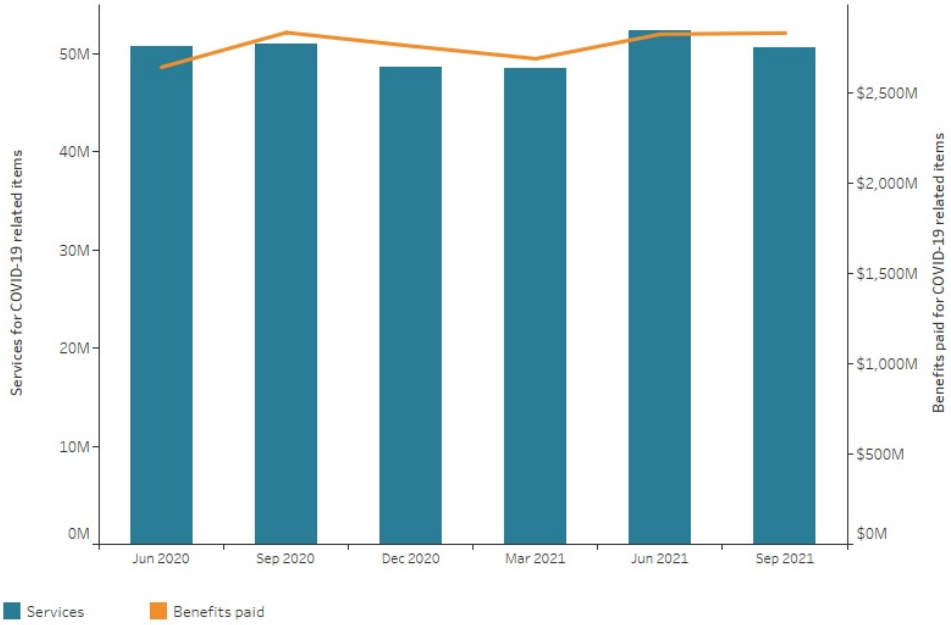
Beginning 13 March 2020, the Australian Government introduced a range of temporary Medicare items to help reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers.

Between 01 April 2020 and 30 September 2021, there were:

302,125,508 services processed and

$16,575,432,420 in benefits paid for COVID-19 related items

Medicare services and benefits for **COVID-19 related items** by quarter



Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health.
http://www.aihw.gov.au

Note: Quarters of a calendar year are used in the report. For example: Sep 2021 or September quarter 2021 refers to July to September 2021, which is the first quarter of FY 2021-2022.

Impact on MBS services by geography

The following data visualisations present quarterly rates for selected BTOS for 2019 and 2020, by Statistical Area Level 3 and by Primary Health Network. Quarterly rates are available for services and benefits paid and presented as number per 100 people.

Rates for selected BTOS by Statistical Area Level 3, 2019 and 2020

Note: Four BTOS groups are displayed in this map: total Medicare; GP (incl practice nurse) attendances; specialist attendances; and allied health (excl optometry) attendances.

For the best experience access the full size dashboard.

Rates for selected BTOS by Primary Health Network, 2019 and 2020

Note: Four BTOS groups are displayed in this map: total Medicare; GP (incl practice nurse) attendances; specialist attendances; and allied health (excl optometry) attendances.

For the best experience access the full size dashboard.

Impact on PBS service utilisation

In response to the pandemic, a number of temporary changes to prescribing and dispensing of PBS medicines were implemented. These changes were aimed at minimising the risk of prescribing doctors, dispensing pharmacists and consumers contracting COVID-19 while ensuring efficient supply of medicines and consumers could have continued access to their medications. These included:

- supply of a consumer's usual medicine without consumers physically visiting a doctor for a prescription (extension of continued dispensing arrangements)
- image based prescriptions to support Medicare telehealth services and supply of medicines to consumers
- exemptions from PBS restriction requirements for certain medicines to consumers who have been previously prescribed the medication (from 1 May 2020)
- simplified prescribing arrangements for chemotherapy consumers from multiple paper prescriptions to a single chemotherapy medication chart (from 20 August 2020)
- alternative medicine arrangements for existing consumers to account for the shortage of tocilizumab (a type of severe arthritis medication), due to off-label use in COVID-19 treatment (from 15 August 2021). Tocilizumab is used to treat severe rheumatoid arthritis, juvenile idiopathic arthritis and giant cell arteritis.

For the quarter ending September 2021 points of note are:

Compared with the quarter ending June 2021

- The number of prescriptions dispensed was 4.0% higher in the quarter ending September 2021 (81.7 million) than the quarter ending June 2021 (78.6 million). This increase could be partly attributed to medicine seasonality (for example prescriptions for antibiotics are usually higher in winter).

Compared with the quarter ending September 2020

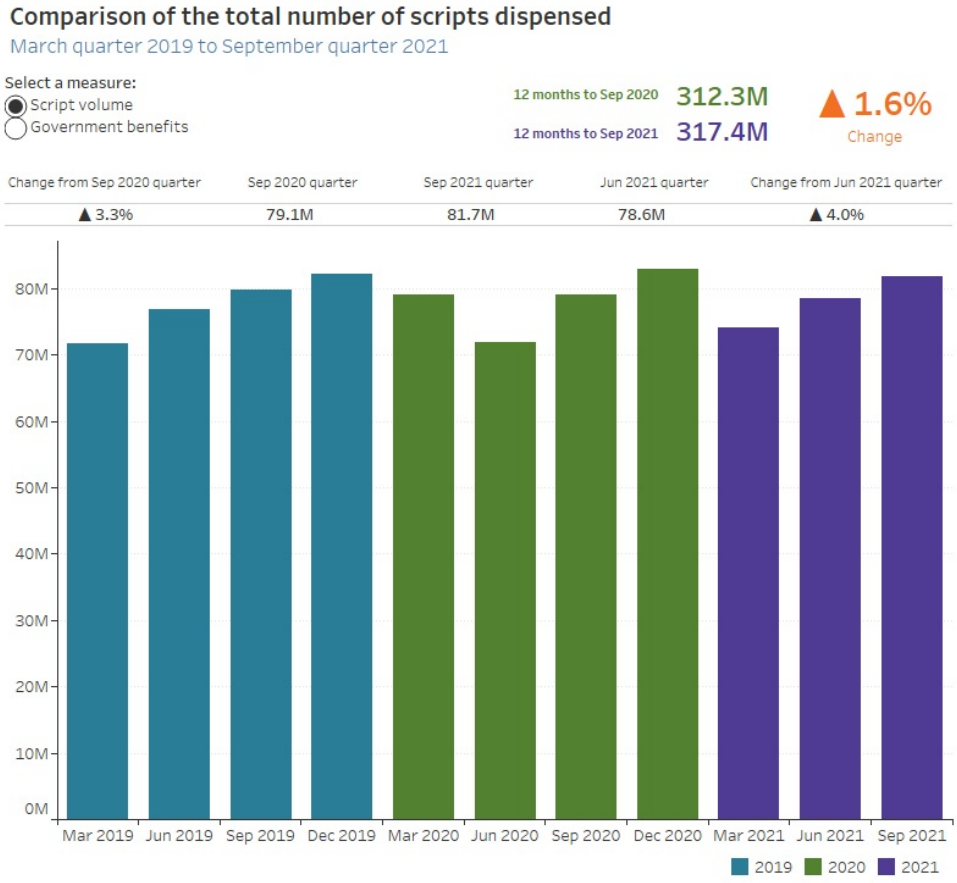
- There was an increase of 3.3% in the number of prescriptions dispensed, from 79.1 million to 81.7 million.
- There were concerns that existing consumers of tocilizumab would be impacted by the global shortage of the medicine. However, the number of prescriptions dispensed for tocilizumab increased by 1.8% from almost 15,900 to 16,100 indicating that supply issues had not yet eventuated and exemption arrangements put in place in May 2020 to ensure continuity of supply were successful. The effect from the global shortage of the medicine and increase in demand for its replacement medicines may be observable in the next quarter.
- There was a 6.8% increase in the number of prescriptions dispensed for antineoplastic and immunomodulating agents (this group of medicines are used to treat conditions such as cancer or arthritis) from 1.3 million to 1.4 million.
- The number of original and repeat prescriptions dispensed at the same time rose by 16.3%, from around 389,000 to 452,000. This rise may be due to an increase in demand for domestic and overseas travel, as a result of high vaccination rates against COVID-19 and the easing of border restrictions.
- The lockdowns in New South Wales, Victoria and the Australian Capital Territory in the September 2021 quarter appeared to have had minimal impact on consumer access to medicines, with an increase in prescription volume of 0.8% to nearly 26 million, 4.3% to 20.4 million, and 5.6% to 1.2 million respectively.
- Victoria experienced lockdowns in both the September 2020 and 2021 quarters. Compared to the September quarter of 2019, there was a slight decrease of 1.7% to 19.6 million prescriptions dispensed in the September quarter 2020 and a 4.3% growth in the September quarter 2021 over the same quarter in 2020.

Comparing the year ending September 2021 with the year ending September 2020

- There was a 1.6% increase in the number of prescriptions dispensed, from 312.3 million to 317.4 million.
- The General schedule, the largest program for medicines dispensed through community pharmacies, had a 1.6% increase in prescription volume from 304.6 million to 309.6 million. The pandemic appears to have had little effect on consumer access to medicines from community pharmacies in terms of national figures.
- Highly Specialised Drugs and Efficient Funding of Chemotherapy are two major programs that provide medicines mostly in tertiary care facilities such as hospitals. Prescriptions dispensed for these two programs were consistently higher in each quarter compared to the same quarter in the previous year. Prescription volume of the Highly Specialised Drugs increased by 6.2% from 1.5 million to 1.6 million and the Efficient Funding of Chemotherapy increased by 6.0% from 1.2 million to 1.3 million, showing that the pandemic has had minimal impact on the volumes of these medications. Interim measures such as the simplified prescribing arrangements for chemotherapy consumers were introduced to support the prescribing and supply of medicines for chemotherapy patients amidst the COVID-19 pandemic.
- Comparing the number of original prescriptions to repeats, the ratio of original prescriptions remained the same at 40% (repeats 60%). This consistency suggests that the pandemic did not have much effect on how consumers accessed their medicines, via first time dispensing of a prescription or a subsequent refill from an original prescription.

The above national patterns were broadly similar for all states and territories.

This data visualisation provides an overview of PBS prescriptions dispensed and government benefits paid during the pandemic in March 2020 to September 2021 and prior to the pandemic back to 2019. Prescription volumes by state and territory are presented for: Greater capital cities and rest of state/territory areas, original and repeat prescriptions, prescriptions dispensed concurrently, PBS programs, Anatomical Therapeutic Classification (ATC) groups and tocilizumab.



Source: AIHW analysis of PBS data maintained by the Australian Government Department of Health.
http://www.aihw.gov.au

Note: Quarters of a calendar year are used in the report. For example: Sep 2021 or September quarter 2021 refers to July to September 2021, which is the first quarter of FY 2021-2022.

Impact on PBS services by geography

The following data visualisations present quarterly rates for selected ATC groups and PBS programs for 2019 and 2020, by Statistical Area Level 3 and by Primary Health Network. Quarterly rates are available for prescription volume and benefits paid and presented as number per 100 people.

Rates for selected ATC groups and PBS programs by Statistical Area Level 3, 2019 and 2020

Note: Six ATC groups and three PBS programs are displayed in the maps.

For the best experience access the full size dashboard .

Rates for selected ATC groups and PBS programs by Primary Health Network, 2019 and 2020

Note: Six ATC groups and three PBS programs are displayed in the maps.

For the best experience access the full size dashboard.

Technical notes

Medicare Benefits Scheme

Statistics in this release were extracted by the AIHW from the Medicare Benefits Schedule (MBS) claim records data in the Australian Government Department of Health Enterprise Data Warehouse.

The MBS provides a subsidy for services listed in the MBS, for all Australian residents and certain categories of visitors to Australia. The major elements of Medicare are contained in the *Health Insurance Act 1973*. See details of the services covered by the MBS.

Medicare benefits are claimable only for 'clinically relevant' services rendered by an appropriate health practitioner. A 'clinically relevant' service is one which is generally accepted by the relevant profession as necessary for the appropriate treatment of the patient.

In general, MBS statistics exclude services:

- Provided to public admitted patients and public outpatients of public and private hospitals
- Provided to patients in public accident and emergency departments
- Covered by the Department of Veterans' Affairs National Treatment Account
- Covered by an entitlement conferred by legislation other than the Health Insurance Act. (for example, services covered by third party or workers' compensation)
- Covered by other publicly funded programs.

The statistics in this release are reported using date of processing, for the quarter ending December 2018 to the quarter ending September 2021. Date of processing and date of service are influenced by working day. Number of working days by month and state and territory is available at Services Australia. It should be noted that date of processing is not always the same as date of service (the date in which the visit to a health practitioner occurred, the date in which a procedure was performed, or the date in which a test was undertaken).

Statistics are available on the total number of services and benefits paid, in and out of hospital, mode of delivery, by region within state and territory. Out of hospital refers to services provided in non-inpatient settings, and includes services in private outpatient clinics. In hospital refers to all services to private inpatients of public and private hospitals, and services rendered as part of a privately insured episode of hospital-substitute treatment. Mode of delivery refers to services delivered by face-to-face, telehealth via telephone or telehealth via video conferencing. In addition, MBS-subsidised services are reported using the broad type of service (BTOS) classification, whereby each MBS item is allocated to a BTOS category. The BTOS groups presented in this report are:

- Non-referred general practitioner (GP) attendances (including other medical practitioner attendances)
- Practice nurse services on behalf of a GP
- Specialist attendances
- Obstetrics
- Anaesthetics
- Pathology
- Diagnostic imaging
- Operations
- Assistance at operations
- Optometry
- Radiation therapy
- Other allied health
- Other MBS.

On 13 March 2020, telehealth via telephone and video conferencing items were introduced into MBS on account of COVID-19. Statistics on these new items as well as the pre-existing items are published in this release to provide an overview of the impact of the new items on overall utilisation of MBS.

From 13 March 2020 the Department of Health issued a series of MBS circulars:

COVID-19 Temporary MBS Telehealth Services

All items listed in the circulars, including items newly introduced as well as pre-existing corresponding face to face items are treated as COVID-19 related items in the telehealth section of this report. COVID-19 related items are categorised into five groups:

- GP attendances
- Other medical practitioner attendances
- Specialist attendances
- Obstetric attendances
- Allied health attendances.

All telehealth items listed in the circulars as well as pre-existing telehealth items for people living in rural and remote areas are treated as telehealth items in the broad type of service groups analysis of this report.

Geography

Statistics are presented for states and territories, Statistical Area Level 3 (SA3), Primary Health Network (PHN) and Greater Capital City Statistical Areas (GCCSAs).

GCCSAs are geographical areas that represent the functional extent of each of Australia's capital cities. These geographical areas have been developed by the Australian Bureau of Statistics (ABS) and include people who regularly socialise, shop or work within the city, but live in the small towns and rural areas surrounding the city. GCCSAs are not bound by a minimum population size criterion.

SA3s are geographical areas defined by the Australian Bureau of Statistics (ABS) that provide a regional breakdown for analysing data. There are 340 SA3s covering Australia. SA3s generally have a population of between 30,000 and 130,000 people.

PHNs connect health services across a specific geographic area so that patients, particularly those needing coordinated care, have access to a range of services, including primary care services, secondary care services and hospital services. There are 31 PHN areas covering Australia, with boundaries defined by the Australian Government Department of Health.

The Medicare enrolment postcode at the time the claim was processed, was used as a proxy for the patient residence as it corresponds to most people's usual residence. Some patients changed enrolment postcodes during a quarter. In compiling statistics for the quarter, MBS data was allocated to a patient's major enrolment postcode in each quarter based on the largest number of services, before being aggregated to quarterly statistics.

In considering the statistics presented in this report, it should be noted that since the enrolment postcode in MBS data is a mail delivery postcode, modifications were made to an ABS correspondence to accommodate those people who use a post office box (POB) postcode. POB and mailing address postcodes were proportionately allocated to Statistical Area Level 3 (SA3) using the modified correspondence. SA3s were then grouped to GCCSA using an ABS correspondence.

Pharmaceutical Benefits Scheme

About the data

The Australian Government subsidises the cost of a wide range of prescription medicines through two separate schemes, the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS). Claims for reimbursement for the supply of PBS- or RPBS-subsidised medicines are submitted by pharmacies through Services Australia for processing, and are provided to the Australian Government Department of Health. Subsidies for prescription medicines are available to all Australian residents who hold a current Medicare card, and overseas visitors from countries with which Australia has a Reciprocal Health Care Agreement. In general, patients pay a contribution to the cost of the medicine (co-payment), and the Australian Government covers the remaining cost. This remaining cost is referred to as the benefit paid.

PBS data in this report are from records of prescriptions dispensed under the two schemes, where either:

- The Australian Government paid a subsidy
- The prescription was dispensed at a price less than the relevant patient co-payment (under co-payment prescriptions) and did not attract a subsidy.

PBS data cover all PBS prescriptions dispensed by approved suppliers, including community pharmacies, public and private hospital pharmacies and dispensing doctors.

PBS does not cover:

- Over-the-counter purchases
- Private prescriptions
- Medicines supplied to admitted patients in public hospitals, although prescriptions to patients on discharge and non-admitted patients in all states and territories are in scope, except for New South Wales and the Australian Capital Territory.

Medicines dispensed through alternative arrangements where the patient cannot be identified, such as direct supply to Aboriginal health services and the Opiate dependence treatment program, are excluded.

The provision of some medicines may be under-represented in those remote areas with a high proportion of Aboriginal and Torres Strait Islander people who can access medicines through Aboriginal health services, particularly in the Northern Territory.

The number of prescriptions represents the total number of times that a prescribed medicine is supplied to a patient. For individual prescriptions where the quantity dispensed varied from the listed maximum quantity, no adjustment was made for increased or reduced quantity supplied. The supply was counted as one prescription.

Prescriptions dispensed and government benefits paid in this report are presented by quarter which is based on the date the medicine was supplied to the patient.

Prescription numbers presented in this report may vary slightly from previous reports due to processing of late claims, updates and cancellations.

The Schedule of Pharmaceutical Benefits

The Schedule of Pharmaceutical Benefits (the Schedule) is released monthly and provides information on the arrangements for the prescribing and supply of pharmaceutical benefits under the PBS. The Schedule lists all of the ready-prepared items subsidised under the PBS.

Prescription types

Prescriptions can be written either as one-off (original with no repeats) or original with repeats. Original prescriptions refer to dispensing of a prescription for the first time and repeat prescriptions refer to the subsequent supply from an original prescription.

Concurrent prescriptions

The PBS allows for original and repeat prescriptions to be supplied at the same time, in certain circumstances, according to Regulation 49 (previously Regulation 24). A common use of this rule is for people living or travelling to very remote areas within Australia or overseas.

Anatomical Therapeutic Chemical (ATC) Classification

PBS listed medicines are organised into Anatomical Therapeutic Chemical (ATC) classification groups according to the body system or organ on which they act. See the World Health Organization Collaborating Centre for Drug Statistics Methodology (WHOCC) for further information on the ATC classification system.

The ATC Classification used in this report is from the Australian Government Department of Health's version of the WHOCC ATC Classification, which has some minor differences from the WHOCC version, based upon a particular medicine's usage in Australia. The Schedule of Pharmaceutical Benefits according to ATC groups can be viewed via browsing by body system.

PBS Programs Types

This web report has categorised PBS listed medicines into 'program types' which reflect the groupings in the Schedule and are described below.

Most PBS medicines are dispensed by community pharmacies and used by patients at home. These are known as 'General Schedule' medicines.

Section 100 of the *National Health Act 1953* provides for an alternative method of medicine supply to patients when normal PBS arrangements are not appropriate.

Section 100 programs include:

- Highly Specialised Drugs Program
- Efficient Funding of Chemotherapy
- Botulinum Toxin Program
- Growth Hormone Program*
- In-Vitro Fertilisation Program.

Separate sub-schedules exist for specific prescribers or for a specific cohort of the population. These include:

- Dental
- Optometrical
- Palliative Care
- Prescriber bag.

Items annotated with an asterisk (*) were excluded from visualisation titled 'Number of scripts dispensed by PBS program'.

Geography

Data is presented for Statistical Area Level 3 (SA3), Primary Health Network (PHN) and Greater Capital City Statistical Areas (GCCSAs).

SA3s are geographical areas defined by the Australian Bureau of Statistics (ABS) that provide a standard framework for analysing data at the regional level. There are 340 SA3s covering Australia. SA3s generally have a population of between 30,000 and 130,000 people.

PHNs assist patients through connecting health services across a specific geographic area so that patients, particularly those needing integrated and coordinated care, have access to a range of services, including primary care services, secondary care services and hospital services. There are 31 PHN areas covering Australia, with boundaries defined by the Australian Government Department of Health.

GCCSAs are geographical areas that represent the functional extent of each of Australia's capital cities. These geographical areas have been developed by the ABS and include people who regularly socialise, shop or work within the city, but live in the small towns and rural areas surrounding the city. GCCSAs are not bound by a minimum population size criterion.

Medicare enrolment postcode at the time the claim was processed is used as a proxy for the patient residence as it corresponds to most people's usual residence. If the patient postcode was unknown or invalid, the postcode of the dispensing pharmacy is used instead.

Postcodes are proportionately allocated to SA3 and PHN, and then grouping SA3s to GCCSA, using the respective ABS correspondence files.

Notes

Amendments

8 June 2021

- Updated note for Rates for selected ATC groups and PBS programs by Statistical Area Level 3, 2019 and 2020 and Rates for selected ATC groups and PBS programs by Primary Health Network, 2019 and 2020 from four to three PBS programs displayed in the maps.
- Updated Technical notes MBS and PBS Geography sections from 333 to 340 SA3s covering Australia.

Data

Related material

Resources

Related topics

- COVID-19
- Health & welfare expenditure
- Primary health care