

[1]

Mr P Baird  
Pharmaceutical Benefits Branch, MDP 83  
Department of Health and Family Services  
GPO Box 9848  
CANBERRA ACT 2601



# **SCHEDULE OF PHARMACEUTICAL BENEFITS**

**FOR APPROVED PHARMACISTS  
AND MEDICAL PRACTITIONERS**



Commonwealth Department of  
Health and  
Family Services

**EFFECTIVE FROM 1 AUGUST 1998**



# **Schedule of Pharmaceutical Benefits for Approved Pharmacists and Medical Practitioners**

**OPERATIVE FROM 1 AUGUST 1998  
(ALL PREVIOUS EDITIONS CANCELLED)**

## PHARMACEUTICAL BENEFITS

*This Schedule will take effect on 1 August 1998 and all previous issues are cancelled. Schedules are published quarterly, i.e., 1 February, 1 May, 1 August and 1 November each year.*

### Change of Address

Notification of change of address should be directed to the Pharmaceutical Branch, Health Insurance Commission, GPO Box 9826, in your Capital City, or telephone 132 290.

### Additional Copies

Additional copies of the Schedule may be purchased from:

J.S.McMillan Outsourcing  
Dock 8, corner of Derby and Stubbs Streets  
SILVERWATER NSW 2128  
Telephone: (02) 9648 3333  
Facsimile: (02) 9648 4209

### Restricted Pharmaceutical Benefits

When more than one indication is specified for an authority required or restricted pharmaceutical benefit, each indication is separated from the preceding indication by a semi-colon and appears on the next line. The drug may be prescribed as a pharmaceutical benefit for a patient who qualifies under any of the specified indications.

### Fees and Patient Contributions

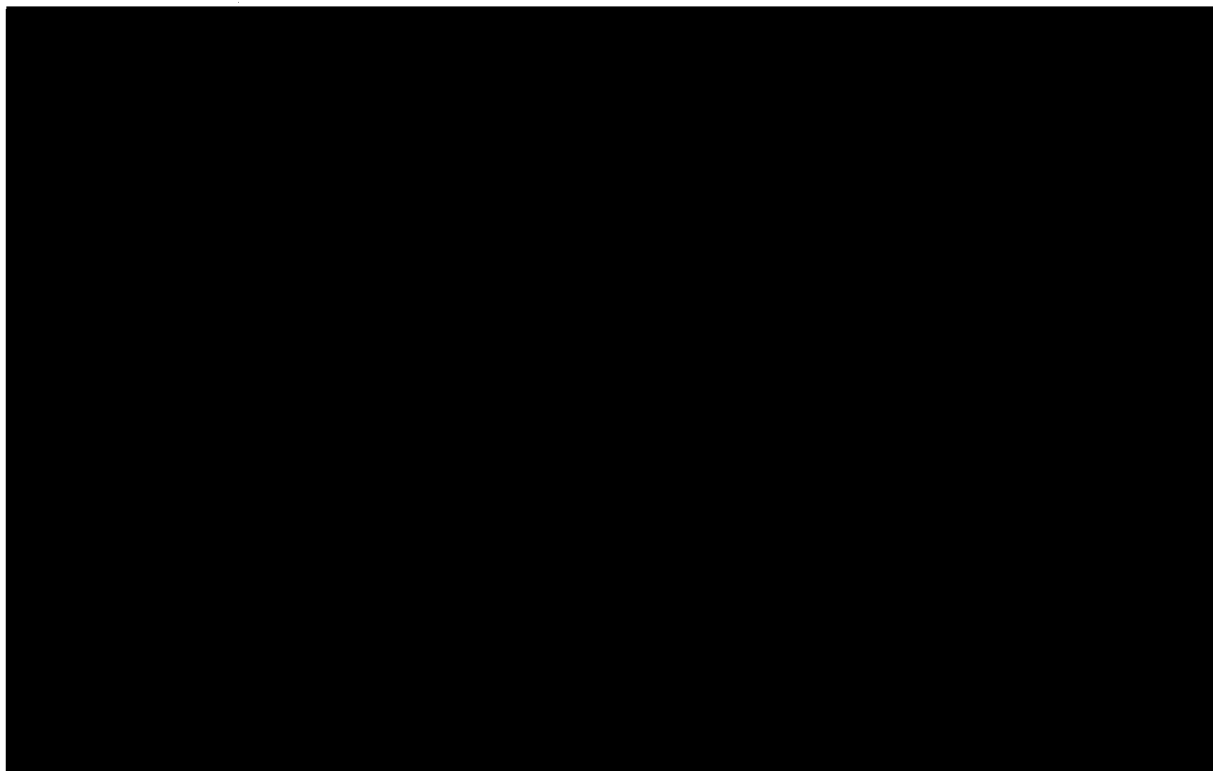
The following fees and patient contributions apply as at 1 August 1998 and are included, where applicable, in prices published in this Schedule—

Composite (dispensing) fees:	Ready-prepared	\$4.34
	Extemporaneously-prepared	\$6.20
Additional fees (for safety net prices):	Ready-prepared	\$0.85
	Extemporaneously-prepared	\$1.23
Patient contributions:	General	\$20.00
	Concessional	\$3.20
Safety net thresholds:	General	\$612.60
	Concessional	\$166.40

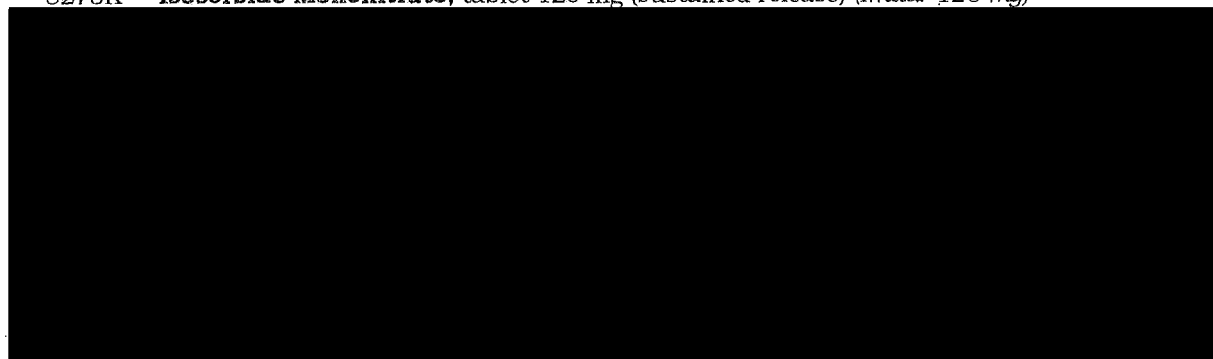
## SUMMARY OF CHANGES

### ADDITIONS

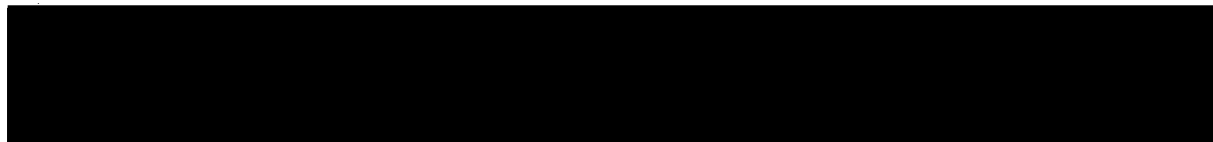
*Additions — Items*



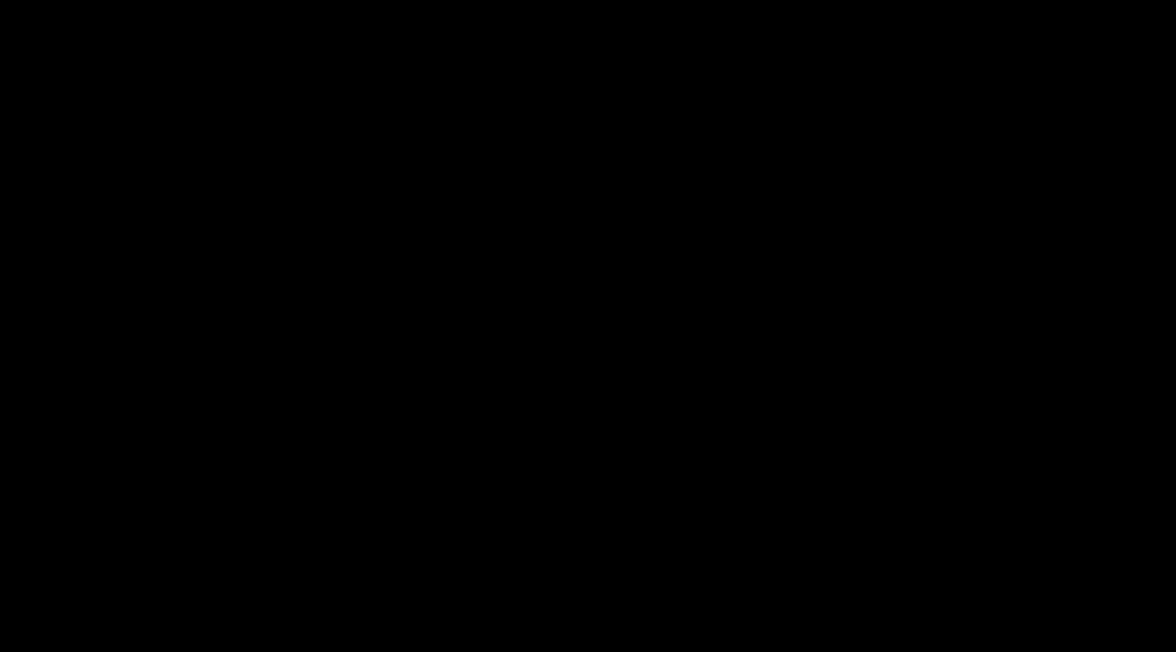

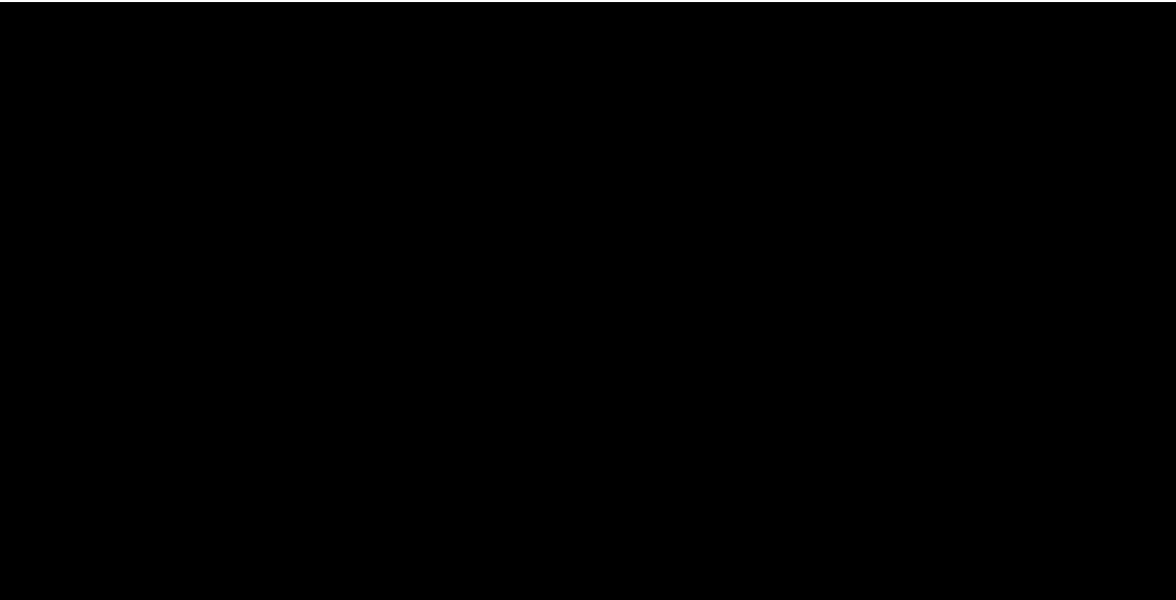
8273K **Isosorbide Mononitrate**, tablet 120 mg (sustained release) (*Imdur 120 mg*)



*Additions — Brands*



## CARDIOVASCULAR SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
							
1558B	ISOSORBIDE MONONITRATE Tablet 60 mg (sustained release)	30	5	..	18.63	19.48	
				<sup>B</sup> 1.37	20.00	19.48	<sup>a</sup> Monodur 60 mg PM <sup>a</sup> Imdur Durule AP
8273K	Tablet 120 mg (sustained release)	30	5	..	25.57	20.00	Imdur 120 mg AP
							

AF

SW

AF

SW

AF

HX

BQ

GW

RR

RR

ML

SR

SR

MM





<i>Imdur 120 mg (AP)</i> .....	37
<i>Imdur Durule (AP)</i> .....	37

