PB 1 of 2024

National Health (Listing of Pharmaceutical Benefits) Amendment Instrument 2024 (No. 1)

National Health Act 1953

I, NIKOLAI TSYGANOV, Assistant Secretary, Pricing and PBS Policy Branch, Technology Assessment and Access Division, Department of Health and Aged Care, delegate of the Minister for Health and Aged Care, make this Instrument under sections 84AF, 84AK, 85, 85A, 88 and 101 of the *National Health Act 1953*.

Dated 31 January 2024

NIKOLAI TSYGANOV
Assistant Secretary
Pricing and PBS Policy Branch
Technology Assessment and Access Division

Contents

1 Name

(1) This instrument is the *National Health (Listing of Pharmaceutical Benefits) Amendment Instrument 2024 (No. 1)*.

(2) This instrument may also be cited as PB 1 of 2024.

2 Commencement

(1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	**Column 2**	**Column 3**
Provisions	**Commencement**	**Date/Details**
1. *The whole of this instrument*	*1 February 2024*	*1 February 2024*

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

(2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under sections 84AF, 84AK, 85, 85A, 88 and 101 of the *National Health Act 1953*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

National Health (Listing of Pharmaceutical Benefits) Instrument 2012 (PB 71 of 2012)

[1] Schedule 1, Part 1, entry for Acarbose in the form Tablet 100 mg

omit:

		a	Acarbose Mylan	AF	MP NP			90	5	90	

[2] Schedule 1, Part 1, entry for Amantadine

(a) *insert in the columns in the order indicated, and in alphabetical order for the column headed "Brand":*

		a	AMANTAMED	DZ	MP NP	C5132		100	5	100	

(b) *insert in the column headed "Schedule Equivalent" for the brand "Symmetrel 100":* **a**

[3] Schedule 1, Part 1, entry for Ambrisentan in the form Tablet 10 mg

omit:

		a	Ambrisentan Mylan	AF	MP	See Note 3	See Note 3	See Note 3	See Note 3	30	D(100)

[4] Schedule 1, Part 1, entry for Amino acid formula with vitamins and minerals without methionine

omit:

Sachets containing oral powder 24 g, 30 (HCU gel)	Oral		HCU gel	VF	MP NP	C5534		4	5	1

[5] Schedule 1, Part 1, entry for Amino acid formula with vitamins and minerals without phenylalanine and tyrosine

omit:

Sachets containing oral powder 24 g, 30 (TYR gel)	Oral		TYR gel	VF	MP NP	C5533		4	5	1

[6] Schedule 1, Part 1, entry for Amino acid formula with vitamins and minerals without valine, leucine and isoleucine

omit:

	Sachets containing oral powder 24 g, 30 (MSUD gel)	Oral		MSUD gel	VF	MP NP	C5571		4	5	1

[7] Schedule 1, Part 1, entry for Amisulpride in the form Tablet 100 mg

omit:

			a	Amisulpride 100 Winthrop	WA	MP NP	C4246		30	5	30

[8] Schedule 1, Part 1, entry for Amlodipine in each of the forms: Tablet 5 mg (as besilate); and Tablet 10 mg (as besilate)

(a) *omit:*

			a	Amlodipine Amneal	EF	MP NP			30	5	30

(b) *omit:*

			a	Amlodipine Amneal	EF	MP NP		P14238	60	5	30

[9] Schedule 1, Part 1, entry for Amoxicillin with clavulanic acid in the form Tablet containing 500 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)

substitute:

	Tablet containing 500 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)	Oral	a	AlphaClav Duo	AF	MP NP	C5832 C5893 C10405	P5832 P5893	10	0	10
						MW	C5832 C5893		10	0	10
						PDP	C5833 C5894		10	0	10
			a	AMCLAVOX DUO 500/125	RW	MP NP	C5832 C5893 C10405	P5832 P5893	10	0	10
						MW	C5832 C5893		10	0	10
						PDP	C5833 C5894		10	0	10
			a	Amoxycillin/Clavulanic Acid 500/125	TY	MP NP	C5832 C5893 C10405	P5832 P5893	10	0	10

	APOTEX							
			MW	C5832 C5893		10	0	10
			PDP	C5833 C5894		10	0	10
a	APO-AMOXY/CLAV 500/125	TW	MP NP	C5832 C5893 C10405	P5832 P5893	10	0	10
			MW	C5832 C5893		10	0	10
			PDP	C5833 C5894		10	0	10
a	APO-Amoxycillin/ Clavulanic Acid 500/125	TX	MP NP	C5832 C5893 C10405	P5832 P5893	10	0	10
			MW	C5832 C5893		10	0	10
			PDP	C5833 C5894		10	0	10
a	APX-Amoxicillin/Clavulanic Acid	XT	MP NP	C5832 C5893 C10405	P5832 P5893	10	0	10
			MW	C5832 C5893		10	0	10
			PDP	C5833 C5894		10	0	10
a	Augmentin Duo	AS	MP NP	C5832 C5893 C10405	P5832 P5893	10	0	10
			MW	C5832 C5893		10	0	10
			PDP	C5833 C5894		10	0	10
a	Curam Duo 500/125	SZ	MP NP	C5832 C5893 C10405	P5832 P5893	10	0	10
			MW	C5832 C5893		10	0	10
			PDP	C5833 C5894		10	0	10
a	AlphaClav Duo	AF	MP NP	C5832 C5893	P10405	20	0	10

				C10405					
a	AMCLAVOX DUO 500/125	RW	MP NP	C5832 C5893 C10405	P10405	20	0	10	
a	Amoxycillin/Clavulanic Acid 500/125 APOTEX	TY	MP NP	C5832 C5893 C10405	P10405	20	0	10	
a	APO-AMOXY/CLAV 500/125	TW	MP NP	C5832 C5893 C10405	P10405	20	0	10	
a	APO-Amoxycillin/ Clavulanic Acid 500/125	TX	MP NP	C5832 C5893 C10405	P10405	20	0	10	
a	APX-Amoxicillin/Clavulanic Acid	XT	MP NP	C5832 C5893 C10405	P10405	20	0	10	
a	Augmentin Duo	AS	MP NP	C5832 C5893 C10405	P10405	20	0	10	
a	Curam Duo 500/125	SZ	MP NP	C5832 C5893 C10405	P10405	20	0	10	

[10] Schedule 1, Part 1, entry for Amoxicillin with clavulanic acid in the form Tablet containing 875 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)

(a) *omit:*

Amoxyclav AN 875/125	EA	MP NP	C5832 C5893 C10413	P5832 P5893	10	0	10	
		PDP	C5833 C5894		10	0	10	

(b) *omit:*

Amoxyclav AN 875/125	EA	MP NP	C5832 C5893 C10413	P10413	20	0	10

[11] Schedule 1, Part 1, entry for Aripiprazole in each of the forms: Tablet 10 mg; Tablet 15 mg; and Tablet 20 mg

insert in the columns in the order indicated, and in alphabetical order for the column headed "Brand":

	a	ARIZOLE	RW	MP NP	C4246		30	5	30	

[12] Schedule 1, Part 1, entry for Aripiprazole in the form Tablet 30 mg

(a) *omit:*

	a	Aripiprazole generichealth	HQ	MP NP	C4246		30	5	30	

(b) *insert in the columns in the order indicated, and in alphabetical order for the column headed "Brand":*

	a	ARIZOLE	RW	MP NP	C4246		30	5	30	

[13] Schedule 1, Part 1, entry for Atenolol in the form Tablet 50 mg

(a) *omit:*

	a	Atenolol Amneal	EF	MP NP			30	5	30	

(b) *omit:*

	a	Atenolol Amneal	EF	MP NP		P14238	60	5	30	

[14] Schedule 1, Part 1, entry for Azathioprine in the form Tablet 50 mg

omit:

	a	Azathioprine GH	GQ	MP NP			100	5	100	

[15] Schedule 1, Part 1, entry for Bleomycin

omit:

		CIPLA BLEOMYCIN	LR	MP	C6224 C6275		See Note 3	See Note 3	1	D(100)

[16] Schedule 1, Part 1, entry for Bosentan in the form Tablet 62.5 mg (as monohydrate)

omit:

	a	Bosentan Cipla	LR	MP	See Note 3	See Note 3	See Note 3	See Note 3	60	D(100)

[17] Schedule 1, Part 1, entry for Calcitriol

(a) *omit:*

a	Calcitriol AN	EA	MP NP	C5089 C5114 C5255 C5401 C5402 C14231 C14259 C14287 C14296 C14322	P5089 P5114 P5255 P5401 P5402	100	3	100	

(b) *omit:*

a	Calcitriol AN	EA	MP NP	C5089 C5114 C5255 C5401 C5402 C14231 C14259 C14287 C14296 C14322	P14231 P14259 P14287 P14296 P14322	200	3	100	

[18] Schedule 1, Part 1, entry for Cefepime in each of the forms: Powder for injection 1 g (as hydrochloride); and Powder for injection 2 g (as hydrochloride)

omit:

a	Cefepime Alphapharm	AF	MP NP	C5842		10	0	1	

[19] Schedule 1, Part 1, entry for Cinacalcet in the form Tablet 60 mg (as hydrochloride)

(a) *omit:*

a	Cinacalcet Mylan	AF	MP NP	C10068		28	5	28	

(b) *omit:*

a	Cinacalcet Mylan	AF	MP	C10063 C10067 C10073		56	5	28	C(100)

[20] Schedule 1, Part 1, entry for Citalopram in the form Tablet 10 mg (as hydrobromide)

omit:

		a	Citalopram AN	EF	MP NP	C4755	28	5	28

[21] Schedule 1, Part 1, entry for Citalopram in each of the forms: Tablet 20 mg (as hydrobromide); and Tablet 40 mg (as hydrobromide)

omit:

		a	Citalopram AN	EA	MP NP	C4755	28	5	28

[22] Schedule 1, Part 1, entry for Clarithromycin in the form Tablet 250 mg

omit:

		a	Clarithromycin AN	EA	MP NP		14	1	14

[23] Schedule 1, Part 1, entry for Colestyramine

insert as first entry:

	Sachet containing 4 g oral powder (s19A)	Oral	Cholestyramine-Odan	DZ	MP NP		100	5	30
					MP	P6429	100	11	30

[24] Schedule 1, Part 1, entry for Cyproterone in the form Tablet containing cyproterone acetate 50 mg

(a) *omit:*

		a	Cyprone 50	AL	MP	P5532	20 CN5532	5 CN5532	20

(b) *omit:*

		a	Cyprone 50	AL	MP		100	5	50

[25] Schedule 1, Part 1, entry for Cyproterone in the form Tablet containing cyproterone acetate 100 mg

omit:

		a	Cyprone 100	AF	MP		50	5	50

[26] Schedule 1, Part 1, entry for Deferasirox in the form Tablet 90 mg

(a) *omit:*

	a	CIPLA DEFERASIROX	LR	MP	C7374 C7375 C7385 C8326 C8328 C8329 C9222 C9258 C9302	P7385 P8326 P8328 P8329 P9222 P9258 P9302	180	2	30	D(100)

(b) *omit:*

	a	CIPLA DEFERASIROX	LR	MP	C7374 C7375 C7385 C8326 C8328 C8329 C9222 C9258 C9302	P7374 P7375	180	5	30	D(100)

[27] Schedule 1, Part 1, entry for Deferasirox in the form Tablet 180 mg

(a) *omit:*

	a	CIPLA DEFERASIROX	LR	MP	C7374 C7375 C7385 C8326 C8328 C8329 C9222 C9258 C9302	P7385 P8326 P8328 P8329 P9222 P9258 P9302	180	2	30	D(100)

(b) *omit:*

	a	CIPLA DEFERASIROX	LR	MP	C7374 C7375 C7385 C8326 C8328 C8329 C9222 C9258 C9302	P7374 P7375	180	5	30	D(100)

[28] Schedule 1, Part 1, entry for Deferasirox in the form Tablet 360 mg

(a) *omit:*

	a	CIPLA DEFERASIROX	LR	MP	C7374 C7375 C7385 C8326 C8328 C8329 C9222 C9258	P7385 P8326 P8328 P8329 P9222 P9258	180	2	30	D(100)

					C9302	P9302				

(b) *omit:*

	a	CIPLA DEFERASIROX	LR	MP	C7374 C7375 C7385 C8326 C8328 C8329 C9222 C9258 C9302	P7374 P7375	180	5	30	D(100)

[29] Schedule 1, Part 1, entry for Desvenlafaxine in the form Tablet (modified release) 50 mg

omit:

		Desvenlafaxine Actavis	EA	MP NP	C5650		28	5	28	

[30] Schedule 1, Part 1, entry for Desvenlafaxine in the form Tablet (modified release) 100 mg

omit:

		Desvenlafaxine Actavis	EA	MP NP	C5650		28	5	28	

[31] Schedule 1, Part 1, entry for Diclofenac in the form Tablet (enteric coated) containing diclofenac sodium 25 mg

(a) *omit:*

	a	Diclofenac AN	EA	PDP			100	0	50	

(b) *omit:*

	a	Diclofenac AN	EA	MP NP			100	3	50	

[32] Schedule 1, Part 1, entry for Diclofenac in the form Tablet (enteric coated) containing diclofenac sodium 50 mg

(a) *omit:*

	a	Diclofenac AN	EA	PDP			50	0	50	

(b) *omit:*

	a	Diclofenac AN	EA	MP NP			50	3	50	

[33] Schedule 1, Part 1, entry for Diltiazem in the form Tablet containing diltiazem hydrochloride 60 mg

omit:

	a	Diltiazem AN	EA	MP NP			90	5	90

[34] Schedule 1, Part 1, entry for Ezetimibe with simvastatin in the form Tablet 10 mg-10 mg

(a) *omit:*

	a	EZEVYT 10/10	LR	MP NP	C7958 C14269	P7958	30	5	30

(b) *omit:*

	a	EZEVYT 10/10	LR	MP NP	C7958 C14269	P14269	60	5	30

[35] Schedule 1, Part 1, entry for Ezetimibe with simvastatin in the form Tablet 10 mg-20 mg

(a) *omit:*

	a	EZEVYT 10/20	LR	MP NP	C7958 C14269	P7958	30	5	30

(b) *omit:*

	a	EZEVYT 10/20	LR	MP NP	C7958 C14269	P14269	60	5	30

[36] Schedule 1, Part 1, entry for Ezetimibe with simvastatin in the form Tablet 10 mg-40 mg

(a) *omit:*

	a	EZEVYT 10/40	LR	MP NP	C7957 C14284	P7957	30	5	30

(b) *omit:*

	a	EZEVYT 10/40	LR	MP NP	C7957 C14284	P14284	60	5	30

[37] Schedule 1, Part 1, entry for Ezetimibe with simvastatin in the form Tablet 10 mg-80 mg

(a) *omit:*

	a	EZEVYT 10/80	LR	MP NP	C7957 C14284	P7957	30	5	30

(b) *omit:*

	a	EZEVYT 10/80	LR	MP NP	C7957 C14284	P14284	60	5	30

[38] Schedule 1, Part 1, entry for Famciclovir in the form Tablet 125 mg

omit:

	a	Famciclovir-GA	ED	MP NP	C5937		40	1	40

[39] Schedule 1, Part 1, entry for Famciclovir in the form Tablet 250 mg

(a) *omit:*

	a	Famciclovir-GA	ED	MP NP	C5937 C5951	P5937	20	1	20

(b) *omit:*

	a	Famciclovir-GA	ED	MP NP	C5937 C5951	P5951	21	0	21

[40] Schedule 1, Part 1, entry for Famciclovir in the form Tablet 500 mg

omit:

	a	Famciclovir-GA	ED	MP NP	C5947 C5948 C5949 C5954		56	5	56

[41] Schedule 1, Part 1, entry for Fluoxetine

insert as first entry:

Capsule 10 mg (Medreich) (S19A)	Oral	Fluoxetine Capsules 10 mg (Medreich, UK)	LM	MP NP	C14828 C14832		30	5	30

[42] Schedule 1, Part 1, entry for Fluticasone propionate with salmeterol in the form Pressurised inhalation containing fluticasone propionate 125 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)

omit:

	a	Seroflo 125/25	YC	MP NP	C4930		1	5	1

[43] **Schedule 1, Part 1, entry for Fluticasone propionate with salmeterol in the form Pressurised inhalation containing fluticasone propionate 250 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)**

omit:

	a	Seroflo 250/25	YC	MP NP	C4930 C10121		1	5	1

[44] **Schedule 1, Part 1, entry for Furosemide in each of the forms: Tablet 20 mg; and Tablet 40 mg**

(a) *omit:*

	a	FUROSEMIDE AN	EA	MP NP			100	1	100

(b) *omit:*

	a	FUROSEMIDE AN	EA	MP NP		P14238	200	1	100

[45] **Schedule 1, Part 1, entry for Gabapentin in the form Tablet 600 mg**

omit:

	a	Gabapentin AN	EA	MP NP	C4928		100	5	100

[46] **Schedule 1, Part 1, entry for Gliclazide in the form Tablet 30 mg (modified release)**

insert in the columns in the order indicated, and in alphabetical order for the column headed "Brand":

	a	Gliclazide MR Viatris	AL	MP NP			100	5	100

[47] **Schedule 1, Part 1, entry for Glimepiride in the form Tablet 2 mg**

omit:

	a	Amaryl	SW	MP NP			30	5	30

[48] **Schedule 1, Part 1, entry for Ipilimumab in each of the forms: Injection concentrate for I.V. infusion 50 mg in 10 mL; and Injection concentrate for I.V. infusion 200 mg in 40 mL**

(a) *omit from the column headed "Circumstances":* **C13841**

(b) *insert in numerical order in the column headed "Circumstances":* **C14808**

[49] Schedule 1, Part 1, entry for Irbesartan in the form Tablet 75 mg

(a) *omit:*

	a	Irbesartan AMNEAL	EF	MP NP		30	5	30	
	a	Irbesartan AN	EA	MP NP		30	5	30	

(b) *omit:*

	a	Irbesartan AMNEAL	EF	MP NP	P14238	60	5	30	
	a	Irbesartan AN	EA	MP NP	P14238	60	5	30	

[50] Schedule 1, Part 1, entry for Irbesartan in the form Tablet 300 mg

(a) *omit:*

	a	Irbesartan AN	EA	MP NP		30	5	30	

(b) *omit:*

	a	Irbesartan AN	EA	MP NP	P14238	60	5	30	

[51] Schedule 1, Part 1, entry for Irinotecan in each of the forms: I.V. injection containing irinotecan hydrochloride trihydrate 40 mg in 2 mL; and I.V. injection containing irinotecan hydrochloride trihydrate 100 mg in 5 mL

omit:

		MEDITAB IRINOTECAN	LR	MP		See Note 3	See Note 3	1	D(100)

[52] Schedule 1, Part 1, entry for Isosorbide mononitrate in the form Tablet 60 mg (sustained release)

(a) *omit:*

	a	Isosorbide AN	EA	MP NP		30	5	30	
	a	Monodur 60 mg	IY	MP NP		30	5	30	

(b) *omit:*

	a	Isosorbide AN	EA	MP NP	P14238	60	5	30
	a	Monodur 60 mg	IY	MP NP	P14238	60	5	30

[53] Schedule 1, Part 1, entry for Isotretinoin in the form Capsule 10 mg

omit:

	a	Rocta 10	RW	MP	C5224	60	3	60

[54] Schedule 1, Part 1, entry for Isotretinoin in the form Capsule 20 mg

omit:

	a	Rocta 20	RW	MP	C5224	60	3	60

[55] Schedule 1, Part 1, entry for Meloxicam in each of the forms: Capsule 7.5 mg; and Capsule 15 mg

(a) *omit:*

		Chem mart Meloxicam	CH	MP NP	C4907 C4962	30	3	30

(b) *omit:*

		Terry White Chemists Meloxicam	TW	MP NP	C4907 C4962	30	3	30

[56] Schedule 1, Part 1, entry for Metformin in the form Tablet containing metformin hydrochloride 500 mg

omit:

	a	Metformin AN	EA	MP NP		100	5	100

[57] Schedule 1, Part 1, entry for Metformin in the form Tablet containing metformin hydrochloride 850 mg

(a) *omit:*

	a	Chem mart Metformin	CH	MP NP		60	5	60

(b) *omit:*

		a	Metformin AN	EA	MP NP		60	5	60

(c) *omit:*

		a	Terry White Chemists Metformin	TW	MP NP		60	5	60

[58] Schedule 1, Part 1, entry for Metformin in the form Tablet containing metformin hydrochloride 1 g

omit:

		a	Metformin AN	EA	MP NP		90	5	90

[59] Schedule 1, Part 1, entry for Methotrexate in the form Solution concentrate for I.V. infusion 1000 mg in 10 mL vial

omit:

			Pfizer Australia Pty Ltd	PF	MP		See Note 3	See Note 3	1	PB(100)
					MP	P6276	See Note 3	See Note 3	1	PB(100)

[60] Schedule 1, Part 1, entry for Methylprednisolone in the form Cream containing methylprednisolone aceponate 1 mg per g, 15 g

omit from the column headed "Responsible Person" for the brand "Supriad Cream" (all instances): **LG** *substitute (all instances):* **XT**

[61] Schedule 1, Part 1, entry for Methylprednisolone in the form Fatty ointment containing methylprednisolone aceponate 1 mg per g, 15 g

omit from the column headed "Responsible Person" for the brand "Supriad Fatty Ointment" (all instances): **LG** *substitute (all instances):* **XT**

[62] Schedule 1, Part 1, entry for Methylprednisolone in the form Ointment containing methylprednisolone aceponate 1 mg per g, 15 g

omit from the column headed "Responsible Person" for the brand "Supriad Ointment" (all instances): **LG** *substitute (all instances):* **XT**

[63] Schedule 1, Part 1, entry for Metoclopramide in the form Injection containing 10 mg metoclopramide hydrochloride (as monohydrate) in 2 mL

substitute:

Metoclopramide	Injection containing 10 mg metoclopramide hydrochloride (as monohydrate) in 2 mL	Injection	METOCLOPRAMIDE INJECTION BP	WZ	MP NP MW PDP		10	0	10
					MP NP	P6084	40 CN6084	2 CN6084	10

[64] Schedule 1, Part 1, entry for Mirtazapine in the form Tablet 15 mg (orally disintegrating)

(a) *omit from the column headed "Schedule Equivalent" for the brand "MIRTANZA ODT":* **a**

(b) *omit:*

a	Mirtazapine AN ODT	EA	MP NP	C5650	30	5	30

[65] Schedule 1, Part 1, entry for Mirtazapine in the form Tablet 30 mg

omit:

a	Mirtazon	RW	MP NP	C5650	30	5	30

[66] Schedule 1, Part 1, entry for Mirtazapine in the form Tablet 30 mg (orally disintegrating)

(a) *omit from the column headed "Schedule Equivalent" for the brand "MIRTANZA ODT":* **a**

(b) *omit:*

a	Mirtazapine AN ODT	EA	MP NP	C5650	30	5	30

[67] Schedule 1, Part 1, entry for Mirtazapine in the form Tablet 45 mg

omit:

a	Mirtazon	RW	MP NP	C5650	30	5	30

[68] Schedule 1, Part 1, entry for Mirtazapine in the form Tablet 45 mg (orally disintegrating)

(a) *omit from the column headed "Schedule Equivalent" for the brand "MIRTANZA ODT":* **a**

(b) *omit:*

			a	Mirtazapine AN ODT	EA	MP NP	C5650		30	5	30	

[69] Schedule 1, Part 1, entry for Moclobemide in each of the forms: Tablet 150 mg; and Tablet 300 mg

omit:

			a	Moclobemide AN	EA	MP NP	C5650		60	5	60	

[70] Schedule 1, Part 1, entry for Mycophenolic acid in the form Tablet (enteric coated) containing mycophenolate sodium equivalent to 180 mg mycophenolic acid

substitute:

	Tablet (enteric coated) containing mycophenolate sodium equivalent to 180 mg mycophenolic acid	Oral	a	Mycophenolic Acid ARX	XT	MP			120	5	120	
			a	Myfortic	NV	MP			120	5	120	
			a	Mycophenolic Acid ARX	XT	MP		P4084 P4095 P9692 P9809	240 CN4084 CN4095 CN9692 CN9809	5 CN4084 CN4095 CN9692 CN9809	120	C(100)
			a	Myfortic	NV	MP		P4084 P4095 P9692 P9809	240 CN4084 CN4095 CN9692 CN9809	5 CN4084 CN4095 CN9692 CN9809	120	C(100)

[71] Schedule 1, Part 1, entry for Mycophenolic acid in the form Tablet (enteric coated) containing mycophenolate sodium equivalent to 360 mg mycophenolic acid

substitute:

	Tablet (enteric coated) containing mycophenolate sodium equivalent to 360 mg mycophenolic acid	Oral	a	Mycophenolic Acid ARX	XT	MP			120	5	120	

	a	MYCOTEX	CR	MP			120	5	120	
	a	Myfortic	NV	MP			120	5	120	
	a	Mycophenolic Acid ARX	XT	MP		P4084 P4095 P9692 P9809	240 CN4084 CN4095 CN9692 CN9809	5 CN4084 CN4095 CN9692 CN9809	120	C(100)
	a	MYCOTEX	CR	MP		P4084 P4095 P9692 P9809	240 CN4084 CN4095 CN9692 CN9809	5 CN4084 CN4095 CN9692 CN9809	120	C(100)
	a	Myfortic	NV	MP		P4084 P4095 P9692 P9809	240 CN4084 CN4095 CN9692 CN9809	5 CN4084 CN4095 CN9692 CN9809	120	C(100)

[72] Schedule 1, Part 1, entry for Natalizumab

insert as the first entry:

Injection 150 mg in 1 mL single dose pre-filled syringe	Injection	Tysabri	BD	MP	C13625 C13718		2	5	2	D(100)

[73] Schedule 1, Part 1, entry for Nebivolol in the form Tablet 1.25 mg (as hydrochloride) *[Maximum Quantity: 56; Number of Repeats: 5]*

insert in the columns in the order indicated, and in alphabetical order for the column headed "Brand":

	a	Nebivolol Viatris	AL	MP NP	C5324 C14251	P5324	56	5	28	

[74] Schedule 1, Part 1, entry for Nebivolol in the form Tablet 1.25 mg (as hydrochloride) *[Maximum Quantity: 112; Number of Repeats: 5]*

insert in the columns in the order indicated, and in alphabetical order for the column headed "Brand":

	a	Nebivolol Viatris	AL	MP NP	C5324 C14251	P14251	112	5	28	

[75] **Schedule 1, Part 1, entry for Nebivolol in the form Tablet 10 mg (as hydrochloride)** ***[Maximum Quantity: 28; Number of Repeats: 5]***

insert in the columns in the order indicated, and in alphabetical order for the column headed "Brand":

			a	Nebivolol Viatris	AL	MP NP	C5324 C14251	P5324	28	5	28

[76] **Schedule 1, Part 1, entry for Nebivolol in the form Tablet 10 mg (as hydrochloride)** ***[Maximum Quantity: 56; Number of Repeats: 5]***

insert in the columns in the order indicated, and in alphabetical order for the column headed "Brand":

			a	Nebivolol Viatris	AL	MP NP	C5324 C14251	P14251	56	5	28

[77] **Schedule 1, Part 1, entry for Nitrofurantoin in each of the forms: Capsule 50 mg; and Capsule 100 mg**

omit:

			a	APO-Nitrofurantoin	TX	MP NP MW			30	1	30

[78] **Schedule 1, Part 1, entry for Nivolumab in each of the forms: Injection concentrate for I.V. infusion 40 mg in 4 mL; and Injection concentrate for I.V. infusion 100 mg in 10 mL**

(a) *omit from the column headed "Circumstances":* **C10155**

(b) *omit from the column headed "Circumstances":* **C13853**

(c) *insert in numerical order in the column headed "Circumstances":* **C14816 C14830**

[79] **Schedule 1, Part 1, after entry for Nivolumab in the form Injection concentrate for I.V. infusion 100 mg in 10 mL**

insert:

Nivolumab with relatlimab	Solution concentrate for I.V. infusion containing 240 mg nivolumab and 80 mg relatlimab in 20 mL	Injection		Opdualag	BQ	MP	C14812 C14815 C14819 C14829	P14812 P14819	2	8	1	D(100)
						MP	C14812 C14815 C14819 C14829	P14815 P14829	2	11	1	D(100)

[80] **Schedule 1, Part 1, entry for Octreotide in the form Injection 100 micrograms (as acetate) in 1 mL**

substitute:

	Injection 100 micrograms (as	Injection	a	Octreotide (SUN)	RA	MP	C6369 C6390		90	11	5	D(100)

acetate) in 1 mL					C8165 C9232 C9233 C9289						
	a	Octreotide GH	HQ	MP	C6369 C6390 C8165 C9232 C9233 C9289		90	11	5	D(100)	
	a	Sandostatin 0.1	NV	MP	C6369 C6390 C8165 C9232 C9233 C9289		90	11	5	D(100)	

[81] Schedule 1, Part 1, entry for Ondansetron in the form Tablet (orally disintegrating) 4 mg

(a) *omit:*

	Ondansetron AN ODT	EA	MP NP	C5618 C10498	P5618	4	0	4		
			MP	C5743		4	0	4	C(100)	

(b) *omit:*

	Ondansetron AN ODT	EA	MP NP	C5618 C10498	P10498	10	1	10	

[82] Schedule 1, Part 1, entry for Ondansetron in the form Tablet 4 mg (as hydrochloride dihydrate)

(a) *omit:*

a	Ondansetron AN	EA	MP NP	C4118 C10498	P4118	4	0	4		
			MP	C5778		4	0	4	C(100)	

(b) *omit:*

a	Ondansetron AN	EA	MP NP	C4118 C10498	P10498	10	1	10	

[83] Schedule 1, Part 1, entry for Ondansetron in the form Tablet (orally disintegrating) 8 mg

(a) *omit:*

	Ondansetron AN ODT	EA	MP NP	C5618 C10498	P5618	4	0	4		

				MP	C5743		4	0	4	C(100)

(b) *omit:*

		Ondansetron AN ODT	EA	MP NP	C5618 C10498	P10498	10	1	10	

[84] Schedule 1, Part 1, entry for Ondansetron in the form Tablet 8 mg (as hydrochloride dihydrate)

(a) *omit:*

	a	Ondansetron AN	EA	MP NP	C4118 C10498	P4118	4	0	4	
				MP	C5778		4	0	4	C(100)

(b) *omit:*

	a	Ondansetron AN	EA	MP NP	C4118 C10498	P10498	10	1	10	

[85] Schedule 1, Part 1, entry for Palonosetron

insert in the columns in the order indicated, and in alphabetical order for the column headed "Brand":

	a	PALONOSETRON Medsurge	DZ	MP NP	C5686		1	0	1	
				MP	C5805		1	0	1	C(100)

[86] Schedule 1, Part 1, entry for Pantoprazole in the form Tablet (enteric coated) 40 mg (as sodium sesquihydrate)

(a) *omit:*

	a	Pantoprazole AN	EA	MP	C8774 C8775 C8776 C8780 C8866 C11310	P8774 P8775	30	1	30	
				NP	C8774 C8775 C8776 C8780 C8866	P8774 P8775	30	1	30	

(b) *omit:*

	a	Pantoprazole AN	EA	MP	C8774 C8775	P8776 P8780	30	5	30	

					C8776 C8780 C8866 C11310	P8866				
				NP	C8774 C8775 C8776 C8780 C8866	P8776 P8780 P8866	30	5	30	

(c) *omit:*

	a	Pantoprazole AN	EA	MP	C8774 C8775 C8776 C8780 C8866 C11310	P11310	60	5	30	

[87] Schedule 1, Part 1, entry for Paroxetine

omit:

	a	Paroxetine AN	EA	MP NP	C4755 C6277 C6636		30	5	30	

[88] Schedule 1, Part 1, entry for Pegfilgrastim

omit:

	a	Ristempa	JO	MP	C7822 C7843 C9235 C9303		1	11	1	D(100)

[89] Schedule 1, Part 1, entry for Pembrolizumab

(a) *omit from the column headed "Circumstances":* **C10689 C10696**

(b) *insert in numerical order in the column headed "Circumstances":* **C14817 C14818**

[90] Schedule 1, Part 1, entry for Perindopril in the form Tablet containing perindopril erbumine 4 mg

(a) *omit:*

		Perindopril generichealth	GQ	MP NP			30	5	30	

(b) *omit:*

		Perindopril	GQ	MP NP		P14238	60	5	30	

						generichealth						

[91] Schedule 1, Part 1, entry for Perindopril in the form Tablet containing perindopril erbumine 8 mg

(a) *omit:*

						Perindopril generichealth	GQ	MP NP			30	5	30

(b) *omit:*

						Perindopril generichealth	GQ	MP NP		P14238	60	5	30

[92] Schedule 1, Part 1, entry for Quetiapine in the form Tablet 100 mg (as fumarate)

omit:

					a	Quetiapine AN	EA	MP NP	C4246 C5611 C5639		90	5	90

[93] Schedule 1, Part 1, entry for Quetiapine in the form Tablet 300 mg (as fumarate)

omit:

					a	Quetiapine AN	EA	MP NP	C4246 C5611 C5639		60	5	60

[94] Schedule 1, Part 1, entry for Ramipril in the form Capsule 1.25 mg

substitute:

Ramipril		Capsule 1.25 mg		Oral		Tryzan Caps 1.25	AF	MP NP			30	5	30
								MP NP		P14238	60	5	30

[95] Schedule 1, Part 1, entry for Rizatriptan in the form Tablet (orally disintegrating) 10 mg (as benzoate)

omit:

						Rizatriptan AN ODT	EA	MP NP	C5708		4	5	2

[96] Schedule 1, Part 1, after entry for Salbutamol in the form Nebuliser solution 2.5 mg (as sulfate) in 2.5 mL single dose units, 20

insert:

	Nebuliser solution 2.5 mg (as sulfate) in 2.5 mL single dose units, 20 (S19A)	Inhalation	pms-SALBUTAMOL	DZ	MP NP	C6815 C6825		3	5	1	

[97] Schedule 1, Part 1, entry for Salbutamol in the form Nebuliser solution 5 mg (as sulfate) in 2.5 mL single dose units, 30

omit:

			Salbutamol AN	ED	MP NP	C6815 C6825		2	5	1	

[98] Schedule 1, Part 1, entry for Sertraline in each of the forms: Tablet 50 mg (as hydrochloride); and Tablet 100 mg (as hydrochloride)

omit:

		a	Sertraline AN	EA	MP NP	C4755 C6277 C6289		30	5	30	

[99] Schedule 1, Part 1, entry for Sildenafil

omit:

		a	Sildenafil AN PHT 20	EA	MP	See Note 3	See Note 3	See Note 3	See Note 3	90	D(100)

[100] Schedule 1, Part 1, after entry for Tapentadol in the form Tablet (modified release) 250 mg (as hydrochloride)

insert:

Tebentafusp	Solution concentrate for I.V. infusion 100 micrograms in 0.5 mL	Injection	Kimmtrak	WM	MP	C14813 C14821 C14822 C14825		See Note 3	See Note 3	1	D(100)

[101] Schedule 1, Part 1, entry for Tenofovir in the form Tablet containing tenofovir disoproxil maleate 300 mg

substitute:

	Tablet containing tenofovir disoproxil maleate 300 mg	Oral	Tenofovir Disoproxil Mylan	AF	MP NP	C6980 C6982 C6983 C6984 C6992 C6998	P10362	60	2	30	D(100)

				C10362					
Tenofovir Disoproxil Viatris	AL	MP NP	C6980 C6982 C6983 C6984 C6992 C6998 C10362	P10362	60	2	30	D(100)	
Tenofovir Disoproxil Mylan	AF	MP NP	C6980 C6982 C6983 C6984 C6992 C6998 C10362	P6980 P6982 P6983 P6984 P6992 P6998	60	5	30	D(100)	
Tenofovir Disoproxil Viatris	AL	MP NP	C6980 C6982 C6983 C6984 C6992 C6998 C10362	P6980 P6982 P6983 P6984 P6992 P6998	60	5	30	D(100)	

[102] Schedule 1, Part 1, entry for Tenofovir with emtricitabine and efavirenz

(a) *omit:*

a	Tenofovir Disoproxil/Emtricitabine/Efavirenz Mylan 300/200/600	AF	MP NP	C4470 C4522		60	5	30	D(100)

(b) *omit from the column headed "Schedule Equivalent" for the brand "Tenofovir Disoproxil Emtricitabine Efavirenz Viatris 300/200/600":* **a**

[103] Schedule 1, Part 1, entry for Terbinafine in the form Cream containing terbinafine hydrochloride 10 mg per g, 15 g

omit from the column headed "Responsible Person": **GJ** *substitute:* **NP**

[104] Schedule 1, Part 1, entry for Tobramycin in the form Injection 80 mg in 2 mL

(a) *omit:*

a	Tobramycin Mylan	AF	MP NP	C5446 C5490 C5519		10	1	5	

(b) *omit from the column headed "Schedule Equivalent" for the brand "Tobramycin Viatris":* **a**

[105] Schedule 1, Part 1, entry for Trientine

(a) *insert in the columns in the order indicated, and in alphabetical order for the column headed "Brand":*

	a	Trientine Dr. Reddy's	RZ	MP NP	C13321	200	5	100

(b) *insert in the column headed "Schedule Equivalent" for the brand "Trientine Waymade":* **a**

[106] Schedule 1, Part 1, entry for Varenicline in the form Box containing 11 tablets 0.5 mg (as tartrate) and 14 tablets 1 mg (as tartrate) in the first pack and 28 tablets 1 mg (as tartrate) in the second pack

insert in the columns in the order indicated, and in alphabetical order for the column headed "Brand":

	a	VARENAPIX	TX	MP NP	C6871	1	0	1

[107] Schedule 1, Part 2, omit entry for Amino acid formula with vitamins and minerals without phenylalanine

[108] Schedule 1, Part 2, omit entry for Efavirenz

[109] Schedule 1, Part 2, omit entry for Eprosartan

[110] Schedule 1, Part 2, omit entry for Ertugliflozin

[111] Schedule 1, Part 2, omit entry for Ertugliflozin with sitagliptin

[112] Schedule 3

omit:

CH	Apotex Pty Ltd	52 096 916 148

[113] Schedule 3

omit:

EF	Amneal Pharmaceuticals Pty Ltd	11 163 167 851

[114] Schedule 3

omit:

LG	Leo Pharma Pty Ltd	72 147 880 617

[115] Schedule 3, after details relevant to Responsible Person code NO

insert:

NP	Nice-Pak Products Pty. Ltd	71 051 956 346

[116] Schedule 3, after details relevant to Responsible Person code WA

insert:

WM	MEDISON PHARMA AUSTRALIA PTY LIMITED	19 659 723 403

[117] Schedule 4, Part 1, omit entry for Efavirenz

[118] Schedule 4, Part 1, omit entry for Ertugliflozin

[119] Schedule 4, Part 1, omit entry for Ertugliflozin with sitagliptin

[120] Schedule 4, Part 1, entry for Fluoxetine

insert in numerical order after existing text:

	C14828			Obsessive-compulsive disorder Patient must be receiving this drug under this restriction at a dose of 10 mg; OR Patient must be receiving this drug under this restriction where a 10 mg strength is required to administer the total dose.	
	C14832			Major depressive disorders Patient must be receiving this drug under this restriction at a dose of 10 mg; OR Patient must be receiving this drug under this restriction where a 10 mg strength is required to administer the total dose.	

[121] Schedule 4, Part 1, entry for Ipilimumab

(a) *omit:*

	C13841			Unresectable Stage III or Stage IV malignant melanoma Induction treatment Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma; AND Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1; AND The condition must not be ocular or uveal melanoma; AND The treatment must be in combination with PBS-subsidised treatment with nivolumab as induction therapy for this condition. Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks. Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.	Compliance with Authority Required procedures - Streamlined Authority Code 13841

(b) *insert in numerical order after existing text:*

	C14808			Unresectable Stage III or Stage IV malignant melanoma Induction treatment Patient must not have received prior treatment with nivolumab plus relatlimab, ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma; AND Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1; AND The condition must not be ocular or uveal melanoma; AND The treatment must be in combination with PBS-subsidised treatment with nivolumab as induction therapy for this condition. Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks. Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.	Compliance with Authority Required procedures - Streamlined Authority Code 14808

[122] Schedule 4, Part 1, entry for Nivolumab

(a) *omit:*

	C10155			Unresectable Stage III or Stage IV malignant melanoma Initial treatment Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma; AND Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma; AND The treatment must be the sole PBS-subsidised therapy for this condition. Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.	Compliance with Authority Required procedures - Streamlined Authority Code 10155

(b) *omit:*

	C13853			Unresectable Stage III or Stage IV malignant melanoma Induction treatment Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma; AND Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1; AND The condition must not be ocular or uveal melanoma; AND The treatment must be in combination with PBS-subsidised treatment with ipilimumab as induction for this condition. Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks. Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks.	Compliance with Authority Required procedures - Streamlined Authority Code 13853

(c) *insert in numerical order after existing text:*

	C14816			Unresectable Stage III or Stage IV malignant melanoma Initial treatment	Compliance with Authority Required

				Patient must not have received prior treatment with nivolumab plus relatlimab, ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma; AND Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma; AND The treatment must be the sole PBS-subsidised therapy for this condition. Patients must only receive a maximum of 240 mg every two weeks or 480 mg every four weeks under a weight based or flat dosing regimen.	procedures - Streamlined Authority Code 14816
	C14830			Unresectable Stage III or Stage IV malignant melanoma Induction treatment Patient must not have received prior treatment with nivolumab plus relatlimab, ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma; AND Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1; AND The condition must not be ocular or uveal melanoma; AND The treatment must be in combination with PBS-subsidised treatment with ipilimumab as induction for this condition. Induction treatment with nivolumab must not exceed a total of 4 doses at a maximum dose of 1 mg per kg every 3 weeks. Induction treatment with ipilimumab must not exceed a total of 4 doses at a maximum dose of 3 mg per kg every 3 weeks.	Compliance with Authority Required procedures - Streamlined Authority Code 14830

[123] Schedule 4, Part 1, after entry for Nivolumab

insert:

Nivolumab with relatlimab	C14812	P14812		Unresectable Stage III or Stage IV malignant melanoma Initial treatment Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma; AND Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma; AND Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1; AND The condition must not be uveal melanoma; AND The treatment must be the sole PBS-subsidised therapy for this condition. Patient must weigh 40 kg or more; AND Patient must be at least 12 years of age. Patients must only receive a maximum of 480 mg nivolumab and 160 mg relatlimab every four weeks under a flat dosing regimen.	Compliance with Authority Required procedures - Streamlined Authority Code 14812
	C14815	P14815		Unresectable Stage III or Stage IV malignant melanoma Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 14815

				Patients must only receive a maximum of 480 mg nivolumab and 160 mg relatlimab every four weeks under a flat dosing regimen.	
	C14819	P14819		Unresectable Stage III or Stage IV malignant melanoma Initial treatment Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma; AND Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma; AND Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1; AND The condition must not be uveal melanoma; AND The treatment must be the sole PBS-subsidised therapy for this condition. Patient must weigh 40 kg or more; AND Patient must be at least 12 years of age. Patients must only receive a maximum of 480 mg nivolumab and 160 mg relatlimab every four weeks under a flat dosing regimen.	Compliance with Authority Required procedures - Streamlined Authority Code 14819
	C14829	P14829		Unresectable Stage III or Stage IV malignant melanoma Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition. Patients must only receive a maximum of 480 mg nivolumab and 160 mg relatlimab every four weeks under a flat dosing regimen.	Compliance with Authority Required procedures - Streamlined Authority Code 14829

[124] Schedule 4, Part 1, entry for Pembrolizumab

(a) *omit:*

	C10689			Unresectable Stage III or Stage IV malignant melanoma Initial treatment - 6 weekly treatment regimen Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma; AND Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND The treatment must not exceed a total of 3 doses under this restriction.	Compliance with Authority Required procedures - Streamlined Authority Code 10689
	C10696			Unresectable Stage III or Stage IV malignant melanoma Initial treatment - 3 weekly treatment regimen Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the	Compliance with Authority Required procedures -

				treatment of unresectable Stage III or Stage IV malignant melanoma; AND Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND The treatment must not exceed a total of 6 doses under this restriction.	Streamlined Authority Code 10696

(b) *insert in numerical order after existing text:*

	C14817			Unresectable Stage III or Stage IV malignant melanoma Initial treatment - 6 weekly treatment regimen Patient must not have received prior treatment with nivolumab plus relatlimab, ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma; AND Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND The treatment must not exceed a total of 3 doses under this restriction.	Compliance with Authority Required procedures - Streamlined Authority Code 14817
	C14818			Unresectable Stage III or Stage IV malignant melanoma Initial treatment - 3 weekly treatment regimen Patient must not have received prior treatment with nivolumab plus relatlimab, ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma; AND Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND The treatment must not exceed a total of 6 doses under this restriction.	Compliance with Authority Required procedures - Streamlined Authority Code 14818

[125] Schedule 4, Part 1, after entry for Tapentadol

insert:

Tebentafusp	C14813			Advanced (unresectable or metastatic) uveal melanoma Initial treatment - day 1 Patient must have HLA-A*02:01-positive disease; AND Patient must have uveal melanoma that has been confirmed either (i) histologically, (ii) cytologically; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must not have received prior systemic therapy for metastatic disease. Patient must be at least 18 years of age. According to the TGA-approved Product Information, hospitalisation is recommended at minimum for the first 3 doses (on Days 1, 8 and 15) and for at least 16 hours after each infusion is completed. If the patient does not experience hypotension that is Grade 2 or worse (requiring medical intervention) with the third dose, subsequent doses can be administered in an appropriate outpatient/ambulatory care setting. Supervision by a health care professional is recommended for a minimum of	Compliance with Authority Required procedures

				30 minutes following each infusion. This drug is not PBS-subsidised if it is administered to an in-patient in a public hospital setting. Positive HLA-A*02:01 assessment must be documented in the patient's medical records.	
	C14821			Advanced (unresectable or metastatic) uveal melanoma Initial treatment - day 8 Patient must have HLA-A*02:01-positive disease; AND Patient must have previously received PBS-subsidised initial day 1 treatment with this drug for this condition; AND The treatment must be the sole PBS-subsidised therapy for this condition. According to the TGA-approved Product Information, hospitalisation is recommended at minimum for the first 3 doses (on Days 1, 8 and 15) and for at least 16 hours after each infusion is completed. If the patient does not experience hypotension that is Grade 2 or worse (requiring medical intervention) with the third dose, subsequent doses can be administered in an appropriate outpatient/ambulatory care setting. Supervision by a health care professional is recommended for a minimum of 30 minutes following each infusion. This drug is not PBS-subsidised if it is administered to an in-patient in a public hospital setting. Positive HLA-A*02:01 assessment must be documented in the patient's medical records.	Compliance with Authority Required procedures - Streamlined Authority Code 14821
	C14822			Advanced (unresectable or metastatic) uveal melanoma Continuing treatment The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must not receive PBS-subsidised treatment with this drug for this condition if it is no longer determined to be clinically beneficial by the treating clinician. According to the TGA-approved Product Information, hospitalisation is recommended at minimum for the first 3 doses (on Days 1, 8 and 15) and for at least 16 hours after each infusion is completed. If the patient does not experience hypotension that is Grade 2 or worse (requiring medical intervention) with the third dose, subsequent doses can be administered in an appropriate outpatient/ambulatory care setting. Supervision by a health care professional is recommended for a minimum of 30 minutes following each infusion.	Compliance with Authority Required procedures - Streamlined Authority Code 14822
	C14825			Advanced (unresectable or metastatic) uveal melanoma Initial treatment - day 15 Patient must have HLA-A*02:01-positive disease; AND Patient must have previously received PBS-subsidised initial day 8 treatment with this drug for this condition; AND The treatment must be the sole PBS-subsidised therapy for this condition. According to the TGA-approved Product Information, hospitalisation is recommended at minimum for the first 3 doses (on Days 1, 8 and 15) and for at least 16 hours after each infusion is completed. If the patient does not experience hypotension that is Grade 2 or worse (requiring medical intervention) with the third dose, subsequent doses can be administered in an appropriate outpatient/ambulatory care setting. Supervision by a health care professional is recommended for a minimum of 30 minutes following each infusion. This drug is not PBS-subsidised if it is administered to an in-patient in a public hospital setting. Positive HLA-A*02:01 assessment must be documented in the patient's medical records.	Compliance with Authority Required procedures - Streamlined Authority Code 14825

[126] Schedule 5, entry for Amoxicillin with clavulanic acid

substitute:

Amoxicillin with clavulanic acid	GRP-26768	Tablet containing 875 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)	Oral	AMCLAVOX DUO FORTE 875/125 APO-AMOXY/CLAV 875/125 APO-Amoxycillin and Clavulanic Acid APX-Amoxicillin/Clavulanic Acid AlphaClav Duo Forte Alphaclav Duo Forte Viatris AmoxyClav generichealth 875/125 Augmentin Duo forte Blooms The Chemist Amoxicillin/Clavulanic Acid 875/125 Curam Duo Forte 875/125
		Tablet containing 875 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate) (s19A)	Oral	Amoxicillin and clavulanate potassium tablets, USP 875 mg/125 mg (Aurobindo - Medsurge) Amoxicillin and clavulanate potassium tablets, USP 875 mg/125 mg (Aurobindo – Pro Pharmaceuticals) Amoxicillin and clavulanate potassium tablets, USP 875 mg/125 mg (Micro Labs)

[127] Schedule 5, entry for Desvenlafaxine in the form Tablet (modified release) 100 mg *[GRP-16219]*

omit from the column headed "Brand": **Desvenlafaxine Actavis**

[128] Schedule 5, entry for Desvenlafaxine in the form Tablet (modified release) 50 mg *[GRP-16220]*

omit from the column headed "Brand": **Desvenlafaxine Actavis**

[129] Schedule 5, entry for Meloxicam in the form Capsule 15 mg *[GRP-15468]*

(a) *omit from the column headed "Brand":* **Chem mart Meloxicam**

(b) *omit from the column headed "Brand":* **Terry White Chemists Meloxicam**

[130] Schedule 5, entry for Meloxicam in the form Capsule 7.5 mg *[GRP-15658]*

(a) *omit from the column headed "Brand":* **Chem mart Meloxicam**

(b) *omit from the column headed "Brand":* **Terry White Chemists Meloxicam**

[131] Schedule 5, entry for Ondansetron in the form Tablet (orally disintegrating) 8 mg *[GRP-15402]*

omit from the column headed "Brand": **Ondansetron AN ODT**

[132] Schedule 5, entry for Ondansetron in the form Tablet (orally disintegrating) 4 mg *[GRP-15983]*

omit from the column headed "Brand": **Ondansetron AN ODT**

[133] Schedule 5, entry for Perindopril, Schedule Equivalent Group GRP-15442

substitute:

Perindopril	GRP-15442	Tablet containing perindopril erbumine 4 mg	Oral	APO-Perindopril BTC Perindopril Blooms the Chemist Perindopril Idaprex 4 Indosyl Mono 4 PERISYL Perindo
		Tablet containing perindopril arginine 5 mg	Oral	APO-Perindopril Arginine APX-Perindopril Arginine Coversyl 5mg PREXUM 5

[134] Schedule 5, entry for Perindopril, Schedule Equivalent Group GRP-15525

substitute:

	GRP-15525	Tablet containing perindopril erbumine 8 mg	Oral	APO-Perindopril BTC Perindopril Blooms the Chemist Perindopril Idaprex 8 Indosyl Mono 8 PERISYL Perindo
		Tablet containing perindopril arginine 10 mg	Oral	APO-Perindopril Arginine APX-Perindopril Arginine Coversyl 10mg PREXUM 10

[135] **Schedule 5, entry for Ramipril in the form Capsule 1.25 mg *[GRP-15640]***

omit from the column headed "Brand": **APO-Ramipril**

[136] **Schedule 5, entry for Rizatriptan in the form Tablet (orally disintegrating) 10 mg (as benzoate)**

omit from the column headed "Brand": **Rizatriptan AN ODT**

[137] **Schedule 5, entry for Salbutamol in the form Nebuliser solution 5 mg (as sulfate) in 2.5 mL single dose units, 30 *[GRP-21361]***

omit from the column headed "Brand": **Salbutamol AN**

[138] **Schedule 5, after entry for Salbutamol in the form Nebuliser solution 2.5 mg (as sulfate) in 2.5 mL single dose units, 20 *[GRP-21535]***

insert:

		Nebuliser solution 2.5 mg (as sulfate) in 2.5 mL single dose units, 20 (S19A)	Inhalation	pms-SALBUTAMOL

[139] **Schedule 5, entry for Tenofovir in the form Tablet containing tenofovir disoproxil maleate 300 mg**

insert in alphabetical order in the column headed "Brand": **Tenofovir Disoproxil Viatris**