Australian Government
Australian Institute of Health and Welfare

Pharmaceutical Benefits Scheme prescriptions over time

Web report | Last updated: **26 Sep 2024** | Topic: Medicines

About

This report describes trends in the use of prescription medicines covered by the Pharmaceutical Benefits Scheme (PBS) and the Repatriation Pharmaceutical Benefits Scheme (RPBS). It provides data on the usage rates of and Australian Government spending on prescription medicines.

This report is a companion to the Australian Institute of Health and Welfare's (AIHW) *Pharmaceutical Benefits Scheme prescriptions: monthly data*.

Cat. no: HWE 99

Findings from this report:

- Australians have had a similar number of PBS medicines dispensed over the last 10 years
- Government spending on prescription medicines has increased over the last 10 years
- Medicines for the cardiovascular system are dispensed the most
- People living in more remote or in higher socioeconomic areas have had fewer prescription medicines dispensed

Summary

The Australian Government subsidises the cost of many prescription medications through the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS). This means Australians can access many medicines without paying the full cost of that medicine. Usually, patients pay some amount towards their medications known as the patient 'co-payment' amount) while the remainder is covered by the Australian Government. In this report, RPBS data is aggregated with PBS data and reported in a combined statistic for simplicity.

This report outlines trends in the dispensing of PBS prescription medicines over time, including Australian Government spending on prescription medicines. This report focuses on 2 key measures (calculated monthly and annually):

- The average amount of Australian Government spending on PBS prescriptions per person in the population (based on Estimated Residential Population, ERP). This measure is referred to as the *PBS expenditure rate* or *expenditure rate*. (This spending does not include patient co-payments and other arrangements such as special patient contributions or optional fees).
- The average number of prescriptions dispensed per person in the population (based on ERP). This is referred to as the *PBS prescription rate* or *prescription rate*.

These measures are also used in the *Pharmaceutical Benefits Scheme prescriptions: monthly data* – dashboard, which is updated monthly.

Note: measures in this report are based on PBS prescription medicines that are dispensed to a patient by a suitable facility (for example, a community pharmacy). The PBS and RPBS data collection does not contain information on private prescriptions, over-the-counter medicines, off-label prescribing information or on medicines supplied to public hospital in-patients (with some exceptions).

Information on the actual patient prescriptions (such as instructions) written by general practitioners or other prescribers is not captured. Similarly, information on the actual use of PBS prescription medicines by patients is also not captured.

Australians have had a similar number of PBS medicines dispensed over the last 10 years

Between January 2013 and December 2023, there has generally been little change in the number of PBS prescriptions dispensed per person each year.

In the calendar year 2023, an annual average of 13 PBS funded prescriptions were dispensed per person. Medicines prescribed for the cardiovascular system (including antihypertensives, diuretics, beta blocking agents and lipid modifying agents) were the most common medicine class dispensed, with an annual average of 4.2 PBS subsidised prescriptions dispensed per person over the course of 2023.

Government spending on medicines has increased

Australian Government spending on all PBS medicines per person (the PBS expenditure rate) has increased over time. In the financial year 2022-23, this expenditure rate was an average of $641 per person, an increase of 13% (or $72 per person) compared to 2021-22 and an increase of 19% (or $102 per person) compared to 2020-21 (having adjusted for inflation).

This increase in expenditure (compared to changes in previous years) may be due to a variety of factors, including:

- effects of inflation (however, this trend remains having adjusted for inflation)
- the reduction of the general co-payment amount from $42.50 to $30.00 at the start of 2023 – see Changes to the PBS to make medicines more affordable - external site opens in new window
- a lowering of the Safety Net threshold from 1 July 2022 – see Pharmaceutical Benefits Scheme Safety Net threshold reduction from 1 July 2022 - external site opens in new window
- more expensive medicines becoming available on the PBS (including COVID-19 antivirals).

Some classes of PBS medicines had a higher government expenditure per person during 2023, for example:

- Antineoplastic medicines (which are used to treat cancer) and immunomodulating agents (including immunostimulants and immunosuppressants) were an annual average of $259 per person
- Medicines for the nervous system (including anaesthetics, analgesics (painkillers, opioids), psycholeptics and psychoanaleptics) were an annual average of $56 per person.

In contrast, systemic hormonal preparations (excluding sex hormones and insulins) had some of the lowest expenditure rates, with an annual average of $6.20 per person during 2023.

Dispensing of PBS prescription medicines varies by where people live

A consistent pattern by remoteness has been observed between 2013 and 2023.

- People living in *Inner regional* areas generally had more PBS prescriptions and a higher level of government spending on dispensed PBS prescription medicines per person. In *Inner regional* areas, an average of 16 PBS prescriptions were dispensed per person during 2023, with government expenditure on dispensed prescription medicines averaging $796 per person.
- Conversely, people in *Very remote* areas were dispensed an average of 5.7 prescriptions per person during 2023, with an average government expenditure of $307 per person for dispensed prescription medicines.

People living in lower socioeconomic areas also generally had more PBS prescriptions dispensed and a higher level of government spending on dispensed PBS prescription medicines per person. This pattern has also been consistent since 2013.

- The lowest socioeconomic areas received an average of 15 prescriptions per person during 2023 with government expenditure on those dispensed prescription medicines of $714 per person.
- This is compared with an average of 11 prescriptions per person during 2023 and government expenditure of $606 per person in the highest socioeconomic areas.

Introduction

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.

This report is a companion to the Australian Institute of Health and Welfare's (AIHW) *Pharmaceutical Benefits Scheme prescriptions: monthly data* – dashboard and adds to reporting conducted by the Australian Government Department of Health and Aged Care on PBS statistics - external site opens in new window.

This report focuses on 2 key measures (calculated monthly and annually):

- The proportion of the costs of the PBS subsidised prescriptions that were paid by the Australian Government, as opposed to being funded through patient co-payments. This measure is referred to as the *PBS expenditure rate* or *expenditure rate*.
- The number of PBS prescriptions dispensed per person. Referred to as the *PBS prescription rate* or *prescription rate*.

Patterns in PBS medicines between 2013 and 2023

There has been little change in the monthly PBS prescriptions rate (Figure 1) between January 2013 and December 2023 in Australia, which indicates that Australians were dispensed a similar volume of PBS subsidised prescriptions over time (from a prescription rate of 0.9 per person per month in January 2013 to a rate of 1.1 per person per month in December 2023).

During the COVID-19 pandemic and lockdowns in 2020 and 2021, a number of temporary changes to prescribing and dispensing of PBS medicines were implemented (AIHW 2021, AIHW 2022). The COVID-19 pandemic initially had an impact on the number of prescriptions dispensed with an increase during March 2020 (an elevated monthly prescription rate of 1.2 per person). For subsequent years, this momentary impact reverted to the general trend.

The expenditure rate across all PBS subsidised prescriptions dispensed has increased between 2013-2023, from an average of $28 per person per month in January 2013 to $61 per person per month in December 2023 (Figure 1). This increase remains once the effects of inflation have been accounted for (Table 1).

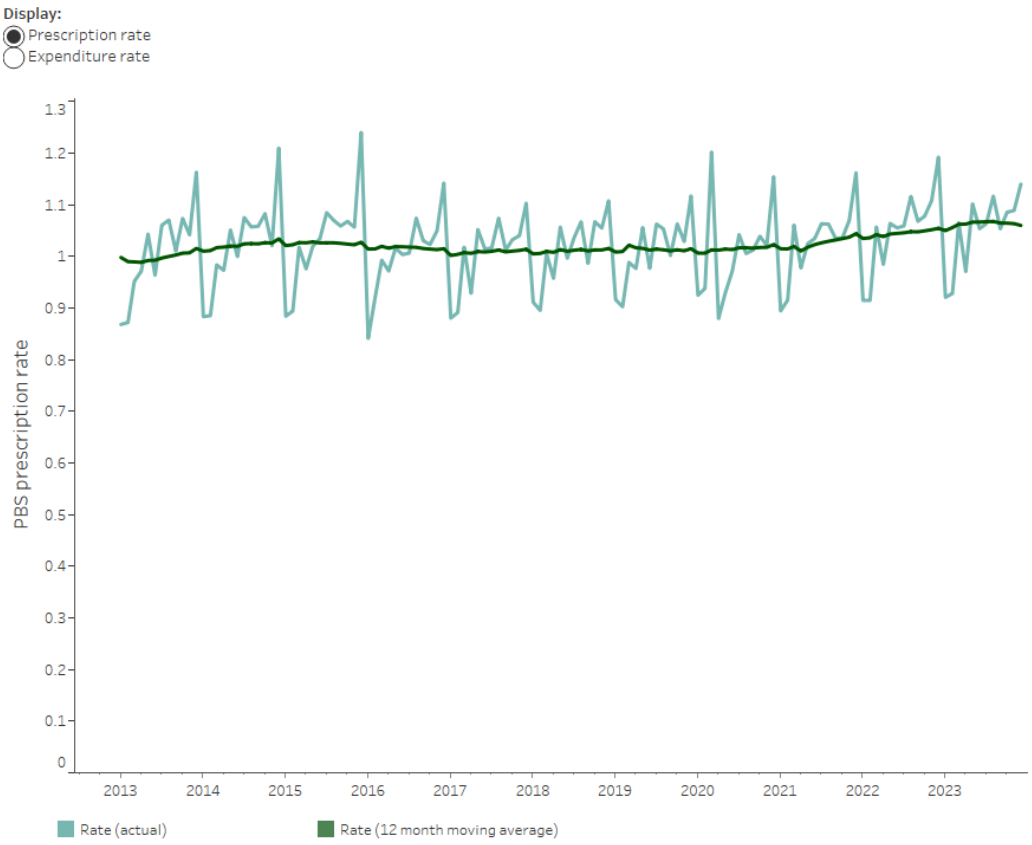
There is a monthly seasonal component to the utilisation data, with regular increases in PBS prescriptions dispensed occurring in November and December. Every year, the PBS Safety Net thresholds - external site opens in new window resets at the start of each calendar. During the year, once thresholds have been met, some patients can purchase their medicines at a reduced cost (or free for concessional patients) for the remainder of the calendar year before the price then resets back to the standard pricing at the start of the next calendar year. The increases in PBS prescriptions dispensed towards the end of the year are due to subsequent stockpiling of medicines, resulting in seasonal patterns of increased rates of dispensing towards the end of the year followed by decreased rates at the start of the next year (Mellish et al. 2015).

Table 1: Annual PBS expenditure rates by financial year

Financial year	PBS expenditure rate ($ per person)	PBS expenditure rate ($ per person, adjusted for inflation)
2013–14	560.83	396.86
2014–15	568.26	386.15
2015–16	605.26	456.84
2016–17	580.32	500.70
2017–18	581.31	478.33
2018–19	592.97	474.68
2019–20	610.51	499.65
2020–21	637.84	538.63
2021–22	628.91	568.65
2022–23	640.98	640.98

Figure 1: Monthly PBS prescription and expenditure rates

See the following extended description.



Source: Pharmaceutical Benefits Scheme prescriptions dashboard.
https://www.aihw.gov.au

Extended description for Figure 1

The prescriptions rate shows little change in time, from a rate of 0.9 dispensed prescriptions per person in January 2013 to 1.1 dispensed prescriptions per person in December 2023. The expenditure rate has been increasing since 2013, from an average of $28 per person in January 2013 to $61 per person in December 2023.

Patterns in PBS medicines by medicine group

Medicines are categorised by the Anatomical Therapeutic Chemical (ATC) Classification System - external site opens in new window, a classification system of 5 hierarchical levels (Level 1 being the most general level, 5 being the narrowest) based on active ingredients and according to what part of the body the medicine acts on and other such properties (therapeutic, pharmacological and chemical). This report uses the most general level of classification (Level 1). For more detail see Technical notes.

The 2 medicine groups with the highest annual prescription rates per person were:

- Medicines for the cardiovascular system with an annual average of 4.2 prescriptions dispensed per person in 2023 (Table 2)
- Medicines for the nervous system with an annual average of 2.8 prescriptions dispensed per person in 2023 (Table 2).

Medicines for the cardiovascular system include antihypertensives, diuretics, beta blocking agents & lipid modifying agents. Medicines for the nervous system include anaesthetics, analgesics (painkillers, opioids), psycholeptics & psychoanaleptics. Both have relatively stable monthly PBS prescription rates per person over time (Figure 2).

Antiinfectives for systemic use (which include antibiotics) saw (Figure 2):

- an increase in the number of dispensed prescriptions in March 2020 (the arrival of COVID-19 in Australia)
- followed by a decrease in dispensed prescriptions for the remainder of 2020 and 2021 (Figure 2)
- the dispensing of these antiinfectives prescription medicines subsequently increased in 2022 and 2023, however not to pre-pandemic levels.

COVID-19 may have had an impact on the overall decline (ACSQHC 2023a) of antiinfectives for systemic use via (ACSQHC 2022, ACSQHC 2023b):

- decreased prescribing of some of these medicines by general practitioners
- physical distancing restrictions resulting in fewer respiratory tract infections
- policy changes in April 2020 encouraging prescribers to issue repeat prescriptions for antimicrobials only when indicated.

The 2 medicine groups with the highest annual expenditure rates per person in 2023 were (Table 2):

- antineoplastic and immunomodulating agents (including antineoplastic agents; immunostimulants & immunosuppressants), at an annual average of $259 per person
- medicines for the nervous system at an annual average of $56 per person.

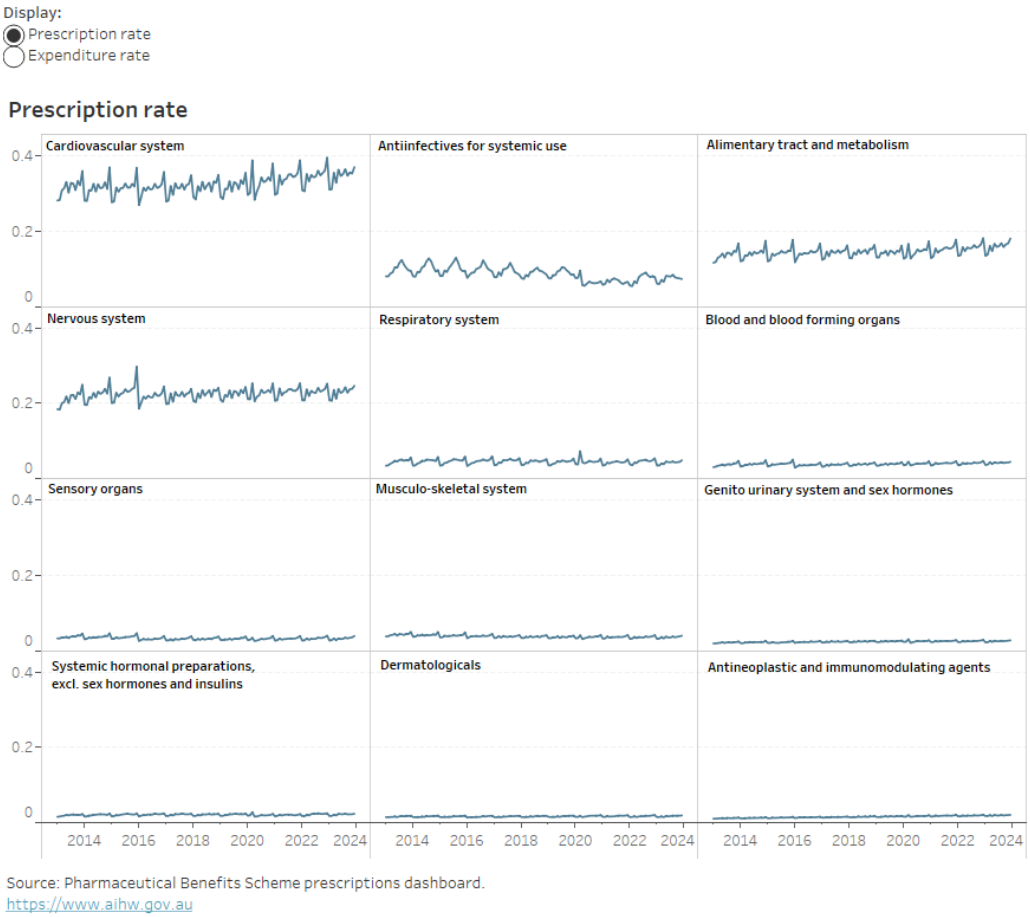
In contrast, systemic hormonal preparations (excluding sex hormones and insulins) had some of the lowest PBS expenditure rates in 2023, averaging $6.20 per person annually.

Table 2: Annual PBS prescription and expenditure rates during 2023 by medicine group

Category	Annual PBS prescription rate (N per person)	Annual PBS expenditure rate ($ per person)
National	**12.6**	**641.52**
Alimentary tract and metabolism	1.9	53.68
Antiinfectives for systemic use	0.9	50.23
Antineoplastic and immunomodulating agents	0.2	258.75
Blood and blood forming organs	0.5	36.93
Cardiovascular system	4.2	48.57
Dermatologicals	0.2	14.83
Genito urinary system and sex hormones	0.3	12.07

Musculo-skeletal system	0.4	22.85
Nervous system	2.8	55.73
Respiratory system	0.5	48.48
Sensory organs	0.4	30.75
Systemic hormonal preparations, excl. sex hormones and insulins	0.3	6.20

Figure 2: Monthly PBS prescription and expenditure rates by medicine group
See the following for an extended description.



Source: Pharmaceutical Benefits Scheme prescriptions dashboard.
https://www.aihw.gov.au

Extended description for Figure 2

Medicines for the cardiovascular system and for the nervous system have the highest prescription rates among the medicine groups and this is consistent over time. Antineoplastic and immunomodulating agents have the highest expenditure rates over time, with medicines for the nervous system second.

Patterns in PBS medicines by remoteness

Information about remoteness is summarised in this report by Australian Statistical Geographical Standard (ASGS) for Remoteness Areas (RA). For more detail see Technical notes.

During 2023, *Inner regional* and *Outer regional* areas had the highest annual PBS prescription rates (averages of 16 and 14 per person per year, respectively; Table 3). *Remote* and *Very remote* areas had the lowest PBS prescription rates (averages of 9.6 and 5.7 per person per year, respectively) in 2023. *Very remote* ($307) and *Remote* areas ($476) also had the lowest annual PBS expenditure rates during 2023 (Table 3).

Remote and *Very remote* areas had the lowest monthly PBS prescription rates per person and these rates have remained relatively stable over time (Figure 3).

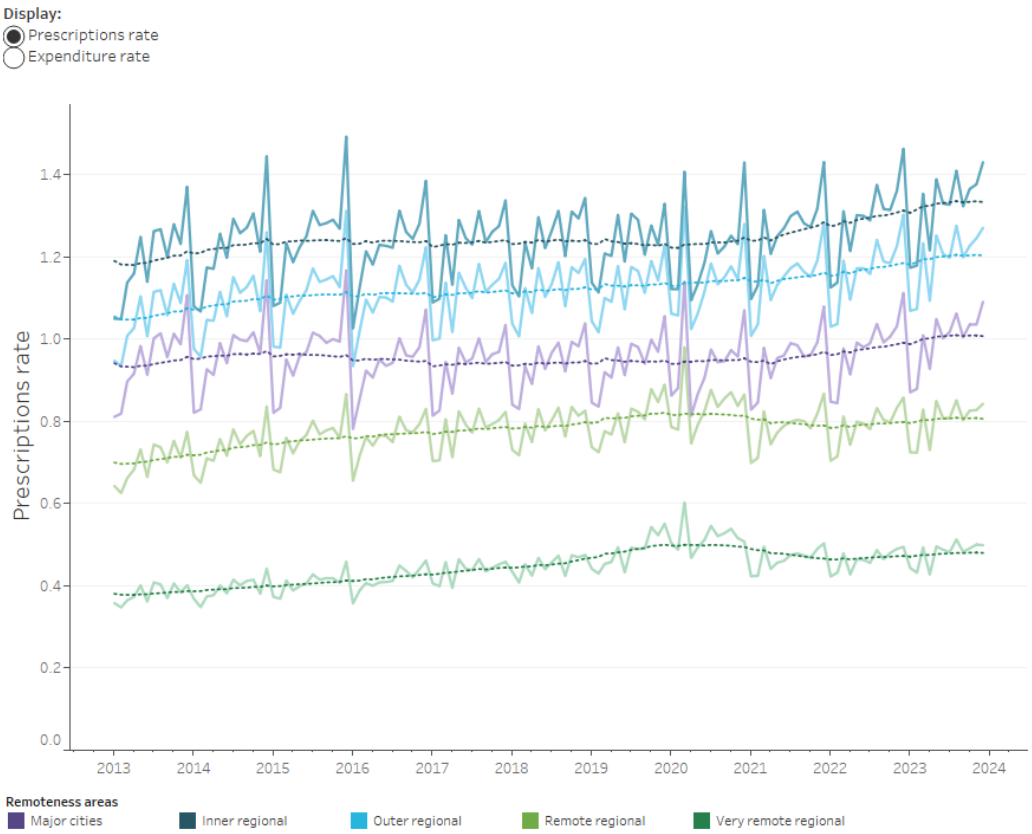
Monthly PBS expenditure rates across all remoteness categories have increased over time, with *Very remote* areas having the lowest monthly PBS expenditure rates (Figure 3).

Table 3: Annual PBS prescription and expenditure rates during 2023 by remoteness

Category	Annual PBS prescription rate (N per person)	Annual PBS expenditure rate ($ per person)
National	**12.6**	**641.52**
Major cities	12.0	618.05
Inner regional	15.8	795.50
Outer regional	14.3	691.29
Remote	9.6	476.35
Very remote	5.7	306.94

Figure 3: Monthly PBS prescription and expenditure rates by remoteness

See the following for an extended description.



Note:Solid lines indicate the actual rate, while dashed lines represent the 12-month moving average.
Source: Pharmaceutical Benefits Scheme prescriptions dashboard.
https://www.aihw.gov.au

Extended description for Figure 3

The PBS prescription rate in *Major cities* changed from 0.8 prescriptions dispensed per person in January 2013 to 1.1 in December 2023, from 1.1 to 1.4 in *Inner regional* areas, from 0.9 to 1.3 in *Outer regional* areas, from 0.6 to 0.8 in *Remote areas* and from 0.4 to 0.5 in *Very remote* areas. The PBS expenditure rate in *Major cities* changed from an average of $26 per person in January 2013 to $59 in December 2023, from $33 to $76 in *Inner regional* areas, from $28 to $64 in *Outer regional* areas, from $18 to $43 in *Remote areas* and from $11 to $27 in *Very remote* areas.

Patterns in PBS medicines by socioeconomic area

Information about relative economic and social circumstances of people and households within a geographic area are summarised in this report by ABS Index of Relative Socio-economic Disadvantage - external site opens in new window (IRSD) Socio-Economic Indexes for Areas (SEIFA) indices. IRSD SEIFA measures relative disadvantage and is summarised as quintiles (1 indicating a lower socioeconomic area, 5 a higher socioeconomic) in this report. For more detail see Technical notes.

During 2023, the lowest socioeconomic areas (SEIFA quintile 1) had the highest annual PBS prescription rates of 15 dispensed prescriptions on average per person per year compared to the highest socioeconomic areas (SEIFA quintile 5) with an annual average rate of 11 dispensed prescriptions per person per year. The lowest socioeconomic areas also had the highest PBS expenditure rates of $714 on average per person per year compared to the highest socioeconomic areas rate of $606 per person per year (Table 4).

The general trend across all socioeconomic areas based on IRSD SEIFA has been toward similar monthly PBS prescription rates and higher monthly PBS expenditure rates over time between 2013 and 2023. Patients in lower socioeconomic areas were dispensed more PBS medicines and had higher government expenditure on PBS prescriptions compared with higher socioeconomic areas (Figure 4).

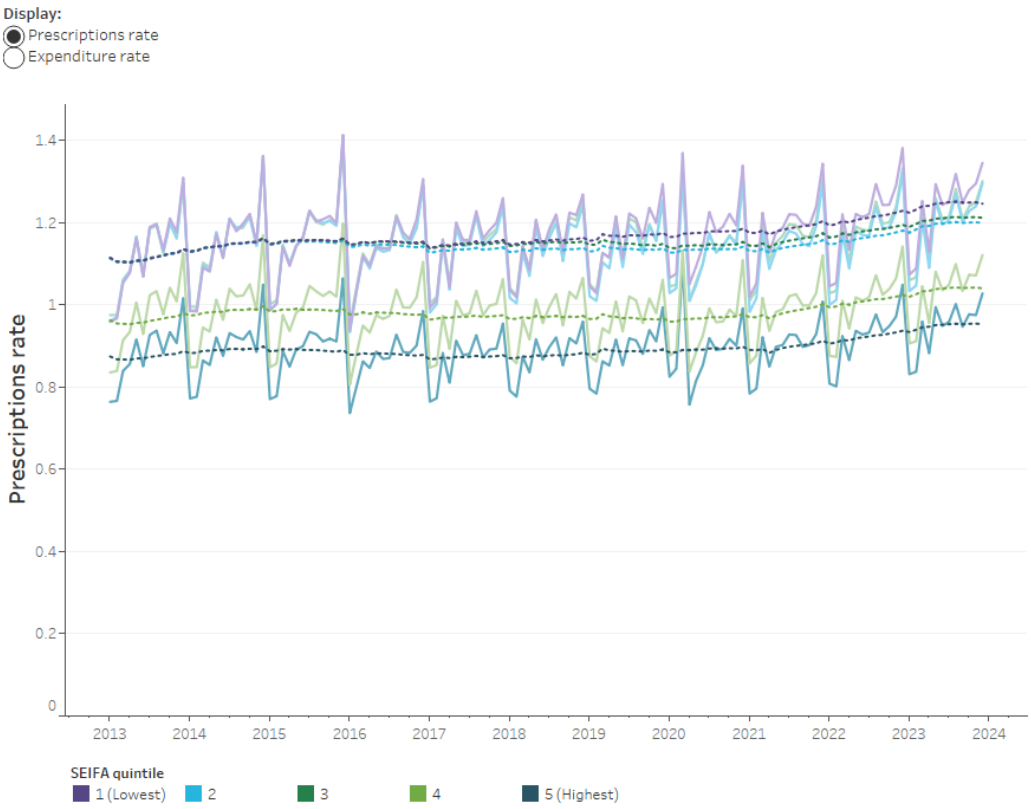
Table 4: Annual PBS prescription and expenditure rates during 2023 by socioeconomic area

Category*	Annual PBS prescription rate (N per person)	Annual PBS expenditure rate ($ per person)
National	**12.6**	**641.52**
1 (lowest socioeconomic area)	14.8	713.80
2	14.3	690.13
3	14.4	733.33
4	12.4	624.55
5 (highest socioeconomic area)	11.3	606.41

*Based on the Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD). SEIFA quintile 1 indicates an area of greater disadvantage, SEIFA 5 an area with less disadvantage.

Figure 4: Monthly PBS prescription and expenditure rates by SEIFA

See the following for an extended description.



Note:Solid lines indicate the actual rate, while dashed lines represent the 12-month moving average.
Source: Pharmaceutical Benefits Scheme prescriptions dashboard.
https://www.aihw.gov.au

Extended description for Figure 4

The PBS prescription rate in the lowest socioeconomic areas, SEIFA quintile 1, changed from 1.0 prescriptions dispensed per person in January 2013 to 1.3 in December 2023, from 1.0 to 1.3 in SEIFA quintile 2, from 1.0 to 1.3 in SEIFA quintile 3, from 0.8 to 1.1 in SEIFA quintile 4 and from 0.8 to 1.0 in SEIFA quintile 5, the highest socioeconomic areas.

The PBS expenditure rate in SEIFA quintile 1 changed from an average of $30 per person in January 2013 to $68 in December 2023, from $29 to $66 in SEIFA quintile 2, from $30 to $69 in SEIFA quintile 3, from $27 to $60 in SEIFA quintile 4 and from $25 to $58 in SEIFA quintile 5.

Technical notes

On this page:

Pharmaceutical Benefits Scheme prescriptions dashboard

Some of the statistics in this report are based on information contained in the *Pharmaceutical Benefits Scheme (PBS) prescriptions: monthly data* – dashboard. For more detail, refer to the *Pharmaceutical Benefits Scheme prescriptions: monthly data* – technical notes.

The data used in this report were extracted by the Australian Institute of Health and Welfare (AIHW) from the PBS subsidised prescriptions data in the Australian Government Department of Health and Aged Care's Enterprise Data Warehouse on 16 August 2024. The data presented in this report relate to prescriptions dispensed between January 2013 to December 2023.

Classes of medicines

Pharmaceutical Benefits Scheme (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 for medicines into 5 hierarchical levels (1 being the most general level, 5 being the narrowest). This classification is based active ingredients and according to what part of the body the medicine acts on and other properties (therapeutic, pharmacological and chemical).

The ATC categories presented in this report are shown in Table 5.

Table 5: Anatomical Therapeutic Chemical categories presented in this report

Code prefix	Anatomical group	Description
A	Alimentary tract and metabolism	This category includes antinauseants, digestives, antidiarrheals & vitamins and minerals supplements.
B	Blood and blood forming organs	Includes antithrombotic agents, antihemorrhagics & blood substitutes.
C	Cardiovascular system	Includes antihypertensives, diuretics, beta blocking agents & lipid modifying agents.
D	Dermatologicals	Includes antifungals for dermatological use, corticosteroids, antiseptics & disinfectants.
G	Genito urinary system and sex hormones	Includes gynaecological antiinfectives and antiseptics, sex hormones & urologicals.
H	Systemic hormonal preparations, excluding sex hormones and insulins	Includes pituitary, hypothalamic and pancreatic hormones, corticosteroids & thyroid therapy.
J	Antiinfective for systemic use	Includes antithrombotic agents, antihemorrhagics & blood substitutes.

L	Antineoplastic and immunomodulating agents	Includes antineoplastic agents; immunostimulants & immunosuppressants.
M	Musculo-skeletal system	Includes anti-inflammatory and antirheumatics products, muscle relaxants & drugs for treatment of bone diseases.
N	Nervous system	Includes anaesthetics, analgesics (painkillers, opioids), psycholeptics & psychoanaleptics.
R	Respiratory system	Includes nasal and throat preparations, drugs for chronic obstructive airway diseases & antihistamines for systemic use.
S	Sensory organs	Includes ophthalmologicals.

Populations

Population statistics are sourced from the Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) statistics - external site opens in new window (National, state and territory population) as at 30 June. When calculating rates, the denominator is the total ERP of an 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 the previous year.
- For any month of the second half of the year, the ERP is as at 30 June of the current year.

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

Australian Statistical Geographical Standard for Remoteness Areas

The Australian Statistical Geographical Standard (ASGS) for Remoteness Areas (RA) was developed by the Australian Bureau of Statistics (ABS) to collect and disseminate geographically classified statistics (ABS 2011; ABS 2016; ABS 2021).

The ASGS's remoteness structure categorises geographical areas in Australia into 5 remoteness areas, which are characterised by a measure of relative geographic access to services:

- *Major cities*
- *Inner regional*
- *Outer regional*
- *Remote*
- *Very remote.*

The ABS website includes detailed information on the ASGS - external site opens in new window, including the key changes made between each edition.

Socio-Economic Indexes for Areas

Socio-Economic Indexes for Areas (SEIFA) indices in this report are based on the ABS Index of Relative Socio-economic Disadvantage - external site opens in new window (IRSD). The IRSD summarises information about relative economic and social circumstances of people and households within an area. IRSD only measures relative disadvantage and is summarised as quintiles (1 to 5) in this report. A low IRSD score indicates an area of greater disadvantage (lowest socioeconomic area), while a higher score an area with less disadvantage (highest socioeconomic area).

Note that SEIFA and remoteness are assigned by mapping to Local Government Area using the patient's postcode (not via the dispensing pharmacy's postcode).

Measures used in the report

The measures used in this report are calculated per person on a monthly or yearly basis. Monthly statistics are influenced by the number of working days from month to month. The Pharmaceutical Benefits Scheme (PBS) prescription rate for a given time interval (monthly, annually) is defined as:

Number of PBS prescriptions dispensed in the time interval/ Relevant estimated residential population (ERP) applicable for the time interval.

The denominator is based on the estimated resident population in Australia as at the previous 30 June and does not account for the changing age structure of the population across time or other confounding factors.

The PBS expenditure rate for a given time interval (monthly, annually) is defined as:

> Amount of Australian Government spending (benefits) on PBS prescriptions dispensed in the time interval/ Relevant estimated residential population (ERP) applicable for the time interval.

Australian Government spending (benefits) are not adjusted for inflation. Note that 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.

Statistics in this report use date of supply to reflect the period in which a prescription was dispensed to a patient. 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 to be preliminary as they are incomplete and subject to revision due to claims for PBS benefits still being submitted to Services Australia for processing and payment.

Graphs of monthly data have a smoothing curve applied to better display the underlying pattern over time.

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 is a national administrative dataset and 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.

Note that RPBS data is aggregated with PBS data in this report and reported in a combined statistic.

Scope of Pharmaceutical Benefits Scheme statistics

Pharmaceutical Benefits Scheme (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 and 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.

References

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AIHW (Australian Institute of Health and Welfare) (2022) Impacts of COVID-19 on Medicare Benefits Scheme and Pharmaceutical Benefits Scheme: quarterly data, AIHW, Australian Government accessed 23 July 2024.

Mellish L, Karanges EA, Litchfield MJ, Schaffer AL, Blanch B, Daniels BJ, Segrave A and Pearson S-A (2015) The Australian Pharmaceutical Benefits Scheme data collection: a practical guide for researchers - external site opens in new window, *British Medical Journal Research Notes*, 8(634), doi:10.1186/s13104-015-1616-8.

Notes

Statistics in this report were extracted by the Australian Institute of Health and Welfare (AIHW) from the Pharmaceutical Benefits Scheme (PBS) subsidised prescriptions data in the Australian Government Department of Health and Aged Care's Enterprise Data Warehouse - external site opens in new window. Population statistics were sourced from the Australian Bureau of Statistics Estimated Resident Population (ERP) (National, state and territory population - external site opens in new window) statistics as at 30 June.

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Data

Data tables: Monthly PBS prescription and expenditure rates by all PBS prescriptions, ATC Level 1, SEIFA and remoteness (CSV files)

Data

These CSV (comma-separated values) machine-readable files include data from the *Pharmaceutical Benefits Scheme prescriptions: monthly data* – dashboard for PBS prescription rates and expenditure rates by all PBS dispensed prescriptions, Anatomical Therapeutic Chemical (ATC) Level 1, Socio-Economic Indexes for Areas (SEIFA) and remoteness. These statistics are presented on a monthly basis from January 2013 to December 2023.
ZIP 73Kb

Related material

Resources

Pharmaceutical Benefits Scheme prescriptions: monthly data

Resource

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.

Medicines in the health system

Resource

Related topics

- Health & welfare expenditure
- Health care quality & performance
- Medicines
- Primary health care