

*Expenditure
and
prescriptions
twelve months
to
30 June
2006*

Data and
Modelling Section
Pharmaceutical Policy
and Analysis Branch



This publication and previous editions can be accessed via the internet:

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Pharmaceutical+Benefits+Scheme+%28PBS%29-3>

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Important Information

Unless otherwise indicated this publication has been produced using data provided to the Department of Health and Ageing by Medicare Australia (formerly the Health Insurance Commission). The figures reported in this publication relate to the value (benefit) or volume of PBS prescriptions that have been processed by Medicare Australia. They refer only to paid services processed from claims presented by approved pharmacies. They do not include any adjustments made against pharmacists' claims, any manually paid claims or any benefits paid as a result of retrospective entitlement or refund of patient contributions.

PBS Expenditure includes the following patient categories:

- General - Ordinary
- General - Safety Net
- Concessional - Ordinary
- Concessional - Free Safety Net
- PBS Doctor's Bag

The patient category refers to the patient's eligibility status at the time of supply of the benefit. General patients hold a Medicare card, Concessional patients hold a Medicare card and one of the following cards from Centrelink:

- Pension Concession Card
- Commonwealth Seniors Health Card
- Health Care Card

There are two safety net thresholds – one for general patients and the other for concessional patients.

The general patient safety net threshold is currently \$960.10. When patients and/or their families reach this amount, they can apply for a Safety Net Concession Card and pay only \$4.70 per prescription for the rest of the calendar year. The concessional safety net threshold is \$253.80. Once patients and/or their families reach this amount, they can apply for a Safety Net Entitlement Card and receive items free of charge for the rest of the calendar year.

The Patient Contribution, Total Cost and Average Price amounts do not include brand or therapeutic premiums.

Minor differences between the cost and volume figures reported in this publication and previous publications in this series are the result of the reprocessing of rejected claims in February 2003.

Medicare Australia introduced a new PBS claims processing system during 2005. Although all claims were paid in the required timeframes, a number of claims experienced lengthy delays in being finalised and provided to the Department of Health and Ageing after payment. This issue only occurred in certain months of the year. This has impacted on monthly totals during the reference period which are not necessarily prepared on a consistent basis with previous years. Therefore caution should be exercised in interpreting monthly totals during 2005. Annual totals however, were not affected.

The Department of Health and Ageing has taken every care to ensure the data supplied is accurate but does not warrant that the data is error free and does not accept any liability for errors or omissions in the data.