PB 76 of 2024

National Health (Listing of Pharmaceutical Benefits) Amendment (August Update) Instrument 2024

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 30 July 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 (August Update) Instrument 2024*.

(2) This Instrument may also be cited as PB 76 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 August 2024*	*1 August 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Note: This table relates only to the provisions of this instrument as originally made.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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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 2024 (PB 26 of 2024)

[1] Schedule 1, Part 1, entry for Acamprosate

omit:

Acamprosate	Tablet (enteric coated) containing acamprosate calcium 333 mg	Oral	Acamprosate Mylan	AL	MP NP	C5366		180	1	180

[2] Schedule 1, Part 1, entry for Acarbose in the form Tablet 50 mg

omit:

Acarbose	Tablet 50 mg	Oral	Acarbose Mylan	AF	MP NP			90	5	90
Acarbose	Tablet 50 mg	Oral	Acarbose Mylan	AF	MP NP		P14238	180	5	90

[3] Schedule 1, Part 1, after entry for Aciclovir in the form Tablet 800 mg *[Brand: APO-Aciclovir]*

insert:

Aciclovir	Tablet 800 mg	Oral	ARX-ACICLOVIR	XT	MP NP	C5959 C5967		35	0	35

[4] Schedule 1, Part 1, entry for Adalimumab in the form Injection 20 mg in 0.2 mL pre-filled syringe

substitute:

Adalimumab	Injection 20 mg in 0.2 mL pre-filled syringe	Injection	Humira	VE	MP	C11713 C15473	P11713 P15473	2	0	2	
Adalimumab	Injection 20 mg in 0.2 mL pre-filled syringe	Injection	Humira	VE	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	2	C(100)
Adalimumab	Injection 20 mg in 0.2 mL pre-filled syringe	Injection	Humira	VE	MP	C9715 C11715 C11716 C11761 C11852 C11854 C11855	P9715 P11715 P11716 P11761 P11852 P11854 P11855	2	3	2	
Adalimumab	Injection 20 mg in 0.2 mL	Injection	Humira	VE	MP	C11717 C11767	P11717 P11767	2	5	2	

	pre-filled syringe					C11853 C11903 C11966 C15446 C15450	P11853 P11903 P11966 P15446 P15450				
Adalimumab	Injection 20 mg in 0.2 mL pre-filled syringe	Injection	Humira	VE	MP	C15474 C15489	P15474 P15489	2	6	2	

[5] Schedule 1, Part 1, entry for Adalimumab in the form Injection 20 mg in 0.4 mL pre-filled syringe

substitute:

Adalimumab	Injection 20 mg in 0.4 mL pre-filled syringe	Injection	Abrilada	PF	MP	C11713	P11713	2	0	2	
Adalimumab	Injection 20 mg in 0.4 mL pre-filled syringe	Injection	Abrilada	PF	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	2	C(100)
Adalimumab	Injection 20 mg in 0.4 mL pre-filled syringe	Injection	Abrilada	PF	MP	C9715 C11715 C11716 C11761 C11852 C11854 C11855	P9715 P11715 P11716 P11761 P11852 P11854 P11855	2	3	2	
Adalimumab	Injection 20 mg in 0.4 mL pre-filled syringe	Injection	Abrilada	PF	MP	C11579 C11717 C11718 C11767 C11853 C11903 C11966	P11579 P11717 P11718 P11767 P11853 P11903 P11966	2	5	2	
Adalimumab	Injection 20 mg in 0.4 mL pre-filled syringe	Injection	Amgevita	XT	MP	C11713	P11713	2	0	1	
Adalimumab	Injection 20 mg in 0.4 mL pre-filled syringe	Injection	Amgevita	XT	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	1	C(100)
Adalimumab	Injection 20 mg in 0.4 mL pre-filled syringe	Injection	Amgevita	XT	MP	C9715 C11715 C11716 C11761 C11852 C11854 C11855	P9715 P11715 P11716 P11761 P11852 P11854 P11855	2	3	1	
Adalimumab	Injection 20 mg in 0.4 mL pre-filled syringe	Injection	Amgevita	XT	MP	C11579 C11717 C11718 C11767 C11853 C11903 C11966	P11579 P11717 P11718 P11767 P11853 P11903 P11966	2	5	1	

[6] Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.4 mL pre-filled pen

substitute:

Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Adalicip	LR	MP	C11713 C15473	P11713 P15473	2	0	2	
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Adalicip	LR	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	2	C(100)
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Adalicip	LR	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609	2	2	2	
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Adalicip	LR	MP	C9064 C9386 C11861 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673	P9064 P9386 P11861 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673	2	3	2	
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Adalicip	LR	MP	C11107 C12155 C12212 C13556 C13612 C14377 C14378	P11107 P12155 P12212 P13556 P13612 P14377 P14378	2	4	2	
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Adalicip	LR	MP	C11523 C11524 C11579 C11604 C11606 C11631 C11635 C11704 C11711 C11717 C11718 C11767 C11853 C11865 C11867 C11903 C11906 C11966	P11523 P11524 P11579 P11604 P11606 P11631 P11635 P11704 P11711 P11717 P11718 P11767 P11853 P11865 P11867 P11903 P11906 P11966	2	5	2	

						C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C15450	P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P15450				
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Adalicip	LR	MP	C15474 C15489	P15474 P15489	2	6	2	
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Adalicip	LR	MP	C12273	P12273	4	2	2	
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Adalicip	LR	MP	C11529 C12272 C12315	P11529 P12272 P12315	4	5	2	
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Adalicip	LR	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609 C15249 C15309 C15319	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609 P15249 P15309 P15319	6	0	2	
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Humira	VE	MP	C11713 C15473	P11713 P15473	2	0	2	
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Humira	VE	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	2	C(100)
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Humira	VE	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098	2	2	2	

						C12101 C12147 C13602 C13609	P12101 P12147 P13602 P13609			
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Humira	VE	MP	C9064 C9386 C11861 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14498 C14655 C14662 C14670	P9064 P9386 P11861 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14498 P14655 P14662 P14670	2	3	2
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Humira	VE	MP	C11107 C12155 C12212 C13556 C13612 C14377 C14378	P11107 P12155 P12212 P13556 P13612 P14377 P14378	2	4	2
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Humira	VE	MP	C11704 C11711 C11717 C11767 C11853 C11865 C11867 C11903 C11906 C11966 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14656 C14713 C14730 C15446 C15450	P11704 P11711 P11717 P11767 P11853 P11865 P11867 P11903 P11906 P11966 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14656 P14713 P14730 P15446 P15450	2	5	2
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Humira	VE	MP	C15474 C15489	P15474 P15489	2	6	2
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Humira	VE	MP	C12273	P12273	4	2	2
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Humira	VE	MP	C12272 C12315	P12272 P12315	4	5	2
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Humira	VE	MP	C9715 C11709 C11715 C11716	P9715 P11709 P11715 P11716	6	0	2

						C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609 C15249 C15309 C15319	P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609 P15249 P15309 P15319				
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Yuflyma	EW	MP	C11713 C15473	P11713 P15473	2	0	2	
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Yuflyma	EW	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	2	C(100)
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Yuflyma	EW	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609	2	2	2	
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Yuflyma	EW	MP	C9064 C9386 C11861 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673	P9064 P9386 P11861 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673	2	3	2	
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Yuflyma	EW	MP	C11107 C12155 C12212 C13556 C13612 C14377 C14378	P11107 P12155 P12212 P13556 P13612 P14377 P14378	2	4	2	
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Yuflyma	EW	MP	C11523 C11524 C11579 C11604 C11606 C11631 C11635 C11704	P11523 P11524 P11579 P11604 P11606 P11631 P11635 P11704	2	5	2	

						C11711 C11717 C11718 C11767 C11853 C11865 C11867 C11903 C11906 C11966 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C15450	P11711 P11717 P11718 P11767 P11853 P11865 P11867 P11903 P11906 P11966 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P15450			
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Yuflyma	EW	MP	C15474 C15489	P15474 P15489	2	6	2
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Yuflyma	EW	MP	C12273	P12273	4	2	2
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Yuflyma	EW	MP	C11529 C12272 C12315	P11529 P12272 P12315	4	5	2
Adalimumab	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Yuflyma	EW	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609 C15249 C15309 C15319	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609 P15249 P15309 P15319	6	0	2

[7] Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.4 mL pre-filled syringe *[Brand: Adalicip; Maximum Quantity: See Note 3; Number of Repeats: See Note 3]*

insert in numerical order in the column headed "Circumstances": **C14107 C14136**

[8] Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.4 mL pre-filled syringe *[Brand: Adalicip]*

omit:

Adalimumab	Injection 40 mg in 0.4 mL pre-filled syringe	Injection	Adalicip	LR	MP	C14107 C14136	P14107 P14136	2	5	2	C(100)

[9] Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.4 mL pre-filled syringe *[Brand: Humira; Maximum Quantity: See Note 3; Number of Repeats: See Note 3]*

insert in numerical order in the column headed "Circumstances": **C14107 C14136**

[10] Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.4 mL pre-filled syringe *[Brand: Humira]*

omit:

Adalimumab	Injection 40 mg in 0.4 mL pre-filled syringe	Injection	Humira	VE	MP	C14107 C14136	P14107 P14136	2	5	2	C(100)

[11] Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.4 mL pre-filled syringe *[Brand: Yuflyma; Maximum Quantity: See Note 3; Number of Repeats: See Note 3]*

insert in numerical order in the column headed "Circumstances": **C14107 C14136**

[12] Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.4 mL pre-filled syringe *[Brand: Yuflyma]*

omit:

Adalimumab	Injection 40 mg in 0.4 mL pre-filled syringe	Injection	Yuflyma	EW	MP	C14107 C14136	P14107 P14136	2	5	2	C(100)

[13] Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.8 mL pre-filled pen

substitute:

Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Abrilada	PF	MP	C11713 C15473	P11713 P15473	2	0	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Abrilada	PF	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	2	C(100)
Adalimumab	Injection 40 mg in 0.8 mL	Injection	Abrilada	PF	MP	C9715 C11709 C11715 C11716	P9715 P11709 P11715 P11716	2	2	2	

	pre-filled pen					C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609	P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609			
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Abrilada	PF	MP	C9064 C9386 C11861 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673	P9064 P9386 P11861 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673	2	3	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Abrilada	PF	MP	C11107 C12155 C12212 C13556 C13612 C14377 C14378	P11107 P12155 P12212 P13556 P13612 P14377 P14378	2	4	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Abrilada	PF	MP	C11523 C11524 C11579 C11604 C11606 C11631 C11635 C11704 C11711 C11717 C11718 C11767 C11853 C11865 C11867 C11903 C11906 C11966 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C15450	P11523 P11524 P11579 P11604 P11606 P11631 P11635 P11704 P11711 P11717 P11718 P11767 P11853 P11865 P11867 P11903 P11906 P11966 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P15450	2	5	2

Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Abrilada	PF	MP	C15474 C15489	P15474 P15489	2	6	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Abrilada	PF	MP	C12273	P12273	4	2	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Abrilada	PF	MP	C11529 C12272 C12315	P11529 P12272 P12315	4	5	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Abrilada	PF	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609 C15249 C15309 C15319	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609 P15249 P15309 P15319	6	0	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Amgevita	XT	MP	C11713 C15473	P11713 P15473	2	0	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Amgevita	XT	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	2	C(100)
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Amgevita	XT	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609	2	2	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Amgevita	XT	MP	C9064 C9386 C11861 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672	P9064 P9386 P11861 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672	2	3	2	

						C14673	P14673			
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Amgevita	XT	MP	C11107 C12155 C12212 C13556 C13612 C14377 C14378	P11107 P12155 P12212 P13556 P13612 P14377 P14378	2	4	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Amgevita	XT	MP	C11523 C11524 C11579 C11604 C11606 C11631 C11635 C11704 C11711 C11717 C11718 C11767 C11853 C11865 C11867 C11903 C11906 C11966 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C15450	P11523 P11524 P11579 P11604 P11606 P11631 P11635 P11704 P11711 P11717 P11718 P11767 P11853 P11865 P11867 P11903 P11906 P11966 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P15450	2	5	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Amgevita	XT	MP	C15474 C15489	P15474 P15489	2	6	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Amgevita	XT	MP	C12273	P12273	4	2	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Amgevita	XT	MP	C11529 C12272 C12315	P11529 P12272 P12315	4	5	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Amgevita	XT	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147	6	0	2

						C13602 C13609 C15249 C15309 C15319	P13602 P13609 P15249 P15309 P15319			
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hadlima	RF	MP	C11713 C15473	P11713 P15473	2	0	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hadlima	RF	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	2	C(100)
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hadlima	RF	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609	2	2	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hadlima	RF	MP	C9064 C9386 C11861 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673	P9064 P9386 P11861 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673	2	3	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hadlima	RF	MP	C11107 C12155 C12212 C13556 C13612 C14377 C14378	P11107 P12155 P12212 P13556 P13612 P14377 P14378	2	4	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hadlima	RF	MP	C11523 C11524 C11579 C11604 C11606 C11631 C11635 C11704 C11711 C11717 C11718 C11767 C11853 C11865 C11867 C11903	P11523 P11524 P11579 P11604 P11606 P11631 P11635 P11704 P11711 P11717 P11718 P11767 P11853 P11865 P11867 P11903	2	5	2	

						C11906 C11966 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C15450	P11906 P11966 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P15450				
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hadlima	RF	MP	C15474 C15489	P15474 P15489	2	6	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hadlima	RF	MP	C12273	P12273	4	2	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hadlima	RF	MP	C11529 C12272 C12315	P11529 P12272 P12315	4	5	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hadlima	RF	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609 C15249 C15309 C15319	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609 P15249 P15309 P15319	6	0	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hyrimoz	SZ	MP	C11713 C15473	P11713 P15473	2	0	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hyrimoz	SZ	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	2	C(100)
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hyrimoz	SZ	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854	2	2	2	

						C11855 C12098 C12101 C12147 C13602 C13609	P11855 P12098 P12101 P12147 P13602 P13609			
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hyrimoz	SZ	MP	C9064 C9386 C11861 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673	P9064 P9386 P11861 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673	2	3	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hyrimoz	SZ	MP	C11107 C12155 C12212 C13556 C13612 C14377 C14378	P11107 P12155 P12212 P13556 P13612 P14377 P14378	2	4	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hyrimoz	SZ	MP	C11523 C11524 C11579 C11604 C11606 C11631 C11635 C11704 C11711 C11717 C11718 C11767 C11853 C11865 C11867 C11903 C11906 C11966 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C15450	P11523 P11524 P11579 P11604 P11606 P11631 P11635 P11704 P11711 P11717 P11718 P11767 P11853 P11865 P11867 P11903 P11906 P11966 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P15450	2	5	2
Adalimumab	Injection 40 mg in 0.8 mL	Injection	Hyrimoz	SZ	MP	C15474 C15489	P15474 P15489	2	6	2

	pre-filled pen										
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hyrimoz	SZ	MP	C12273	P12273	4	2	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hyrimoz	SZ	MP	C11529 C12272 C12315	P11529 P12272 P12315	4	5	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Hyrimoz	SZ	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609 C15249 C15309 C15319	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609 P15249 P15309 P15319	6	0	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Idacio	PK	MP	C11713 C15473	P11713 P15473	2	0	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Idacio	PK	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	2	C(100)
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Idacio	PK	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609	2	2	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Idacio	PK	MP	C9064 C9386 C11861 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673	P9064 P9386 P11861 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673	2	3	2	

Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Idacio	PK	MP	C11107 C12155 C12212 C13556 C13612 C14377 C14378	P11107 P12155 P12212 P13556 P13612 P14377 P14378	2	4	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Idacio	PK	MP	C11523 C11524 C11579 C11604 C11606 C11631 C11635 C11704 C11711 C11717 C11718 C11767 C11853 C11865 C11867 C11903 C11906 C11966 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C15450	P11523 P11524 P11579 P11604 P11606 P11631 P11635 P11704 P11711 P11717 P11718 P11767 P11853 P11865 P11867 P11903 P11906 P11966 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P15450	2	5	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Idacio	PK	MP	C15474 C15489	P15474 P15489	2	6	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Idacio	PK	MP	C12273	P12273	4	2	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Idacio	PK	MP	C11529 C12272 C12315	P11529 P12272 P12315	4	5	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Idacio	PK	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609 C15249 C15309	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609 P15249 P15309	6	0	2

						C15319	P15319				

[14] Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.8 mL pre-filled syringe

substitute:

Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Abrilada	PF	MP	C11713 C15473	P11713 P15473	2	0	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Abrilada	PF	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	2	C(100)
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Abrilada	PF	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609	2	2	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Abrilada	PF	MP	C9386 C12174 C12194 C13599 C13681 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673	P9386 P12174 P12194 P13599 P13681 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673	2	3	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Abrilada	PF	MP	C11107 C12155 C12212 C13556 C13612 C14377 C14378	P11107 P12155 P12212 P13556 P13612 P14377 P14378	2	4	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Abrilada	PF	MP	C11523 C11524 C11579 C11604 C11606 C11631 C11635 C11704 C11711 C11717 C11718 C11767 C11853 C11865 C11867 C11903	P11523 P11524 P11579 P11604 P11606 P11631 P11635 P11704 P11711 P11717 P11718 P11767 P11853 P11865 P11867 P11903	2	5	2	

						C11906 C11966 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C15450	P11906 P11966 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P15450				
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Abrilada	PF	MP	C15474 C15489	P15474 P15489	2	6	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Abrilada	PF	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609	6	0	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Amgevita	XT	MP	C11713 C15473	P11713 P15473	2	0	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Amgevita	XT	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	2	C(100)
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Amgevita	XT	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609	2	2	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Amgevita	XT	MP	C9064 C9386 C11861 C12174 C12194 C13599 C13650 C13681	P9064 P9386 P11861 P12174 P12194 P13599 P13650 P13681	2	3	2	

						C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673	P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673			
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Amgevita	XT	MP	C11107 C12155 C12212 C13556 C13612 C14377 C14378	P11107 P12155 P12212 P13556 P13612 P14377 P14378	2	4	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Amgevita	XT	MP	C11523 C11524 C11579 C11604 C11606 C11631 C11635 C11704 C11711 C11717 C11718 C11767 C11853 C11865 C11867 C11903 C11906 C11966 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C15450	P11523 P11524 P11579 P11604 P11606 P11631 P11635 P11704 P11711 P11717 P11718 P11767 P11853 P11865 P11867 P11903 P11906 P11966 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P15450	2	5	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Amgevita	XT	MP	C15474 C15489	P15474 P15489	2	6	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Amgevita	XT	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147	6	0	2

						C13602 C13609	P13602 P13609				
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hadlima	RF	MP	C11713 C15473	P11713 P15473	2	0	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hadlima	RF	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	2	C(100)
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hadlima	RF	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609	2	2	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hadlima	RF	MP	C9064 C9386 C11861 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673	P9064 P9386 P11861 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673	2	3	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hadlima	RF	MP	C11107 C12155 C12212 C13556 C13612 C14377 C14378	P11107 P12155 P12212 P13556 P13612 P14377 P14378	2	4	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hadlima	RF	MP	C11523 C11524 C11579 C11604 C11606 C11631 C11635 C11704 C11711 C11717 C11718 C11767 C11853 C11865 C11867 C11903 C11906 C11966 C12122 C12123	P11523 P11524 P11579 P11604 P11606 P11631 P11635 P11704 P11711 P11717 P11718 P11767 P11853 P11865 P11867 P11903 P11906 P11966 P12122 P12123	2	5	2	

						C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C15450	P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P15450				
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hadlima	RF	MP	C15474 C15489	P15474 P15489	2	6	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hadlima	RF	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609	6	0	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hyrimoz	SZ	MP	C11713 C15473	P11713 P15473	2	0	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hyrimoz	SZ	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	2	C(100)
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hyrimoz	SZ	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609	2	2	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hyrimoz	SZ	MP	C9064 C9386 C11861 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488	P9064 P9386 P11861 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488	2	3	2	

						C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673	P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673		
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hyrimoz	SZ	MP	C11107 C12155 C12212 C13556 C13612 C14377 C14378	P11107 P12155 P12212 P13556 P13612 P14377 P14378	2	4	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hyrimoz	SZ	MP	C11523 C11524 C11579 C11604 C11606 C11631 C11635 C11704 C11711 C11717 C11718 C11767 C11853 C11865 C11867 C11903 C11906 C11966 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C15450	P11523 P11524 P11579 P11604 P11606 P11631 P11635 P11704 P11711 P11717 P11718 P11767 P11853 P11865 P11867 P11903 P11906 P11966 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P15450	2	5	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hyrimoz	SZ	MP	C15474 C15489	P15474 P15489	2	6	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Hyrimoz	SZ	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609	6	0	2

Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Idacio	PK	MP	C11713 C15473	P11713 P15473	2	0	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Idacio	PK	MP	C12120 C14061 C14063 C14064 C14107 C14136	See Note 3	See Note 3	See Note 3	2	C(100)
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Idacio	PK	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609	2	2	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Idacio	PK	MP	C9064 C9386 C11861 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673	P9064 P9386 P11861 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673	2	3	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Idacio	PK	MP	C11107 C12155 C12212 C13556 C13612 C14377 C14378	P11107 P12155 P12212 P13556 P13612 P14377 P14378	2	4	2	
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Idacio	PK	MP	C11523 C11524 C11579 C11604 C11606 C11631 C11635 C11704 C11711 C11717 C11718 C11767 C11853 C11865 C11867 C11903 C11906 C11966 C12122 C12123 C12148 C12156 C12157 C12158	P11523 P11524 P11579 P11604 P11606 P11631 P11635 P11704 P11711 P11717 P11718 P11767 P11853 P11865 P11867 P11903 P11906 P11966 P12122 P12123 P12148 P12156 P12157 P12158	2	5	2	

						C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C15450	P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P15450			
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Idacio	PK	MP	C15474 C15489	P15474 P15489	2	6	2
Adalimumab	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Idacio	PK	MP	C9715 C11709 C11715 C11716 C11759 C11761 C11852 C11854 C11855 C12098 C12101 C12147 C13602 C13609	P9715 P11709 P11715 P11716 P11759 P11761 P11852 P11854 P11855 P12098 P12101 P12147 P13602 P13609	6	0	2

[15] Schedule 1, Part 1, entry for Alemtuzumab in the form Solution concentrate for I.V. infusion 12 mg in 1.2 mL *[Maximum Quantity: 3; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C7714**

(b) *omit from the column headed "Circumstances":* **C9636**

[16] Schedule 1, Part 1, entry for Alemtuzumab in the form Solution concentrate for I.V. infusion 12 mg in 1.2 mL *[Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C6847**

(b) *omit from the column headed "Circumstances":* **C9589**

[17] Schedule 1, Part 1, omit entries for Alirocumab

[18] Schedule 1, Part 1, after entry for Allopurinol in the form Tablet 100 mg *[Brand: Allosig; Maximum Quantity: 400; Number of Repeats: 2]*

insert:

Allopurinol	Tablet 100 mg	Oral	APO-ALLOPURINOL	TX	MP NP	200	2		200

Allopurinol	Tablet 100 mg	Oral	APO-ALLOPURINOL	TX	MP NP	P14238	400	2		200

[19] Schedule 1, Part 1, entry for Amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine and tyrosine, and supplemented with docosahexanoic acid in the form Oral liquid 125 mL, 36 (TYR Anamix junior LQ)

omit from the column headed "Listed Drug": **Amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine and tyrosine, and supplemented with docosahexanoic acid**
substitute: **Amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine and tyrosine, and supplemented with docosahexaenoic acid**

[20] Schedule 1, Part 1, entry for Amino acid formula with fat, carbohydrate, vitamins, minerals, and trace elements, without methionine and supplemented with docosahexanoic acid in the form Oral liquid 125 mL, 36 (HCU Anamix junior LQ)

omit from the column headed "Listed Drug": **Amino acid formula with fat, carbohydrate, vitamins, minerals, and trace elements, without methionine and supplemented with docosahexanoic acid**
substitute: **Amino acid formula with fat, carbohydrate, vitamins, minerals, and trace elements, without methionine and supplemented with docosahexaenoic acid**

[21] Schedule 1, Part 1, after entry for Amino acid formula with vitamins and minerals without phenylalanine in the form Oral liquid 125 mL, 30 (PKU Lophlex LQ 20)

insert:

Amino acid formula with vitamins and minerals without phenylalanine	Oral liquid 125 mL, 30 (PKU Lophlex Select LQ)	Oral	PKU Lophlex Select LQ	NU	MP NP	C4295	4	5	1

[22] Schedule 1, Part 1, entry for Amino acid formula with vitamins and minerals without valine, leucine and isoleucine with fat, carbohydrate and trace elements and supplemented with docosahexanoic acid

omit from the column headed "Listed Drug": **Amino acid formula with vitamins and minerals without valine, leucine and isoleucine with fat, carbohydrate and trace elements and supplemented with docosahexanoic acid**
substitute: **Amino acid formula with vitamins and minerals without valine, leucine and isoleucine with fat, carbohydrate and trace elements and supplemented with docosahexaenoic acid**

[23] Schedule 1, Part 1, entry for Amino acid formula with vitamins, minerals and long chain polyunsaturated fatty acids without phenylalanine in the form Oral powder 400 g (PKU Start)

omit from the column headed "Pack Quantity": **1** *substitute:* **4**

[24] Schedule 1, Part 1, entry for Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides

omit:

Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides	Oral powder 400 g (Alfamino)	Oral	Alfamino	NT	MP NP	C4305 C4312 C4323 C4330 C4337 C4338 C4339 C4345 C4352 C4415 C5945 C5974		8	5	1

[25] Schedule 1, Part 1, entry for Amoxicillin in the form Powder for paediatric oral drops 100 mg (as trihydrate) per mL, 20 mL

substitute:

Amoxicillin	Powder for paediatric oral drops 100 mg (as trihydrate) per mL, 20 mL	Oral	Amoxil	AS	PDP			1	0	1
Amoxicillin	Powder for paediatric oral drops 100 mg (as trihydrate) per mL, 20 mL	Oral	Amoxil	AS	MP NP			1	1	1
Amoxicillin	Powder for paediatric oral drops 100 mg (as trihydrate) per mL, 20 mL	Oral	Amoxil	AS	MP NP		P5863	1 CN5863	1 CN5863	1

[26] Schedule 1, Part 1, after entry for Amoxicillin with clavulanic acid in the form Tablet containing 500 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate) *[Brand: AlphaClav Duo; Maximum Quantity: 20; Number of Repeats: 0]*

insert:

Amoxicillin with	Tablet containing 500 mg	Oral	Alphaclav Duo	AL	MP NP	C5832 C5893	P5832 P5893	10	0	10

clavulanic acid	amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)		Viatris		MW						
Amoxicillin with clavulanic acid	Tablet containing 500 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)	Oral	Alphaclav Duo Viatris	AL	PDP	C5833 C5894	P5833 P5894	10	0	10	
Amoxicillin with clavulanic acid	Tablet containing 500 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)	Oral	Alphaclav Duo Viatris	AL	MP NP	C10405	P10405	20	0	10	

[27] Schedule 1, Part 1, entry for Arsenic

substitute:

Arsenic	Injection concentrate containing arsenic trioxide 10 mg in 10 mL	Injection	Arsenic Trioxide Accord	OC	MP	C4793 C5997 C6018	See Note 3	See Note 3	10	D(100)
Arsenic	Injection concentrate containing arsenic trioxide 10 mg in 10 mL	Injection	Arsenic Trioxide Juno	JU	MP	C4793 C5997 C6018	See Note 3	See Note 3	10	D(100)
Arsenic	Injection concentrate containing arsenic trioxide 10 mg in 10 mL	Injection	Arsenic Trioxide-AFT	AE	MP	C4793 C5997 C6018	See Note 3	See Note 3	10	D(100)
Arsenic	Injection concentrate containing arsenic trioxide 10 mg in 10 mL	Injection	Phenasen	FF	MP	C4793 C5997 C6018	See Note 3	See Note 3	10	D(100)

[28] Schedule 1, Part 1, entry for Atezolizumab

substitute:

Atezolizumab	Solution concentrate for I.V. infusion 840 mg in 14 mL	Injection	Tecentriq	RO	MP	C10215 C10257 C10509 C10972 C13446 C13451	See Note 3	See Note 3	1	PB(100)
Atezolizumab	Solution concentrate for I.V. infusion 1200 mg in 20 mL	Injection	Tecentriq	RO	MP	C10125 C10206 C10216 C10297	See Note 3	See Note 3	1	PB(100)

						C10521 C10917 C10939 C13442 C13443 C13448					
Atezolizumab	Solution for subcutaneous injection 1875 mg in 15 mL	Injection	Tecentriq SC	RO	MP	C10206 C10939	P10206 P10939	1	3	1	
Atezolizumab	Solution for subcutaneous injection 1875 mg in 15 mL	Injection	Tecentriq SC	RO	MP	C10521	P10521	1	4	1	
Atezolizumab	Solution for subcutaneous injection 1875 mg in 15 mL	Injection	Tecentriq SC	RO	MP	C10125 C13443 C13448	P10125 P13443 P13448	1	5	1	
Atezolizumab	Solution for subcutaneous injection 1875 mg in 15 mL	Injection	Tecentriq SC	RO	MP	C10216 C10297 C15455	P10216 P10297 P15455	1	7	1	

[29] Schedule 1, Part 1, entry for Avelumab

substitute:

Avelumab	Solution concentrate for I.V. infusion 200 mg in 10 mL	Injection	Bavencio	SG	MP	C8947 C10023 C13290 C15485		See Note 3	See Note 3	1	D(100)

[30] Schedule 1, Part 1, entry for Axitinib in the form Tablet 1 mg *[Maximum Quantity: 56; Number of Repeats: 2]*

omit from the column headed "Variations": **V7433**

[31] Schedule 1, Part 1, entry for Axitinib in the form Tablet 1 mg *[Maximum Quantity: 56; Number of Repeats: 5]*

omit from the column headed "Variations": **V8588**

[32] Schedule 1, Part 1, entry for Axitinib in the form Tablet 5 mg *[Maximum Quantity: 56; Number of Repeats: 2]*

omit from the column headed "Variations": **V7433**

[33] Schedule 1, Part 1, entry for Axitinib in the form Tablet 5 mg *[Maximum Quantity: 56; Number of Repeats: 5]*

omit from the column headed "Variations": **V8588**

[34] Schedule 1, Part 1, entry for Azithromycin in the form Tablet 500 mg (as dihydrate) *[Brand: APO-Azithromycin; Maximum Quantity: 2; Number of Repeats: 0]*

insert in numerical order in the column headed "Purposes": **P5718 P5772**

[35] **Schedule 1, Part 1, entry for Azithromycin in the form Tablet 500 mg (as dihydrate)** ***[Brand: APO-Azithromycin; Maximum Quantity: 2; Number of Repeats: 2]***

insert in the column headed "Purposes": **P5637**

[36] **Schedule 1, Part 1, entry for Azithromycin in the form Tablet 500 mg (as dihydrate)** ***[Brand: Azithromycin Mylan; Maximum Quantity: 2; Number of Repeats: 0]***

insert in numerical order in the column headed "Purposes": **P5718 P5772**

[37] **Schedule 1, Part 1, entry for Azithromycin in the form Tablet 500 mg (as dihydrate)** ***[Brand: Azithromycin Mylan; Maximum Quantity: 2; Number of Repeats: 2]***

insert in the column headed "Purposes": **P5637**

[38] **Schedule 1, Part 1, entry for Azithromycin in the form Tablet 500 mg (as dihydrate)** ***[Brand: Azithromycin Sandoz; Maximum Quantity: 2; Number of Repeats: 0]***

insert in numerical order in the column headed "Purposes": **P5718 P5772**

[39] **Schedule 1, Part 1, entry for Azithromycin in the form Tablet 500 mg (as dihydrate)** ***[Brand: Azithromycin Sandoz; Maximum Quantity: 2; Number of Repeats: 2]***

insert in the column headed "Purposes": **P5637**

[40] **Schedule 1, Part 1, entry for Azithromycin in the form Tablet 500 mg (as dihydrate)** ***[Brand: Azithromycin Viatris; Maximum Quantity: 2; Number of Repeats: 0]***

insert in numerical order in the column headed "Purposes": **P5718 P5772**

[41] **Schedule 1, Part 1, entry for Azithromycin in the form Tablet 500 mg (as dihydrate)** ***[Brand: Azithromycin Viatris; Maximum Quantity: 2; Number of Repeats: 2]***

insert in the column headed "Purposes": **P5637**

[42] **Schedule 1, Part 1, entry for Azithromycin in the form Tablet 500 mg (as dihydrate)** ***[Brand: ZITHRO; Maximum Quantity: 2; Number of Repeats: 0]***

insert in numerical order in the column headed "Purposes": **P5718 P5772**

[43] **Schedule 1, Part 1, entry for Azithromycin in the form Tablet 500 mg (as dihydrate)** ***[Brand: ZITHRO; Maximum Quantity: 2; Number of Repeats: 2]***

insert in the column headed "Purposes": **P5637**

[44] **Schedule 1, Part 1, entry for Azithromycin in the form Tablet 500 mg (as dihydrate)** ***[Brand: Zithromax; Maximum Quantity: 2; Number of Repeats: 0]***

insert in numerical order in the column headed "Purposes": **P5718 P5772**

[45] **Schedule 1, Part 1, entry for Azithromycin in the form Tablet 500 mg (as dihydrate)** ***[Brand: Zithromax; Maximum Quantity: 2; Number of Repeats: 2]***

insert in the column headed "Purposes": **P5637**

[46] **Schedule 1, Part 1, entry for Azithromycin in the form Tablet 600 mg (as dihydrate)**

(a) *omit from the column headed "Maximum Quantity":* **See Note 3** *substitute:* **16**

(b) *omit from the column headed "Number of Repeats":* **See Note 3** *substitute:* **5**

[47] **Schedule 1, Part 1, entry for Baclofen in the form Intrathecal injection 10 mg in 5 mL** ***[Brand: Bacthecal]***

(a) *omit from the column headed "Maximum Quantity":* **See Note 3** *substitute:* **10**

(b) *omit from the column headed "Number of Repeats":* **See Note 3** *substitute:* **0**

[48] **Schedule 1, Part 1, entry for Baclofen in the form Intrathecal injection 10 mg in 5 mL** ***[Brand: Lioresal Intrathecal]***

(a) *omit from the column headed "Maximum Quantity":* **See Note 3** *substitute:* **10**

(b) *omit from the column headed "Number of Repeats":* **See Note 3** *substitute:* **0**

[49] **Schedule 1, Part 1, entry for Baclofen in the form Intrathecal injection 10 mg in 5 mL** ***[Brand: Sintetica Baclofen Intrathecal]***

(a) *omit from the column headed "Maximum Quantity":* **See Note 3** *substitute:* **10**

(b) *omit from the column headed "Number of Repeats":* **See Note 3** *substitute:* **0**

[50] **Schedule 1, Part 1, entry for Baclofen in the form Intrathecal injection 40 mg in 20 mL**

(a) *omit from the column headed "Maximum Quantity":* **See Note 3** *substitute:* **2**

(b) *omit from the column headed "Number of Repeats":* **See Note 3** *substitute:* **0**

[51] Schedule 1, Part 1, entry for Beclometasone with formoterol in the form Pressurised inhalation containing beclometasone dipropionate 100 micrograms and formoterol fumarate dihydrate 6 micrograms per dose,120 dose

omit from the column headed "Circumstances": **C11057** *substitute:* **C15469**

[52] Schedule 1, Part 1, entry for Benralizumab

substitute:

Benralizumab	Injection 30 mg in 1 mL single dose pre-filled pen	Injection	Fasenra Pen	AP	MP	See Note 3	See Note 3	See Note 3	See Note 3	1	D(100)

[53] Schedule 1, Part 1, entry for Benzatropine in the form Injection containing benzatropine mesilate 2 mg in 2 mL

substitute:

Benzatropine	Injection containing benzatropine mesilate 2 mg in 2 mL	Injection	Benzatropine Injection	FF	MP NP PDP			5	0	5	

[54] Schedule 1, Part 1, entry for Benzylpenicillin in the form Powder for injection 3 g (as sodium)

substitute:

Benzylpenicillin	Powder for injection 3 g (as sodium)	Injection	BenPen	CS	MP NP PDP			10	0	1	

[55] Schedule 1, Part 1, entry for Betaxolol

substitute:

Betaxolol	Eye drops, solution, 5 mg (as hydrochloride) per mL, 5 mL	Application to the eye	Betoptic	NV	MP AO			1	5	1	
Betaxolol	Eye drops, solution, 5 mg (as hydrochloride) per mL, 5 mL	Application to the eye	BetoQuin	NM	MP AO			1	5	1	

[56] Schedule 1, Part 1, entry for Bimatoprost

substitute:

Bimatoprost	Eye drops 300 micrograms per mL, 3 mL	Application to the eye	Bimatoprost Sandoz	SZ	MP AO			1	5	1	

Bimatoprost	Eye drops 300 micrograms per mL, 3 mL	Application to the eye	Bimprozt	TY	MP AO			1	5	1	
Bimatoprost	Eye drops 300 micrograms per mL, 3 mL	Application to the eye	Bimtop	AF	MP AO			1	5	1	
Bimatoprost	Eye drops 300 micrograms per mL, 3 mL	Application to the eye	Lumigan	VE	MP AO			1	5	1	
Bimatoprost	Eye drops 300 micrograms per mL, single dose units 0.4 mL, 30	Application to the eye	Lumigan PF	VE	MP AO			1	5	1	

[57] Schedule 1, Part 1, entry for Bosentan in the form Tablet 125 mg (as monohydrate)

omit:

Bosentan	Tablet 125 mg (as monohydrate)	Oral	Bosentan Cipla	LR	MP	See Note 3	See Note 3	See Note 3	See Note 3	60	D(100)

[58] Schedule 1, Part 1, entry for Brentuximab vedotin

substitute:

Brentuximab vedotin	Powder for I.V. infusion 50 mg	Injection	Adcetris	TK	MP	C13134 C13179 C13181 C13182 C13208 C13209 C13212 C13231 C13259 C13261		See Note 3	See Note 3	1	D(100)

[59] Schedule 1, Part 1, entry for Brimonidine

substitute:

Brimonidine	Eye drops containing brimonidine tartrate 1.5 mg per mL, 5 mL	Application to the eye	Alphagan P 1.5	VE	MP AO			1	5	1	
Brimonidine	Eye drops containing brimonidine tartrate 2 mg per mL, 5 mL	Application to the eye	Alphagan	VE	MP AO			1	5	1	
Brimonidine	Eye drops containing	Application	Enidin	VB	MP AO			1	5	1	

	brimonidine tartrate 2 mg per mL, 5 mL	to the eye					

[60] Schedule 1, Part 1, entry for Brinzolamide

substitute:

Brinzolamide	Eye drops 10 mg per mL, 5 mL	Application to the eye	Azopt	NV	MP AO	1	5	1
Brinzolamide	Eye drops 10 mg per mL, 5 mL	Application to the eye	BrinzoQuin	NM	MP AO	1	5	1

[61] Schedule 1, Part 1, entry for Cabozantinib in the form Tablet 20 mg *[Maximum Quantity: 30; Number of Repeats: 2]*

(a) *insert in numerical order in the column headed "Circumstances":* **C15454**

(b) *insert in numerical order in the column headed "Purposes":* **P15454**

[62] Schedule 1, Part 1, entry for Cabozantinib in the form Tablet 20 mg *[Maximum Quantity: 30; Number of Repeats: 5]*

(a) *insert in numerical order in the column headed "Circumstances":* **C15479 C15518**

(b) *insert in numerical order in the column headed "Purposes":* **P15479 P15518**

[63] Schedule 1, Part 1, entry for Cabozantinib in the form Tablet 40 mg *[Maximum Quantity: 30; Number of Repeats: 2]*

(a) *insert in numerical order in the column headed "Circumstances":* **C15454**

(b) *insert in numerical order in the column headed "Purposes":* **P15454**

[64] Schedule 1, Part 1, entry for Cabozantinib in the form Tablet 40 mg *[Maximum Quantity: 30; Number of Repeats: 5]*

(a) *insert in numerical order in the column headed "Circumstances":* **C15479 C15518**

(b) *insert in numerical order in the column headed "Purposes":* **P15479 P15518**

[65] Schedule 1, Part 1, entry for Cabozantinib in the form Tablet 60 mg *[Maximum Quantity: 30; Number of Repeats: 2]*

(a) *insert in numerical order in the column headed "Circumstances":* **C15454**

(b) *insert in numerical order in the column headed "Purposes":* **P15454**

[66] Schedule 1, Part 1, entry for Cabozantinib in the form Tablet 60 mg *[Maximum Quantity: 30; Number of Repeats: 5]*

(a) *insert in numerical order in the column headed "Circumstances":* **C15479 C15518**

(b) *insert in numerical order in the column headed "Purposes":* **P15479 P15518**

[67] Schedule 1, Part 1, entry for Calcium in the form Tablet, chewable, 500 mg (as carbonate) ***[Authorised Prescriber: MP; Maximum Quantity: 240; Number of Repeats: 1]***

omit from the column headed "Authorised Prescriber": **MP** *substitute:* **MP NP**

[68] Schedule 1, Part 1, entry for Calcium in the form Tablet, chewable, 500 mg (as carbonate)

omit:

Calcium	Tablet, chewable, 500 mg (as carbonate)	Oral	Cal-500	PP	NP	C4586	240	1	120

[69] Schedule 1, Part 1, entry for Calcium in the form Tablet, chewable, 500 mg (as carbonate) ***[Maximum Quantity: 480; Number of Repeats: 1]***

omit from the column headed "Authorised Prescriber": **MP** *substitute:* **MP NP**

[70] Schedule 1, Part 1, entry for Cefalexin in the form Capsule 250 mg (as monohydrate) ***[Brand: APO-Cephalexin; Maximum Quantity: 20; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP MW** *substitute:* **MP NP MW PDP**

(b) *omit:*

Cefalexin	Capsule 250 mg (as monohydrate)	Oral	APO-Cephalexin	TX	PDP		20	0	20

[71] Schedule 1, Part 1, entry for Cefalexin in the form Capsule 250 mg (as monohydrate) ***[Brand: Ibilex 250; Maximum Quantity: 20; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP MW** *substitute:* **MP NP MW PDP**

(b) *omit:*

Cefalexin	Capsule 250 mg (as monohydrate)	Oral	Ibilex 250	AF	PDP		20	0	20

[72] Schedule 1, Part 1, entry for Cefalexin in the form Capsule 250 mg (as monohydrate) ***[Brand: Keflex; Maximum Quantity: 20; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP MW** *substitute:* **MP NP MW PDP**

(b) *omit:*

Cefalexin	Capsule 250 mg (as monohydrate)	Oral	Keflex	AS	PDP	20	0	20

[73] **Schedule 1, Part 1, entry for Cefalexin in the form Capsule 500 mg (as monohydrate)** ***[Brand: APO-Cephalexin; Maximum Quantity: 20; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP MW** *substitute:* **MP NP MW PDP**

(b) *omit:*

Cefalexin	Capsule 500 mg (as monohydrate)	Oral	APO-Cephalexin	TX	PDP	20	0	20

[74] **Schedule 1, Part 1, entry for Cefalexin in the form Capsule 500 mg (as monohydrate)** ***[Brand: Blooms The Chemist Cefalexin; Maximum Quantity: 20; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP MW** *substitute:* **MP NP MW PDP**

(b) *omit:*

Cefalexin	Capsule 500 mg (as monohydrate)	Oral	Blooms The Chemist Cefalexin	BG	PDP	20	0	20

[75] **Schedule 1, Part 1, entry for Cefalexin in the form Capsule 500 mg (as monohydrate)** ***[Brand: Cefalexin Sandoz; Maximum Quantity: 20; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP MW** *substitute:* **MP NP MW PDP**

(b) *omit:*

Cefalexin	Capsule 500 mg (as monohydrate)	Oral	Cefalexin Sandoz	SZ	PDP	20	0	20

[76] **Schedule 1, Part 1, entry for Cefalexin in the form Capsule 500 mg (as monohydrate)** ***[Brand: Cephalex 500; Maximum Quantity: 20; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP MW** *substitute:* **MP NP MW PDP**

(b) *omit:*

Cefalexin	Capsule 500 mg (as monohydrate)	Oral	Cephalex 500	CR	PDP	20	0	20

[77] **Schedule 1, Part 1, entry for Cefalexin in the form Capsule 500 mg (as monohydrate)** ***[Brand: Cephalexin generichealth; Maximum Quantity: 20; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP MW** *substitute:* **MP NP MW PDP**

(b) *omit:*

Cefalexin	Capsule 500 mg (as monohydrate)	Oral	Cephalexin generichealth	GQ	PDP	20	0	20

[78] **Schedule 1, Part 1, entry for Cefalexin in the form Capsule 500 mg (as monohydrate)** ***[Brand: Ibilex 500; Maximum Quantity: 20; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP MW** *substitute:* **MP NP MW PDP**

(b) *omit:*

Cefalexin	Capsule 500 mg (as monohydrate)	Oral	Ibilex 500	AF	PDP	20	0	20

[79] **Schedule 1, Part 1, entry for Cefalexin in the form Capsule 500 mg (as monohydrate)** ***[Brand: Keflex; Maximum Quantity: 20; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP MW** *substitute:* **MP NP MW PDP**

(b) *omit:*

Cefalexin	Capsule 500 mg (as monohydrate)	Oral	Keflex	AS	PDP	20	0	20

[80] **Schedule 1, Part 1, entry for Cefalexin in the form Capsule 500 mg (as monohydrate)** ***[Brand: NOUMED CEFALEXIN; Maximum Quantity: 20; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP MW** *substitute:* **MP NP MW PDP**

(b) *omit:*

Cefalexin	Capsule 500 mg (as monohydrate)	Oral	NOUMED CEFALEXIN	VO	PDP	20	0	20

[81] Schedule 1, Part 1, entry for Cefazolin

omit:

Cefazolin	Powder for injection 500 mg (as sodium)	Injection	Cefazolin-AFT	AE	MP NP	C5826 C5867 C5881 C5890	10	0	5

[82] Schedule 1, Part 1, entry for Cefazolin in the form Powder for injection 2 g (as sodium)

omit:

Cefazolin	Powder for injection 2 g (as sodium)	Injection	Cephazolin Alphapharm	AF	MP NP	C5826 C5867 C5881 C5890	10	0	10

[83] Schedule 1, Part 1, entry for Ceftriaxone in the form Powder for injection 1 g (as sodium)

omit:

Ceftriaxone	Powder for injection 1 g (as sodium)	Injection	Ceftriaxone Viatris	AL	MP NP	C5830 C5862 C5868	5	0	5

[84] Schedule 1, Part 1, entry for Cetuximab in the form Solution for I.V. infusion 100 mg in 20 mL

(a) *omit from the column headed "Circumstances":* **C4788** *substitute:* **C4785 C4788 C4794 C4908 C4912 C12016 C12045 C12470 C12483**

(b) *omit from the column headed "Purposes":* **P4788**

(c) *omit:*

Cetuximab	Solution for I.V. infusion 100 mg in 20 mL	Injection	Erbitux	SG	MP	C4785 C4794	P4785 P4794	See Note 3	See Note 3	1	D(100)
Cetuximab	Solution for I.V. infusion 100 mg in 20 mL	Injection	Erbitux	SG	MP	C4908 C12045 C12483	P4908 P12045 P12483	See Note 3	See Note 3	1	D(100)
Cetuximab	Solution for I.V. infusion 100 mg in 20 mL	Injection	Erbitux	SG	MP	C12016 C12470	P12016 P12470	See Note 3	See Note 3	1	D(100)
Cetuximab	Solution for I.V. infusion 100 mg in 20 mL	Injection	Erbitux	SG	MP	C4912	P4912	See Note 3	See Note 3	1	D(100)

[85] Schedule 1, Part 1, entry for Cetuximab in the form Solution for I.V. infusion 500 mg in 100 mL

(a) *omit from the column headed "Circumstances":* **C4788** *substitute:* **C4785 C4788 C4794 C4908 C4912 C12016 C12045 C12470 C12483**

(b) *omit from the column headed "Purposes":* **P4788**

(c) *omit:*

Cetuximab	Solution for I.V. infusion 500 mg in 100 mL	Injection	Erbitux	SG	MP	C4785 C4794	P4785 P4794	See Note 3	See Note 3	1	D(100)
Cetuximab	Solution for I.V. infusion 500 mg in 100 mL	Injection	Erbitux	SG	MP	C4908 C12045 C12483	P4908 P12045 P12483	See Note 3	See Note 3	1	D(100)
Cetuximab	Solution for I.V. infusion 500 mg in 100 mL	Injection	Erbitux	SG	MP	C12016 C12470	P12016 P12470	See Note 3	See Note 3	1	D(100)
Cetuximab	Solution for I.V. infusion 500 mg in 100 mL	Injection	Erbitux	SG	MP	C4912	P4912	See Note 3	See Note 3	1	D(100)

[86] Schedule 1, Part 1, entry for Cinacalcet in the form Tablet 90 mg (as hydrochloride)

omit:

Cinacalcet	Tablet 90 mg (as hydrochloride)	Oral	Cinacalcet Mylan	AF	MP NP	C10068	28	5	28	
Cinacalcet	Tablet 90 mg (as hydrochloride)	Oral	Cinacalcet Mylan	AF	MP	C10063 C10067 C10073	56	5	28	C(100)

[87] Schedule 1, Part 1, entry for Clozapine in the form Oral liquid 50 mg per mL, 100 mL *[Brand: Clopine Suspension]*

(a) *omit from the column headed "Circumstances":* **C10063 C10067 C10073** *substitute:* **C4998 C5015 C9490**

(b) *omit from the column headed "Maximum Quantity":* **56** *substitute:* **1**

(c) *omit from the column headed "Number of Repeats":* **5** *substitute:* **0**

[88] Schedule 1, Part 1, entry for Clozapine in the form Oral liquid 50 mg per mL, 100 mL *[Brand: Versacloz]*

(a) *omit from the column headed "Circumstances":* **C10063 C10067 C10073** *substitute:* **C4998 C5015 C9490**

(b) *omit from the column headed "Maximum Quantity":* **56** *substitute:* **1**

(c) *omit from the column headed "Number of Repeats":* **5** *substitute:* **0**

[89] **Schedule 1, Part 1, entry for Codeine in the form Tablet containing codeine phosphate hemihydrate 30 mg *[Maximum Quantity: 10; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **PDP** *substitute:* **MP NP PDP**

(b) *omit:*

Codeine	Tablet containing codeine phosphate hemihydrate 30 mg	Oral	Aspen Pharma Pty Ltd	AS	MP NP	C10766	P10766	10	0		20

[90] **Schedule 1, Part 1, entry for Codeine with paracetamol**

substitute:

Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	APO-Paracetamol/Codeine 500/30	TX	MP NP PDP	C10766	P10766	10	0		20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	APO-Paracetamol/Codeine 500/30	TX	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	APO-Paracetamol/Codeine 500/30	TX	PDP	C10768	P10768	20	0		20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	APX-Paracetamol/Codeine	TY	MP NP PDP	C10766	P10766	10	0		20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	APX-Paracetamol/Codeine	TY	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	APX-Paracetamol/Codeine	TY	PDP	C10768	P10768	20	0		20

Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Codalgin Forte	AF	MP NP PDP	C10766	P10766	10	0		20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Codalgin Forte	AF	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Codalgin Forte	AF	PDP	C10768	P10768	20	0		20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Codapane Forte 500/30	AL	MP NP PDP	C10766	P10766	10	0		20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Codapane Forte 500/30	AL	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Codapane Forte 500/30	AL	PDP	C10768	P10768	20	0		20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Comfarol Forte	SZ	MP NP PDP	C10766	P10766	10	0		20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Comfarol Forte	SZ	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Comfarol Forte	SZ	PDP	C10768	P10768	20	0		20

Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Panadeine Forte	SW	MP NP PDP	C10766	P10766	10	0		20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Panadeine Forte	SW	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Panadeine Forte	SW	PDP	C10768	P10768	20	0		20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Paracetamol/Codeine GH 500/30	GQ	MP NP PDP	C10766	P10766	10	0		20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Paracetamol/Codeine GH 500/30	GQ	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Paracetamol/Codeine GH 500/30	GQ	PDP	C10768	P10768	20	0		20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Prodeine Forte	AV	MP NP PDP	C10766	P10766	10	0		20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Prodeine Forte	AV	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20
Codeine with paracetamol	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	Prodeine Forte	AV	PDP	C10768	P10768	20	0		20

[91] Schedule 1, Part 1, entry for Dabigatran etexilate in the form Capsule 75 mg (as mesilate)

omit:

Dabigatran etexilate	Capsule 75 mg (as mesilate)	Oral	PHARMACOR DABIGATRAN	CR	MP NP	C4402	P4402	60	0	60

[92] Schedule 1, Part 1, after entry for Dasatinib in the form Tablet 20 mg *[Brand: DASATINIB-TEVA; Maximum Quantity: 60; Number of Repeats: 5]*

insert:

Dasatinib	Tablet 20 mg	Oral	Dasatinib Viatris	AL	MP	C9367 C9468 C9469 C9549	P9367 P9468 P9469 P9549	60	2	60
Dasatinib	Tablet 20 mg	Oral	Dasatinib Viatris	AL	MP	C12522 C12524 C12530 C12561 C12565 C12570	P12522 P12524 P12530 P12561 P12565 P12570	60	5	60

[93] Schedule 1, Part 1, after entry for Dasatinib in the form Tablet 50 mg *[Brand: DASATINIB-TEVA; Maximum Quantity: 60; Number of Repeats: 5]*

insert:

Dasatinib	Tablet 50 mg	Oral	Dasatinib Viatris	AL	MP	C9367 C9468 C9469 C9549	P9367 P9468 P9469 P9549	60	2	60
Dasatinib	Tablet 50 mg	Oral	Dasatinib Viatris	AL	MP	C12522 C12524 C12530 C12561 C12565 C12570	P12522 P12524 P12530 P12561 P12565 P12570	60	5	60

[94] Schedule 1, Part 1, after entry for Dasatinib in the form Tablet 70 mg *[Brand: DASATINIB-TEVA; Maximum Quantity: 60; Number of Repeats: 5]*

insert:

Dasatinib	Tablet 70 mg	Oral	Dasatinib Viatris	AL	MP	C9367 C9468 C9469 C9549	P9367 P9468 P9469 P9549	60	2	60
Dasatinib	Tablet 70 mg	Oral	Dasatinib Viatris	AL	MP	C12522 C12524 C12530 C12561 C12565 C12570	P12522 P12524 P12530 P12561 P12565 P12570	60	5	60

[95] Schedule 1, Part 1, after entry for Dasatinib in the form Tablet 100 mg *[Brand: DASATINIB-TEVA; Maximum Quantity: 30; Number of Repeats: 5]*

insert:

Dasatinib	Tablet 100 mg	Oral	Dasatinib Viatris	AL	MP	C9367 C9468 C9469 C9549	P9367 P9468 P9469 P9549	30	2	30	
Dasatinib	Tablet 100 mg	Oral	Dasatinib Viatris	AL	MP	C12522 C12524 C12530 C12561 C12565 C12570	P12522 P12524 P12530 P12561 P12565 P12570	30	5	30	

[96] Schedule 1, Part 1, entry for Durvalumab

substitute:

Durvalumab	Solution concentrate for I.V. infusion 120 mg in 2.4 mL	Injection	Imfinzi	AP	MP	C10206 C10509 C12271 C14708 C15500		See Note 3	See Note 3	1	D(100)
Durvalumab	Solution concentrate for I.V. infusion 500 mg in 10 mL	Injection	Imfinzi	AP	MP	C10206 C10509 C12271 C14708 C15500		See Note 3	See Note 3	1	D(100)

[97] Schedule 1, Part 1, entry for Elexacaftor with tezacaftor and with ivacaftor, and ivacaftor

insert as first entry:

Elexacaftor with tezacaftor and with ivacaftor, and ivacaftor	Pack containing 28 sachets containing granules elexacaftor 80 mg with tezacaftor 40 mg and with ivacaftor 60 mg and 28 sachets containing granules ivacaftor 59.5 mg	Oral	Trikafta	VR	MP	See Note 3	See Note 3	See Note 3	See Note 3	1	D(100)
Elexacaftor with tezacaftor and with ivacaftor, and ivacaftor	Pack containing 28 sachets containing granules elexacaftor 100 mg with tezacaftor 50 mg and with ivacaftor 75 mg and 28 sachets containing granules ivacaftor 75 mg	Oral	Trikafta	VR	MP	See Note 3	See Note 3	See Note 3	See Note 3	1	D(100)

[98] Schedule 1, Part 1, entry for Ezetimibe

omit:

Ezetimibe	Tablet 10 mg	Oral	Blooms The Chemist Ezetimibe	IB	MP NP	C7966 C7990 C7996	P7966 P7990 P7996	30	5	30
Ezetimibe	Tablet 10 mg	Oral	Blooms The Chemist Ezetimibe	IB	MP NP	C14249 C14283 C14310	P14249 P14283 P14310	60	5	30

[99] Schedule 1, Part 1, entry for Felodipine in the form Tablet 2.5 mg (extended release) *[Brand: Felodur ER 2.5 mg]*

omit from the column headed "Responsible Person" (all instances): **TX** *substitute (all instances):* **IY**

[100] Schedule 1, Part 1, entry for Felodipine in the form Tablet 2.5 mg (extended release) *[Brand: Plendil ER]*

omit from the column headed "Responsible Person" (all instances): **GX** *substitute (all instances):* **IX**

[101] Schedule 1, Part 1, entry for Felodipine in the form Tablet 5 mg (extended release) *[Brand: Felodur ER 5 mg]*

omit from the column headed "Responsible Person" (all instances): **TX** *substitute (all instances):* **IY**

[102] Schedule 1, Part 1, entry for Felodipine in the form Tablet 5 mg (extended release) *[Brand: Plendil ER]*

omit from the column headed "Responsible Person" (all instances): **GX** *substitute (all instances):* **IX**

[103] Schedule 1, Part 1, entry for Felodipine in the form Tablet 10 mg (extended release) *[Brand: Felodur ER 10 mg]*

omit from the column headed "Responsible Person" (all instances): **TX** *substitute (all instances):* **IY**

[104] Schedule 1, Part 1, entry for Felodipine in the form Tablet 10 mg (extended release) *[Brand: Plendil ER]*

omit from the column headed "Responsible Person" (all instances): **GX** *substitute (all instances):* **IX**

[105] Schedule 1, Part 1, omit entries for Fluorometholone

[106] Schedule 1, Part 1, entry for Folinic acid

omit:

Folinic acid	Injection containing calcium folinate equivalent to 100 mg folinic acid in 10 mL	Injection	Leucovorin Calcium PF (Pfizer Australia Pty Ltd)		MP			10	1	10

[107] **Schedule 1, Part 1, entry for Gilteritinib in the form Tablet 40 mg (as fumarate) *[Maximum Quantity: 84; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C13166** *substitute:* **C15526**

(b) *omit from the column headed "Purposes":* **P13166** *substitute:* **P15526**

[108] **Schedule 1, Part 1, entry for Gilteritinib in the form Tablet 40 mg (as fumarate) *[Maximum Quantity: 84; Number of Repeats: 4]***

(a) *omit from the column headed "Circumstances":* **C13242** *substitute:* **C15466**

(b) *omit from the column headed "Purposes":* **P13242** *substitute:* **P15466**

[109] **Schedule 1, Part 1, omit entry for Glucose indicator-urine**

[110] **Schedule 1, Part 1, entry for Insulin neutral with insulin isophane in the form Injections (human), cartridges, 30 units-70 units per mL, 3 mL, 5**

omit:

Insulin neutral with insulin isophane	Injections (human), cartridges, 30 units-70 units per mL, 3 mL, 5	Injection	Mixtard 30/70 InnoLet	NI	MP NP		5	1	1

[111] **Schedule 1, Part 1, entry for Ipratropium in the form Nebuliser solution containing ipratropium bromide 250 micrograms (as monohydrate) in 1 mL single dose units, 30**

omit:

Ipratropium	Nebuliser solution containing ipratropium bromide 250 micrograms (as monohydrate) in 1 mL single dose units, 30	Inhalation	Aeron 250	AL	MP NP	C6331 C6341	2	5	1

[112] **Schedule 1, Part 1, entry for Ipratropium in the form Nebuliser solution containing ipratropium bromide 500 micrograms (as monohydrate) in 1 mL single dose units, 30**

omit:

Ipratropium	Nebuliser solution containing ipratropium bromide 500 micrograms (as monohydrate) in 1 mL single	Inhalation	Aeron 500	AL	MP NP	C6331 C6341	2	5	1

	dose units, 30

[113] Schedule 1, Part 1, entry for Larotrectinib

substitute:

Larotrectinib	Capsule 25 mg (as sulfate)	Oral	Vitrakvi	BN	MP	C12981 C12982 C15467	P12981 P12982 P15467	56	2	56
Larotrectinib	Capsule 25 mg (as sulfate)	Oral	Vitrakvi	BN	MP	C12980 C15509	P12980 P15509	56	5	56
Larotrectinib	Capsule 100 mg (as sulfate)	Oral	Vitrakvi	BN	MP	C12981 C12982 C15467	P12981 P12982 P15467	56	2	56
Larotrectinib	Capsule 100 mg (as sulfate)	Oral	Vitrakvi	BN	MP	C12980 C15509	P12980 P15509	56	5	56
Larotrectinib	Oral solution 20 mg per mL (as sulfate), 50 mL, 2	Oral	Vitrakvi	BN	MP	C12981 C12982 C15467	P12981 P12982 P15467	1	2	1
Larotrectinib	Oral solution 20 mg per mL (as sulfate), 50 mL, 2	Oral	Vitrakvi	BN	MP	C12980 C15509	P12980 P15509	1	5	1

[114] Schedule 1, Part 1, entry for Lenvatinib in the form Capsule 4 mg (as mesilate) *[Maximum Quantity: 30; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6604**

(b) *insert in numerical order in the column headed "Circumstances":* **C15510**

(c) *omit from the column headed "Purposes":* **P6604**

(d) *insert in numerical order in the column headed "Purposes":* **P15510**

[115] Schedule 1, Part 1, entry for Lenvatinib in the form Capsule 10 mg (as mesilate)

(a) *omit from the column headed "Circumstances":* **C6604**

(b) *insert in numerical order in the column headed "Circumstances":* **C15510**

[116] Schedule 1, Part 1, entry for Mepolizumab

omit:

Mepolizumab	Powder for injection 100 mg	Injection	Nucala	GK	MP	See Note 3	See Note 3	See Note 3	See Note 3	1	D(100)

[117] Schedule 1, Part 1, entry for Metformin in the form Tablet (extended release) containing metformin hydrochloride 500 mg

omit:

Metformin	Tablet (extended release) containing metformin hydrochloride 500 mg	Oral	Blooms the Chemist Metformin XR 500	IB	MP NP		120	5	120
Metformin	Tablet (extended release) containing metformin hydrochloride 500 mg	Oral	Blooms the Chemist Metformin XR 500	IB	MP NP	P14238	240	5	120

[118] Schedule 1, Part 1, entry for Metformin in the form Tablet (extended release) containing metformin hydrochloride 1 g

omit:

Metformin	Tablet (extended release) containing metformin hydrochloride 1 g	Oral	Blooms the Chemist Metformin XR 1000	IB	MP NP		60	5	60
Metformin	Tablet (extended release) containing metformin hydrochloride 1 g	Oral	Blooms the Chemist Metformin XR 1000	IB	MP NP	P14238	120	5	60

[119] Schedule 1, Part 1, entry for Methotrexate

substitute:

Methotrexate	Injection 5 mg in 2 mL vial	Injection	DBL Methotrexate	PF	MP NP		5	0	5
Methotrexate	Injection 7.5 mg in 0.15 mL pre-filled syringe	Injection	Trexject	LM	MP NP	C7488 C7518	4	5	1
Methotrexate	Injection 7.5 mg in 0.15 mL pre-filled syringe	Injection	Trexject	LM	MP	C15068	4	5	1
Methotrexate	Injection 10 mg in 0.2 mL pre-filled syringe	Injection	Trexject	LM	MP NP	C7488 C7518	4	5	1
Methotrexate	Injection 10 mg in 0.2 mL pre-filled syringe	Injection	Trexject	LM	MP	C15068	4	5	1
Methotrexate	Injection 15 mg in 0.3 mL pre-filled syringe	Injection	Trexject	LM	MP NP	C7488 C7518	4	5	1

Methotrexate	Injection 15 mg in 0.3 mL pre-filled syringe	Injection	Trexject	LM	MP	C15068		4	5	1	
Methotrexate	Injection 20 mg in 0.4 mL pre-filled syringe	Injection	Trexject	LM	MP NP	C7488 C7518		4	5	1	
Methotrexate	Injection 20 mg in 0.4 mL pre-filled syringe	Injection	Trexject	LM	MP	C15068		4	5	1	
Methotrexate	Injection 25 mg in 0.5 mL pre-filled syringe	Injection	Trexject	LM	MP NP	C7488 C7518		4	5	1	
Methotrexate	Injection 25 mg in 0.5 mL pre-filled syringe	Injection	Trexject	LM	MP	C15068		4	5	1	
Methotrexate	Injection 50 mg in 2 mL vial	Injection	DBL Methotrexate	PF	MP NP			5	5	5	
Methotrexate	Injection 50 mg in 2 mL vial	Injection	DBL Methotrexate	PF	MP		P14238	10	5	5	
Methotrexate	Solution concentrate for I.V. infusion 500 mg in 20 mL vial	Injection	DBL Methotrexate	PF	MP		P6276	See Note 3	See Note 3	1	PB(100)
Methotrexate	Solution concentrate for I.V. infusion 1000 mg in 10 mL vial	Injection	DBL Methotrexate	PF	MP		P6276	See Note 3	See Note 3	1	PB(100)
Methotrexate	Solution concentrate for I.V. infusion 1000 mg in 10 mL vial	Injection	Methotrexate Accord	OD	MP		P6276	See Note 3	See Note 3	1	PB(100)
Methotrexate	Solution concentrate for I.V. infusion 5000 mg in 50 mL vial	Injection	Methotrexate Ebewe	SZ	MP		P6276	See Note 3	See Note 3	1	PB(100)
Methotrexate	Tablet 2.5 mg	Oral	ARX-Methotrexate	XT	MP NP			30	5	30	
Methotrexate	Tablet 2.5 mg	Oral	Chexate	OX	MP NP			30	5	30	
Methotrexate	Tablet 2.5 mg	Oral	Methoblastin	PF	MP NP			30	5	30	
Methotrexate	Tablet 10 mg	Oral	ARX-Methotrexate	XT	MP NP			15	3	15	
Methotrexate	Tablet 10 mg	Oral	ARX-Methotrexate	XT	MP NP		P5648	50	2	50	

Methotrexate	Tablet 10 mg	Oral	Chexate	OX	MP NP		15	3	15
Methotrexate	Tablet 10 mg	Oral	Chexate	OX	MP NP	P5648	50	2	50
Methotrexate	Tablet 10 mg	Oral	Methoblastin	PF	MP NP		15	3	15
Methotrexate	Tablet 10 mg	Oral	Methoblastin	PF	MP NP	P5648	50	2	50

[120] Schedule 1, Part 1, entry for Metoclopramide

substitute:

Metoclopramide	Injection containing 10 mg metoclopramide hydrochloride (as monohydrate) in 2 mL	Injection	Metoclopramide HCl Medsurge	DZ	MP NP MW PDP		10	0	10
Metoclopramide	Injection containing 10 mg metoclopramide hydrochloride (as monohydrate) in 2 mL	Injection	Metoclopramide HCl Medsurge	DZ	MP NP	P6084	40 CN6084	2 CN6084	10
Metoclopramide	Injection containing 10 mg metoclopramide hydrochloride (as monohydrate) in 2 mL	Injection	METOCLOPRAMIDE INJECTION BP	WZ	MP NP MW PDP		10	0	10
Metoclopramide	Injection containing 10 mg metoclopramide hydrochloride (as monohydrate) in 2 mL	Injection	METOCLOPRAMIDE INJECTION BP	WZ	MP NP	P6084	40 CN6084	2 CN6084	10
Metoclopramide	Tablet containing 10 mg metoclopramide hydrochloride (as monohydrate)	Oral	APO-Metoclopramide	TX	MP NP MW PDP		25	0	25
Metoclopramide	Tablet containing 10 mg metoclopramide hydrochloride (as monohydrate)	Oral	APO-Metoclopramide	TX	MP NP		100	5	25
Metoclopramide	Tablet containing 10 mg metoclopramide	Oral	EMEXLON	RW	MP NP MW		25	0	25

	hydrochloride (as monohydrate)				PDP						
Metoclopramide	Tablet containing 10 mg metoclopramide hydrochloride (as monohydrate)	Oral	EMEXLON	RW	MP NP		100	5		25	
Metoclopramide	Tablet containing 10 mg metoclopramide hydrochloride (as monohydrate)	Oral	Maxolon	IL	MP NP MW PDP		25	0		25	
Metoclopramide	Tablet containing 10 mg metoclopramide hydrochloride (as monohydrate)	Oral	Maxolon	IL	MP NP		100	5		25	
Metoclopramide	Tablet containing 10 mg metoclopramide hydrochloride (as monohydrate)	Oral	Pramin	AF	MP NP MW PDP		25	0		25	
Metoclopramide	Tablet containing 10 mg metoclopramide hydrochloride (as monohydrate)	Oral	Pramin	AF	MP NP		100	5		25	

[121] Schedule 1, Part 1, entry for Midazolam

omit from the column headed "Section 100/ Prescriber Bag only": **D(MP) D(NP)** *substitute:* **PB(MP) PB(NP)**

[122] Schedule 1, Part 1, after entry for Midazolam

insert:

Midazolam	Oromucosal solution (as maleate) 5 mg in 0.5 mL single use pre-filled oral syringe	Buccal	Zyamis	IX	MP NP	C15456	2	1	V15456	1
Midazolam	Oromucosal solution (as maleate) 5 mg in 0.5 mL single use pre-filled oral	Buccal	Zyamis	IX	MP	C15457	2	1	V15457	1

	syringe										
Midazolam	Oromucosal solution (as maleate) 7.5 mg in 0.75 mL single use pre-filled oral syringe	Buccal	Zyamis	IX	MP NP	C15456	2	1	V15456	1	
Midazolam	Oromucosal solution (as maleate) 7.5 mg in 0.75 mL single use pre-filled oral syringe	Buccal	Zyamis	IX	MP	C15457	2	1	V15457	1	
Midazolam	Oromucosal solution (as maleate) 10 mg in 1 mL single use pre-filled oral syringe	Buccal	Zyamis	IX	MP NP	C15456	2	1	V15456	1	
Midazolam	Oromucosal solution (as maleate) 10 mg in 1 mL single use pre-filled oral syringe	Buccal	Zyamis	IX	MP	C15457	2	1	V15457	1	

[123] Schedule 1, Part 1, entry for Mitozantrone

omit:

Mitozantrone	Injection 25 mg (as hydrochloride) in 12.5 mL	Injection	Onkotrone	BX	MP		See Note 3	See Note 3		1	D(100)

[124] Schedule 1, Part 1, after entry for Montelukast in the form Tablet, chewable, 4 mg (as sodium) *[Brand: Montelukast Sandoz 4]*

insert:

Montelukast	Tablet, chewable, 4 mg (as sodium)	Oral	Montelukast Viatris	AL	MP NP	C6666	28	5		28	

[125] Schedule 1, Part 1, entry for Mycophenolic acid in the form Capsule containing mycophenolate mofetil 250 mg

omit:

Mycophenolic acid	Capsule containing mycophenolate mofetil 250 mg	Oral	CellCept	RO	MP		300	5		100	

Mycophenolic acid	Capsule containing mycophenolate mofetil 250 mg	Oral	CellCept	RO	MP		P14238	600	5	100

[126] Schedule 1, Part 1, entry for Mycophenolic acid in the form Tablet containing mycophenolate mofetil 500 mg

omit:

Mycophenolic acid	Tablet containing mycophenolate mofetil 500 mg	Oral	CellCept	RO	MP			150	5	50
Mycophenolic acid	Tablet containing mycophenolate mofetil 500 mg	Oral	CellCept	RO	MP		P14238	300	5	50

[127] Schedule 1, Part 1, entry for Niraparib

omit:

Niraparib	Capsule 100 mg (as tosilate monohydrate)	Oral	Zejula	GK	MP	C15230 C15239	P15230 P15239	56	2	56
Niraparib	Capsule 100 mg (as tosilate monohydrate)	Oral	Zejula	GK	MP	C15160 C15203	P15160 P15203	56	5	56
Niraparib	Capsule 100 mg (as tosilate monohydrate)	Oral	Zejula	GK	MP	C15108 C15162	P15108 P15162	84	2	84
Niraparib	Capsule 100 mg (as tosilate monohydrate)	Oral	Zejula	GK	MP	C15155 C15181	P15155 P15181	84	5	84

[128] Schedule 1, Part 1, entry for Nivolumab

substitute:

Nivolumab	Injection concentrate for I.V. infusion 40 mg in 4 mL	Injection	Opdivo	BQ	MP	C9216 C9252 C9298 C9299 C9312 C9321 C10119 C10120 C11468 C11477 C11985 C13433 C13445 C13839		See Note 3	See Note 3	1	D(100)

						C13900 C14001 C14676 C14816 C14830 C15471 C15527						
Nivolumab	Injection concentrate for I.V. infusion 100 mg in 10 mL	Injection	Opdivo	BQ	MP	C9216 C9252 C9298 C9299 C9312 C9321 C10119 C10120 C11468 C11477 C11985 C13433 C13445 C13839 C13900 C14001 C14676 C14816 C14830 C15471 C15527	See Note 3	See Note 3		1	D(100)	

[129] Schedule 1, Part 1, omit entry for Oxprenolol

[130] Schedule 1, Part 1, entry for Oxycodone in the form Capsule containing oxycodone hydrochloride 5 mg

substitute:

Oxycodone	Capsule containing oxycodone hydrochloride 5 mg	Oral	Oxycodone BNM	BZ	PDP	C10768	P10768	20	0		20	
Oxycodone	Capsule containing oxycodone hydrochloride 5 mg	Oral	Oxycodone BNM	BZ	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20	
Oxycodone	Capsule containing oxycodone hydrochloride 5 mg	Oral	OxyNorm	MF	MP NP PDP	C10766	P10766	10	0		10	
Oxycodone	Capsule containing oxycodone hydrochloride 5 mg	Oral	OxyNorm	MF	PDP	C10768	P10768	20	0		20	
Oxycodone	Capsule containing oxycodone hydrochloride 5 mg	Oral	OxyNorm	MF	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20	

[131] Schedule 1, Part 1, entry for Oxycodone in the form Capsule containing oxycodone hydrochloride 10 mg

substitute:

Oxycodone	Capsule containing oxycodone hydrochloride 10 mg	Oral	Oxycodone BNM	BZ	MP NP PDP	C10766	P10766	10	0		20
Oxycodone	Capsule containing oxycodone hydrochloride 10 mg	Oral	Oxycodone BNM	BZ	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20
Oxycodone	Capsule containing oxycodone hydrochloride 10 mg	Oral	Oxycodone BNM	BZ	PDP	C10768	P10768	20	0		20
Oxycodone	Capsule containing oxycodone hydrochloride 10 mg	Oral	OxyNorm	MF	MP NP PDP	C10766	P10766	10	0		20
Oxycodone	Capsule containing oxycodone hydrochloride 10 mg	Oral	OxyNorm	MF	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20
Oxycodone	Capsule containing oxycodone hydrochloride 10 mg	Oral	OxyNorm	MF	PDP	C10768	P10768	20	0		20

[132] Schedule 1, Part 1, entry for Oxycodone in the form Capsule containing oxycodone hydrochloride 20 mg

insert as first entry:

Oxycodone	Capsule containing oxycodone hydrochloride 20 mg	Oral	Oxycodone BNM	BZ	MP NP	C10764 C10771 C10772		20	0	V10764 V10771 V10772	20

[133] Schedule 1, Part 1, after entry for Patiromer in the form Powder for oral suspension 16.8 g *[Authorised Prescriber: MP; Maximum Quantity: 30; Number of Repeats: 5]*

insert:

Patisiran	Solution concentrate for I.V. infusion 10 mg in 5 mL	Injection	Onpattro	WM	MP	See Note 3	See Note 3	See Note 3	See Note 3	1	D(100)

[134] Schedule 1, Part 1, after entry for Permethrin

insert:

Permethrin	Cream 50 mg per g, 60 g (S19A)	Application	Permethrin Cream 5% w/w (Encube Ethicals, USA)	RQ	MP NP		1	0	1

[135] Schedule 1, Part 1, entry for Pregabalin in the form Capsule 25 mg

omit:

Pregabalin	Capsule 25 mg	Oral	Cipla Pregabalin	LR	MP NP	C4172	56	5	56

[136] Schedule 1, Part 1, entry for Pregabalin in the form Capsule 75 mg

omit:

Pregabalin	Capsule 75 mg	Oral	Cipla Pregabalin	LR	MP NP	C4172	56	5	56

[137] Schedule 1, Part 1, entry for Pregabalin in the form Capsule 300 mg

omit:

Pregabalin	Capsule 300 mg	Oral	Cipla Pregabalin	LR	MP NP	C4172	56	5	56

[138] Schedule 1, Part 1, entry for Protein hydrolysate formula with medium chain triglycerides

omit:

Protein hydrolysate formula with medium chain triglycerides	Oral powder 400 g (Alfaré)	Oral	Alfaré	NT	MP NP	C6137 C6138 C6148 C6157 C6158 C6166 C6174 C6182 C6193 C6194 C6195 C6204 C6205 C6206	8	5	1

[139] Schedule 1, Part 1, entry for Quetiapine in the form Tablet (modified release) 50 mg (as fumarate)

substitute:

Quetiapine	Tablet (modified release)	Oral	APX-Quetiapine	TY	MP NP	C4246 C5611	60	5	60

	50 mg (as fumarate)		XR			C5639			
Quetiapine	Tablet (modified release) 50 mg (as fumarate)	Oral	QUETIAPINE-AS XR	RW	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 50 mg (as fumarate)	Oral	Quetiapine Sandoz XR	SZ	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 50 mg (as fumarate)	Oral	Quetia XR	OW	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 50 mg (as fumarate)	Oral	Seroquel XR	AL	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 50 mg (as fumarate)	Oral	Tevatiapine XR	TB	MP NP	C4246 C5611 C5639	60	5	60

[140] Schedule 1, Part 1, entry for Quetiapine in the form Tablet (modified release) 200 mg (as fumarate)

substitute:

Quetiapine	Tablet (modified release) 200 mg (as fumarate)	Oral	APX-Quetiapine XR	TY	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 200 mg (as fumarate)	Oral	QUETIAPINE-AS XR	RW	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 200 mg (as fumarate)	Oral	Quetiapine Sandoz XR	SZ	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 200 mg (as fumarate)	Oral	Quetia XR	OW	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 200 mg (as fumarate)	Oral	Seroquel XR	AL	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 200 mg (as fumarate)	Oral	Tevatiapine XR	TB	MP NP	C4246 C5611 C5639	60	5	60

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

substitute:

Quetiapine	Tablet (modified release)	Oral	APX-Quetiapine	TY	MP NP	C4246 C5611	60	5	60

	300 mg (as fumarate)		XR			C5639			
Quetiapine	Tablet (modified release) 300 mg (as fumarate)	Oral	QUETIAPINE-AS XR	RW	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 300 mg (as fumarate)	Oral	Quetiapine Sandoz XR	SZ	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 300 mg (as fumarate)	Oral	Quetia XR	OW	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 300 mg (as fumarate)	Oral	Seroquel XR	AL	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 300 mg (as fumarate)	Oral	Tevatiapine XR	TB	MP NP	C4246 C5611 C5639	60	5	60

[142] Schedule 1, Part 1, entry for Quetiapine in the form Tablet (modified release) 400 mg (as fumarate)

substitute:

Quetiapine	Tablet (modified release) 400 mg (as fumarate)	Oral	APX-Quetiapine XR	TY	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 400 mg (as fumarate)	Oral	QUETIAPINE-AS XR	RW	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 400 mg (as fumarate)	Oral	Quetiapine Sandoz XR	SZ	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 400 mg (as fumarate)	Oral	Quetia XR	OW	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 400 mg (as fumarate)	Oral	Seroquel XR	AL	MP NP	C4246 C5611 C5639	60	5	60
Quetiapine	Tablet (modified release) 400 mg (as fumarate)	Oral	Tevatiapine XR	TB	MP NP	C4246 C5611 C5639	60	5	60

[143] Schedule 1, Part 1, after entry for Ramipril in the form Tablet 10 mg *[Brand: Ramipril Sandoz; Maximum Quantity: 60; Number of Repeats: 5]*

insert:

Ramipril	Tablet 10 mg	Oral	Ramipril Viatris	AL	MP NP			30	5	30	
Ramipril	Tablet 10 mg	Oral	Ramipril Viatris	AL	MP NP		P14238	60	5	30	

[144] Schedule 1, Part 1, entry for Ribavirin

omit:

Ribavirin	Tablet 200 mg	Oral	Ibavyr	IX	MP NP	C5957		200	2	100	C(100)

[145] Schedule 1, Part 1, entry for Risperidone in each of the forms: Tablet 3 mg; and Tablet 4 mg

omit from the column headed "Purposes" (all instances): **P4246 P5907**

[146] Schedule 1, Part 1, entry for Roxithromycin in the form Tablet 150 mg *[Brand: APO-Roxithromycin; Maximum Quantity: 10; Number of Repeats: 0]*

(a) *omit from the column headed "Authorised Prescriber":* **MP NP** *substitute:* **MP NP PDP**

(b) *omit:*

Roxithromycin	Tablet 150 mg	Oral	APO-Roxithromycin	TX	PDP			10	0	10	

[147] Schedule 1, Part 1, entry for Roxithromycin in the form Tablet 150 mg *[Brand: APX-Roxithromycin; Maximum Quantity: 10; Number of Repeats: 0]*

(a) *omit from the column headed "Authorised Prescriber":* **MP NP** *substitute:* **MP NP PDP**

(b) *omit:*

Roxithromycin	Tablet 150 mg	Oral	APX-Roxithromycin	TY	PDP			10	0	10	

[148] Schedule 1, Part 1, entry for Roxithromycin in the form Tablet 150 mg *[Brand: Roxar 150; Maximum Quantity: 10; Number of Repeats: 0]*

(a) *omit from the column headed "Authorised Prescriber":* **MP NP** *substitute:* **MP NP PDP**

(b) *omit:*

Roxithromycin	Tablet 150 mg	Oral	Roxar 150	RW	PDP			10	0	10	

[149] **Schedule 1, Part 1, entry for Roxithromycin in the form Tablet 150 mg *[Brand: Roxithromycin Sandoz; Maximum Quantity: 10; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP** *substitute:* **MP NP PDP**

(b) *omit:*

Roxithromycin	Tablet 150 mg	Oral	Roxithromycin Sandoz	SZ	PDP		10	0	10

[150] **Schedule 1, Part 1, entry for Roxithromycin in the form Tablet 300 mg *[Brand: APO-Roxithromycin; Maximum Quantity: 5; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP** *substitute:* **MP NP PDP**

(b) *omit:*

Roxithromycin	Tablet 300 mg	Oral	APO-Roxithromycin	TX	PDP		5	0	5

[151] **Schedule 1, Part 1, entry for Roxithromycin in the form Tablet 300 mg *[Brand: APX-Roxithromycin; Maximum Quantity: 5; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP** *substitute:* **MP NP PDP**

(b) *omit:*

Roxithromycin	Tablet 300 mg	Oral	APX-Roxithromycin	TY	PDP		5	0	5

[152] **Schedule 1, Part 1, entry for Roxithromycin in the form Tablet 300 mg *[Brand: Roxar 300; Maximum Quantity: 5; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP** *substitute:* **MP NP PDP**

(b) *omit:*

Roxithromycin	Tablet 300 mg	Oral	Roxar 300	RW	PDP		5	0	5

[153] **Schedule 1, Part 1, entry for Roxithromycin in the form Tablet 300 mg *[Brand: Roxithromycin Sandoz; Maximum Quantity: 5; Number of Repeats: 0]***

(a) *omit from the column headed "Authorised Prescriber":* **MP NP** *substitute:* **MP NP PDP**

(b) *omit:*

Roxithromycin	Tablet 300 mg	Oral	Roxithromycin Sandoz	SZ	PDP		5	0	5	

[154] Schedule 1, Part 1, after entry for Selinexor in the form Tablet 20 mg *[Pack Quantity: 32]*

insert:

Selumetinib	Capsule 10 mg	Oral	Koselugo	XI	MP	C15477 C15490 C15491	60	5	60	
Selumetinib	Capsule 25 mg	Oral	Koselugo	XI	MP	C15477 C15490 C15491	60	5	60	

[155] Schedule 1, Part 1, after entry for Sertraline in the form Tablet 50 mg (as hydrochloride) *[Brand: APO-Sertraline]*

insert:

Sertraline	Tablet 50 mg (as hydrochloride)	Oral	Blooms The Chemist Sertraline	BG	MP NP	C4755 C6277 C6289	30	5	30	

[156] Schedule 1, Part 1, after entry for Sertraline in the form Tablet 100 mg (as hydrochloride) *[Brand: APO-Sertraline]*

insert:

Sertraline	Tablet 100 mg (as hydrochloride)	Oral	Blooms The Chemist Sertraline	BG	MP NP	C4755 C6277 C6289	30	5	30	

[157] Schedule 1, Part 1, entry for Sofosbuvir with velpatasvir

omit:

Sofosbuvir with velpatasvir	Tablet containing 400 mg sofosbuvir with 100 mg velpatasvir	Oral	Epclusa	GI	MP NP	C5969	28	2	28	C(100)

[158] Schedule 1, Part 1, after entry for Tadalafil in the form Tablet 20 mg *[Brand: TADALIS 20]*

insert:

Tadalafil	Tablet 20 mg	Oral	Tadalis 20	LR	MP	See Note 3	See Note 3	See Note 3	See Note 3	60	D(100)

[159] Schedule 1, Part 1, omit entries for Tafluprost

[160] Schedule 1, Part 1, entry for Tenofovir

substitute:

Tenofovir	Tablet containing tenofovir disoproxil fumarate 300 mg	Oral	Tenofovir APOTEX	TX	MP NP	C10362	P10362	60	2	30	D(100)
Tenofovir	Tablet containing tenofovir disoproxil fumarate 300 mg	Oral	Tenofovir APOTEX	TX	MP NP	C6980 C6982 C6983 C6984 C6992 C6998	P6980 P6982 P6983 P6984 P6992 P6998	60	5	30	D(100)
Tenofovir	Tablet containing tenofovir disoproxil fumarate 300 mg	Oral	TENOFOVIR ARX	XT	MP NP	C10362	P10362	60	2	30	D(100)
Tenofovir	Tablet containing tenofovir disoproxil fumarate 300 mg	Oral	TENOFOVIR ARX	XT	MP NP	C6980 C6982 C6983 C6984 C6992 C6998	P6980 P6982 P6983 P6984 P6992 P6998	60	5	30	D(100)
Tenofovir	Tablet containing tenofovir disoproxil fumarate 300 mg	Oral	Tenofovir Sandoz	SZ	MP NP	C10362	P10362	60	2	30	D(100)
Tenofovir	Tablet containing tenofovir disoproxil fumarate 300 mg	Oral	Tenofovir Sandoz	SZ	MP NP	C6980 C6982 C6983 C6984 C6992 C6998	P6980 P6982 P6983 P6984 P6992 P6998	60	5	30	D(100)
Tenofovir	Tablet containing tenofovir disoproxil fumarate 300 mg	Oral	Viread	GI	MP NP	C10362	P10362	60	2	30	D(100)
Tenofovir	Tablet containing tenofovir disoproxil fumarate 300 mg	Oral	Viread	GI	MP NP	C6980 C6982 C6983 C6984 C6992 C6998	P6980 P6982 P6983 P6984 P6992 P6998	60	5	30	D(100)
Tenofovir	Tablet containing tenofovir disoproxil maleate 300 mg	Oral	Tenofovir Disoproxil Mylan	AF	MP NP	C10362	P10362	60	2	30	D(100)
Tenofovir	Tablet containing tenofovir disoproxil maleate 300 mg	Oral	Tenofovir Disoproxil Mylan	AF	MP NP	C6980 C6982 C6983 C6984 C6992 C6998	P6980 P6982 P6983 P6984 P6992 P6998	60	5	30	D(100)
Tenofovir	Tablet containing tenofovir disoproxil maleate 300 mg	Oral	Tenofovir Disoproxil Viatris	AL	MP NP	C10362	P10362	60	2	30	D(100)

Tenofovir	Tablet containing tenofovir disoproxil maleate 300 mg	Oral	Tenofovir Disoproxil Viatris	AL	MP NP	C6980 C6982 C6983 C6984 C6992 C6998	P6980 P6982 P6983 P6984 P6992 P6998	60	5	30	D(100)
Tenofovir	Tablet containing tenofovir disoproxil phosphate 291 mg	Oral	Tenofovir GH	GQ	MP NP	C10362	P10362	60	2	30	D(100)
Tenofovir	Tablet containing tenofovir disoproxil phosphate 291 mg	Oral	Tenofovir GH	GQ	MP NP	C6980 C6982 C6983 C6984 C6992 C6998	P6980 P6982 P6983 P6984 P6992 P6998	60	5	30	D(100)

[161] Schedule 1, Part 1, after entry for Teriparatide in the form Injection 250 micrograms per mL, 2.4 mL in multi-dose pre-filled pen *[Brand: Terrosa]*

insert:

Testosterone	I.M. injection containing testosterone undecanoate 1,000 mg in 4 mL	Injection	Gonadron	RA	MP	C6324 C6910 C6919 C6933 C6934	1	1	1

[162] Schedule 1, Part 1, after entry for Testosterone in the form I.M. injection containing testosterone undecanoate 1,000 mg in 4 mL *[Brand: Reandron 1000]*

insert:

Testosterone	I.M. injection containing testosterone undecanoate 1,000 mg in 4 mL	Injection	REJUNON 1000	JU	MP	C6324 C6910 C6919 C6933 C6934	1	1	1

[163] Schedule 1, Part 1, entry for Timolol

substitute:

Timolol	Eye drops 5 mg (as maleate) per mL, 5 mL	Application to the eye	Timoptol	MF	MP AO		1	5	1
Timolol	Eye drops (gellan gum solution) 5 mg (as maleate) per mL, 2.5 mL	Application to the eye	Timoptol XE	MF	MP AO		1	5	1
Timolol	Eye drops (gellan gum solution) 5 mg (as maleate)	Application to the eye	Timoptol XE 0.50% (South Africa)	LM	MP AO		1	5	1

	per mL, 2.5 mL (S19A)

[164] Schedule 1, Part 1, entry for Valganciclovir

substitute:

Valganciclovir	Powder for oral solution 50 mg (as hydrochloride) per mL, 100 mL	Oral	Valcyte	PB	MP NP	C4980	11	5	1	D(100)
Valganciclovir	Powder for oral solution 50 mg (as hydrochloride) per mL, 100 mL	Oral	Valcyte	PB	MP	C4989 C9316	11	5	1	D(100)
Valganciclovir	Tablet 450 mg (as hydrochloride)	Oral	Valganciclovir Sandoz	SZ	MP NP	C4980	120	5	60	D(100)
Valganciclovir	Tablet 450 mg (as hydrochloride)	Oral	Valganciclovir Sandoz	SZ	MP	C4989 C9316	120	5	60	D(100)
Valganciclovir	Tablet 450 mg (as hydrochloride)	Oral	Valganciclovir Viatris	AL	MP NP	C4980	120	5	60	D(100)
Valganciclovir	Tablet 450 mg (as hydrochloride)	Oral	Valganciclovir Viatris	AL	MP	C4989 C9316	120	5	60	D(100)

[165] Schedule 1, Part 1, entry for Zoledronic acid in the form Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL

substitute:

Zoledronic acid	Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL	Injection	APO-Zoledronic Acid	TX	MP	C5605 C5703 C5704 C5735 C9268 C9304 C9317 C9328		1	11	1	PB(100)
Zoledronic acid	Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL	Injection	DEZTRON	DZ	MP	C14729 C14735	P14729 P14735	1	0	1	PB(100)
Zoledronic acid	Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL	Injection	DEZTRON	DZ	MP	C5605 C5703 C5704 C5735 C9268 C9304 C9317 C9328	P5605 P5703 P5704 P5735 P9268 P9304 P9317 P9328	1	11	1	PB(100)

Zoledronic acid	Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL	Injection	Zoledronate-DRLA 4	RZ	MP	C5605 C5703 C5704 C5735 C9268 C9304 C9317 C9328		1	11	1	PB(100)
Zoledronic acid	Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL	Injection	Zoledronic Acid Accord	OC	MP	C14729 C14735	P14729 P14735	1	0	1	PB(100)
Zoledronic acid	Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL	Injection	Zoledronic Acid Accord	OC	MP	C5605 C5703 C5704 C5735 C9268 C9304 C9317 C9328	P5605 P5703 P5704 P5735 P9268 P9304 P9317 P9328	1	11	1	PB(100)
Zoledronic acid	Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL	Injection	Zometa	SA	MP	C5605 C5703 C5704 C5735 C9268 C9304 C9317 C9328		1	11	1	PB(100)

[166] Schedule 1, Part 2, after entry for Acalabrutinib

insert:

Alirocumab	Injection 75 mg in 1 mL single use pre-filled pen	Injection	Praluent	SW	2
Alirocumab	Injection 150 mg in 1 mL single use pre-filled pen	Injection	Praluent	SW	2
Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides	Oral powder 400 g (Alfamino)	Oral	Alfamino	NT	1

[167] Schedule 1, Part 2, entry for Fluorometholone

substitute:

Fluorometholone	Eye drops 1 mg per mL, 5 mL	Application to the eye	FML Liquifilm	VE	1

[168] Schedule 1, Part 2, after entry for Fluorometholone

insert:

Glucose indicator-urine	Test strips, 50 (Diastix)	For external use	Diastix	DX	1

[169] Schedule 1, Part 2, after entry for Ketoconazole

insert:

Mepolizumab	Powder for injection 100 mg	Injection	Nucala	GK	1
Niraparib	Capsule 100 mg (as tosilate monohydrate)	Orald	Zejula	GK	56
Niraparib	Capsule 100 mg (as tosilate monohydrate)	Oral	Zejula	GK	84
Protein hydrolysate formula with medium chain triglycerides	Oral powder 400 g (Alfaré)	Oral	Alfaré	NT	1

[170] Schedule 1, Part 2, omit entries for Raltegravir

[171] Schedule 3

omit:

GG	Gem Pharma Pty Ltd	45 641 456 868

[172] Schedule 4, Part 1, entry for Circumstances Code "C5533"

omit from the column headed "Listed Drug": **Amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine and tyrosine, and supplemented with docosahexanoic acid**

substitute: **Amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine and tyrosine, and supplemented with docosahexaenoic acid**

[173] Schedule 4, Part 1, entry for Circumstances Code "C5534"

omit from the column headed "Listed Drug": **Amino acid formula with fat, carbohydrate, vitamins, minerals, and trace elements, without methionine and supplemented with docosahexanoic acid**

substitute: **Amino acid formula with fat, carbohydrate, vitamins, minerals, and trace elements, without methionine and supplemented with docosahexaenoic acid**

[174] Schedule 4, Part 1, entry for Circumstances Code "C5571"

omit from the column headed "Listed Drug": **Amino acid formula with vitamins and minerals without valine, leucine and isoleucine with fat, carbohydrate and trace elements and supplemented with docosahexanoic acid**
substitute: **Amino acid formula with vitamins and minerals without valine, leucine and isoleucine with fat, carbohydrate and trace elements and supplemented with docosahexaenoic acid**

[175] Schedule 4, Part 1, entry for Circumstances Code "C5852"

omit from the column headed "Listed Drug": **Glucose indicator-urine**

[176] Schedule 4, Part 1, omit entry for Circumstances Code "C6206"

[177] Schedule 4, Part 1, omit entry for Circumstances Code "C6604"

[178] Schedule 4, Part 1, omit entry for Circumstances Code "C10126"

[179] Schedule 4, Part 1, entry for Circumstances Code "C12871"

omit from the column headed "Authority Requirements (part of Circumstances; or Conditions)": **Compliance with Authority Required procedures**
substitute: **Compliance with Written Authority Required procedures**

[180] Schedule 4, Part 1, entry for Circumstances Code "C12872"

omit from the column headed "Authority Requirements (part of Circumstances; or Conditions)": **Compliance with Authority Required procedures**
substitute: **Compliance with Written Authority Required procedures**

[181] Schedule 4, Part 1, omit entry for Circumstances Code "C13166"

[182] Schedule 4, Part 1, omit entry for Circumstances Code "C13242"

[183] Schedule 4, Part 1, omit entry for Circumstances Code "C13313"

[184] Schedule 4, Part 1, omit entry for Circumstances Code "C15108"

[185] Schedule 4, Part 1, omit entry for Circumstances Code "C15155"

[186] Schedule 4, Part 1, omit entry for Circumstances Code "C15160"

[187] Schedule 4, Part 1, omit entry for Circumstances Code "C15162"

[188] Schedule 4, Part 1, entry for Circumstances Code "C15177"

omit from the column headed "Listed Drug": **Alirocumab**

[189] Schedule 4, Part 1, omit entry for Circumstances Code "C15181"

[190] Schedule 4, Part 1, entry for Circumstances Code "C15201"

omit from the column headed "Listed Drug": **Alirocumab**

[191] Schedule 4, Part 1, omit entry for Circumstances Code "C15203"

[192] Schedule 4, Part 1, omit entry for Circumstances Code "C15230"

[193] Schedule 4, Part 1, omit entry for Circumstances Code "C15239"

[194] Schedule 4, Part 1, omit entry for Circumstances Code "C15366"

[195] Schedule 4, Part 1, omit entry for Circumstances Code "C15409"

[196] Schedule 4, Part 1, after entry for Circumstances Code "C15443"

insert:

C15445	P15445	CN15445	Adalimumab	Vision threatening non-infectious uveitis Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must have demonstrated an adequate response to treatment with this drug for this condition; AND The treatment must not exceed 24 weeks under this restriction per authority application. Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion. An adequate response to treatment is defined as: (a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or	Compliance with Authority Required procedures - Streamlined Authority Code 15445

				(b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or (c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or (d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only) The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.	
C15446	P15446	CN15446	Adalimumab	Vision threatening non-infectious uveitis Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must demonstrated or sustained an adequate response to treatment with this drug for this condition; AND The treatment must not exceed 24 weeks under this restriction per authority application. Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion. An adequate response to treatment is defined as: (a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or (b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or (c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or (d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only) The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to	Compliance with Authority Required procedures

				completing their current course of treatment.	
C15450	P15450	CN15450	Adalimumab	Vision threatening non-infectious uveitis Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements Patient must have previously received non-PBS-subsidised treatment with this drug for this condition prior to 1 August 2024; AND Patient must have non-infectious uveitis that is vision threatening with the diagnosis confirmed by an ophthalmologist, rheumatologist, or immunologist; AND Patient must have failed to achieve an adequate response to corticosteroid therapy in combination with at least 1 immunosuppressive agent prior to commencing non-PBS-subsidised treatment; OR Patient must have flared when corticosteroid therapy was tapered to a dose of less than or equal to 7.5 mg per day of prednisone or equivalent while on immunomodulatory therapy prior to commencing non-PBS-subsidised treatment; OR Patient must have failed to achieve an adequate response to prior conventional immunomodulatory therapy in patients for whom corticosteroids are not clinically appropriate prior to commencing non-PBS-subsidised treatment; OR Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contraindication to corticosteroid and immunomodulatory therapy prior to commencing non-PBS-subsidised treatment; AND Patient must have demonstrated or sustained an adequate response to treatment with this drug for this condition if they have received more than 25 weeks of non-PBS-subsidised treatment; AND The treatment must not exceed 24 weeks under this restriction. Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion. Vision threatening disease is defined as at least 1 of the following: (a) A decrease in visual acuity of at least 10 letters using an ETDRS chart or equivalent; (b) A 2-step increase in anterior chamber cells or vitreous haze; (c) New retinal vasculitis; (d) New retinal or choroidal lesions; (e) Other signs of disease progression including visual field changes or electroretinogram changes An adequate response to treatment is defined as:	Compliance with Authority Required procedures

				(a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or (b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or (c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or (d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only)	
C15454	P15454	CN15454	Cabozantinib	Locally advanced or metastatic differentiated thyroid cancer Initial treatment The condition must be refractory to radioactive iodine; OR Patient must be deemed ineligible for treatment with radioactive iodine; AND Patient must have progressive disease according to Response Evaluation Criteria in Solid Tumours (RECIST) whilst on treatment with a vascular endothelial growth factor (VEGF)-targeted tyrosine kinase inhibitor (TKI) for this indication; OR Patient must have developed intolerance of a severity necessitating permanent treatment withdrawal, in the absence of disease progression, to prior VEGF-targeted TKI therapy; AND Patient must have a WHO performance status of no higher than 2; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must have thyroid stimulating hormone adequately suppressed. Radioactive iodine refractory is defined as: (i) a lesion without iodine uptake on a radioactive iodine (RAI) scan; or (ii) having received a cumulative RAI dose of greater than or equal to 600 mCi; or (iii) progression within 12 months of a single RAI treatment; or (iv) progression after two RAI treatments administered within 12 months of each other.	Compliance with Authority Required procedures - Streamlined Authority Code 15454
C15455	P15455	CN15455	Atezolizumab	Resected early stage (Stage II to IIIA) non-small cell lung cancer (NSCLC) 1,875 mg administered once every 3 weeks Patient must be both: (i) initiating treatment, (ii) untreated with programmed cell death-1/ligand 1 (PD-1/PD-L1) inhibitor therapy; OR Patient must be continuing existing PBS-subsidised treatment with this drug; OR Patient must be both: (i) transitioning from existing non-PBS to PBS subsidised supply of this drug, (ii) untreated with programmed cell death-1/ligand 1 (PD-1/PD-L1) inhibitor	Compliance with Authority Required procedures - Streamlined Authority Code 15455

				therapy at the time this drug was initiated. Patient must have/have had a WHO performance status score of no greater than 1 at treatment initiation with this drug. The treatment must be for the purpose of adjuvant therapy following all of: (i) surgical resection, (ii) platinum-based chemotherapy; AND The condition must have/have had, at treatment commencement, an absence of each of the following gene abnormalities confirmed via tumour material sampling: (i) an activating epidermal growth factor receptor (EGFR) gene mutation, (ii) an anaplastic lymphoma kinase (ALK) gene rearrangement; AND The condition must have/have had, at treatment commencement, confirmation of programmed cell death ligand 1 (PD-L1) expression on at least 50% of tumour cells; AND The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition. Patient must be undergoing treatment that does not occur beyond the following, whichever comes first: (i) the first instance of disease progression/recurrence, (ii) 12 months in total for this condition from the first administered dose; mark any remaining repeat prescriptions with the words 'cancelled' where (i)/(ii) has occurred.	
C15456	P15456	CN15456	Midazolam	Generalized convulsive status epilepticus Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition. At the time of the authority application, practitioners should request the appropriate quantity to cater for the patient's circumstances. Up to a maximum of 10 syringes for each prescription can be authorised for patients with high frequency seizures.	Compliance with Authority Required procedures
C15457	P15457	CN15457	Midazolam	Generalized convulsive status epilepticus Initial treatment Patient must have been assessed to be at significant risk of status epilepticus; AND Patient must have experienced at least one prolonged seizure (greater than 5 minutes duration) requiring emergency medical attention within the previous 5 years. Patient must be at least one year of age. The treatment must initiated by a specialist physician experienced in the treatment of epilepsy. At the time of the authority application, medical practitioners should request the appropriate quantity to cater for the patient's circumstances. Up to a maximum of 10 syringes for each prescription can be authorised for patients	Compliance with Authority Required procedures

				with high frequency seizures.	
C15466	P15466	CN15466	Gilteritinib	Relapsed or refractory Acute Myeloid Leukaemia 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 being treated with this drug for this condition; AND The treatment must not be for maintenance therapy post-transplant. Progressive disease monitoring via a complete blood count must be taken at the end of each cycle. If abnormal blood counts suggest the potential for relapsed AML, following a response to gilteritinib, a bone marrow biopsy must be performed to confirm the absence of progressive disease for the patient to be eligible for further cycles. Progressive disease is defined as the presence of any of the following: (a) Leukaemic cells in the CSF; or (b) Re-appearance of circulating blast cells in the peripheral blood, not attributable to overshoot following recovery from myeloablative therapy; or (c) Greater than 5 % blasts in the marrow not attributable to bone marrow regeneration or another cause; or (d) Extramedullary leukaemia.	Compliance with Authority Required procedures
C15467	P15467	CN15467	Larotrectinib	Solid tumours (of certain specified types) with confirmed neurotrophic tropomyosin receptor kinase (NTRK) gene fusion Initial treatment The condition must be confirmed to be positive for a neurotrophic tropomyosin receptor kinase (NTRK) gene fusion prior to treatment initiation with this drug through a pathology report from an Approved Pathology Authority - provide the following evidence: (i) the date of the pathology report substantiating the positive NTRK gene fusion, (ii) the name of the pathology service provider, (iii) the unique identifying number/code linking the pathology test result to the patient; the recency of the pathology report may be of any date; AND The condition must be non-small cell lung cancer confirmed through a pathology report from an Approved Pathology Authority (of any date); OR The condition must be soft tissue sarcoma confirmed through a pathology report from an Approved Pathology Authority (of any date); OR The condition must be confirmed through a pathology report from an Approved Pathology Authority (of any date) as either: (i) glioma, (ii) glioneuronal tumour, (iii)	Compliance with Written Authority Required procedures

				glioblastoma; AND The condition must be metastatic disease; OR The condition must be both: (i) locally advanced, (ii) unresectable; OR The condition must be locally advanced where surgical resection is likely to result in severe morbidity; AND Patient must have received prior systemic treatment for this disease; OR Patient must have a condition that predisposes them to an unacceptable risk of intolerance to other systemic therapies; AND The treatment must be the sole PBS-subsidised anti-cancer therapy for this condition; AND Patient must not receive more than 3 months of treatment under this restriction. Patient must not be undergoing treatment through this Initial treatment phase listing where the patient has developed disease progression while receiving this drug for this condition. Patient must be at least 18 years of age. The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail, and must include: (a) details of the pathology report substantiating the positive NTRK gene fusion. The recency of the pathology report may be of any date. (b) details of the pathology report establishing the carcinoma type (non-small cell lung cancer, soft tissue sarcoma or either glioma/ glioneuronal tumour/ glioblastoma) being treated, if different to the pathology report provided to substantiate the NTRK gene fusion. (c) details of prior systemic treatment for this disease or details of the condition that predisposes the patient to an unacceptable risk of intolerance to other systemic therapies. All reports must be documented in the patient's medical records. If the application is submitted through HPOS form upload or mail, it must include: (i) details of the proposed prescription; and (ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).	
C15469	P15469	CN15469	Beclometasone with formoterol	Asthma Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever	Compliance with Authority Required procedures - Streamlined Authority Code 15469

				therapy; OR Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy. Patient must be at least 18 years of age.	
C15471	P15471	CN15471	Nivolumab	Resectable non-small cell lung cancer (NSCLC) The condition must be at least one of: (i) node positive, (ii) at least 4 cm in size; AND The treatment must be for neoadjuvant use in a patient preparing for surgical resection; AND Patient must have a WHO performance status of 0 or 1; AND The treatment must be in combination with platinum-based chemotherapy. Patient must not be undergoing treatment with more than 3 PBS-subsidised doses of this drug per lifetime for this indication. In non-squamous type NSCLC where any of the following is known to be present, this drug must not be a PBS benefit: (i) activating epidermal growth factor receptor (EGFR) gene mutation, (ii) anaplastic lymphoma kinase (ALK) gene rearrangement.	Compliance with Authority Required procedures - Streamlined Authority Code 15471
C15473	P15473	CN15473	Adalimumab	Vision threatening non-infectious uveitis Balance of Supply Patient must have received PBS-subsidised treatment with this drug for this condition; AND Patient must have received insufficient therapy with this drug for this condition to complete one of the following: (i) 25 weeks for initial treatment; (ii) 25 weeks for recommencement treatment; (iii) 24 weeks for continuing treatment; (iv) 24 weeks for transitioning from non-PBS to PBS-subsidised treatment.	Compliance with Authority Required procedures
C15474	P15474	CN15474	Adalimumab	Vision threatening non-infectious uveitis Initial treatment Patient must have non-infectious uveitis that is vision threatening with the diagnosis confirmed by an ophthalmologist, rheumatologist, or immunologist; AND Patient must have failed to achieve an adequate response to corticosteroid therapy in combination with at least 1 immunosuppressive agent; OR Patient must have flared when corticosteroid therapy was tapered to a dose of less than or equal to 7.5 mg per day of prednisone or equivalent while on immunomodulatory therapy; OR Patient must have failed to achieve an adequate response to at least one immunosuppressive agent in patients for whom corticosteroids are not clinically appropriate; OR	Compliance with Written Authority Required procedures

				Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contraindication to corticosteroid and immunomodulatory therapy; AND The treatment must not exceed 25 weeks under this restriction. Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion. Vision threatening disease is defined as at least 1 of the following: (a) A decrease in visual acuity of at least 10 letters using an ETDRS chart or equivalent; (b) A 2-step increase in anterior chamber cells or vitreous haze; (c) New retinal vasculitis; (d) New retinal or choroidal lesions; (e) Other signs of disease progression including visual field changes or electroretinogram changes A failure to achieve an adequate response is defined as failure to meet one or more of the below criteria: (a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or (b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or (c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or (d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only) Details of prior immunomodulatory agent and corticosteroid treatment, or details of contraindications or developed intolerances necessitating treatment withdrawal, must be documented in the patient's medical record. The authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include details of vision threatening disease. If the application is submitted through HPOS form upload or mail, it must include: (i) details of the proposed prescription; and (ii) a completed authority application form relevant to the indication and treatment	

				phase (the latest version is located on the website specified in the Administrative Advice).	
C15477	P15477	CN15477	Selumetinib	Neurofibromatosis type 1 Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must be tolerating treatment; AND Patient must have achieved either: (i) stabilisation of disease, (ii) adequate response to treatment, if have received at least 12 months of treatment with this drug. Must be treated by a prescriber who is either: (i) a specialist physician with expertise in neurofibromatosis, (ii) a medical practitioner in consultation with a specialist physician with expertise in neurofibromatosis if attendance is not possible due to geographic isolation. At the time of the authority application, medical practitioners must request the appropriate number of packs of appropriate strength(s) to provide sufficient drug, based on the body surface area (BSA) of the patient, adequate for 4 weeks, according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised. Confirmation of eligibility for treatment with diagnostic reports must be documented in the patient's medical records. For the purpose of administering this restriction, adequate response is defined as: 1. stability or improvement of the initial baseline measurements prior to initiating treatment with this drug; 2. relevant imaging has not shown an increase in tumour size of 20% or more.	Compliance with Authority Required procedures
C15479	P15479	CN15479	Cabozantinib	Locally advanced or metastatic differentiated thyroid cancer Continuing treatment The condition must be refractory to radioactive iodine; OR Patient must be deemed ineligible for treatment with radioactive iodine; AND 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 have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST).	Compliance with Authority Required procedures - Streamlined Authority Code 15479
C15485	P15485	CN15485	Avelumab	Locally advanced (Stage III) or metastatic (Stage IV) urothelial cancer	Compliance with Authority Required procedures -

				Maintenance therapy - Initial treatment Patient must have received first-line platinum-based chemotherapy; AND Patient must not have progressive disease following first-line platinum-based chemotherapy; AND Patient must have a WHO performance status of 0 or 1; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must not have received prior treatment with a programmed cell death-1 (PD-1) inhibitor or a programmed cell death ligand-1 (PD-L1) inhibitor for this condition.	Streamlined Authority Code 15485
C15489	P15489	CN15489	Adalimumab	Vision threatening non-infectious uveitis Recommencement of treatment Patient must have a documented history of non-infectious uveitis that is vision threatening; AND Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must have demonstrated or sustained an adequate response to treatment prior to having a break in therapy with this drug for this condition; AND The treatment must not exceed 25 weeks under this restriction. Must be treated by an ophthalmologist, rheumatologist or immunologist with expertise in uveitis; OR Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion. An adequate response to treatment is defined as: (a) Sustained reduction in inflammation defined as a 2-step decrease from baseline in Standardisation of Uveitis Nomenclature (SUN) criteria for anterior chamber or vitreous haze; or (b) Sustained quiescence of inflammation defined as Standardisation of Uveitis Nomenclature (SUN) criteria less than or equal to 0.5+ anterior chamber or vitreous haze, absence of active vitreous or retinal lesions or vitreous cells; or (c) Sustained corticosteroid sparing effect, allowing reduction in prednisone to less than 7.5 mg daily; or (d) Reduction in frequency of ocular attacks to less than or equal to 1 per year (patients with Behcet's disease only) The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.	Compliance with Authority Required procedures

C15490	P15490	CN15490	Selumetinib	Neurofibromatosis type 1 Initial treatment Patient must have plexiform neurofibroma(s) (PN) that is causing/likely to cause at least one of: (i) significant symptoms/morbidity, (ii) disability, (iii) disfigurement, (iv) impairment of normal body function; AND Patient must have PN for which complete resection cannot be performed; AND Patient must have either a: (i) Karnofsky, (ii) Lansky Performance Score of at least 70%. Must be treated by a prescriber who is either: (i) a specialist physician with expertise in neurofibromatosis, (ii) a medical practitioner in consultation with a specialist physician with expertise in neurofibromatosis if attendance is not possible due to geographic isolation. Patient must be aged between 2 to 18 years; AND Patient must be able to swallow the whole capsule form of this drug. At the time of the authority application, medical practitioners must request the appropriate number of packs of appropriate strength(s) to provide sufficient drug, based on the body surface area (BSA) of the patient, adequate for 4 weeks, according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised. Confirmation of eligibility for treatment with diagnostic reports must be documented in the patient's medical records. For the purpose of administering this restriction, significant symptoms/morbidity are defined as, but not limited to: 1. head and neck PN that can compromise the airway or great vessels; 2. paraspinal PN that can cause myelopathy; 3. brachial or lumbar plexus PN that can cause nerve compression and loss of function; 4. PN that can result in major deformity or significant disfiguring (e.g. orbital PN); 5. PN of the extremity that can cause limb hypertrophy or loss of function; and 6. painful PN. The authority application must be made in writing and must include: (1) details of the proposed prescription; and (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).	Compliance with Written Authority Required procedures

C15491	P15491	CN15491	Selumetinib	Neurofibromatosis type 1 Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements Patient must have previously received treatment with this drug for this condition prior to 1 August 2024; OR Patient must have previously received treatment with another mitogen-activated protein kinase (MEK) inhibitor for this condition prior to 1 August 2024; AND Patient must have met all other PBS eligibility criteria that a non-'Grandfather' patient would ordinarily be required to meet, meaning that at the time non-PBS-subsidised supply of a MEK inhibitor (including selumetinib) was commenced, the patient: (i) had PN that caused/was likely to cause at least one of: (a) significant symptoms/morbidity, (b) disability, (c) disfigurement, (d) impairment of normal body function; (ii) had PN for which complete PN resection could not be performed either: (a) safely, (b) without causing unacceptable morbidity; (iii) had either a: (a) Karnofsky, (b) Lansky Performance Score of at least 70%; (iv) was aged between 2 to 18 years; (v) was able to swallow the whole capsule form if received non-PBS supply with selumetinib; AND Patient must be tolerating treatment; AND Patient must have achieved either: (i) stabilisation of disease, (ii) adequate response to treatment, if have received at least 12 months of treatment. Must be treated by a prescriber who is either: (i) a specialist physician with expertise in neurofibromatosis, (ii) a medical practitioner in consultation with a specialist physician with expertise in neurofibromatosis if attendance is not possible due to geographic isolation. At the time of the authority application, medical practitioners must request the appropriate number of packs of appropriate strength(s) to provide sufficient drug, based on the body surface area (BSA) of the patient, adequate for 4 weeks, according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised. Confirmation of eligibility for treatment with diagnostic reports must be documented in the patient's medical records. For the purpose of administering this restriction, significant symptoms/morbidity are defined as, but not limited to: 1. head and neck PN that can compromise the airway or great vessels; 2. paraspinal PN that can cause myelopathy; 3. brachial or lumbar plexus PN that can cause nerve compression and loss of function; 4. PN that can result in major deformity or significant disfiguring (e.g. orbital PN); 5. PN of the extremity that can cause limb hypertrophy or loss of function; and	Compliance with Written Authority Required procedures

				6. painful PN. For the purpose of administering this restriction, adequate response is defined as: 1. stability or improvement of the initial baseline measurements prior to initiating treatment with this drug; 2. relevant imaging has not shown an increase in tumour size of 20% or more. The authority application must be made in writing and must include: (1) details of the proposed prescription; and (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).	
C15500	P15500	CN15500	Durvalumab	Unresectable Stage III non-small cell lung cancer Initial treatment Patient must have received platinum based chemoradiation therapy; AND The condition must not have progressed following platinum based chemoradiation therapy; AND Patient must have a WHO performance status of 0 or 1; AND Patient must be untreated with immunotherapy at commencement of this drug; AND The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.	Compliance with Authority Required procedures - Streamlined Authority Code 15500
C15509	P15509	CN15509	Larotrectinib	Solid tumours (of certain specified types) with confirmed neurotrophic tropomyosin receptor kinase (NTRK) gene fusion Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND The condition must be either: (i) non-small cell lung cancer, (ii) soft tissue sarcoma, (iii) glioma, (iv), glioneuronal tumour, (v) glioblastoma; AND The treatment must cease to be a PBS benefit upon radiographic progression; AND The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition. Patient must be at least 18 years of age. Where radiographic progression is observed, mark any remaining repeat prescriptions with the word 'cancelled'.	Compliance with Authority Required procedures
C15510	P15510	CN15510	Lenvatinib	Locally advanced or metastatic differentiated thyroid cancer Initial treatment	Compliance with Authority Required procedures - Streamlined Authority Code

				The condition must be refractory to radioactive iodine; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must have symptomatic progressive disease prior to treatment; OR Patient must have progressive disease at critical sites with a high risk of morbidity or mortality where local control cannot be achieved by other measures; AND Patient must have thyroid stimulating hormone adequately suppressed; AND Patient must be one in whom surgery is inappropriate; AND Patient must not be a candidate for radiotherapy with curative intent; AND Patient must have a WHO performance status of 2 or less. Radioactive iodine refractory is defined as: (i) a lesion without iodine uptake on a radioactive iodine (RAI) scan; or (ii) having received a cumulative RAI dose of greater than or equal to 600 mCi; or (iii) progression within 12 months of a single RAI treatment; or (iv) progression after two RAI treatments administered within 12 months of each other.	15510
C15518	P15518	CN15518	Cabozantinib	Locally advanced or metastatic differentiated thyroid cancer Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements Patient must have previously received non-PBS-subsidised treatment with this drug for this condition prior to 1 August 2024; AND The condition must be refractory to radioactive iodine; OR Patient must be deemed ineligible for treatment with radioactive iodine; AND Patient must have had progressive disease according to Response Evaluation Criteria in Solid Tumours (RECIST) whilst on treatment with a vascular endothelial growth factor (VEGF)-targeted tyrosine kinase inhibitor (TKI) prior to receiving this drug for this indication; OR Patient must have developed intolerance of a severity necessitating permanent treatment withdrawal, in the absence of disease progression, to prior VEGF-targeted TKI therapy prior to receiving this drug for this indication; AND Patient must have had a WHO performance status of no greater than 2 prior to receiving this drug for this indication; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must have thyroid stimulating hormone adequately suppressed. Radioactive iodine refractory is defined as: (i) a lesion without iodine uptake on a radioactive iodine (RAI) scan; or (ii) having received a cumulative RAI dose of greater than or equal to 600 mCi; or (iii) progression within 12 months of a single RAI treatment; or	Compliance with Authority Required procedures - Streamlined Authority Code 15518

				(iv) progression after two RAI treatments administered within 12 months of each other.	
C15526	P15526	CN15526	Gilteritinib	Relapsed or refractory Acute Myeloid Leukaemia Initial treatment The treatment must be the sole PBS-subsidised therapy for this condition; AND The condition must not be acute promyelocytic leukaemia; AND The condition must be internal tandem duplication (ITD) and/or tyrosine kinase domain (TKD) FMS tyrosine kinase 3 (FLT3) mutation positive before initiating this drug for this condition, confirmed through a pathology report from an Approved Pathology Authority; AND Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of no higher than 2 prior to treatment initiation; AND The treatment must not be for maintenance therapy post-transplant. The prescriber must confirm whether the patient has FLT3 ITD or TKD mutation. The test result and date of testing must be provided at the time of application and documented in the patient's file.	Compliance with Authority Required procedures
C15527	P15527	CN15527	Nivolumab	Urothelial carcinoma The treatment must be for each of: (i) adjuvant therapy that is/was initiated within 120 days of radical surgical resection, (ii) muscle invasive type disease, (iii) disease considered to be at high risk of recurrence based on pathologic staging of radical surgery tissue (ypT2-ypT4a or ypN+), but yet to recur, (iv) use as the sole PBS-subsidised anti-cancer treatment for this condition; AND Patient must have received prior platinum containing neoadjuvant chemotherapy; AND Patient must have/have had, at the time of initiating treatment with this drug, a WHO performance status no higher than 1. Patient must be undergoing treatment with a dosing regimen as set out in the drug's Therapeutic Goods Administration (TGA) approved Product Information; AND Patient must be undergoing treatment that does not occur beyond the following, whichever comes first: (i) the first instance of disease progression/recurrence, (ii) 12 months in total for this condition from the first administered dose; mark any remaining repeat prescriptions with the words 'cancelled' where (i)/(ii) has occurred. An increase in repeat prescriptions, up to a value of 11, may only be sought where the prescribed dosing is 240 mg administered fortnightly.	Compliance with Authority Required procedures

[197] Schedule 4, Part 2, after entry for Variation Code "V15303"

insert:

V15456	Midazolam	At the time of the authority application, practitioners should request the appropriate quantity to cater for the patient's circumstances. Up to a maximum of 10 syringes for each prescription can be authorised for patients with high frequency seizures.
V15457	Midazolam	At the time of the authority application, medical practitioners should request the appropriate quantity to cater for the patient's circumstances. Up to a maximum of 10 syringes for each prescription can be authorised for patients with high frequency seizures.

[198] Schedule 5, entry for Acamprosate

omit from the column headed "Brand": **Acamprosate Mylan**

[199] Schedule 5, entry for Acarbose in the form Tablet 50 mg

omit from the column headed "Brand": **Acarbose Mylan**

[200] Schedule 5, entry for Aciclovir in the form Tablet 800 mg

insert in the column headed "Brand", after entry for the Brand "APO-Aciclovir": **ARX-ACICLOVIR**

[201] Schedule 5, entry for Adalimumab in the form Injection 20 mg in 0.4 mL pre-filled syringe *[GRP-25059]*

insert in alphabetical order in the column headed "Brand": **Abrilada**

[202] Schedule 5, entry for Adalimumab in the form Injection 40 mg in 0.8 mL pre-filled pen *[GRP-25060]*

insert in alphabetical order in the column headed "Brand": **Abrilada**

[203] Schedule 5, entry for Adalimumab in the form Injection 40 mg in 0.8 mL pre-filled syringe *[GRP-25058]*

insert in alphabetical order in the column headed "Brand": **Abrilada**

[204] Schedule 5, entry for Allopurinol in the form Tablet 100 mg

insert in the column headed "Brand", after entry for the Brand "Allosig": **APO-ALLOPURINOL**

[205] Schedule 5, entry for Amoxicillin with clavulanic acid in the form Tablet containing 500 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)

insert in alphabetical order in the column headed "Brand": **Alphaclav Duo Viatris**

[206] Schedule 5, entry for Bosentan in the form Tablet 125 mg (as monohydrate)

omit from the column headed "Brand": **Bosentan Cipla**

[207] Schedule 5, omit entry for Cefazolin

[208] Schedule 5, omit entries for Cefepime

[209] Schedule 5, omit entries for Ceftriaxone

[210] Schedule 5, entry for Cinacalcet in the form Tablet 90 mg (as hydrochloride)

omit from the column headed "Brand": **Cinacalcet Mylan**

[211] Schedule 5, entry for Dabigatran etexilate in the form Capsule 75 mg (as mesilate)

omit from the column headed "Brand": **PHARMACOR DABIGATRAN**

[212] Schedule 5, entry for Dasatinib in each of the forms: Tablet 100 mg; Tablet 20 mg; Tablet 50 mg; and Tablet 70 mg

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

[213] Schedule 5, entry for Ezetimibe

omit from the column headed "Brand": **Blooms The Chemist Ezetimibe**

[214] Schedule 5, entry for Ipratropium in the form Nebuliser solution containing ipratropium bromide 250 micrograms (as monohydrate) in 1 mL single dose units, 30

omit from the column headed "Brand": **Aeron 250**

[215] Schedule 5, entry for Ipratropium in the form Nebuliser solution containing ipratropium bromide 500 micrograms (as monohydrate) in 1 mL single dose units, 30

omit from the column headed "Brand": **Aeron 500**

[216] Schedule 5, entry for Metformin in the form Tablet (extended release) containing metformin hydrochloride 1 g

omit from the column headed "Brand": **Blooms the Chemist Metformin XR 1000**

[217] Schedule 5, entry for Metformin in the form Tablet (extended release) containing metformin hydrochloride 500 mg

omit from the column headed "Brand": **Blooms the Chemist Metformin XR 500**

[218] Schedule 5, after entry for Methylprednisolone in the form Powder for injection 40 mg (as sodium succinate) with diluent

insert:

Metoclopramide	GRP-28223	Injection containing 10 mg metoclopramide hydrochloride (as monohydrate) in 2 mL	Injection	Metoclopramide HCI Medsurge METOCLOPRAMIDE INJECTION BP

[219] Schedule 5, entry for Montelukast in the form Tablet, chewable, 4 mg (as sodium)

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

[220] Schedule 5, entry for Mycophenolic acid in the form Capsule containing mycophenolate mofetil 250 mg

omit from the column headed "Brand": **CellCept**

[221] Schedule 5, entry for Mycophenolic acid in the form Tablet containing mycophenolate mofetil 500 mg

omit from the column headed "Brand": **CellCept**

[222] Schedule 5, entry for Ondansetron in the form Tablet 4 mg (as hydrochloride dihydrate) ***[GRP-19791]***

substitute:

Ondansetron	GRP-19791	Tablet 4 mg (as hydrochloride dihydrate)	Oral	APO-Ondansetron APX-Ondansetron Ondansetron-DRLA Ondansetron Mylan Tablets Ondansetron SZ Ondansetron Tablets Viatris Zofran Zotren 4

[223] Schedule 5, entry for Ondansetron in the form Tablet 8 mg (as hydrochloride dihydrate) ***[GRP-19626]***

substitute:

Ondansetron	GRP-19626	Tablet 8 mg (as hydrochloride dihydrate)	Oral	APO-Ondansetron APX-Ondansetron Ondansetron-DRLA Ondansetron Mylan Tablets Ondansetron SZ Ondansetron Tablets Viatris Zofran Zotren 8

[224] Schedule 5, after entry for Oxycodone in the form Tablet containing oxycodone hydrochloride 80 mg (controlled release) ***[GRP-19609]***

insert:

Oxycodone	GRP-23062	Capsule containing oxycodone hydrochloride 5 mg	Oral	Oxycodone BNM OxyNorm
Oxycodone	GRP-23063	Capsule containing oxycodone hydrochloride 10 mg	Oral	Oxycodone BNM OxyNorm
Oxycodone	GRP-23065	Capsule containing oxycodone hydrochloride 20 mg	Oral	Oxycodone BNM OxyNorm

[225] Schedule 5, entry for Pregabalin in each of the forms: Capsule 25 mg; Capsule 300 mg; and Capsule 75 mg

omit from the column headed "Brand": **Cipla Pregabalin**

[226] Schedule 5, entry for Quetiapine in the form Tablet (modified release) 200 mg (as fumarate) *[GRP-20702]*

substitute:

Quetiapine	GRP-20702	Tablet (modified release) 200 mg (as fumarate)	Oral	APX-Quetiapine XR QUETIAPINE-AS XR Quetiapine Sandoz XR Quetia XR Seroquel XR Tevatiapine XR

[227] Schedule 5, entry for Quetiapine in the form Tablet (modified release) 300 mg (as fumarate) *[GRP-20713]*

substitute:

Quetiapine	GRP-20713	Tablet (modified release) 300 mg (as fumarate)	Oral	APX-Quetiapine XR QUETIAPINE-AS XR Quetiapine Sandoz XR Quetia XR Seroquel XR Tevatiapine XR

[228] Schedule 5, entry for Quetiapine in the form Tablet (modified release) 400 mg (as fumarate) *[GRP-20726]*

substitute:

Quetiapine	GRP-20726	Tablet (modified release) 400 mg (as fumarate)	Oral	APX-Quetiapine XR QUETIAPINE-AS XR Quetiapine Sandoz XR Quetia XR Seroquel XR Tevatiapine XR

[229] Schedule 5, entry for Quetiapine in the form Tablet (modified release) 50 mg (as fumarate) *[GRP-20779]*

substitute:

Quetiapine	GRP-20779	Tablet (modified release) 50 mg (as fumarate)	Oral	APX-Quetiapine XR QUETIAPINE-AS XR Quetiapine Sandoz XR Quetia XR Seroquel XR Tevatiapine XR

[230] Schedule 5, entry for Ramipril in the form Tablet 10 mg

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

[231] Schedule 5, entry for Sertraline in each of the forms: Tablet 100 mg (as hydrochloride); and Tablet 50 mg (as hydrochloride)

insert in alphabetical order in the column headed "Brand": **Blooms The Chemist Sertraline**

[232] Schedule 5, entry for Tenofovir in the form Tablet containing tenofovir disoproxil fumarate 300 mg

insert in alphabetical order in the column headed "Brand": **TENOFOVIR ARX**

[233] Schedule 5, entry for Testosterone

(a) *insert in alphabetical order in the column headed "Brand":* **Gonadron**

(b) *insert in alphabetical order in the column headed "Brand":* **REJUNON 1000**

[234] Schedule 5, after entry for Tetrabenazine

insert:

Timolol	GRP-28880	Eye drops (gellan gum solution) 5 mg (as maleate) per mL, 2.5 mL	Application to	Timoptol XE

			the eye	
Timolol	GRP-28880	Eye drops (gellan gum solution) 5 mg (as maleate) per mL, 2.5 mL (S19A)	Application to the eye	Timoptol XE 0.50% (South Africa)

[235] Schedule 5, entry for Valganciclovir

omit from the column headed "Brand": **VALGANCICLOVIR HETERO**