Active Ingredient Prescribing Webinar Monday18 January 2021

Dr Charlotte Middleton



Alan Saunders



Australian College of Rural & Remote Medicine WORLD LEADERS IN RURAL PRACTICE





ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live, and pay respect to their elders past, present and future.

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Dr Charlotte Middleton - BMBS, DipCH, FRACGP



Medical practitioner, speaker, and TV presenter, Charlotte has been in clinical practice for over 22 years, and currently splits her time between General Practice (specialising in Integrative Medicine), and her role as MedicalDirector's Chief Medical Officer.

Increasingly interested in the impact of technology on healthcare, Charlotte was the Clinical Lead at digital health company, Healthshare for 2 years, before joining MedicalDirector as Chief Medical Officer in early 2017. She is currently studying to become a Certified Health Informatician.

A side career in medical education and media has meant Charlotte regularly appears on TV segments, educational videos and guest panels and has been featured in numerous publications. She has also created a DVD box set on 'Common Post-Natal Issues, used by maternity educators Australia-wide.

Alan Saunders - B Pharm, Grad Dip Hosp Pharm



Alan Saunders is a pharmacist with a long and varied career spanning hospital pharmacy, specialising in drug information, through to database software development.

For the last 20 years Alan has been Pharmaceutical Database Manager at MedicalDirector, championing the maintenance of current and accurate clinical data in MedicalDirector Clinical and Helix and supporting the safe and efficient use of that data by MedicalDirector's software development teams.

AGENDA

- An overview of the new Active Ingredient Prescribing legislation, and what this means for prescribers and patients
- Why this legislation has come into effect
- What practices need to do to prepare, by February 1st, 2021
- A preview of the new workflow, including a step-by-step walk through of the new process, and what the changes look like in clinical software
- Live Q&A
- Links to additional resources



What is Active Ingredient Prescribing?



What is Active Ingredient Prescribing?

- New legislative requirements-mandated October 2019
- By 1st February, 2021, scripts must include active ingredients on most PBS and RPBS prescriptions to be eligible for subsidy
- Prescribers can specify that brand name be included if clinically appropriate
- Consumers can still choose the brand they want at the pharmacy



Active Ingredient Prescribing exemptions

- Handwritten prescriptions
- Paper based medication charts in the residential sector

 aged care etc
- Custom preparations
- Medications with four or more active ingredients
- Other items excluded for safety or practicality reasons (e.g. dressings, nutritional products, certain medications)



Why is Australia changing to Active Ingredient Prescribing?

- Empower prescribers and patients to better understand active ingredients
- Reduce confusion and improve patient safety concerns due taking multiple doses of same medicine
- Assist conversations between pharmacists and patients
- Decrease out of pocket expenses for patients of generic and biosimilar medicines to help make the healthcare system more financially viable in the long term
- Improve the financial sustainability of the PBS and encourage more sustainable prescribing practices
- Align Australian prescribing practices with International standards

What do prescribers need to do?



Upgrade to compliant software

Ready to upgrade?

(~)

Select the version your practice is currently running to download the file you need to upgrade.

I'm on version 3.16 or higher

The installer can only be applied to versions 3.16 and above. It is all you require to upgrade to version 4.0.

Never upgrade again

MedicalDirector Helix doesn't require a server on site, new features are released every fortnight and all upgrades are automatic, representing considerable cost savings for practices.



Download 4.0 \rightarrow (3.25GB ISO)

Getting used to the new process

Enter drug name (Trade or Generic) AN	IUX					🖻 Select	drug by cl	lass	ł
Exclude OTC items from search result									
Drug name	Strength	Qty.	Rpts.	Avail.	RPBS	B.P.P.	T.G.P.	S.P.C.	
AMOXICLAV AMNEAL TABLET	500mg/125mg	2*10		sAU	Yes				
AMOXICLAV AMNEAL TABLET	875mg/125mg	10		RB	Yes				
AMOXICLAV AMNEAL TABLET	875mg/125mg	2*10		sAU	Yes				
AMOXICLAV JUNO POWDER->INJ	500mg/100mg	10		\$-Rx	No				
AMOXICLAV JUNO POWDER->INJ	1,000mg/200mg	10		\$-Rx	No				
AMOXICLAV JUNO POWDER->INJ	2,000mg/200mg	10		\$-Rx	No				
AMOXIL CAPSULE	250mg	20		PBS	Yes	\$ 3.38			
AMOXIL CAPSULE	250mg	2*20		sAU	Yes	\$ 6.76			
AMOXIL CAPSULE	500mg	20		PBS	Yes	\$ 3.67			
AMOXIL CAPSULE	500mg	2*20		sAU	Yes	\$ 7.34			
AMOXIL FORTE SUGAR FREE SYRU	P 250mg/5mL	100mL	x1	PBS	Yes	\$ 3.31			
AMOXIL PAEDIATRIC DROPS	100mg/mL	20mL	x1	PBS	Yes			\$ 0.53	
AMOXIL PAEDIATRIC DROPS	100mg/mL	20mL	x1	AUTH	Yes				
AMOXIL SUGAR FREE SYRUP	125mg/5mL	100mL	x1	PBS	Yes	\$ 3.22			
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ose: Adults: 250-500mg three times dail colour: red/yellow	у.	be aut	norised. No increa	se in the ma se in the ma					

Getting used to the new process

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Εn	te	r D	OS	e

nter Dose				
		AMOXIL CAPSULE	500mg	
Drug details				Route of Admin
Dose: Adults: 250-500				Oral - Swallowed
	ne maximum quantity or number ne maximum number of repeats (Purpose of action
		nay bo danonood.	-	Print prescription
PI M	onograph			Hand-written prescription
Dose	Frequency	Instructions		Product advised here
1	Stat	Nil		Product supplied here
	Daily Every alternate day Every third day	If required As directed Before meals		Advised or prescribed elsewhere
	In the morning Midday	With meals After meals		Duration of medication
	At night	Left side		Long term
	Twice a day 3 times a day	Right side To both sides		 Limited
	4 times a day	Plus as required		MyHealthRecord consent
	Two hourly Four hourly	Other		
	Six hourly Eight hourly			Send to MyHealthRecord
	Weekly			Active Ingredient Prescribing
	Nil			Include brand name on script
Calculate				Brand substitution not allowed
Note to pharmacist				Active Script List
(included with ePrescrip	tion token only)			Exclude from Active Script List 🚺
			*	
				Script owing
			-	Script Owing (Medication already supplied)
Unusual dosage				Do not provide to patient, send directly to pharmacy.
		Start date of medication		
Add to favourites	Save as default	15/01/2021		Ok Cancel

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Cancel

Getting used to the new prescriptions

PBS Prescription	No: 076854205674
Dr A Practitioner 205 Bourbong Street, Bundaberg. 4670 Phone: 1300 788 802 For: Mr David Anders 61 Wallace Stree Bundaberg. 467	Prescriber No: 2173711 son et,
Entitlement Number	403 123 456H
Medicare Number	6288 25344 3/1
Card Holder	X Concessional or Dependant, RPBS Beneficiary or Safety Net Concession Card Holder
AMOXICILLIN (A CAPSULE 500m	AS TRIHYDRATE)
1 t.i.d.	Qty: 20 x No repeats.
Reg. 19(1) approved MedDir.	
15 January 2021	
	Dr A Practitioner
	edication and the information relating to any pharmaceutical benefits is not false or
Date of Supply	Patient's or Agent's Signature
Aq	ent's Address



Getting used to the new process

Enter Dose		
	AMOXIL CAPSULE 500mg	
Drug details		Route of Admin
Dose: Adults: 250-500mg three times daily. Note: No increase in the maximum quantity or number of units	1 AL 1 AL 1	Oral - Swallowed Pumose of action
Note: No increase in the maximum number of repeats may be	authorised.	Purpose of action O Print prescription
PI Monograph		Hand-written prescription
Dose Frequency	Instructions	 Product advised here Product supplied here
1 Stat Daily Every alternate day Every third day	Nil If required As directed Before meals	 Advised or prescribed elsewhere
In the moming Midday	With meals After meals	Duration of medication
At night Twice a day	Left side Right side	O Long tem
3 times a day 4 times a day	To both sides Plus as required	 Limited
Two hourly	Other	MyHealthRecord consent
Four hourly Six hourly		Send to MyHealthRecord
Eight hourly Weekly		Active Ingredient Prescribing
Nil		Include brand name on script
Calculate		Brand substitution not allowed
Note to pharmacist		Active Script List
(included with ePrescription token only)		🕅 Exclude from Active Script List 🥡
	^	
	-	Script owing
Unusual dosage		Script Owing (Medication already supplied) Do not provide to patient, send directly to pharmacy
	Start date of medication	
Add to favourites Save as default	15/01/2021	▼ Ok Cance

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Getting used to the new prescriptions

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PBS Prescription	No: 076854231976	
Dr A Practitioner 205 Bourbong Street, Bundaberg, 4670	D 1 N 0470744	
For: Mr David Anderson 61 Wallace Street, Bundaberg. 4670	Prescriber No: 2173711	
Entitlement Number	403 123 456H	
Medicare Number	6288 25344 3/1	
Card Holder X	Concessional or Dependant, RPBS Beneficiary or Safety Net Concession Card Holder	
AMOXICILLIN (AS (AMOXIL) CAPSUI	· · · · · · · · · · · · · · · · · · ·	
1 t.i.d.		
1 ite	Qty: 20 x No repeats.	
Reg. 19(1) approved MedDir.		
45. January 2024		
15 January 2021	Dr A Practitioner	
I certify that I have received this medica entitlement to free or concessional phar misleading.		
Date of Supply	Patient's or Agent's Signature	
Agent	s Address	
-		

Specifying brand name

- In some cases specifying the brand may be necessary for safety and quality use of the medicine ie Epipen, Botox, Norspan, Warfarin
- 'List of Medicines for Brand Consideration' (LMBC)
- In MedicalDirector, the software will prompt the prescriber to consider whether the 'Include brand on prescription' checkbox should be ticked.
- Also 'List of Excluded Medicinal Items' (LEMI) which are exempt from AIP requirements. The software systems will default to brand name only ie Sofradex, Bion Tears, Neocate Gold, H pylori triple therapy, >4 ingredients, non-medicinal items
 Custom preparations will be indicated on printed script



Figure 1: Prescriber decision process following 1 February 2021



Source: Australian Commission on Safety and Quality in Health Care.

What does this mean for patients?



Scripts will be different. There is the potential for confusion, especially for patients who may only be familiar with the brand name of their medication.



Some patients may feel loyal to their particular brand and be anxious about changing or using an alternative brand. It's important that patients are made aware they don't have to change, they can still request their particular brand when they go to their doctor or pharmacist



By educating patients on the active ingredient in their medication, they will be more informed as to what they are taking and potentially be able to identify if they are doubling up on medications with the same active ingredient.



In the event of medication shortages, it may be easier for patients to switch to an alternative if they understand what their active ingredient is.



On a wider community level, it's expected that Active Ingredient Prescribing will encourage competition and lower the price of medications across the board.



Active Ingredient Prescribing Hotline 1300 303 443



Further resources

Safetyandquality.gov.au -AIP user guide

pbs.gov.au

nps.org.au



AlPrescribing@health.gov.au

Questions?



To claim Educational Activity hours for PDP complete the survey **See chat box to copy and paste the survey link**

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https://www.surveymonkey.com/r/AIP18

ACRRM AIP education at

https://www.acrrm.org.au/resources/college /digital-health/electronic-medicationmanagement

> Contact the eHealth Team for further assistance: <u>ehealth@acrrm.org.au</u>