

## PBS Changes



Each month, MIMS incorporates PBS information into its various products, including MIMS Online and eMIMS, as well as into the data we provide to both prescribing and dispensing vendors. This is a very important part of MIMS' medicines update - ensuring this information is up-to-date and easily useable makes this a vital part of the information that MIMS provides.

A number of changes have been made to the PBS over the past months. These changes started with the introduction of the revised funding arrangements for chemotherapy drugs in December 2011 and have included the introduction of AMT (Australian Medicines Terminology) concepts, as well as changes to streamlined authority codes, amongst other things.

Significant changes to the prescribing and dispensing of chemotherapy drugs came into effect in December of 2011 for private hospitals and community pharmacies, and in April of 2012 for public hospitals. These changes, known as the 'Revised Arrangements for the Efficient Funding of Chemotherapy Drugs', or more simply, as the 'Revised Arrangements', aimed to increase the efficiency of the prescribing of injectible and infusible chemotherapy drugs, and apply to all relevant forms and strengths of chemotherapy drugs. The Revised Arrangements aim to reduce the expense and wastage that can be associated with prescribing chemotherapy agents by the vial. Under these arrangements, the prescriber writes a prescription for the specific dose of the chemotherapy agent required by the patient, without specifying the product form or strength. Once received by the pharmacist, the dispensing software calculates the most cost-effective combination of vials of medication required to fill this prescription. It was very important for MIMS to ensure that these revisions to the funding of chemotherapy drugs were reflected in our system, as many users rely on our integrated data in their prescribing and dispensing software. Accordingly, since these arrangements have taken effect, we have made the necessary changes to our data, including alterations to item codes (now one item code per medicine), the maximum amount able to be prescribed, and repeats allowed for each medication, to ensure that we are providing the correct information to vendors and users.

A second change, and the most recent of the changes made to the PBS - the incorporation of AMT into the existing PBS data - is a big step towards the implementation and utilisation of various electronic health programs in the Australian healthcare environment. This data aims to increase the accuracy by which electronic medicines information is recorded and exchanged, and also increases the usefulness of software decision support systems.

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As of December 2012, AMT product identifiers and preferred term descriptions have been linked to the relevant information in the PBS, meaning that products, strengths, dosage forms and pack sizes are now presented in a more consistent and uniform manner. It also makes the identification of an individual product by healthcare professionals and software systems much more specific and accurate. MIMS has reflected these changes in our PBS information by incorporating this terminology into our dataset. This means that our integrated prescribing and dispensing data remains current and useful, and that future e-health initiatives based around this data can be more easily achieved.

By ensuring that we remain up-to-date with PBS changes as they occur, MIMS continues to be a valuable and reliable resource, both for vendors who integrate our data into their systems, and for healthcare professionals who rely our products on a day-to-day basis.