



# Pharmaceutical Benefits Scheme prescriptions: monthly data

Web report | Last updated: 26 Sep 2024 | Topic: [Medicines](#)

## About

The Australian Government has subsidised prescription medicines covered by the Pharmaceutical Benefits Scheme (PBS) for all Australians, permanent residents and eligible foreign visitors since 1948. The Repatriation Pharmaceutical Benefits Scheme (RPBS) was established in 1919 for returning Australian service people who had served in previous wars. This report presents monthly data on the usage rates of numbers of dispensed prescriptions and Australian Government spending on combined PBS/RPBS medicines and is reported as PBS for simplicity.

Data in this report is updated monthly.

Cat. no: HWE 98

- [Dashboard](#)
- [Data](#)

### Findings from this report:

- [Australians have had a similar number of prescription medicines dispensed compared to previously](#)
  - [Government spending on prescription medicines has increased over time](#)
  - [Medicines for the cardiovascular system are dispensed the most](#)
  - [Prescription dispensing and government spending on PBS medicines varies by location](#)
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## Dashboard

This dashboard displays data on medicines funded through the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS) from 2002 up to the most recently published period. The information shows the volume of PBS prescriptions dispensed per person in the population for the highest levels of medicine classes (according to the [Anatomical Therapeutic Chemical \(ATC\) classification system - external site opens in new window](#)). It also indicates the amount of Australian Government spending per person in the population (as opposed to being funded through patient co-payments).

Data is presented on a monthly basis with the ability to display national, state, territory or Local Government Area (LGA) trends, and to separate the trends into age groups. All ATC Level 1 medicine groups are displayed in the dashboard, note that select ATC Level 2 medicine groups are shown.

Note: The Australian Government pays pharmacies the difference between a patient's co-payment and the PBS price of a medicine, as listed on the Schedule of Pharmaceutical Benefits. This excludes any special patient contributions (for example, brand price premiums) or optional fees imposed at the discretion of the dispensing pharmacy. Refer to the [Technical notes](#) for more information on data presented in the dashboard.

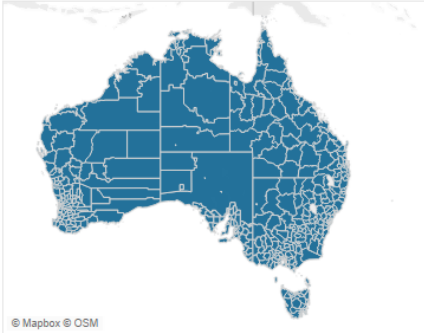
### Pharmaceutical Benefits Scheme prescriptions – dashboard

This tableau dashboard shows PBS and RPBS data on a monthly basis with the ability to display national, state, territory or Local Government Area (LGA) trends, and to separate the trends into age groups. This dashboard is complex and interactive. To do your own analysis, please use the data tables provided on the data page.

# Pharmaceutical Benefits Scheme (PBS) prescriptions

Select State/Territory:  
Australia

Select an LGA:  
All



### Select years

- Last 5 years
- Last 10 years
- All years

### Select measures

- Monthly data
- Rolling 3 months average
- Rolling 12 months average

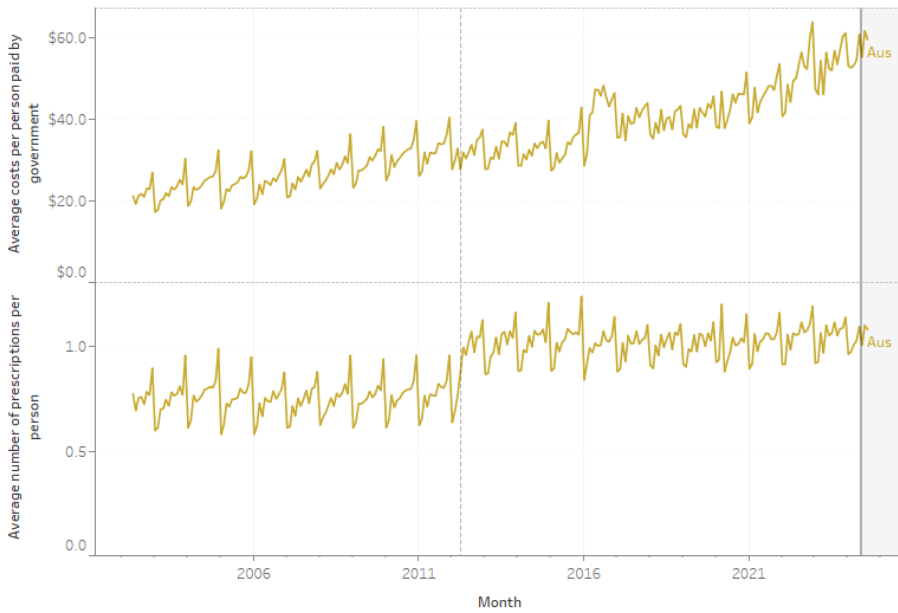
✓ COMPARE BY LOCATION

COMPARE BY AGE GROUP

## Anatomical Therapeutic Chemical (ATC) Classification Level 1

Select medicine group ⓘ  
All PBS prescriptions

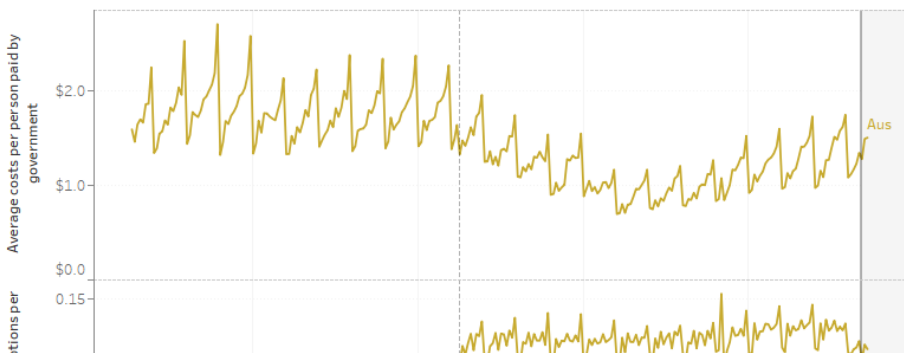
Australia

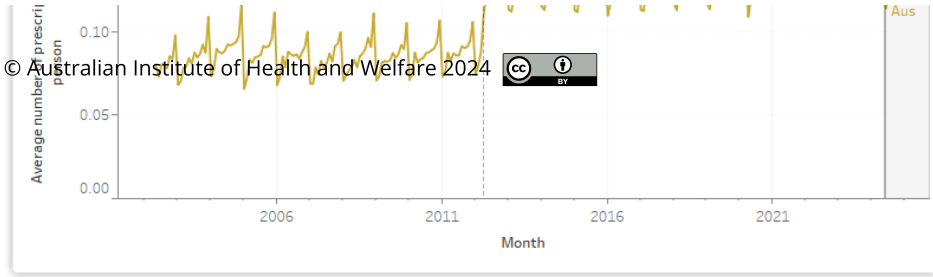


## Anatomical Therapeutic Chemical (ATC) Classification Level 2

Select medicine group ⓘ  
Agents acting on the renin-angiotensin system

Australia





## Technical notes

These notes aid to assist in the interpretation of the dashboard presenting the Pharmaceutical Benefits Scheme (PBS) statistics since 2002.

The PBS began in 1948 and has expanded over time. As of 30 June 2023, 928 different medicines in 5,261 brands (used to treat a wide range of health conditions) were listed on the Schedule of Pharmaceutical Benefits. For more information, see [PBS Expenditure and Prescriptions - external site opens in new window](#).

Some key changes in PBS policy that have impacted on the volume and government spending of for all PBS prescriptions, as well as for some broad classes of medicines over time include those outlined in Table 1.

Table 1: Key changes in Pharmaceutical Benefits Scheme policy impacting volume of prescriptions

Date	Key policy changes
07/2002	National electronic coverage started
01/2006	Safety Net 20-day rule introduced to reduce stockpiling
07/2007	Brand premiums introduced
01/2008	Dentists and optometrists allowed to prescribe select PBS items
07/2010	Closing the Gap under co-payment introduced
09/2010	Midwives and nurse practitioners allowed to prescribe select PBS items
12/2011	Revised Arrangement for Efficient Funding of Chemotherapy (EFC) program (private hospitals and community pharmacies)
04/2012	Price drop in medicines
04/2012	Revised Arrangement for Efficient Funding of Chemotherapy (EFC) program (public hospitals)
05/2012	Under co-payment data started being collected
02/2019	Revised eligibility restrictions to PBS subsidised paediatric growth hormone treatment (Section 100 Growth Hormone Program)
01/2020	Changes were made to the PBS restrictions for growth hormone treatment in adults (Section 100 Growth Hormone Program)
07/2022	Continued Dispensing Arrangements expanded to include additional medicines groups to the statins and oral contraceptives
01/2023	Reduction in general patient co-payment and Safety Net thresholds
07/2023	Opioids Dependence Treatment medicines included under s100 HSD Program
09/2023	60-day prescriptions Stage 1 introduced for select medicines
04/2024	60-day prescriptions Stage 2 introduced for select medicines
05/2024	1-year and 5-year freezes for general and concessional co-payment thresholds (respectively) announced in May budget. New medicines listed from budget.

Note that this is not an inclusive list. The inclusion or indication of use of a new medicine can change over time, for further information refer to [PBS Summary of Changes - external site opens in new window](#).

### Pharmaceutical Benefits Scheme

The Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS) are Australian Government Health programs that subsidise the cost of a wide range of medicines in Australia. The PBS began in 1948 and is available to current Medicare card holders as well as to overseas visitors from countries with Reciprocal Health Care Agreements with Australia. The RPBS was established in 1919 for returning Australian service people who had served in previous wars. Veterans, war widows and widowers, and their dependants are eligible for the RPBS if they have an assessed clinical need for the item and hold a [Department of Veterans' Affairs \(DVA\) Gold, White or Orange card - external site opens in new window](#).

The PBS data collection contains information on prescription medicines that qualify for a benefit under the *National Health Act 1953* and for which a claim has been processed. The database comprises information about PBS and RPBS scripts and payments, patients, prescribers and dispensing pharmacies.

## Scope of PBS statistics

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PBS statistics only include prescription medicines that are listed on the Schedule of Pharmaceutical Benefits (PBS Schedule) and have had a claim processed. They do not include:

- private prescriptions, off-label prescribing, over-the-counter medicines
- medicines supplied to public hospital in-patients (except New South Wales and the Australian Capital Territory)
- PBS Opiate Dependence Treatment Program prior to 1 July 2023
- any PBS medicines supplied under special arrangements that are not processed through PBS online
- information on reasons for prescribing, prescribed dosage, frequency of administration and intended duration – information on how the patient uses the dispensed medicine once the patient has received the medicine.

## Dashboard statistics

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Statistics in this dashboard were extracted by the Australian Institute of Health and Welfare (AIHW) from the PBS claim records data in the Australian Government Department of Health and Aged Care's Enterprise Data Warehouse.

The dashboard presents monthly statistics per resident of a Local Government Area (LGA) for the highest levels of medicine classes, along with state/territory and national statistics for comparison.

- The dashboard presents the PBS expenditure rate
  - the average amount of Australian Government spending on PBS prescriptions per person, as opposed to patient co-payments and other arrangements such as special patient contributions or optional fees.
- The dashboard also presents the rates of the number of PBS prescriptions dispensed. This PBS prescription rate shows the average number of PBS prescriptions dispensed per person.

Monthly statistics are reported using date of supply to reflect the period in which a prescription was dispensed, from May 2002 to the latest published month.

It is possible for prescription volumes to change between releases of statistics due to the late lodgement of claims and adjustments to claims. The last 3 months of statistics are considered preliminary as they are incomplete and subject to revision. Information claims for PBS benefits may still be submitted to Services Australia for processing and payment during this period.

Monthly statistics are reported as they are (not adjusted for inflation), and as rolling statistics of 3 months or 12 months (the month in question and the previous 2 months – or the month in question and the previous 11 months) to smooth seasonal variations and the timing of public holidays. The numerators and denominators are the totals over 3 months or 12 months, except for the resident population of an area, for which the population is from the last month. Monthly statistics are influenced by the number of working days from month to month.

## Classes of medicines

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PBS prescriptions are reported using the [Anatomical Therapeutic Chemical \(ATC\) Classification System - external site opens in new window](#), whereby each PBS item is allocated to an ATC category. The ATC Classification System is a classification that divides medicines into 5 hierarchical levels (1 being the most general level, 5 being the narrowest). This classification is based on the active ingredients and according to what part of the body the medicine acts on with other properties (therapeutic, pharmacological and chemical). The ATC categories presented in this dashboard are for the 1st and selected 2nd level categories.

## Age groups

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Dashboard statistics can be compared between key policy age groups of 0–18, 19–64, and 65 and over. Statistics for a selected area for all 3 age groups can be compared. Statistics for a selected area for a single age group can also be compared to the state/territory and national statistics for the same age group.

## Populations

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Population statistics are sourced from the Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) statistics as at 30 June.

In relation to prescriptions and benefits per resident of an area, the denominator is the total ERP of the area, as at the previous 30 June.

- For any month of the first half of a calendar year, the ERP is as at 30 June of previous year.
- For any month of the second half of the year, the ERP is as at 30 June of the year.

The most current ERP is used when the relevant ERP has not been released.

## Local Government Areas

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[Local Government Areas - external site opens in new window](#) (LGAs) cover legally designated parts of a state or territory, for which incorporated local governing bodies have responsibility. The LGAs presented on the dashboard are ABS LGAs which are ABS approximations of official local government boundaries as defined by each state and territory. ABS approximations of administrative boundaries do not match legal boundaries and are used for statistical purposes only.

The LGAs in this release cover the whole of Australia without gaps or overlaps. These LGAs included unincorporated areas which are areas in some states and territories not administered by incorporated bodies. An LGA can be abolished, created, or changed significantly in boundary. The LGA boundaries in this release have been applied historically for all years for comparison purposes. Latest LGAs will be used when correspondence from postcode to LGA becomes available.

## Postcodes

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Dashboard statistics are based on the location of the patient, not the location of the dispensing pharmacy. Patients may travel outside their LGA to collect their dispensed prescriptions. LGAs show where people live rather than where people access their medicines and may not reflect the pharmacies who dispense in those LGAs.

The PBS enrolment postcode at the time of the prescription being processed is used as a proxy for the patient residence. An enrolment postcode is a mail delivery postcode and this may differ from some patients' residential address. Some postcodes that only represent Post Office boxes and not residential areas (for example: General Post Offices or mail delivery centres), have not been allocated to an LGA as they are not a good indicator of where the patient lives. However, they have been included in state/territory and Australian totals. Likewise, enrolment postcodes that cannot be allocated to an area, are included in the Australian total only.

Some patients change enrolment postcode during a month. In compiling statistics for the month, PBS records are allocated to a patient's major enrolment postcode in each month based on the largest number of prescriptions, before being aggregated to monthly statistics.

An ABS correspondence is used to proportionately allocate postcode level data to LGA. The population distribution within any postcode (within an LGA or across more than one LGA) reflects that as of the 2021 Census.

Caution should be exercised when interpreting LGA statistics in the Northern Territory. These statistics are under-represented because of a high proportion of Northern Territory residents enrolled in the PBS using Post Office box addresses. Unless the Post Office box postcodes are the same as residential postcodes, the non-residential postcodes are not assigned to an LGA, but have been included in the Northern Territory and Australian totals.

## Suppression of statistics

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Suppression has been applied to protect individual confidentiality in areas where prescriptions are dispensed to a few patients or dispensed prescriptions are heavily dominated by a few pharmacies.

The month of interest for an area is suppressed for volatility if the relevant ERP is fewer than 100. In this case, the chart is displayed with gaps.

The entire chart is not shown if 30% or more months are suppressed. If the "age group comparison" option is selected, age groups where 30% or more of the months are suppressed will be omitted from chart, so in some cases only one or two age groups will be present on the chart when this option is selected.



## Data

Monthly data on the amount of Australian Government spending (benefits) per person on Pharmaceutical Benefits Scheme (PBS) prescriptions, and the number of PBS prescriptions per person for Australia, by state/territory and by Local Government Area. Monthly data in this release may vary from previous releases due to processing of late claims, updates to and cancellations of claims, and updated estimates for resident population.

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### Data tables: Pharmaceutical Benefits Scheme prescriptions by ATC Level 1 medicine group: supplementary data tables

#### Data

XLSX 210.6Mb

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### Data tables: Pharmaceutical Benefits Scheme prescriptions by ATC Level 2 medicine group: supplementary data tables

#### Data

XLSX 204.5Mb

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## Related material

### Resources

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#### Pharmaceutical Benefits Scheme prescriptions over time

##### Resource

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#### Medicines in the health system

##### Resource

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### Other websites

For more information on the Pharmaceutical Benefits Scheme (PBS), including information about what is and is not covered, how to enrol in the PBS, PBS Safety Nets and how to make a claim, visit:

- [Pharmaceutical Benefits Scheme - external site opens in new window](#)
- [Services Australia - external site opens in new window](#)

For more information on PBS statistics, visit:

- [PBS Statistics - external site opens in new window](#)
- [Medicare statistics - external site opens in new window](#)

### Related topics

- [Health & welfare expenditure](#)
  - [Health care quality & performance](#)
  - [Medicines](#)
  - [Primary health care](#)
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