



PB 85 of 2024

National Health (Listing of Pharmaceutical Benefits) Amendment (Maximum Dispensed Quantities September 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 August 2024

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

Contents

1	Name.....	1
2	Commencement.....	1
3	Authority	1
4	Schedules.....	1

Schedule 1—Amendments 2

	<i>National Health (Listing of Pharmaceutical Benefits) Instrument 2024 (PB 26 of 2024).</i>	2
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1 Name

- (1) This instrument is the *National Health (Listing of Pharmaceutical Benefits) Amendment (Maximum Dispensed Quantities September Update) Instrument 2024*.
- (2) This Instrument may also be cited as PB 85 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. <i>The whole of this instrument</i>	<i>1 September 2024</i>	<i>1 September 2024</i>

Note: This table relates only to the provisions of this instrument as originally made.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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

[1] Schedule 1, Part 1, entries for Abatacept in the form Powder for I.V. infusion 250 mg

substitute:

Abatacept	Powder for I.V. infusion 250 mg	Injection	Orencia	BQ	MP	See Note 3	See Note 3	See Note 3	See Note 3	1	PB(100)
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[2] Schedule 1, Part 1, after entry for Acamprosate in the form Tablet (enteric coated) containing acamprosate calcium 333 mg [Brand: ACAMPROSATE VIATRIS]

insert:

Acamprosate	Tablet (enteric coated) containing acamprosate calcium 333 mg	Oral	ACAMPROSATE- WGR	WG	MP NP	C5366		180	1		180
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[3] Schedule 1, Part 1, after entry for Aciclovir in the form Tablet 200 mg [Brand: Aciclovir Sandoz; Maximum Quantity: 90; Number of Repeats: 5]

insert:

Aciclovir	Tablet 200 mg	Oral	ACICLOVIR-WGR	WG	MP NP	C5942		90	5		90
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[4] Schedule 1, Part 1, after entry for Aciclovir in the form Tablet 800 mg [Brand: Aciclovir Sandoz; Maximum Quantity: 35; Number of Repeats: 0]

insert:

Aciclovir	Tablet 800 mg	Oral	ACICLOVIR-WGR	WG	MP NP	C5959 C5967		35	0		35
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[5] Schedule 1, Part 1, entries for Acclidinium

substitute:

Acclidinium	Powder for oral inhalation in breath actuated device 322 micrograms (as bromide) per dose, 60 doses	Inhalation by mouth	Bretaris Genuair	FK	MP NP	C4516	P4516	1	5		1
Acclidinium	Powder for oral inhalation in breath actuated device 322 micrograms (as bromide) per dose, 60 doses	Inhalation by mouth	Bretaris Genuair	FK	MP NP	C15634	P15634	2	5		1

[6] Schedule 1, Part 1, entries for Acclidinium with formoterol

substitute:

Acclidinium with formoterol	Powder for oral inhalation in breath actuated device containing acclidinium 340 micrograms (as bromide) with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	Brimica Genuair	FK	MP NP C7798	P7798	1	5	1
Acclidinium with formoterol	Powder for oral inhalation in breath actuated device containing acclidinium 340 micrograms (as bromide) with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	Brimica Genuair	FK	MP NP C15691	P15691	2	5	1

[7] Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.4 mL pre-filled pen [Brands: Adalicip; Humira; and Yuflyma; Maximum Quantity: 4; Number of Repeats: 2]

(a) *omit from the column headed "Circumstances": C12273 substitute: C15788*

(b) *omit from the column headed "Purposes": P12273 substitute: P15788*

[8] Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.4 mL pre-filled pen [Brands: Adalicip; Humira; and Yuflyma; Maximum Quantity: 4; Number of Repeats: 5]

(a) *omit from the column headed "Circumstances": C12272 C12315*

(b) *insert in numerical order in the column headed "Circumstances": C15777 C15796*

(c) *omit from the column headed "Purposes": P12272 P12315*

(d) *insert in numerical order in the column headed "Purposes": P15777 P15796*

[9] Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.4 mL pre-filled pen [Brands: Adalicip; Humira; and Yuflyma; Maximum Quantity: 6; Number of Repeats: 0]

(a) *omit from the column headed "Circumstances": C15249 C15309 C15319*

(b) *insert in numerical order in the column headed "Circumstances": C15764 C15765 C15795*

(c) *omit from the column headed "Purposes": P15249 P15309 P15319*

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- (d) *insert in numerical order in the column headed "Purposes": P15764 P15765 P15795*
- [10] **Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.8 mL pre-filled pen [Brands: Abrilada; Amgevita; Hadlima; Hyrimoz; and Idacio; Maximum Quantity: 4; Number of Repeats: 2]**
- (a) *omit from the column headed "Circumstances": C12273 substitute: C15788*
- (b) *omit from the column headed "Purposes": P12273 substitute: P15788*
- [11] **Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.8 mL pre-filled pen [Brands: Abrilada; Amgevita; Hadlima; Hyrimoz; and Idacio; Maximum Quantity: 4; Number of Repeats: 5]**
- (a) *omit from the column headed "Circumstances": C12272 C12315*
- (b) *insert in numerical order in the column headed "Circumstances": C15777 C15796*
- (c) *omit from the column headed "Purposes": P12272 P12315*
- (d) *insert in numerical order in the column headed "Purposes": P15777 P15796*
- [12] **Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.8 mL pre-filled pen [Brands: Abrilada; Amgevita; Hadlima; Hyrimoz; and Idacio; Maximum Quantity: 6; Number of Repeats: 0]**
- (a) *omit from the column headed "Circumstances": C15249 C15309 C15319*
- (b) *insert in numerical order in the column headed "Circumstances": C15764 C15765 C15795*
- (c) *omit from the column headed "Purposes": P15249 P15309 P15319*
- (d) *insert in numerical order in the column headed "Purposes": P15764 P15765 P15795*
- [13] **Schedule 1, Part 1, entry for Adalimumab in the form Injection 40 mg in 0.8 mL pre-filled syringe [Brand: Abrilada; Maximum Quantity: 2; Number of Repeats: 3]**
- (a) *insert in numerical order in the column headed "Circumstances": C9064*
- (b) *insert in numerical order in the column headed "Circumstances": C11861*
- (c) *insert in numerical order in the column headed "Circumstances": C13650*
- (d) *insert in numerical order in the column headed "Circumstances": C13694*
- (e) *insert in numerical order in the column headed "Purposes": P9064*
- (f) *insert in numerical order in the column headed "Purposes": P11861*
- (g) *insert in numerical order in the column headed "Purposes": P13650*
- (h) *insert in numerical order in the column headed "Purposes": P13694*
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- [14] **Schedule 1, Part 1, entry for Adalimumab in the form Injection 80 mg in 0.8 mL pre-filled pen [Brand: Humira; Maximum Quantity: 2; Number of Repeats: 2]**
(a) *omit from the column headed "Circumstances": C12273 substitute: C15788*
(b) *omit from the column headed "Purposes": P12273 substitute: P15788*
- [15] **Schedule 1, Part 1, entry for Adalimumab in the form Injection 80 mg in 0.8 mL pre-filled pen [Brand: Humira; Maximum Quantity: 2; Number of Repeats: 5]**
(a) *omit from the column headed "Circumstances": C12306 substitute: C15797*
(b) *omit from the column headed "Purposes": P12306 substitute: P15797*
- [16] **Schedule 1, Part 1, entry for Adalimumab in the form Injection 80 mg in 0.8 mL pre-filled pen [Brand: Humira; Maximum Quantity: 3; Number of Repeats: 0]**
(a) *omit from the column headed "Circumstances": C15249 C15309 C15319*
(b) *insert in numerical order in the column headed "Circumstances": C15764 C15765 C15795*
(c) *omit from the column headed "Purposes": P15249 P15309 P15319*
(d) *insert in numerical order in the column headed "Purposes": P15764 P15765 P15795*
- [17] **Schedule 1, Part 1, entry for Adalimumab in the form Injection 80 mg in 0.8 mL pre-filled syringe [Brand: Humira; Maximum Quantity: 2; Number of Repeats: 2]**
(a) *omit from the column headed "Circumstances": C12273 substitute: C15788*
(b) *omit from the column headed "Purposes": P12273 substitute: P15788*
- [18] **Schedule 1, Part 1, entry for Adalimumab in the form Injection 80 mg in 0.8 mL pre-filled syringe [Brand: Humira; Maximum Quantity: 2; Number of Repeats: 5]**
(a) *omit from the column headed "Circumstances": C12306 substitute: C15797*
(b) *omit from the column headed "Purposes": P12306 substitute: P15797*
- [19] **Schedule 1, Part 1, entry for Adalimumab in the form Injection 80 mg in 0.8 mL pre-filled syringe [Brand: Humira; Maximum Quantity: 3; Number of Repeats: 0]**
(a) *omit from the column headed "Circumstances": C15249 C15309 C15319*
(b) *insert in numerical order in the column headed "Circumstances": C15764 C15765 C15795*
(c) *omit from the column headed "Purposes": P15249 P15309 P15319*
(d) *insert in numerical order in the column headed "Purposes": P15764 P15765 P15795*
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[20] Schedule 1, Part 1, entry for Alectinib

(a) omit from the column headed "Circumstances": **C7345**

(b) insert in numerical order in the column headed "Circumstances": **C15759**

[21] Schedule 1, Part 1, after entry for Alendronic acid in the form Tablet 70 mg (as alendronate sodium) [Brand: Alendronate Sandoz; Maximum Quantity: 8; Number of Repeats: 5]

insert:

Alendronic acid sodium)	Tablet 70 mg (as alendronate sodium)	Oral	ALENDRONATE- WGR	WG	MP NP	C6310 C6323 C6327	P6310 P6323 P6327	4	5	4
Alendronic acid sodium)	Tablet 70 mg (as alendronate sodium)	Oral	ALENDRONATE- WGR	WG	MP NP	C14242 C14291 C14309	P14242 P14291 P14309	8	5	4

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

insert:

Allopurinol	Tablet 100 mg	Oral	ALLOPURINOL- WGR	WG	MP NP			200	2	200
Allopurinol	Tablet 100 mg	Oral	ALLOPURINOL- WGR	WG	MP NP		P14238	400	2	200

[23] Schedule 1, Part 1, after entry for Allopurinol in the form Tablet 300 mg [Brand: Allopurinol Sandoz; Maximum Quantity: 120; Number of Repeats: 2]

insert:

Allopurinol	Tablet 300 mg	Oral	ALLOPURINOL- WGR	WG	MP NP			60	2	60
Allopurinol	Tablet 300 mg	Oral	ALLOPURINOL- WGR	WG	MP NP		P14238	120	2	60

[24] Schedule 1, Part 1, after entry for Allopurinol in the form Tablet 300 mg [Brand: Allosig; Maximum Quantity: 120; Number of Repeats: 2]

insert:

Allopurinol	Tablet 300 mg	Oral	APO- ALLOPURINOL	TX	MP NP		60	2	60
Allopurinol	Tablet 300 mg	Oral	APO- ALLOPURINOL	TX	MP NP	P14238	120	2	60

[25] Schedule 1, Part 1, entries for Amantadine

substitute:

Amantadine	Capsule containing amantadine hydrochloride 100 mg	Oral	AMANTAMED	DZ	MP NP C5132	P5132	100	5	100
Amantadine	Capsule containing amantadine hydrochloride 100 mg	Oral	AMANTAMED	DZ	MP NP C15711	P15711	200	5	100
Amantadine	Capsule containing amantadine hydrochloride 100 mg	Oral	Symmetrel 100	NV	MP NP C5132	P5132	100	5	100
Amantadine	Capsule containing amantadine hydrochloride 100 mg	Oral	Symmetrel 100	NV	MP NP C15711	P15711	200	5	100

[26] Schedule 1, Part 1, after entry for Amisulpride in the form Tablet 100 mg [Brand: Amisulpride Sandoz Pharma]

insert:

Amisulpride	Tablet 100 mg	Oral	AMISULPRIDE- WGR	WG	MP NP C4246		30	5	30
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[27] Schedule 1, Part 1, after entry for Amisulpride in the form Tablet 200 mg [Brand: Amisulpride Sandoz Pharma]

insert:

Amisulpride	Tablet 200 mg	Oral	AMISULPRIDE- WGR	WG	MP NP C4246	60	5	60
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[28] Schedule 1, Part 1, after entry for Amisulpride in the form Tablet 400 mg [Brand: Amisulpride Sandoz Pharma]

insert:

Amisulpride	Tablet 400 mg	Oral	AMISULPRIDE- WGR	WG	MP NP C4246	60	5	60
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[29] Schedule 1, Part 1, after entry for Amitriptyline in the form Tablet containing amitriptyline hydrochloride 10 mg [Brand: Amitriptyline Viatris 10]

insert:

Amitriptyline	Tablet containing amitriptyline hydrochloride 10 mg	Oral	AMITRIPTYLINE- WGR	WG	MP NP	50	2	50
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[30] Schedule 1, Part 1, after entry for Amitriptyline in the form Tablet containing amitriptyline hydrochloride 25 mg [Brand: Amitriptyline Viatris 25]

insert:

Amitriptyline	Tablet containing amitriptyline hydrochloride 25 mg	Oral	AMITRIPTYLINE- WGR	WG	MP NP	50	2	50
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[31] Schedule 1, Part 1, after entry for Amlodipine in the form Tablet 5 mg (as besilate) [Brand: Amlodipine Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Amlodipine	Tablet 5 mg (as besilate)	Oral	AMLODIPINE- WGR	WG	MP NP	30	5	30
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Amlodipine	Tablet 5 mg (as besilate)	Oral	AMLODIPINE- WGR	WG	MP NP	P14238	60	5	30
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[32] Schedule 1, Part 1, entry for Amlodipine in the form Tablet 5 mg (as besilate)

omit:

Amlodipine	Tablet 5 mg (as besilate)	Oral	BTC Amlodipine	JB	MP NP		30	5	30
Amlodipine	Tablet 5 mg (as besilate)	Oral	BTC Amlodipine	JB	MP NP	P14238	60	5	

[33] Schedule 1, Part 1, after entry for Amlodipine in the form Tablet 10 mg (as besilate) [Brand: Amlodipine Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Amlodipine	Tablet 10 mg (as besilate)	Oral	AMLODIPINE- WGR	WG	MP NP		30	5	30
Amlodipine	Tablet 10 mg (as besilate)	Oral	AMLODIPINE- WGR	WG	MP NP	P14238	60	5	30

[34] Schedule 1, Part 1, entry for Amlodipine in the form Tablet 10 mg (as besilate)

omit:

Amlodipine	Tablet 10 mg (as besilate)	Oral	BTC Amlodipine	JB	MP NP		30	5	30
Amlodipine	Tablet 10 mg (as besilate)	Oral	BTC Amlodipine	JB		P14238	60	5	30

[35] Schedule 1, Part 1, after entry for Amoxicillin in the form Capsule 500 mg (as trihydrate) [Brand: AMILOXYN; Maximum Quantity: 40; Number of Repeats: 0]

insert:

Amoxicillin	Capsule 500 mg (as trihydrate)	Oral	AMOXICILLIN- WGR	WG	PDP MP NP MW		20	0	20
Amoxicillin	Capsule 500 mg (as trihydrate)	Oral	AMOXICILLIN- WGR	WG	MP NP	P10402	40	0	20
							CN10402	CN10402	

[36] Schedule 1, Part 1, after entry for Amoxicillin in the form Powder for oral suspension 125 mg (as trihydrate) per 5 mL, 100 mL [Brand: NOUMED AMOXICILLIN; Maximum Quantity: 1; Number of Repeats: 1]

insert:

Amoxicillin	Powder for oral suspension 250 mg (as trihydrate) per 5 mL, 100 mL	Oral	AMOXICILLIN- WGR	WG	PDP				1	0		1
Amoxicillin	Powder for oral suspension 250 mg (as trihydrate) per 5 mL, 100 mL	Oral	AMOXICILLIN- WGR	WG	MP NP				1	1		1

[37] Schedule 1, Part 1, after entry for Amoxicillin in the form Powder for oral suspension containing 125 mg amoxicillin (as trihydrate) with 31.25 mg clavulanic acid (as potassium clavulanate) per 5 mL, 75 mL [Brand: Curam; Maximum Quantity: 1; Number of Repeats: 1]

insert:

Amoxicillin with clavulanic acid	Powder for oral suspension containing 125 mg amoxicillin (as trihydrate) with 31.25 mg clavulanic acid (as potassium clavulanate) per 5 mL, 100 mL (S19A)	Oral	CLAVULIN-125F (GlaxoSmithKline, Canada)	DZ	PDP	C5833 C5894	P5833 P5894		1	0		1
Amoxicillin with clavulanic acid	Powder for oral suspension containing 125 mg amoxicillin (as trihydrate) with 31.25 mg clavulanic acid (as potassium clavulanate) per 5 mL, 100 mL (S19A)	Oral	CLAVULIN-125F (GlaxoSmithKline, Canada)	DZ	MP NP	C5832 C5893	P5832 P5893		1	1		1

[38] 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: AMCLAVOX DUO 500/125; Maximum Quantity: 20; Number of Repeats: 0]

insert:

Amoxicillin with clavulanic acid	Tablet containing 500 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)	Oral	AMOXICILLIN/CLAVULANIC ACID-WGR 500/125	WG	MP NP	C5832 C5893	P5832 P5893	10	0	10
Amoxicillin with clavulanic acid	Tablet containing 500 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)	Oral	AMOXICILLIN/CLAVULANIC ACID-WGR 500/125	WG	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	AMOXICILLIN/CLAVULANIC ACID-WGR 500/125	WG	MP NP	C10405	P10405	20	0	10

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

omit:

Amoxicillin with clavulanic acid	Tablet containing 875 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)	Oral	AlphaClav Duo Forte	AF	MP NP	C5832 C5893	P5832 P5893	10	0	10
Amoxicillin with clavulanic acid	Tablet containing 875 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)	Oral	AlphaClav Duo Forte	AF	PDP	C5833 C5894	P5833 P5894	10	0	10
Amoxicillin with clavulanic acid	Tablet containing 875 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)	Oral	AlphaClav Duo Forte	AF	MP NP	C10413	P10413	20	0	10

[40] Schedule 1, Part 1, after entry for Amoxicillin with clavulanic acid in the form Tablet containing 875 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate) [Brand: AMCLAVOX DUO FORTE 875/125; Maximum Quantity: 20; Number of Repeats: 0]

insert:

Amoxicillin with clavulanic acid	Tablet containing 875 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)	Oral	AMOXICILLIN/CLAVULANIC ACID-WGR 875/125	WG	MP NP	C5832 C5893	P5832 P5893	10	0	10
Amoxicillin with clavulanic acid	Tablet containing 875 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)	Oral	AMOXICILLIN/CLAVULANIC ACID-WGR 875/125	WG	PDP	C5833 C5894	P5833 P5894	10	0	10
Amoxicillin with clavulanic acid	Tablet containing 875 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)	Oral	AMOXICILLIN/CLAVULANIC ACID-WGR 875/125	WG	MP NP	C10413	P10413	20	0	10

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

insert:

Anastrozole	Tablet 1 mg	Oral	ANASTROZOLE-WGR	WG	MP NP	C5464	P5464	30	5	30
Anastrozole	Tablet 1 mg	Oral	ANASTROZOLE-WGR	WG	MP NP	C14943	P14943	60	5	30

[42] Schedule 1, Part 1, entries for Apomorphine

substitute:

Apomorphine	Injection containing apomorphine hydrochloride hemihydrate 50 mg in 5 mL	Injection	Movapo	TD	MP NP	C10844	P10844	180	5	5
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Apomorphine	Injection containing apomorphine hydrochloride hemihydrate 50 mg in 5 mL	Injection	Movapo	TD	MP	C11385 C11445	P11385 P11445	180	5	5	C(100)
Apomorphine	Injection containing apomorphine hydrochloride hemihydrate 50 mg in 5 mL	Injection	Movapo	TD	MP NP	C15542	P15542	360	5	5	
Apomorphine	Injection containing apomorphine hydrochloride hemihydrate 100 mg in 20 mL	Injection	Apomine Solution for Infusion	IT	MP	C10830 C10863	P10830 P10863	90	5	5	C(100)
Apomorphine	Injection containing apomorphine hydrochloride hemihydrate 100 mg in 20 mL	Injection	Apomine Solution for Infusion	IT	MP NP	C10844	P10844	90	5	5	
Apomorphine	Injection containing apomorphine hydrochloride hemihydrate 100 mg in 20 mL	Injection	Apomine Solution for Infusion	IT	MP NP	C15542	P15542	180	5	5	
Apomorphine	Solution for subcutaneous infusion containing apomorphine hydrochloride hemihydrate 50 mg in 10 mL pre-filled syringe	Injection	Movapo PFS	TD	MP	C11385 C11445	P11385 P11445	180	5	5	C(100)
Apomorphine	Solution for subcutaneous infusion containing apomorphine hydrochloride hemihydrate 50 mg in 10 mL pre-filled syringe	Injection	Movapo PFS	TD	MP NP	C10844	P10844	180	5	5	
Apomorphine	Solution for subcutaneous infusion containing apomorphine hydrochloride hemihydrate 50 mg in 10 mL pre-filled syringe	Injection	Movapo PFS	TD	MP NP	C15542	P15542	360	5	5	

Apomorphine	Solution for subcutaneous injection containing apomorphine hydrochloride 30 mg in 3 mL pre-filled pen	Injection	Apomine Intermittent	IT	MP	C10830 C10863	P10830 P10863	100	5	5	C(100)
Apomorphine	Solution for subcutaneous injection containing apomorphine hydrochloride 30 mg in 3 mL pre-filled pen	Injection	Apomine Intermittent	IT	MP NP	C10844	P10844	100	5	5	
Apomorphine	Solution for subcutaneous injection containing apomorphine hydrochloride 30 mg in 3 mL pre-filled pen	Injection	Apomine Intermittent	IT	MP NP	C15542	P15542	200	5	5	
Apomorphine	Solution for subcutaneous injection containing apomorphine hydrochloride 30 mg in 3 mL pre-filled pen	Injection	Movapo Pen	TD	MP	C10830 C10863	P10830 P10863	100	5	5	C(100)
Apomorphine	Solution for subcutaneous injection containing apomorphine hydrochloride 30 mg in 3 mL pre-filled pen	Injection	Movapo Pen	TD	MP NP	C10844	P10844	100	5	5	
Apomorphine	Solution for subcutaneous injection containing apomorphine hydrochloride 30 mg in 3 mL pre-filled pen	Injection	Movapo Pen	TD	MP NP	C15542	P15542	200	5	5	

[43] Schedule 1, Part 1, after entry for Aripiprazole in the form Tablet 10 mg [Brand: Aripiprazole Sandoz]

insert:

Aripiprazole	Tablet 10 mg	Oral	ARIPIPRAZOLE- WGR	WG	MP NP	C4246		30	5	30	
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[44] Schedule 1, Part 1, after entry for Aripiprazole in the form Tablet 15 mg [Brand: Aripiprazole Sandoz]

insert:

Aripiprazole	Tablet 15 mg	Oral	ARIPIPRAZOLE- WGR	WG	MP NP C4246		30	5	30
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[45] Schedule 1, Part 1, after entry for Aripiprazole in the form Tablet 20 mg [Brand: Aripiprazole Sandoz]

insert:

Aripiprazole	Tablet 20 mg	Oral	ARIPIPRAZOLE- WGR	WG	MP NP C4246		30	5	30
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[46] Schedule 1, Part 1, after entry for Aripiprazole in the form Tablet 30 mg [Brand: Aripiprazole Sandoz]

insert:

Aripiprazole	Tablet 30 mg	Oral	ARIPIPRAZOLE- WGR	WG	MP NP C4246		30	5	30
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[47] Schedule 1, Part 1, after entry for Atenolol in the form Tablet 50 mg [Brand: Atenolol Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Atenolol	Tablet 50 mg	Oral	ATENOLOL-WGR	WG	MP NP		30	5	30
Atenolol	Tablet 50 mg	Oral	ATENOLOL-WGR	WG	MP NP	P14238	60	5	30

[48] Schedule 1, Part 1, after entry for Atezolizumab in the form Solution for subcutaneous injection 1875 mg in 15 mL [Brand: Tecentriq SC; Maximum Quantity: 1; Number of Repeats: 7]

insert:

Atezolizumab	Solution for subcutaneous injection 1875 mg in 15 mL	Injection	Tecentriq SC	RO	MP C10917	P10917	1	8	1
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[49] Schedule 1, Part 1, after entry for Atorvastatin in the form Tablet 10 mg (as calcium) [Brand: Atorvastatin SZ; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Atorvastatin	Tablet 10 mg (as calcium)	Oral	ATORVASTATIN- WGR	WG	MP NP		30	5	30
Atorvastatin	Tablet 10 mg (as calcium)	Oral	ATORVASTATIN- WGR	WG	MP NP	P14238	60	5	30

[50] Schedule 1, Part 1, entry for Atorvastatin in the form Tablet 10 mg (as calcium)

omit:

Atorvastatin	Tablet 10 mg (as calcium)	Oral	Blooms the Chemist Atorvastatin	IB	MP NP		30	5	30
Atorvastatin	Tablet 10 mg (as calcium)	Oral	Blooms the Chemist Atorvastatin	IB	MP NP	P14238	60	5	60

[51] Schedule 1, Part 1, after entry for Atorvastatin in the form Tablet 20 mg (as calcium) [Brand: Atorvastatin SZ; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Atorvastatin	Tablet 20 mg (as calcium)	Oral	ATORVASTATIN- WGR	WG	MP NP		30	5	30
Atorvastatin	Tablet 20 mg (as calcium)	Oral	ATORVASTATIN- WGR	WG	MP NP	P14238	60	5	30

[52] Schedule 1, Part 1, entry for Atorvastatin in the form Tablet 20 mg (as calcium)

omit:

Atorvastatin	Tablet 20 mg (as calcium)	Oral	Blooms the Chemist Atorvastatin	IB	MP NP		30	5	30
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Atorvastatin	Tablet 20 mg (as calcium)	Oral	Blooms the Chemist Atorvastatin	IB	MP NP	P14238	60	5	60
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[53] Schedule 1, Part 1, after entry for Atorvastatin in the form Tablet 40 mg (as calcium) [Brand: Atorvastatin SZ; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Atorvastatin	Tablet 40 mg (as calcium)	Oral	ATORVASTATIN- WGR	WG	MP NP		30	5	30
Atorvastatin	Tablet 40 mg (as calcium)	Oral	ATORVASTATIN- WGR	WG	MP NP	P14238	60	5	30

[54] Schedule 1, Part 1, entry for Atorvastatin in the form Tablet 40 mg (as calcium)

omit:

Atorvastatin	Tablet 40 mg (as calcium)	Oral	Blooms the Chemist Atorvastatin	IB	MP NP		30	5	30
Atorvastatin	Tablet 40 mg (as calcium)	Oral	Blooms the Chemist Atorvastatin	IB	MP NP	P14238	60	5	60

[55] Schedule 1, Part 1, after entry for Atorvastatin in the form Tablet 80 mg (as calcium) [Brand: Atorvastatin SZ; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Atorvastatin	Tablet 80 mg (as calcium)	Oral	ATORVASTATIN- WGR	WG	MP NP		30	5	30
Atorvastatin	Tablet 80 mg (as calcium)	Oral	ATORVASTATIN- WGR	WG	MP NP	P14238	60	5	30

[56] Schedule 1, Part 1, entry for Atorvastatin in the form Tablet 80 mg (as calcium)

omit:

Atorvastatin	Tablet 80 mg (as calcium)	Oral	Blooms the Chemist Atorvastatin	IB	MP NP		30	5	30
Atorvastatin	Tablet 80 mg (as calcium)	Oral	Blooms the Chemist Atorvastatin	IB	MP NP	P14238	60	5	60

[57] Schedule 1, Part 1, after entry for Azathioprine in the form Tablet 25 mg [Brand: Azathioprine Sandoz]

insert:

Azathioprine	Tablet 25 mg	Oral	AZATHIOPRINE- WGR	WG	MP NP		100	5	100
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[58] Schedule 1, Part 1, after entry for Azathioprine in the form Tablet 50 mg [Brand: Azathioprine Sandoz]

insert:

Azathioprine	Tablet 50 mg	Oral	AZATHIOPRINE- WGR	WG	MP NP		100	5	100
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[59] Schedule 1, Part 1, after entry for Azithromycin in the form Powder for oral suspension 200 mg (as dihydrate) per 5 mL, 15 mL [Brand: Zithromax]

insert:

Azithromycin	Powder for oral suspension 200 mg (as dihydrate) per 5 mL, 15 mL (S19A)	Oral	Azithromycin (Zydus, USA)	DZ	MP NP C5637		1	0	1
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[60] Schedule 1, Part 1, after entry for Azithromycin in the form Tablet 500 mg (as dihydrate) [Brand: Azithromycin Viatris; Maximum Quantity: 2; Number of Repeats: 2]

insert:

Azithromycin	Tablet 500 mg (as dihydrate)	Oral	AZITHROMYCIN- WGR	WG	MP NP C5718 C5772	P5718 P5772	2	0	2
Azithromycin	Tablet 500 mg (as dihydrate)	Oral	AZITHROMYCIN- WGR	WG	MP NP C5637	P5637	2	2	2

[61] Schedule 1, Part 1, entries for Beclometasone

substitute:

Beclometasone	Pressurised inhalation containing beclometasone dipropionate 50 micrograms per dose, 200 doses (CFC-free formulation)	Inhalation by mouth	Qvar 50	IL	MP NP		1	5	1
Beclometasone	Pressurised inhalation containing beclometasone dipropionate 50 micrograms per dose, 200 doses (CFC-free formulation)	Inhalation by mouth	Qvar 50	IL	MP NP	P14238	2	5	1
Beclometasone	Pressurised inhalation containing beclometasone dipropionate 100 micrograms per dose, 200 doses (CFC-free formulation)	Inhalation by mouth	Qvar 100	IL	MP NP		1	5	1
Beclometasone	Pressurised inhalation containing beclometasone dipropionate 100 micrograms per dose, 200 doses (CFC-free formulation)	Inhalation by mouth	Qvar 100	IL	MP NP	P14238	2	5	1

Beclometasone	Pressurised inhalation in breath actuated device containing beclometasone dipropionate 50 micrograms per dose, 200 doses (CFC-free formulation)	Inhalation by mouth	Qvar 50 Autohaler	IL	MP NP C6348	P6348	1	5	1
Beclometasone	Pressurised inhalation in breath actuated device containing beclometasone dipropionate 50 micrograms per dose, 200 doses (CFC-free formulation)	Inhalation by mouth	Qvar 50 Autohaler	IL	MP NP C15600	P15600	2	5	1
Beclometasone	Pressurised inhalation in breath actuated device containing beclometasone dipropionate 100 micrograms per dose, 200 doses (CFC-free formulation)	Inhalation by mouth	Qvar 100 Autohaler	IL	MP NP C6348	P6348	1	5	1
Beclometasone	Pressurised inhalation in breath actuated device containing beclometasone dipropionate 100 micrograms per dose, 200 doses (CFC-free formulation)	Inhalation by mouth	Qvar 100 Autohaler	IL	MP NP C15600	P15600	2	5	1

[62] Schedule 1, Part 1, entries for Beclometasone with formoterol

substitute:

Beclometasone with formoterol	Pressurised inhalation containing beclometasone dipropionate 100 micrograms and formoterol fumarate dihydrate 6 micrograms per dose, 120 dose	Inhalation by mouth	Fostair	EU	MP NP	C15469	P15469	1	5	1
Beclometasone with formoterol	Pressurised inhalation containing beclometasone dipropionate 100 micrograms and formoterol fumarate dihydrate 6 micrograms per dose, 120 dose	Inhalation by mouth	Fostair	EU	MP NP	C15599	P15599	2	5	1
Beclometasone with formoterol	Pressurised inhalation containing beclometasone dipropionate 200 micrograms and formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Fostair 200/6	EU	MP NP	C11057	P11057	1	5	1
Beclometasone with formoterol	Pressurised inhalation containing beclometasone dipropionate 200 micrograms and formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Fostair 200/6	EU	MP NP	C15656	P15656	2	5	1

[63] Schedule 1, Part 1, entries for Beclometasone with formoterol and glycopyrronium in the form Pressurised inhalation containing beclometasone dipropionate 100 micrograms with formoterol fumarate dihydrate 6 micrograms and glycopyrronium 10 micrograms (as bromide) per dose, 120 doses

substitute:

Beclometasone with formoterol and glycopyrronium	Pressurised inhalation containing beclometasone dipropionate 100 micrograms with formoterol fumarate dihydrate 6 micrograms and glycopyrronium 10 micrograms (as bromide) per dose, 120 doses	Inhalation by mouth	Trimbow	EU	MP NP	C12349	P12349	1	5	1
Beclometasone with formoterol and glycopyrronium	Pressurised inhalation containing beclometasone dipropionate 100 micrograms with formoterol fumarate dihydrate 6 micrograms and glycopyrronium 10 micrograms (as bromide) per dose, 120 doses	Inhalation by mouth	Trimbow	EU	MP NP	C15543	P15543	2	5	1

[64] Schedule 1, Part 1, after entry for Betaxolol in the form Eye drops, solution, 5 mg (as hydrochloride) per mL, 5 mL [Brand: Betoptic; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Betaxolol	Eye drops, solution, 5 mg (as hydrochloride) per mL, 5 mL	Application to the eye	Betoptic	NV	MP AO		P14238	2	5	1
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[65] Schedule 1, Part 1, after entry for Betaxolol in the form Eye drops, solution, 5 mg (as hydrochloride) per mL, 5 mL [Brand: BetoQuin; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Betaxolol	Eye drops, solution, 5 mg (as hydrochloride) per mL, 5 mL	Application to the eye	BetoQuin	NM	MP AO		P14238	2	5	1
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[66] Schedule 1, Part 1, after entry for Bimatoprost in the form Eye drops 300 micrograms per mL, 3 mL [Brand: Bimatoprost Sandoz; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Bimatoprost	Eye drops 300 micrograms per mL, 3 mL	Application to the eye	Bimatoprost Sandoz	SZ	MP AO	P14238	2	5	1
Bimatoprost	Eye drops 300 micrograms per mL, 3 mL	Application to the eye	BIMATOPROST- WGR	WG	MP AO		1	5	1
Bimatoprost	Eye drops 300 micrograms per mL, 3 mL	Application to the eye	BIMATOPROST- WGR	WG	MP AO	P14238	2	5	1

[67] Schedule 1, Part 1, after entry for Bimatoprost in the form Eye drops 300 micrograms per mL, 3 mL [Brand: Bimprozt; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Bimatoprost	Eye drops 300 micrograms per mL, 3 mL	Application to the eye	Bimprozt	TY	MP AO	P14238	2	5	1
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[68] Schedule 1, Part 1, after entry for Bimatoprost in the form Eye drops 300 micrograms per mL, 3 mL [Brand: Bimtop; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Bimatoprost	Eye drops 300 micrograms per mL, 3 mL	Application to the eye	Bimtop	AF	MP AO	P14238	2	5	1
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[69] Schedule 1, Part 1, after entry for Bimatoprost in the form Eye drops 300 micrograms per mL, 3 mL [Brand: Lumigan; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Bimatoprost	Eye drops 300 micrograms per mL, 3 mL	Application to the eye	Lumigan	VE	MP AO	P14238	2	5	1
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[70] Schedule 1, Part 1, after entry for Bimatoprost in the form Eye drops 300 micrograms per mL, single dose units 0.4 mL, 30 [Brand: Lumigan PF; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Bimatoprost	Eye drops 300 micrograms per mL, single dose units 0.4 mL, 30	Application to the eye	Lumigan PF	VE	MP AO	P14238	2	5	1
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[71] Schedule 1, Part 1, entries for Bimatoprost with timolol

substitute:

Bimatoprost with timolol	Eye drops 300 micrograms bimatoprost with timolol 5 mg (as maleate) per mL, 3 mL	Application to the eye	Ganfort 0.3/5	VE	AO	C5038	P5038	1	5	1
Bimatoprost with timolol	Eye drops 300 micrograms bimatoprost with timolol 5 mg (as maleate) per mL, 3 mL	Application to the eye	Ganfort 0.3/5	VE	MP	C4343	P4343	1	5	1
Bimatoprost with timolol	Eye drops 300 micrograms bimatoprost with timolol 5 mg (as maleate) per mL, 3 mL	Application to the eye	Ganfort 0.3/5	VE	MP AO	C15558	P15558	2	5	1
Bimatoprost with timolol	Eye drops 300 micrograms bimatoprost with timolol 5 mg (as maleate) per mL, single dose units 0.4 mL, 30	Application to the eye	GANfort PF 0.3/5	VE	MP	C4572	P4572	1	5	1
Bimatoprost with timolol	Eye drops 300 micrograms bimatoprost with timolol 5 mg (as maleate) per mL, single dose units 0.4 mL, 30	Application to the eye	GANfort PF 0.3/5	VE	AO	C5038	P5038	1	5	1
Bimatoprost with timolol	Eye drops 300 micrograms bimatoprost with timolol 5 mg (as maleate) per mL, single dose units 0.4 mL, 30	Application to the eye	GANfort PF 0.3/5	VE	MP AO	C15558	P15558	2	5	1

[72] Schedule 1, Part 1, entries for Bisacodyl

substitute:

Bisacodyl	Suppositories 10 mg, 10	Rectal	Dulcolax	VZ	MP NP	C5640 C5775 C5819 C5823 C5851 C5866 C5879	P5640 P5775 P5819 P5823 P5851 P5866 P5879	3	5	1
Bisacodyl	Suppositories 10 mg, 10	Rectal	Petrus Bisacodyl Suppositories	PP	MP NP	C5640 C5775 C5819 C5823 C5851 C5866 C5879	P5640 P5775 P5819 P5823 P5851 P5866 P5879	3	5	1
Bisacodyl	Suppositories 10 mg, 10	Rectal	Dulcolax	VZ	MP NP	C15535 C15585 C15586 C15587 C15708 C15726 C15727	P15535 P15585 P15586 P15587 P15708 P15726 P15727	6	5	1
Bisacodyl	Suppositories 10 mg, 10	Rectal	Petrus Bisacodyl Suppositories	PP	MP NP	C15535 C15585 C15586 C15587 C15708 C15726 C15727	P15535 P15585 P15586 P15587 P15708 P15726 P15727	6	5	1
Bisacodyl	Suppositories 10 mg, 12	Rectal	Petrus Bisacodyl Suppositories	PP	MP NP	C5640 C5775 C5819 C5823 C5851 C5866 C5879	P5640 P5775 P5819 P5823 P5851 P5866 P5879	3	4	1
Bisacodyl	Suppositories 10 mg, 12	Rectal	Petrus Bisacodyl Suppositories	PP	MP NP	C15535 C15585 C15586 C15587 C15708 C15726 C15727	P15535 P15585 P15586 P15587 P15708 P15726 P15727	6	4	1
Bisacodyl	Tablet 5 mg	Oral	Lax-Tab	AE	MP NP	C5613 C5640 C5685 C5720 C5775 C5776 C5804	P5613 P5640 P5685 P5720 P5775 P5776 P5804	200	2	200

Bisacodyl	Tablet 5 mg	Oral	Lax-Tab	AE	MP NP	C15572 C15585 C15586 C15629 C15707 C15734 C15735	P15572 P15585 P15586 P15629 P15707 P15734 P15735	400	2	200
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[73] Schedule 1, Part 1, after entry for Bisoprolol in the form Tablet containing bisoprolol fumarate 2.5 mg [Brand: Bisoprolol Sandoz; Maximum Quantity: 56; Number of Repeats: 5]

insert:

Bisoprolol	Tablet containing bisoprolol fumarate 2.5 mg	Oral	BISOPROLOL-WGR	WG	MP NP	C5324	P5324	28	5	28
Bisoprolol	Tablet containing bisoprolol fumarate 2.5 mg	Oral	BISOPROLOL-WGR	WG	MP NP	C14251	P14251	56	5	28

[74] Schedule 1, Part 1, after entry for Bisoprolol in the form Tablet containing bisoprolol fumarate 5 mg [Brand: Bisoprolol Sandoz; Maximum Quantity: 56; Number of Repeats: 5]

insert:

Bisoprolol	Tablet containing bisoprolol fumarate 5 mg	Oral	BISOPROLOL-WGR	WG	MP NP	C5324	P5324	28	5	28
Bisoprolol	Tablet containing bisoprolol fumarate 5 mg	Oral	BISOPROLOL-WGR	WG	MP NP	C14251	P14251	56	5	28

[75] Schedule 1, Part 1, after entry for Bisoprolol in the form Tablet containing bisoprolol fumarate 10 mg [Brand: Bisoprolol Sandoz; Maximum Quantity: 56; Number of Repeats: 5]

insert:

Bisoprolol	Tablet containing bisoprolol fumarate 10 mg	Oral	BISOPROLOL-WGR	WG	MP NP	C5324	P5324	28	5	28
Bisoprolol	Tablet containing bisoprolol fumarate 10 mg	Oral	BISOPROLOL-WGR	WG	MP NP	C14251	P14251	56	5	28

**[76] Schedule 1, Part 1, entry for Brigatinib in the form Pack containing 7 tablets 90 mg and 21 tablets 180 mg
omit from the column headed "Circumstances": C10384 substitute: C15759**

[77] Schedule 1, Part 1, after entry for Brimonidine in the form Eye drops containing brimonidine tartrate 1.5 mg per mL, 5 mL [Brand: Alphagan P 1.5; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Brimonidine	Eye drops containing brimonidine tartrate 1.5 mg per mL, 5 mL	Application to the eye	Alphagan P 1.5	VE	MP AO	P14238	2	5	1
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[78] Schedule 1, Part 1, after entry for Brimonidine in the form Eye drops containing brimonidine tartrate 2 mg per mL, 5 mL [Brand: Alphagan; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Brimonidine	Eye drops containing brimonidine tartrate 2 mg per mL, 5 mL	Application to the eye	Alphagan	VE	MP AO	P14238	2	5	1
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[79] Schedule 1, Part 1, after entry for Brimonidine in the form Eye drops containing brimonidine tartrate 2 mg per mL, 5 mL [Brand: Enidin; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Brimonidine	Eye drops containing brimonidine tartrate 2 mg per mL, 5 mL	Application to the eye	Enidin	VB	MP AO	P14238	2	5	1
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[80] Schedule 1, Part 1, entries for Brimonidine with timolol

substitute:

Brimonidine with timolol	Eye drops containing brimonidine tartrate 2 mg with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Combigan	VE	AO	C5038	P5038	1	5	1
Brimonidine with timolol	Eye drops containing brimonidine tartrate 2 mg with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Combigan	VE	MP	C4343	P4343	1	5	1

Brimonidine with timolol	Eye drops containing brimonidine tartrate 2 mg with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Combigan	VE	MP AO	C15558	P15558	2	5	1
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[81] Schedule 1, Part 1, after entry for Brinzolamide in the form Eye drops 10 mg per mL, 5 mL [Brand: Azopt; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Brinzolamide	Eye drops 10 mg per mL, 5 mL	Application to the eye	Azopt	NV	MP AO		P14238	2	5	1
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[82] Schedule 1, Part 1, after entry for Brinzolamide in the form Eye drops 10 mg per mL, 5 mL [Brand: BrinzoQuin; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Brinzolamide	Eye drops 10 mg per mL, 5 mL	Application to the eye	BrinzoQuin	NM	MP AO		P14238	2	5	1
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[83] Schedule 1, Part 1, entries for Brinzolamide with brimonidine

substitute:

Brinzolamide with brimonidine	Eye drops 10 mg brinzolamide with 2 mg brimonidine tartrate per mL, 5 mL	Application to the eye	Simbrinza 1%/0.2%	NV	MP	C5630	P5630	1	5	1
Brinzolamide with brimonidine	Eye drops 10 mg brinzolamide with 2 mg brimonidine tartrate per mL, 5 mL	Application to the eye	Simbrinza 1%/0.2%	NV	AO	C5038	P5038	1	5	1
Brinzolamide with brimonidine	Eye drops 10 mg brinzolamide with 2 mg brimonidine tartrate per mL, 5 mL	Application to the eye	Simbrinza 1%/0.2%	NV	MP AO	C15558	P15558	2	5	1

[84] Schedule 1, Part 1, entries for Brinzolamide with timolol

substitute:

Brinzolamide with timolol	Eye drops 10 mg brinzolamide with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Azarga	NV	MP	C4343	P4343	1	5	1
Brinzolamide with timolol	Eye drops 10 mg brinzolamide with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Azarga	NV	AO	C5038	P5038	1	5	1
Brinzolamide with timolol	Eye drops 10 mg brinzolamide with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Azarga	NV	MP AO	C15558	P15558	2	5	1

[85] Schedule 1, Part 1, after entry for Bromocriptine in the form Tablet 2.5 mg (as mesilate) [Brand: Parlodel; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Budesonide	Capsule (enteric) 3 mg	Oral	Budenofalk	FD	MP NP	C15772		100	1	50
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[86] Schedule 1, Part 1, entries for Budesonide in the form Nebuliser suspension 500 micrograms in 2 mL single dose units, 30

substitute:

Budesonide	Nebuliser suspension 500 micrograms in 2 mL single dose units, 30	Inhalation	Pulmicort Respules	AP	MP NP	C6340	P6340	1	5	1
Budesonide	Nebuliser suspension 500 micrograms in 2 mL single dose units, 30	Inhalation	Pulmicort Respules	AP	MP NP	C15578	P15578	2	5	1

[87] Schedule 1, Part 1, entries for Budesonide in the form Nebuliser suspension 1 mg in 2 mL single dose units, 30

substitute:

Budesonide	Nebuliser suspension 1 mg in 2 mL single dose units, 30	Inhalation	Pulmicort Respules AP	MP NP C6340	P6340	1	5	1
Budesonide	Nebuliser suspension 1 mg in 2 mL single dose units, 30	Inhalation	Pulmicort Respules AP	MP NP C15578	P15578	2	5	1

[88] Schedule 1, Part 1, after entry for Budesonide in the form Powder for oral inhalation in breath actuated device 100 micrograms per dose, 200 doses [Brand: Pulmicort Turbuhaler; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Budesonide	Powder for oral inhalation in breath actuated device, 100 micrograms per dose, 200 doses	Inhalation by mouth	Pulmicort Turbuhaler	AP	MP NP	P14238	2	5	1
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[89] Schedule 1, Part 1, after entry for Budesonide in the form Powder for oral inhalation in breath actuated device 200 micrograms per dose, 200 doses [Brand: Pulmicort Turbuhaler; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Budesonide	Powder for oral inhalation in breath actuated device, 200 micrograms per dose, 200 doses	Inhalation by mouth	Pulmicort Turbuhaler	AP	MP NP	P14238	2	5	1
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[90] Schedule 1, Part 1, after entry for Budesonide in the form Powder for oral inhalation in breath actuated device 400 micrograms per dose, 200 doses [Brand: Pulmicort Turbuhaler; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Budesonide	Powder for oral inhalation in breath actuated device, 400 micrograms per dose, 200 doses	Inhalation by mouth	Pulmicort Turbuhaler	AP	MP NP	P14238	2	5	1
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[91] Schedule 1, Part 1, entries for Budesonide with formoterol in the form Powder for oral inhalation in breath actuated device containing budesonide 100 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses

substitute:

Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 100 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Symbicort Turbuhaler 100/6	AP	MP	C10538	P10538	1	5	1
Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 100 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Symbicort Turbuhaler 100/6	AP	MP NP	C4380	P4380	1	5	1
Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 100 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Symbicort Turbuhaler 100/6	AP	MP	C15577	P15577	2	5	1
Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 100 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Symbicort Turbuhaler 100/6	AP	MP NP	C15755	P15755	2	5	1

[92] Schedule 1, Part 1, after entry for Budesonide with formoterol in the form Powder for oral inhalation in breath actuated device containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses [Brand: BiResp Spiromax; Maximum Quantity: 1; Number of Repeats: 5; Prescriber: MP]

insert:

Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	BiResp Spiromax	TB	MP NP	C15680	P15680	2	5	1
Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	BiResp Spiromax	TB	MP	C15577	P15577	2	5	1

[93] Schedule 1, Part 1, after entry for Budesonide with formoterol in the form Powder for oral inhalation in breath actuated device containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses [Brand: DuoResp Spiromax; Maximum Quantity: 1; Number of Repeats: 5; Prescriber: MP]

insert:

Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	DuoResp Spiromax	EV	MP NP	C15680	P15680	2	5	1
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Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	DuoResp Spiromax	EV	MP	C15577	P15577	2	5	1
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[94] Schedule 1, Part 1, after entry for Budesonide with formoterol in the form Powder for oral inhalation in breath actuated device containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses [Brand: Rilast TURBUHALER 200/6; Maximum Quantity: 1; Number of Repeats: 5; Prescriber: MP]

insert:

Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Rilast TURBUHALER 200/6	XT	MP NP	C15680	P15680	2	5	1
Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Rilast TURBUHALER 200/6	XT	MP	C15577	P15577	2	5	1

[95] Schedule 1, Part 1, after entry for Budesonide with formoterol in the form Powder for oral inhalation in breath actuated device containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses [Brand: Symbicort Turbuhaler 200/6; Maximum Quantity: 1; Number of Repeats: 5; Prescriber: MP]

insert:

Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Symbicort Turbuhaler 200/6	AP	MP NP	C15680	P15680	2	5	1
Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Symbicort Turbuhaler 200/6	AP	MP	C15577	P15577	2	5	1

[96] Schedule 1, Part 1, entries for Budesonide with formoterol in the form Powder for oral inhalation in breath actuated device containing budesonide 400 micrograms with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses

substitute:

Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 400 micrograms with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	BiResp Spiromax	TB	MP NP	C7979 C10121	P7979 P10121	2	5	2
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Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 400 micrograms with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	BiResp Spiromax	TB	MP NP C15548 C15617 P15548 P15617	4	5	2
Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 400 micrograms with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	Bufomix Easyhaler	OX	MP NP C7979 C10121 P7979 P10121	2	5	1
Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 400 micrograms with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	Bufomix Easyhaler	OX	MP NP C15548 C15617 P15548 P15617	4	5	1
Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 400 micrograms with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	DuoResp Spiromax	EV	MP NP C7979 C10121 P7979 P10121	2	5	1

Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 400 micrograms with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	DuoResp Spiromax	EV	MP NP C7979 C10121 P7979 P10121	2	5	2
Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 400 micrograms with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	DuoResp Spiromax	EV	MP NP C15548 C15617 P15548 P15617	4	5	1
Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 400 micrograms with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	DuoResp Spiromax	EV	MP NP C15548 C15617 P15548 P15617	4	5	2
Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 400 micrograms with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	Rilast TURBUHALER 400/12	XT	MP NP C7979 C10121 P7979 P10121	2	5	1

Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 400 micrograms with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	Rilast TURBUHALER 400/12	XT	MP NP C15548 C15617 P15548 P15617	4	5	1
Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 400 micrograms with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	Symbicort TURBUHALER 400/12	AP	MP NP C7979 C10121 P7979 P10121	2	5	1
Budesonide with formoterol	Powder for oral inhalation in breath actuated device containing budesonide 400 micrograms with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	Symbicort TURBUHALER 400/12	AP	MP NP C15548 C15617 P15548 P15617	4	5	1

[97] Schedule 1, Part 1, entry for Budesonide with formoterol

omit:

Budesonide with formoterol	Pressurised inhalation containing budesonide 50 micrograms with formoterol fumarate dihydrate 3 micrograms per dose, 120 doses	Inhalation by mouth	Symbicort Rapihaler 50/3	AP	MP NP C4397	2	5	1
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Budesonide with formoterol	Pressurised inhalation containing budesonide 50 micrograms with formoterol fumarate dihydrate 3 micrograms per dose, 120 doses	Inhalation by mouth	Symbicort Rapihaler 50/3	AP	MP	C10538		2	5	1
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[98] Schedule 1, Part 1, after entry for Budesonide with formoterol in the form Pressurised inhalation containing budesonide 100 micrograms with formoterol fumarate dihydrate 3 micrograms per dose, 120 doses [Brand: Rilast RAPIHALER 100/3; Maximum Quantity: 2; Number of Repeats: 5; Prescriber: MP]

insert:

Budesonide with formoterol	Pressurised inhalation containing budesonide 100 micrograms with formoterol fumarate dihydrate 3 micrograms per dose, 120 doses	Inhalation by mouth	Rilast RAPIHALER XT 100/3	MP NP	C15702	P15702		4	5	1
Budesonide with formoterol	Pressurised inhalation containing budesonide 100 micrograms with formoterol fumarate dihydrate 3 micrograms per dose, 120 doses	Inhalation by mouth	Rilast RAPIHALER XT 100/3	MP	C15577	P15577		4	5	1

[99] Schedule 1, Part 1, after entry for Budesonide with formoterol in the form Pressurised inhalation containing budesonide 100 micrograms with formoterol fumarate dihydrate 3 micrograms per dose, 120 doses [Brand: Symbicort Rapihaler 100/3; Maximum Quantity: 2; Number of Repeats: 5; Prescriber: MP]

insert:

Budesonide with formoterol	Pressurised inhalation containing budesonide 100 micrograms with formoterol fumarate dihydrate 3 micrograms per dose, 120 doses	Inhalation by mouth	Symbicort Rapihaler 100/3	AP	MP NP	C15702	P15702	4	5	1
Budesonide with formoterol	Pressurised inhalation containing budesonide 100 micrograms with formoterol fumarate dihydrate 3 micrograms per dose, 120 doses	Inhalation by mouth	Symbicort Rapihaler 100/3	AP	MP	C15577	P15577	4	5	1

[100] Schedule 1, Part 1, entries for Budesonide with formoterol in the form Pressurised inhalation containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses

substitute:

Budesonide with formoterol	Pressurised inhalation containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Rilast RAPIHALER XT 200/6		MP NP	C4404 C10121	P4404 P10121	2	5	1
Budesonide with formoterol	Pressurised inhalation containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Rilast RAPIHALER XT 200/6		MP	C10538	P10538	2	5	1

Budesonide with formoterol	Pressurised inhalation containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Rilast RAPIHALER XT 200/6	MP NP	C15548 C15615	P15548 P15615	4	5	1	
Budesonide with formoterol	Pressurised inhalation containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Rilast RAPIHALER XT 200/6	MP	C15577	P15577	4	5	1	
Budesonide with formoterol	Pressurised inhalation containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Symbicort Rapihaler 200/6	AP	MP NP	C4404 C10121	P4404 P10121	2	5	1
Budesonide with formoterol	Pressurised inhalation containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Symbicort Rapihaler 200/6	AP	MP	C10538	P10538	2	5	1
Budesonide with formoterol	Pressurised inhalation containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Symbicort Rapihaler 200/6	MP NP	C15548 C15615	P15548 P15615	4	5	1	

Budesonide with formoterol	Pressurised inhalation containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Symbicort Rapihaler 200/6	AP	MP	C15577	P15577	4	5	1
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[101] Schedule 1, Part 1, entry for Budesonide with glycopyrronium and formoterol

substitute:

Budesonide with glycopyrronium and formoterol	Pressurised inhalation containing budesonide 160 micrograms with glycopyrronium 7.2 micrograms and formoterol fumarate dihydrate 5 micrograms per dose, 120 doses	Inhalation by mouth	Breztri Aerosphere	AP	MP NP	C12349	P12349	1	5	1
Budesonide with glycopyrronium and formoterol	Pressurised inhalation containing budesonide 160 micrograms with glycopyrronium 7.2 micrograms and formoterol fumarate dihydrate 5 micrograms per dose, 120 doses	Inhalation by mouth	Breztri Aerosphere	AP	MP NP	C15543	P15543	2	5	1

[102] Schedule 1, Part 1, entry for Cabergoline in the form Tablet 1 mg

substitute:

Cabergoline	Tablet 1 mg	Oral	Cabaser	PF	MP NP	C5168	P5168	30	5	30
Cabergoline	Tablet 1 mg	Oral	Cabaser	PF	MP NP	C15636	P15636	60	5	30

[103] Schedule 1, Part 1, entry for Cabergoline in the form Tablet 2 mg

substitute:

Cabergoline	Tablet 2 mg	Oral	Cabaser	PF	MP NP	C5168	P5168	30	5	30
Cabergoline	Tablet 2 mg	Oral	Cabaser	PF	MP NP	C15636	P15636	60	5	30

[104] Schedule 1, Part 1, entries for Cabozantinib

substitute:

Cabozantinib	Tablet 20 mg	Oral	Cabometyx	IS	MP	C15454 C15774	P15454 P15774	30	2	30
Cabozantinib	Tablet 20 mg	Oral	Cabometyx	IS	MP	C15479 C15518 C15757 C15775	P15479 P15518 P15757 P15775	30	5	30
Cabozantinib	Tablet 40 mg	Oral	Cabometyx	IS	MP	C15454 C15774	P15454 P15774	30	2	30
Cabozantinib	Tablet 40 mg	Oral	Cabometyx	IS	MP	C15479 C15518 C15757 C15775	C15479 C15518 C15757 C15775	30	5	30
Cabozantinib	Tablet 60 mg	Oral	Cabometyx	IS	MP	C15454 C15774	P15454 P15774	30	2	30
Cabozantinib	Tablet 60 mg	Oral	Cabometyx	IS	MP	C15479 C15518 C15757 C15775	C15479 C15518 C15757 C15775	30	5	30

[105] Schedule 1, Part 1, entry for Candesartan in the form Tablet containing candesartan cilexetil 4 mg

omit:

Candesartan	Tablet containing candesartan cilexetil 4 mg	Oral	Blooms the Chemist Candesartan	IB	MP NP			30	5	30
Candesartan	Tablet containing candesartan cilexetil 4 mg	Oral	Blooms the Chemist Candesartan	IB	MP NP		P14238	60	5	30

[106] Schedule 1, Part 1, after entry for Candesartan in the form Tablet containing candesartan cilexetil 4 mg [Brand: Candesartan Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Candesartan	Tablet containing candesartan cilexetil 4 mg	Oral	CANDESARTAN-WGR	WG	MP NP		30	5	30
Candesartan	Tablet containing candesartan cilexetil 4 mg	Oral	CANDESARTAN-WGR	WG	MP NP	P14238	60	5	30

[107] Schedule 1, Part 1, entry for Candesartan in the form Tablet containing candesartan cilexetil 8 mg

omit:

Candesartan	Tablet containing candesartan cilexetil 8 mg	Oral	Blooms the Chemist Candesartan	IB	MP NP		30	5	30
Candesartan	Tablet containing candesartan cilexetil 8 mg	Oral	Blooms the Chemist Candesartan	IB	MP NP	P14238	60	5	30

[108] Schedule 1, Part 1, after entry for Candesartan in the form Tablet containing candesartan cilexetil 8 mg [Brand: Candesartan Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Candesartan	Tablet containing candesartan cilexetil 8 mg	Oral	CANDESARTAN-WGR	WG	MP NP		30	5	30
Candesartan	Tablet containing candesartan cilexetil 8 mg	Oral	CANDESARTAN-WGR	WG	MP NP	P14238	60	5	30

[109] Schedule 1, Part 1, entry for Candesartan in the form Tablet containing candesartan cilexetil 16 mg

omit:

Candesartan	Tablet containing candesartan cilexetil 16 mg	Oral	Blooms the Chemist Candesartan	IB	MP NP		30	5	30
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Candesartan	Tablet containing candesartan cilexetil 16 mg	Oral	Blooms the Chemist Candesartan	IB	MP NP	P14238	60	5	30
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[110] Schedule 1, Part 1, after entry for Candesartan in the form Tablet containing candesartan cilexetil 16 mg [Brand: Candesartan Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Candesartan	Tablet containing candesartan cilexetil 16 mg	Oral	CANDESARTAN- WGR	WG	MP NP		30	5	30
Candesartan	Tablet containing candesartan cilexetil 16 mg	Oral	CANDESARTAN- WGR	WG	MP NP	P14238	60	5	30

[111] Schedule 1, Part 1, entry for Candesartan in the form Tablet containing candesartan cilexetil 32 mg

omit:

Candesartan	Tablet containing candesartan cilexetil 32 mg	Oral	Blooms the Chemist Candesartan	IB	MP NP		30	5	30
Candesartan	Tablet containing candesartan cilexetil 32 mg	Oral	Blooms the Chemist Candesartan	IB	MP NP	P14238	60	5	30

[112] Schedule 1, Part 1, after entry for Candesartan in the form Tablet containing candesartan cilexetil 32 mg [Brand: Candesartan Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Candesartan	Tablet containing candesartan cilexetil 32 mg	Oral	CANDESARTAN- WGR	WG	MP NP		30	5	30
Candesartan	Tablet containing candesartan cilexetil 32 mg	Oral	CANDESARTAN- WGR	WG	MP NP	P14238	60	5	30

[113] Schedule 1, Part 1, after entry for Candesartan with hydrochlorothiazide in the form Tablet containing candesartan cilexetil 16 mg with hydrochlorothiazide 12.5 mg [Brand: CANDESAN COMBI 16/12.5; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Candesartan with hydrochlorothiazide	Tablet containing candesartan cilexetil 16 mg with hydrochlorothiazide 12.5 mg	Oral	CANDESARTAN HCTZ-WGR 16/12.5	WG	MP NP	C4374	P4374	30	5	30
Candesartan with hydrochlorothiazide	Tablet containing candesartan cilexetil 16 mg with hydrochlorothiazide 12.5 mg	Oral	CANDESARTAN HCTZ-WGR 16/12.5	WG	MP NP	C14255	P14255	60	5	30

[114] Schedule 1, Part 1, entry for Candesartan with hydrochlorothiazide in the form Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 12.5 mg

omit:

Candesartan with hydrochlorothiazide	Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 12.5 mg	Oral	Blooms the Chemist Candesartan HCTZ 32/12.5	IB	MP NP	C4374	P4374	30	5	30
Candesartan with hydrochlorothiazide	Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 12.5 mg	Oral	Blooms the Chemist Candesartan HCTZ 32/12.5	IB	MP NP	C14255	P14255	60	5	30

[115] Schedule 1, Part 1, after entry for Candesartan with hydrochlorothiazide in the form Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 12.5 mg [Brand: CANDESAN COMBI 32/12.5; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Candesartan with hydrochlorothiazide	Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 12.5 mg	Oral	CANDESARTAN HCTZ-WGR 32/12.5	WG	MP NP	C4374	P4374	30	5	30
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Candesartan with hydrochlorothiazide	Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 12.5 mg	Oral	CANDESARTAN HCTZ-WGR 32/12.5	WG	MP NP	C14255	P14255	60	5	30
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[116] Schedule 1, Part 1, entry for Candesartan with hydrochlorothiazide in the form Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 25 mg

omit:

Candesartan with hydrochlorothiazide	Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 25 mg	Oral	Blooms the Chemist Candesartan HCTZ 32/25	IB	MP NP	C4374	P4374	30	5	30
Candesartan with hydrochlorothiazide	Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 25 mg	Oral	Blooms the Chemist Candesartan HCTZ 32/25	IB	MP NP	C14255	P14255	60	5	30

[117] Schedule 1, Part 1, after entry for Candesartan with hydrochlorothiazide in the form Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 25 mg [Brand: CANDESAN COMBI 32/25; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Candesartan with hydrochlorothiazide	Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 25 mg	Oral	CANDESARTAN HCTZ-WGR 32/25	WG	MP NP	C4374	P4374	30	5	30
Candesartan with hydrochlorothiazide	Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 25 mg	Oral	CANDESARTAN HCTZ-WGR 32/25	WG	MP NP	C14255	P14255	60	5	30

[118] Schedule 1, Part 1, entry for Capecitabine

omit:

Capecitabine	Tablet 500 mg	Oral	Capecitabine-DRLA RZ	MP			120	2		120
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[119] Schedule 1, Part 1, after entry for Carbamazepine in the form Tablet 100 mg [Brand: Carbamazepine Sandoz; Maximum Quantity: 200; Number of Repeats: 2]

insert:

Carbamazepine	Tablet 100 mg	Oral	Carbamazepine Sandoz	NM	MP NP	P14238	400	2		100
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[120] Schedule 1, Part 1, after entry for Carbamazepine in the form Tablet 100 mg [Brand: Tegretol 100; Maximum Quantity: 200; Number of Repeats: 2]

insert:

Carbamazepine	Tablet 100 mg	Oral	Tegretol 100	NV	MP NP	P14238	400	2		100
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[121] Schedule 1, Part 1, after entry for Carbamazepine in the form Tablet 200 mg [Brand: Carbamazepine Sandoz; Maximum Quantity: 200; Number of Repeats: 2]

insert:

Carbamazepine	Tablet 200 mg	Oral	Carbamazepine Sandoz	NM	MP NP	P14238	400	2		100
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[122] Schedule 1, Part 1, after entry for Carbamazepine in the form Tablet 200 mg [Brand: Tegretol 200; Maximum Quantity: 200; Number of Repeats: 2]

insert:

Carbamazepine	Tablet 200 mg	Oral	Tegretol 200	NV	MP NP	P14238	400	2		100
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[123] Schedule 1, Part 1, entries for Carbomer

substitute:

Carbomer	Eye gel 2 mg per g, 10 g	Application to the eye	Optifresh eye gel	PP	MP NP AO	C15560	P15560	1	5	1
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Carbomer	Eye gel 2 mg per g, 10 g	Application to the eye	Optifresh eye gel	PP	MP NP C15556 AO	P15556	2	5	1
Carbomer	Eye gel 2 mg per g, 10 g	Application to the eye	PAA	UL	MP NP C15560 AO	P15560	1	5	1
Carbomer	Eye gel 2 mg per g, 10 g	Application to the eye	PAA	UL	MP NP C15556 AO	P15556	2	5	1
Carbomer	Eye gel 2 mg per g, 10 g	Application to the eye	Viscotears	UO	MP NP C15560 AO	P15560	1	5	1
Carbomer	Eye gel 2 mg per g, 10 g	Application to the eye	Viscotears	UO	MP NP C15556 AO	P15556	2	5	1
Carbomer	Eye gel 2 mg per g, single dose units 0.6 mL, 30	Application to the eye	Viscotears Gel PF	UO	MP NP C6172 AO	P6172	3	5	1
Carbomer	Eye gel 2 mg per g, single dose units 0.6 mL, 30	Application to the eye	Viscotears Gel PF	UO	MP NP C15559 AO	P15559	6	5	1

[124] Schedule 1, Part 1, entries for Carmellose

substitute:

Carmellose	Eye drops containing carmellose sodium 5 mg per mL, 10 mL	Application to the eye	Evolve Carmellose	CX	MP NP C6172 AO	P6172	1	5	1
Carmellose	Eye drops containing carmellose sodium 5 mg per mL, 10 mL	Application to the eye	Evolve Carmellose	CX	MP NP C15559 AO	P15559	2	5	1
Carmellose	Eye drops containing carmellose sodium 5 mg per mL, 15 mL	Application to the eye	Refresh Tears Plus	VE	AO NP		1	5	1

Carmellose	Eye drops containing carmellose sodium 5 mg per mL, 15 mL	Application Refresh Tears Plus to the eye	VE	MP	C15560	P15560	1	5	1
Carmellose	Eye drops containing carmellose sodium 5 mg per mL, 15 mL	Application Refresh Tears Plus to the eye	VE	MP	C15640	P15640	1	11	1
Carmellose	Eye drops containing carmellose sodium 5 mg per mL, single dose units 0.4 mL, 30	Application Cellufresh to the eye	VE	MP NP AO	C6172	P6172	3	5	1
Carmellose	Eye drops containing carmellose sodium 5 mg per mL, single dose units 0.4 mL, 31	Application Cellufresh to the eye	VE	MP NP AO	C15559	P15559	6	5	1
Carmellose	Eye drops containing carmellose sodium 10 mg per mL, 15 mL	Application Refresh Liquigel to the eye	VE	AO NP			1	5	1
Carmellose	Eye drops containing carmellose sodium 10 mg per mL, 15 mL	Application Refresh Liquigel to the eye	VE	MP	C15560	P15560	1	5	1
Carmellose	Eye drops containing carmellose sodium 10 mg per mL, 15 mL	Application Refresh Liquigel to the eye	VE	MP	C15640	P15640	1	11	1
Carmellose	Eye drops containing carmellose sodium 10 mg per mL, single dose units 0.4 mL, 30	Application Celluvisc to the eye	VE	MP NP AO	C6172	P6172	3	5	1

Carmellose	Eye drops containing carmellose sodium 10 mg per mL, single dose units 0.4 mL, 31	Application	Celluvisc	VE	MP NP	C15559	P15559	6	5	1
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[125] Schedule 1, Part 1, after entry for Carvedilol in the form Tablet 6.25 mg [Brand: Carvedilol Sandoz; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Carvedilol	Tablet 6.25 mg	Oral	CARVEDILOL- WGR	WG	MP NP	C5324 C5394	P5324 P5394	60	5	60
Carvedilol	Tablet 6.25 mg	Oral	CARVEDILOL- WGR	WG	MP NP	C14251 C14270	P14251 P14270	120	5	60

[126] Schedule 1, Part 1, after entry for Carvedilol in the form Tablet 12.5 mg [Brand: Carvedilol Sandoz; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Carvedilol	Tablet 12.5 mg	Oral	CARVEDILOL- WGR	WG	MP NP	C5324 C5394	P5324 P5394	60	5	60
Carvedilol	Tablet 12.5 mg	Oral	CARVEDILOL- WGR	WG	MP NP	C14251 C14270	P14251 P14270	120	5	60

[127] Schedule 1, Part 1, after entry for Carvedilol in the form Tablet 25 mg [Brand: Carvedilol Sandoz; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Carvedilol	Tablet 25 mg	Oral	CARVEDILOL- WGR	WG	MP NP	C5324 C5394	P5324 P5394	60	5	60
Carvedilol	Tablet 25 mg	Oral	CARVEDILOL- WGR	WG	MP NP	C14251 C14270	P14251 P14270	120	5	60

[128] Schedule 1, Part 1, after entry for Cefalexin in the form Capsule 500 mg (as monohydrate) [Brand: Cephalixin generic health; Maximum Quantity: 40; Number of Repeats: 1]

insert:

Cefalexin	Capsule 500 mg (as monohydrate)	Oral	CEPHALEXIN-WGR	WG	MP NP MW PDP		20	0	20
Cefalexin	Capsule 500 mg (as monohydrate)	Oral	CEPHALEXIN-WGR	WG	MP NP MW	P10410	40	0	20
							CN10410	CN10410	
Cefalexin	Capsule 500 mg (as monohydrate)	Oral	CEPHALEXIN-WGR	WG	MP	P6188	40	1	20
							CN6188	CN6188	

[129] Schedule 1, Part 1, after entry for Celecoxib in the form Capsule 100 mg [Brand: Celecoxib Sandoz]

insert:

Celecoxib	Capsule 100 mg	Oral	CELECOXIB-WGR	WG	MP NP	C4907 C4962	60	3	60
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[130] Schedule 1, Part 1, after entry for Celecoxib in the form Capsule 200 mg [Brand: Celecoxib Sandoz]

insert:

Celecoxib	Capsule 200 mg	Oral	CELECOXIB-WGR	WG	MP NP	C4907 C4962	30	3	30
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[131] Schedule 1, Part 1, after entry for Ceritinib

omit from the column headed "Circumstances": C6732 C7369 substitute: C7346 C15759

[132] Schedule 1, Part 1, after entry for Ciclesonide in the form Pressurised inhalation 80 micrograms per dose, 120 doses (CFC-free formulation) [Brand: Alvesco 80; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Ciclesonide	Pressurised inhalation 80 micrograms per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Alvesco 80	EU	MP NP	P14238	2	5	1
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[133] Schedule 1, Part 1, after entry for Ciclesonide in the form Pressurised inhalation 160 micrograms per dose, 120 doses (CFC-free formulation) [Brand: Alvesco 160; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Ciclesonide	Pressurised inhalation 160 micrograms per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Alvesco 160	EU	MP NP	P14238	2	5	1
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[134] Schedule 1, Part 1, after entry for Ciclosporin in the form Capsule 25 mg [Brand: APO-Ciclosporin; Maximum Quantity: 120; Number of Repeats: 3]

insert:

Ciclosporin	Capsule 25 mg	Oral	CICLOSPORIN- WGR	WG	MP		60	3	30
Ciclosporin	Capsule 25 mg	Oral	CICLOSPORIN- WGR	WG	MP	P14238	120	3	30

[135] Schedule 1, Part 1, after entry for Ciclosporin in the form Capsule 50 mg [Brand: APO-Ciclosporin; Maximum Quantity: 120; Number of Repeats: 3]

insert:

Ciclosporin	Capsule 50 mg	Oral	CICLOSPORIN- WGR	WG	MP		60	3	30
Ciclosporin	Capsule 50 mg	Oral	CICLOSPORIN- WGR	WG	MP	P14238	120	3	30

[136] Schedule 1, Part 1, after entry for Ciclosporin in the form Capsule 100 mg [Brand: APO-Ciclosporin; Maximum Quantity: 120; Number of Repeats: 3]

insert:

Ciclosporin	Capsule 100 mg	Oral	CICLOSPORIN- WGR	WG	MP		60	3	30
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Ciclosporin	Capsule 100 mg	Oral	CICLOSPORIN- WGR	WG	MP	P14238	120	3	30
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[137] Schedule 1, Part 1, after entry for Ciprofloxacin in the form Tablet 250 mg (as hydrochloride) [Brand: Ciprofloxacin Sandoz]

insert:

Ciprofloxacin	Tablet 250 mg (as hydrochloride)	Oral	CIPROFLOXACIN- WGR	WG	MP NP	C5614 C5615 C5666 C5687 C5688 C5689 C5722 C5780	14	0	14
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[138] Schedule 1, Part 1, after entry for Ciprofloxacin in the form Tablet 500 mg (as hydrochloride) [Brand: Ciprofloxacin Sandoz]

insert:

Ciprofloxacin	Tablet 500 mg (as hydrochloride)	Oral	CIPROFLOXACIN- WGR	WG	MP NP	C5614 C5615 C5687 C5688 C5689 C5722 C5780	14	0	14
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[139] Schedule 1, Part 1, after entry for Ciprofloxacin in the form Tablet 750 mg (as hydrochloride) [Brand: Ciprofloxacin Sandoz]

insert:

Ciprofloxacin	Tablet 750 mg (as hydrochloride)	Oral	CIPROFLOXACIN- WGR	WG	MP NP	C5614 C5615 C5687 C5688 C5689 C5722 C5780	14	0	14
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[140] Schedule 1, Part 1, entries for Citalopram

substitute:

Citalopram	Tablet 10 mg (as hydrobromide)	Oral	Celapram	AF	MP NP	C4755	P4755	28	5	28
Citalopram	Tablet 10 mg (as hydrobromide)	Oral	Celapram	AF	MP NP	C15666	P15666	56	2	28

Citalopram	Tablet 10 mg (as hydrobromide)	Oral	Talam	RW	MP NP C4755	P4755	28	5	28
Citalopram	Tablet 10 mg (as hydrobromide)	Oral	Talam	RW	MP NP C15666	P15666	56	2	28
Citalopram	Tablet 20 mg (as hydrobromide)	Oral	APO-Citalopram	TX	MP NP C4755	P4755	28	5	28
Citalopram	Tablet 20 mg (as hydrobromide)	Oral	APO-Citalopram	TX	MP NP C15666	P15666	56	2	28
Citalopram	Tablet 20 mg (as hydrobromide)	Oral	APX-Citalopram	TY	MP NP C4755	P4755	28	5	28
Citalopram	Tablet 20 mg (as hydrobromide)	Oral	APX-Citalopram	TY	MP NP C15666	P15666	56	2	28
Citalopram	Tablet 20 mg (as hydrobromide)	Oral	Celapram	AF	MP NP C4755	P4755	28	5	28
Citalopram	Tablet 20 mg (as hydrobromide)	Oral	Celapram	AF	MP NP C15666	P15666	56	2	28
Citalopram	Tablet 20 mg (as hydrobromide)	Oral	Cipramil	LU	MP NP C4755	P4755	28	5	28
Citalopram	Tablet 20 mg (as hydrobromide)	Oral	Cipramil	LU	MP NP C15666	P15666	56	2	28
Citalopram	Tablet 20 mg (as hydrobromide)	Oral	Citalopram Sandoz	SZ	MP NP C4755	P4755	28	5	28
Citalopram	Tablet 20 mg (as hydrobromide)	Oral	Citalopram Sandoz	SZ	MP NP C15666	P15666	56	2	28
Citalopram	Tablet 20 mg (as hydrobromide)	Oral	NOUMED CITALOPRAM	VO	MP NP C4755	P4755	28	5	28

Citalopram	Tablet 20 mg (as hydrobromide)	Oral	NOUMED CITALOPRAM	VO	MP NP C15666	P15666	56	2	28
Citalopram	Tablet 20 mg (as hydrobromide)	Oral	Talam	RW	MP NP C4755	P4755	28	5	28
Citalopram	Tablet 20 mg (as hydrobromide)	Oral	Talam	RW	MP NP C15666	P15666	56	2	28
Citalopram	Tablet 40 mg (as hydrobromide)	Oral	APO-Citalopram	TX	MP NP C4755	P4755	28	5	28
Citalopram	Tablet 40 mg (as hydrobromide)	Oral	APO-Citalopram	TX	MP NP C15666	P15666	56	2	28
Citalopram	Tablet 40 mg (as hydrobromide)	Oral	Celapram	AF	MP NP C4755	P4755	28	5	28
Citalopram	Tablet 40 mg (as hydrobromide)	Oral	Celapram	AF	MP NP C15666	P15666	56	2	28
Citalopram	Tablet 40 mg (as hydrobromide)	Oral	Citalopram Sandoz	SZ	MP NP C4755	P4755	28	5	28
Citalopram	Tablet 40 mg (as hydrobromide)	Oral	Citalopram Sandoz	SZ	MP NP C15666	P15666	56	2	28
Citalopram	Tablet 40 mg (as hydrobromide)	Oral	NOUMED CITALOPRAM	VO	MP NP C4755	P4755	28	5	28
Citalopram	Tablet 40 mg (as hydrobromide)	Oral	NOUMED CITALOPRAM	VO	MP NP C15666	P15666	56	2	28
Citalopram	Tablet 40 mg (as hydrobromide)	Oral	Talam	RW	MP NP C4755	P4755	28	5	28
Citalopram	Tablet 40 mg (as hydrobromide)	Oral	Talam	RW	MP NP C15666	P15666	56	2	28

[141] Schedule 1, Part 1, after entry for Clindamycin in the form Capsule 150 mg (as hydrochloride) [Brand: Clindamycin LU; Maximum Quantity: 48; Number of Repeats: 1]

insert:

Clindamycin	Capsule 150 mg (as hydrochloride)	Oral	CLINDAMYCIN- WGR	WG	PDP	C5487	P5487	24	0	24
Clindamycin	Capsule 150 mg (as hydrochloride)	Oral	CLINDAMYCIN- WGR	WG	MP NP MW	C5470	P5470	48	1	24

[142] Schedule 1, Part 1, after entry for Clomipramine in the form Tablet containing clomipramine hydrochloride 25 mg [Brand: APO-Clomipramine]

insert:

Clomipramine	Tablet containing clomipramine hydrochloride 25 mg	Oral	CLOMIPRAMINE- WGR	WG	MP NP	C6250 C6251 C6299		50	2	50
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[143] Schedule 1, Part 1, entry for Clopidogrel in the form Tablet 75 mg (as besilate)

omit:

Clopidogrel	Tablet 75 mg (as besilate)	Oral	BTC Clopidogrel	JB	MP NP			28	5	28
Clopidogrel	Tablet 75 mg (as besilate)	Oral	BTC Clopidogrel	JB	MP NP		P14238	56	5	28

[144] Schedule 1, Part 1, after entry for Clonidine in the form Tablet containing clonidine hydrochloride 150 micrograms [Brand: Catapres; Maximum Quantity: 200; Number of Repeats: 5]

insert:

Clopidogrel	Tablet 75 mg (as besilate)	Oral	CLOPIDOGREL- WGR	WG	MP NP			28	5	28
Clopidogrel	Tablet 75 mg (as besilate)	Oral	CLOPIDOGREL- WGR	WG	MP NP		P14238	56	5	28

[145] Schedule 1, Part 1, entries for Colestyramine in the form Sachets containing 4.7 g oral powder (equivalent to 4 g colestyramine), 50

substitute:

Colestyramine	Sachets containing 4.7 g oral powder (equivalent to 4 g colestyramine), 50	Oral	Questran Lite	GO	MP NP			2	5	1
Colestyramine	Sachets containing 4.7 g oral powder (equivalent to 4 g colestyramine), 50	Oral	Questran Lite	GO	MP NP	P14238		4	5	1

[146] Schedule 1, Part 1, entries for Crizotinib

substitute:

Crizotinib	Capsule 200 mg	Oral	Xalkori	PF	MP	C13186 C15776 C15803		60	3	60
Crizotinib	Capsule 250 mg	Oral	Xalkori	PF	MP	C13186 C15776 C15803		60	3	60

[147] Schedule 1, Part 1, entries for Desvenlafaxine

substitute:

Desvenlafaxine	Tablet (extended release) 50 mg (as succinate)	Oral	Pristiq	PF	MP NP	C5650	P5650	28	5	28
Desvenlafaxine	Tablet (extended release) 50 mg (as succinate)	Oral	Pristiq	PF	MP NP	C15553	P15553	56	2	28
Desvenlafaxine	Tablet (extended release) 100 mg (as succinate)	Oral	Pristiq	PF	MP NP	C5650	P5650	28	5	28
Desvenlafaxine	Tablet (extended release) 100 mg (as succinate)	Oral	Pristiq	PF	MP NP	C15553	P15553	56	2	28
Desvenlafaxine	Tablet (modified release) 50 mg	Oral	BTC Desvenlafaxine	BG	MP NP	C5650	P5650	28	5	28

Desvenlafaxine	Tablet (modified release) 50 mg	Oral	BTC Desvenlafaxine	BG	MP NP	C15553	P15553	56	2	28	
Desvenlafaxine	Tablet (modified release) 50 mg	Oral	Desfax	AF	MP NP	C5650	P5650	28	5	28	
Desvenlafaxine	Tablet (modified release) 50 mg	Oral	Desfax	AF	MP NP	C15553	P15553	56	2	28	
Desvenlafaxine	Tablet (modified release) 50 mg	Oral	DESVEN	RW	MP NP	C5650	P5650	28	5	28	
Desvenlafaxine	Tablet (modified release) 50 mg	Oral	DESVEN	RW	MP NP	C15553	P15553	56	2	28	
Desvenlafaxine	Tablet (modified release) 50 mg	Oral	Desvenlafaxine Sandoz	SZ	MP NP	C5650		28	5	28	
Desvenlafaxine	Tablet (modified release) 50 mg	Oral	Desvenlafaxine Sandoz	SZ	MP NP	C15553	P15553	56	2	28	
Desvenlafaxine	Tablet (modified release) 50 mg	Oral	DESVENLAFAXINE- WGR XR	WG	MP NP	C5650	P5650	28	5	28	
Desvenlafaxine	Tablet (modified release) 50 mg	Oral	DESVENLAFAXINE- WGR XR	WG	MP NP	C15553	P15553	56	2	28	
Desvenlafaxine	Tablet (modified release) 50 mg (as benzoate)	Oral	APO-Desvenlafaxine MR	TX	MP NP	C5650	P5650	28	5	28	
Desvenlafaxine	Tablet (modified release) 50 mg (as benzoate)	Oral	APO-Desvenlafaxine MR	TX	MP NP	C15553	P15553	56	2	28	
Desvenlafaxine	Tablet (modified release) 50 mg (as benzoate)	Oral	Desvenlafaxine XR	GH	GQ	MP NP	C5650	P5650	28	5	28
Desvenlafaxine	Tablet (modified release) 50 mg (as benzoate)	Oral	Desvenlafaxine XR	GH	GQ	MP NP	C15553	P15553	56	2	28

Desvenlafaxine	Tablet (modified release) 100 mg	Oral	BTC Desvenlafaxine	BG	MP NP	C5650	P5650	28	5	28	
Desvenlafaxine	Tablet (modified release) 100 mg	Oral	BTC Desvenlafaxine	BG	MP NP	C15553	P15553	56	2	28	
Desvenlafaxine	Tablet (modified release) 100 mg	Oral	Desfax	AF	MP NP	C5650	P5650	28	5	28	
Desvenlafaxine	Tablet (modified release) 100 mg	Oral	Desfax	AF	MP NP	C15553	P15553	56	2	28	
Desvenlafaxine	Tablet (modified release) 100 mg	Oral	DESVEN	RW	MP NP	C5650	P5650	28	5	28	
Desvenlafaxine	Tablet (modified release) 100 mg	Oral	DESVEN	RW	MP NP	C15553	P15553	56	2	28	
Desvenlafaxine	Tablet (modified release) 100 mg	Oral	Desvenlafaxine Sandoz	SZ	MP NP	C5650	P5650	28	5	28	
Desvenlafaxine	Tablet (modified release) 100 mg	Oral	Desvenlafaxine Sandoz	SZ	MP NP	C15553	P15553	56	2	28	
Desvenlafaxine	Tablet (modified release) 100 mg	Oral	DESVENLAFAXINE- WGR XR	WG	MP NP	C5650	P5650	28	5	28	
Desvenlafaxine	Tablet (modified release) 100 mg	Oral	DESVENLAFAXINE- WGR XR	WG	MP NP	C15553	P15553	56	2	28	
Desvenlafaxine	Tablet (modified release) 100 mg (as benzoate)	Oral	APO-Desvenlafaxine MR	TX	MP NP	C5650	P5650	28	5	28	
Desvenlafaxine	Tablet (modified release) 100 mg (as benzoate)	Oral	APO-Desvenlafaxine MR	TX	MP NP	C15553	P15553	56	2	28	
Desvenlafaxine	Tablet (modified release) 100 mg (as benzoate)	Oral	Desvenlafaxine XR	GH	GQ	MP NP	C5650	P5650	28	5	28

Desvenlafaxine	Tablet (modified release) 100 mg (as benzoate)	Oral	Desvenlafaxine GH XR	GQ	MP NP	C15553	P15553	56	2	28
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[148] Schedule 1, Part 1, entries for Diazepam

substitute:

Diazepam	Oral liquid 10 mg per 10 mL, 100 mL	Oral	Diazepam Elixir	ON	MP NP	C4244		1	0	1
Diazepam	Tablet 2 mg	Oral	Antenex 2	AF	MP NP PDP			50	0	50
Diazepam	Tablet 2 mg	Oral	Antenex 2	AF	MP NP		P6176	50	3 CN6176	50
Diazepam	Tablet 2 mg	Oral	APO-Diazepam	TX	MP NP PDP			50	0	50
Diazepam	Tablet 2 mg	Oral	APO-Diazepam	TX	MP NP		P6176	50	3 CN6176	50
Diazepam	Tablet 2 mg	Oral	APX-Diazepam	TY	MP NP PDP			50	0	50
Diazepam	Tablet 2 mg	Oral	APX-Diazepam	TY	MP NP		P6176	50	3 CN6176	50
Diazepam	Tablet 2 mg	Oral	DIAZEPAM-WGR	WG	MP NP PDP			50	0	50
Diazepam	Tablet 2 mg	Oral	DIAZEPAM-WGR	WG	MP NP		P6176	50	3 CN6176	50
Diazepam	Tablet 2 mg	Oral	Valpam 2	RW	MP NP PDP			50	0	50
Diazepam	Tablet 2 mg	Oral	Valpam 2	RW	MP NP		P6176	50	3 CN6176	50

Diazepam	Tablet 5 mg	Oral	Antenex 5	AF	MP NP PDP		50	0	50
Diazepam	Tablet 5 mg	Oral	Antenex 5	AF	MP NP	P6176	50 CN6176	3 CN6176	50
Diazepam	Tablet 5 mg	Oral	APO-Diazepam	TX	MP NP PDP		50	0	50
Diazepam	Tablet 5 mg	Oral	APO-Diazepam	TX	MP NP	P6176	50 CN6176	3 CN6176	50
Diazepam	Tablet 5 mg	Oral	APX-Diazepam	TY	MP NP PDP		50	0	50
Diazepam	Tablet 5 mg	Oral	APX-Diazepam	TY	MP NP	P6176	50 CN6176	3 CN6176	50
Diazepam	Tablet 5 mg	Oral	DIAZEPAM-WGR	WG	MP NP PDP		50	0	50
Diazepam	Tablet 5 mg	Oral	DIAZEPAM-WGR	WG	MP NP	P6176	50 CN6176	3 CN6176	50
Diazepam	Tablet 5 mg	Oral	NOUMED DIAZEPAM	VO	MP NP PDP		50	0	50
Diazepam	Tablet 5 mg	Oral	NOUMED DIAZEPAM	VO	MP NP	P6176	50 CN6176	3 CN6176	50
Diazepam	Tablet 5 mg	Oral	Valium	IX	MP NP PDP		50	0	50
Diazepam	Tablet 5 mg	Oral	Valium	IX	MP NP	P6176	50 CN6176	3 CN6176	50
Diazepam	Tablet 5 mg	Oral	Valpam 5	RW	MP NP PDP		50	0	50

Diazepam	Tablet 5 mg	Oral	Valpam 5	RW	MP NP	P6176	50	3	50
							CN6176	CN6176	

[149] Schedule 1, Part 1, after entry for Diclofenac in the form Tablet (enteric coated) containing diclofenac sodium 25 mg [Brand: Diclofenac Sandoz; Maximum Quantity: 100; Number of Repeats: 3]

insert:

Diclofenac	Tablet (enteric coated) containing diclofenac sodium 25 mg	Oral	DICLOFENAC-WGR	WG	PDP		100	0	50
Diclofenac	Tablet (enteric coated) containing diclofenac sodium 25 mg	Oral	DICLOFENAC-WGR	WG	MP NP		100	3	50

[150] Schedule 1, Part 1, after entry for Diclofenac in the form Tablet (enteric coated) containing diclofenac sodium 50 mg [Brand: Diclofenac Sandoz; Maximum Quantity: 50; Number of Repeats: 3]

insert:

Diclofenac	Tablet (enteric coated) containing diclofenac sodium 50 mg	Oral	DICLOFENAC-WGR	WG	PDP		50	0	50
Diclofenac	Tablet (enteric coated) containing diclofenac sodium 50 mg	Oral	DICLOFENAC-WGR	WG	MP NP		50	3	50

[151] Schedule 1, Part 1, entries for Diltiazem

substitute:

Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 180 mg	Oral	Cardizem CD	SW	MP NP		30	5	30
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Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 180 mg	Oral	Cardizem CD	SW	MP NP	P14238	60	5	30
Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 180 mg	Oral	Diltiazem Sandoz CD	SZ	MP NP		30	5	30
Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 180 mg	Oral	Diltiazem Sandoz CD	SZ	MP NP	P14238	60	5	30
Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 180 mg	Oral	Vasocardol CD	AV	MP NP		30	5	30
Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 180 mg	Oral	Vasocardol CD	AV	MP NP	P14238	60	5	30
Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 240 mg	Oral	Cardizem CD	SW	MP NP		30	5	30
Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 240 mg	Oral	Cardizem CD	SW	MP NP	P14238	60	5	30
Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 240 mg	Oral	Diltiazem Sandoz CD	SZ	MP NP		30	5	30
Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 240 mg	Oral	Diltiazem Sandoz CD	SZ	MP NP	P14238	60	5	30

Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 240 mg	Oral	Vasocardol CD	AV	MP NP		30	5	30
Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 240 mg	Oral	Vasocardol CD	AV	MP NP	P14238	60	5	30
Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 360 mg	Oral	Cardizem CD	SW	MP NP		30	5	30
Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 360 mg	Oral	Cardizem CD	SW	MP NP	P14238	60	5	30
Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 360 mg	Oral	Diltiazem Sandoz CD	SZ	MP NP		30	5	30
Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 360 mg	Oral	Diltiazem Sandoz CD	SZ	MP NP	P14238	60	5	30
Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 360 mg	Oral	Vasocardol CD	AV	MP NP		30	5	30
Diltiazem	Capsule (controlled delivery) containing diltiazem hydrochloride 360 mg	Oral	Vasocardol CD	AV	MP NP	P14238	60	5	30
Diltiazem	Tablet containing diltiazem hydrochloride 60 mg	Oral	Cardizem	SW	MP NP		90	5	90
Diltiazem	Tablet containing diltiazem hydrochloride 60 mg	Oral	Cardizem	SW	MP NP	P14238	180	5	90

Diltiazem	Tablet containing diltiazem hydrochloride 60 mg	Oral	Vasocardol	AV	MP NP		90	5	90
Diltiazem	Tablet containing diltiazem hydrochloride 60 mg	Oral	Vasocardol	AV	MP NP	P14238	180	5	90

[152] Schedule 1, Part 1, after entry for Donepezil in the form Tablet containing donepezil hydrochloride 5 mg [Brand: Donepezil Sandoz; Authorised Prescriber: MP; Maximum Quantity: 28; Number of Repeats: 5]

insert:

Donepezil	Tablet containing donepezil hydrochloride 5 mg	Oral	DONEPEZIL-WGR WG	MP NP	C13938		28	5	28
Donepezil	Tablet containing donepezil hydrochloride 5 mg	Oral	DONEPEZIL-WGR WG	MP	C13938 C13940 C13941		28	5	28

[153] Schedule 1, Part 1, after entry for Donepezil in the form Tablet containing donepezil hydrochloride 10 mg [Brand: Donepezil Sandoz; Authorised Prescriber: MP; Maximum Quantity: 28; Number of Repeats: 5]

insert:

Donepezil	Tablet containing donepezil hydrochloride 10 mg	Oral	DONEPEZIL-WGR WG	MP NP	C13938		28	5	28
Donepezil	Tablet containing donepezil hydrochloride 10 mg	Oral	DONEPEZIL-WGR WG	MP	C13940 C13941		28	5	28

[154] Schedule 1, Part 1, entries for Dorzolamide

substitute:

Dorzolamide	Eye drops 20 mg (as hydrochloride) per mL, 5 mL	Application to the eye	Trusamide	AF	AO MP		1	5	1
Dorzolamide	Eye drops 20 mg (as hydrochloride) per mL, 5 mL	Application to the eye	Trusamide	AF	AO MP	P14238	2	5	1
Dorzolamide	Eye drops 20 mg (as hydrochloride) per mL, 5 mL	Application to the eye	Trusopt	MF	AO MP		1	5	1

Dorzolamide	Eye drops 20 mg (as hydrochloride) per mL, 5 mL	Application to the eye	Trusopt	MF	AO MP		P14238	2	5	1
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[155] Schedule 1, Part 1, entries for Dorzolamide with timolol

substitute:

Dorzolamide with timolol	Eye drops containing dorzolamide 20 mg (as hydrochloride) with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Cosdor	AF	MP	C4343	P4343	1	5	1
Dorzolamide with timolol	Eye drops containing dorzolamide 20 mg (as hydrochloride) with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Cosdor	AF	AO	C5038	P5038	1	5	1
Dorzolamide with timolol	Eye drops containing dorzolamide 20 mg (as hydrochloride) with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Cosdor	AF	AO MP	C15558	P15558	2	5	1
Dorzolamide with timolol	Eye drops containing dorzolamide 20 mg (as hydrochloride) with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Cosopt	MF	MP	C4343	P4343	1	5	1
Dorzolamide with timolol	Eye drops containing dorzolamide 20 mg (as hydrochloride) with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Cosopt	MF	AO	C5038	P5038	1	5	1

Dorzolamide with timolol	Eye drops containing dorzolamide 20 mg (as hydrochloride) with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Cosopt	MF	AO MP	C15558	P15558	2	5	1
Dorzolamide with timolol	Eye drops containing dorzolamide 20 mg (as hydrochloride) with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Vizo-PF Dorzolatim	AE	MP	C4343	P4343	1	5	1
Dorzolamide with timolol	Eye drops containing dorzolamide 20 mg (as hydrochloride) with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Vizo-PF Dorzolatim	AE	AO	C5038	P5038	1	5	1
Dorzolamide with timolol	Eye drops containing dorzolamide 20 mg (as hydrochloride) with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Vizo-PF Dorzolatim	AE	AO MP	C15558	P15558	2	5	1

[156] Schedule 1, Part 1, entries for Doxycycline

substitute:

Doxycycline	Capsule 50 mg (as hyclate) (containing enteric coated pellets)	Oral	Doryx	YN	MP NP	C4475 C4529 C4539	P4475 P4529 P4539	25	5	25
Doxycycline	Capsule 50 mg (as hyclate) (containing enteric coated pellets)	Oral	Doryx	YN	MP NP	C15596 C15659 C15686	P15596 P15659 P15686	50	2	25
Doxycycline	Capsule 50 mg (as hyclate) (containing enteric coated pellets)	Oral	Mayne Pharma Doxycycline	YT	MP NP	C4475 C4529 C4539	P4475 P4529 P4539	25	5	25

Doxycycline	Capsule 50 mg (as hyclate) (containing enteric coated pellets)	Oral	Mayne Pharma Doxycycline	YT	MP NP	C15596 C15659 C15686	P15596 P15659 P15686	50	2	25
Doxycycline	Capsule 100 mg (as hyclate) (containing enteric coated pellets)	Oral	Doryx	YN	PDP			7	0	7
Doxycycline	Capsule 100 mg (as hyclate) (containing enteric coated pellets)	Oral	Doryx	YN	MP NP			7	1	7
Doxycycline	Capsule 100 mg (as hyclate) (containing enteric coated pellets)	Oral	Doryx	YN	MP NP		P4514	28	0	7
Doxycycline	Capsule 100 mg (as hyclate) (containing enteric coated pellets)	Oral	Doryx	YN	MP		P6200	28	5	7
Doxycycline	Capsule 100 mg (as hyclate) (containing enteric coated pellets)	Oral	Doryx	YN	MP		P15625	56	2	7
Doxycycline	Capsule 100 mg (as hyclate) (containing enteric coated pellets)	Oral	Mayne Pharma Doxycycline	YT	PDP			7	0	7
Doxycycline	Capsule 100 mg (as hyclate) (containing enteric coated pellets)	Oral	Mayne Pharma Doxycycline	YT	MP NP			7	1	7
Doxycycline	Capsule 100 mg (as hyclate) (containing enteric coated pellets)	Oral	Mayne Pharma Doxycycline	YT	MP NP		P4485	21	0	21

Doxycycline	Capsule 100 mg (as hyclate) (containing enteric coated pellets)	Oral	Mayne Pharma Doxycycline	YT	MP NP		P4514	28	0	7
Doxycycline	Capsule 100 mg (as hyclate) (containing enteric coated pellets)	Oral	Mayne Pharma Doxycycline	YT	MP		P6200	28	5	7
Doxycycline	Capsule 100 mg (as hyclate) (containing enteric coated pellets)	Oral	Mayne Pharma Doxycycline	YT	MP		P15625	56	2	7
Doxycycline	Tablet 50 mg (as hyclate)	Oral	APX-Doxycycline	TX	MP NP	C4475 C4529 C4539	P4475 P4529 P4539	25	5	25
Doxycycline	Tablet 50 mg (as hyclate)	Oral	APX-Doxycycline	TX	MP NP	C15596 C15659 C15686	P15596 P15659 P15686	50	2	25
Doxycycline	Tablet 50 mg (as hyclate)	Oral	Doxsig	RW	MP NP	C4475 C4529 C4539	P4475 P4529 P4539	25	5	25
Doxycycline	Tablet 50 mg (as hyclate)	Oral	Doxsig	RW	MP NP	C15596 C15659 C15686	P15596 P15659 P15686	50	2	25
Doxycycline	Tablet 50 mg (as hyclate)	Oral	DOXYCYCLINE-WGR	WG	MP NP	C4475 C4529 C4539	P4475 P4529 P4539	25	5	25
Doxycycline	Tablet 50 mg (as hyclate)	Oral	DOXYCYCLINE-WGR	WG	MP NP	C15596 C15659 C15686	P15596 P15659 P15686	50	2	25
Doxycycline	Tablet 50 mg (as hyclate)	Oral	Doxylin 50	AF	MP NP	C4475 C4529 C4539	P4475 P4529 P4539	25	5	25
Doxycycline	Tablet 50 mg (as hyclate)	Oral	Doxylin 50	AF	MP NP	C15596 C15659 C15686	P15596 P15659 P15686	50	2	25
Doxycycline	Tablet 50 mg (as monohydrate)	Oral	Doxycycline Sandoz	HX	MP NP	C4475 C4529 C4539	P4475 P4529 P4539	25	5	25

Doxycycline	Tablet 50 mg (as monohydrate)	Oral	Doxycycline Sandoz	HX	MP NP	C15596 C15659 C15686	P15596 P15659 P15686	50	2	25
Doxycycline	Tablet 100 mg (as hyclate)	Oral	APX-Doxycycline	TX	PDP			7	0	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	APX-Doxycycline	TX	MP NP			7	1	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	APX-Doxycycline	TX	MP NP		P4485	21	0	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	APX-Doxycycline	TX	MP NP		P4485	21	0	21
Doxycycline	Tablet 100 mg (as hyclate)	Oral	APX-Doxycycline	TX	MP NP		P4514	28	0	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	APX-Doxycycline	TX	MP		P6200	28	5	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	APX-Doxycycline	TX	MP		P15625	56	2	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	Doxsig	RW	PDP			7	0	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	Doxsig	RW	MP NP			7	1	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	Doxsig	RW	MP NP		P4485	21	0	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	Doxsig	RW	MP NP		P4485	21	0	21
Doxycycline	Tablet 100 mg (as hyclate)	Oral	Doxsig	RW	MP NP		P4514	28	0	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	Doxsig	RW	MP		P6200	28	5	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	Doxsig	RW	MP		P15625	56	2	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	DOXYCYCLINE-WGR	WG	PDP			7	0	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	DOXYCYCLINE-WGR	WG	MP NP			7	1	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	DOXYCYCLINE-WGR	WG	MP NP		P4485	21	0	7

Doxycycline	Tablet 100 mg (as hyclate)	Oral	DOXYCYCLINE- WGR	WG	MP NP	P4514	28	0	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	DOXYCYCLINE- WGR	WG	MP	P6200	28	5	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	DOXYCYCLINE- WGR	WG	MP	P15625	56	2	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	Doxylin 100	AF	PDP		7	0	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	Doxylin 100	AF	MP NP		7	1	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	Doxylin 100	AF	MP NP	P4485	21	0	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	Doxylin 100	AF	MP NP	P4485	21	0	21
Doxycycline	Tablet 100 mg (as hyclate)	Oral	Doxylin 100	AF	MP NP	P4514	28	0	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	Doxylin 100	AF	MP	P6200	28	5	7
Doxycycline	Tablet 100 mg (as hyclate)	Oral	Doxylin 100	AF	MP	P15625	56	2	7
Doxycycline	Tablet 100 mg (as monohydrate)	Oral	Doxycycline Sandoz	HX	PDP		7	0	7
Doxycycline	Tablet 100 mg (as monohydrate)	Oral	Doxycycline Sandoz	HX	MP NP		7	1	7
Doxycycline	Tablet 100 mg (as monohydrate)	Oral	Doxycycline Sandoz	HX	MP NP	P4485	21	0	7
Doxycycline	Tablet 100 mg (as monohydrate)	Oral	Doxycycline Sandoz	HX	MP NP	P4514	28	0	7
Doxycycline	Tablet 100 mg (as monohydrate)	Oral	Doxycycline Sandoz	HX	MP	P6200	28	5	7
Doxycycline	Tablet 100 mg (as monohydrate)	Oral	Doxycycline Sandoz	HX	MP	P15625	56	2	7

[157] Schedule 1, Part 1, after entry for Enalapril in the form Tablet containing enalapril maleate 5 mg [Brand: Enalapril Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Enalapril	Tablet containing enalapril maleate 5 mg	Oral	ENALAPRIL-WGR	WG	MP NP		30	5	30
Enalapril	Tablet containing enalapril maleate 5 mg	Oral	ENALAPRIL-WGR	WG	MP NP	P14238	60	5	30

[158] Schedule 1, Part 1, after entry for Enalapril in the form Tablet containing enalapril maleate 10 mg [Brand: Enalapril Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Enalapril	Tablet containing enalapril maleate 10 mg	Oral	ENALAPRIL-WGR	WG	MP NP		30	5	30
Enalapril	Tablet containing enalapril maleate 10 mg	Oral	ENALAPRIL-WGR	WG	MP NP	P14238	60	5	30

[159] Schedule 1, Part 1, after entry for Enalapril in the form Tablet containing enalapril maleate 20 mg [Brand: Enalapril Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Enalapril	Tablet containing enalapril maleate 20 mg	Oral	ENALAPRIL-WGR	WG	MP NP		30	5	30
Enalapril	Tablet containing enalapril maleate 20 mg	Oral	ENALAPRIL-WGR	WG	MP NP	P14238	60	5	30

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

substitute:

Entacapone	Tablet 200 mg	Oral	Comtan	SZ	MP NP	C5133	P5133	200	4	100
Entacapone	Tablet 200 mg	Oral	Comtan	SZ	MP NP	C15602	P15602	400	4	100

[161] Schedule 1, Part 1, after entry for Entecavir in the form Tablet 0.5 mg (as monohydrate) [Brand: Entecavir Viatris]

insert:

Entecavir	Tablet 0.5 mg (as monohydrate)	Oral	ENTECAVIR-WGR WG	MP NP C4993 C5036	60	5	30	D(100)
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[162] Schedule 1, Part 1, after entry for Entecavir in the form Tablet 1 mg (as monohydrate) [Brand: Entecavir Viatris]

insert:

Entecavir	Tablet 1 mg (as monohydrate)	Oral	ENTECAVIR-WGR WG	MP NP C5037 C5044	60	5	30	D(100)
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[163] Schedule 1, Part 1, entry for Entrectinib

omit from the column headed "Circumstances": **C13184 C1327** *substitute:* **C13186 C15776**

[164] Schedule 1, Part 1, entry for Eprosartan with hydrochlorothiazide

substitute:

Eprosartan with hydrochlorothiazide	Tablet 600 mg eprosartan (as mesilate) with 12.5 mg hydrochlorothiazide	Oral	Teveten Plus 600/12.5	GO MP NP C4374	P4374	28	5	28
Eprosartan with hydrochlorothiazide	Tablet 600 mg eprosartan (as mesilate) with 12.5 mg hydrochlorothiazide	Oral	Teveten Plus 600/12.5	GO MP NP C15624	P15624	56	5	28

[165] Schedule 1, Part 1, after entry for Erythromycin in the form Capsule 250 mg (containing enteric coated pellets) [Brand: Mayne Pharma Erythromycin; Maximum Quantity: 50; Number of Repeats: 5]

insert:

Erythromycin	Capsule 250 mg (containing enteric coated pellets)	Oral	Mayne Pharma Erythromycin	YT MP	P15710	100	2	25	CN15710 CN15710
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[166] Schedule 1, Part 1, entries for Escitalopram

substitute:

Escitalopram	Oral solution 20 mg (as oxalate) per mL, 15 mL	Oral	Lexapro	LU	MP NP	C4680 C4681 C4707 C4721 C4747	P4680 P4681 P4707 P4721 P4747	1	5	1
Escitalopram	Oral solution 20 mg (as oxalate) per mL, 15 mL	Oral	Lexapro	LU	MP NP	C15606 C15639 C15670 C15698 C15751	P15606 P15639 P15670 P15698 P15751	2	2	1
Escitalopram	Tablet 10 mg (as oxalate)	Oral	APO-Escitalopram	TX	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	APO-Escitalopram	TX	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	APX-Escitalopram	TY	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	APX-Escitalopram	TY	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	Blooms Escitalopram	BG	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	Blooms Escitalopram	BG	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	Cilopam-S	ZS	MP NP	C4755	P4755	28	5	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	Cilopam-S	ZS	MP NP	C15666	P15666	56	2	28

Escitalopram	Tablet 10 mg (as oxalate)	Oral	Escitalopram GH	HQ	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	Escitalopram GH	HQ	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	Escitalopram Sandoz	HX	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	Escitalopram Sandoz	HX	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	Esipram	CF	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	Esipram	CF	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	Lexam 10	RW	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	Lexam 10	RW	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	Lexapro	LU	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28

Escitalopram	Tablet 10 mg (as oxalate)	Oral	Lexapro	LU	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	LoxaLate	AF	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	LoxaLate	AF	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	NOUMED ESCITALOPRAM	VO	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 10 mg (as oxalate)	Oral	NOUMED ESCITALOPRAM	VO	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	APO-Escitalopram	TX	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	APO-Escitalopram	TX	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	APX-Escitalopram	TY	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	APX-Escitalopram	TY	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28

Escitalopram	Tablet 20 mg (as oxalate)	Oral	Blooms Escitalopram	BG	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	Blooms Escitalopram	BG	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	Cilopam-S	ZS	MP NP	C4755	P4755	28	5	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	Cilopam-S	ZS	MP NP	C15666	P15666	56	2	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	Escitalopram GH	HQ	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	Escitalopram GH	HQ	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	Escitalopram Sandoz	HX	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	Escitalopram Sandoz	HX	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	Esipram	CF	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	Esipram	CF	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28

Escitalopram	Tablet 20 mg (as oxalate)	Oral	Lexam 20	RW	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	Lexam 20	RW	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	Lexapro	LU	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	Lexapro	LU	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	LoxaLate	AF	MP NP	C4755	P4755	28	5	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	LoxaLate	AF	MP NP	C15666	P15666	56	2	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	NOUMED ESCITALOPRAM	VO	MP NP	C4690 C4703 C4755 C4756 C4757	P4690 P4703 P4755 P4756 P4757	28	5	28
Escitalopram	Tablet 20 mg (as oxalate)	Oral	NOUMED ESCITALOPRAM	VO	MP NP	C15550 C15551 C15666 C15669 C15696	P15550 P15551 P15666 P15669 P15696	56	2	28

[167] Schedule 1, Part 1, entries for Esomeprazole

substitute:

Esomeprazole	Capsule (enteric) 20 mg (as magnesium)	Oral	Noxicid Caps	AL	MP NP	C8774 C8775	P8774 P8775	30	1	30
Esomeprazole	Capsule (enteric) 20 mg (as magnesium)	Oral	Noxicid Caps	AL	MP NP	C8776 C8780 C8827	P8776 P8780 P8827	30	5	30

Esomeprazole	Capsule (enteric) 20 mg (as magnesium)	Oral	Noxicid Caps	AL	MP	C11310	P11310	60	5	30
Esomeprazole	Capsule (enteric) 20 mg (as magnesium)	Oral	Noxicid Caps	AL	MP NP	C15530 C15658 C15682	P15530 P15658 P15682	60	5	30
Esomeprazole	Capsule (enteric) 20 mg (as magnesium)	Oral	Noxicid Caps	AL	MP	C15531	P15531	120	5	30
Esomeprazole	Capsule (enteric) 40 mg (as magnesium)	Oral	Noxicid Caps	AL	MP NP	C8902	P8902	30	1	30
Esomeprazole	Capsule (enteric) 40 mg (as magnesium)	Oral	Noxicid Caps	AL	MP NP	C8777 C8778	P8777 P8778	30	5	30
Esomeprazole	Capsule (enteric) 40 mg (as magnesium)	Oral	Noxicid Caps	AL	MP	C11370	P11370	60	5	30
Esomeprazole	Capsule (enteric) 40 mg (as magnesium)	Oral	Noxicid Caps	AL	MP NP	C15655 C15704	P15655 P15704	60	5	30
Esomeprazole	Capsule (enteric) 40 mg (as magnesium)	Oral	Noxicid Caps	AL	MP	C15705	P15705	120	5	30
Esomeprazole	Tablet (enteric coated) 20 mg (as magnesium trihydrate)	Oral	APO-Esomeprazole	TY	MP NP	C8774 C8775	P8774 P8775	30	1	30
Esomeprazole	Tablet (enteric coated) 20 mg (as magnesium trihydrate)	Oral	APO-Esomeprazole	TY	MP NP	C8776 C8780 C8827	P8776 P8780 P8827	30	5	30
Esomeprazole	Tablet (enteric coated) 20 mg (as magnesium trihydrate)	Oral	APO-Esomeprazole	TY	MP	C11310	P11310	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg (as magnesium trihydrate)	Oral	APO-Esomeprazole	TY	MP NP	C15530 C15658 C15682	P15530 P15658 P15682	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg (as magnesium trihydrate)	Oral	APO-Esomeprazole	TY	MP	C15531	P15531	120	5	30

Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole GH GQ	MP NP C8774 C8775	P8774 P8775	30	1	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole GH GQ	MP NP C8776 C8780 C8827	P8776 P8780 P8827	30	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole GH GQ	MP C11310	P11310	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole GH GQ	MP NP C15530 C15658 C15682	P15530 P15658 P15682	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole GH GQ	MP C15531	P15531	120	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole GxP AF	MP NP C8774 C8775	P8774 P8775	30	1	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole GxP AF	MP NP C8776 C8780 C8827	P8776 P8780 P8827	30	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole GxP AF	MP C11310	P11310	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole GxP AF	MP NP C15530 C15658 C15682	P15530 P15658 P15682	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole GxP AF	MP C15531	P15531	120	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole Mylan	AL MP NP C8774 C8775	P8774 P8775	30	1	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole Mylan	AL MP NP C8776 C8780 C8827	P8776 P8780 P8827	30	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole Mylan	AL MP C11310	P11310	60	5	30

Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole Mylan	AL	MP NP	C15530 C15658 C15682	P15530 P15658 P15682	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole Mylan	AL	MP	C15531	P15531	120	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole RBX	RA	MP NP	C8774 C8775	P8774 P8775	30	1	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole RBX	RA	MP NP	C8776 C8780 C8827	P8776 P8780 P8827	30	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole RBX	RA	MP	C11310	P11310	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole RBX	RA	MP NP	C15530 C15658 C15682	P15530 P15658 P15682	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole RBX	RA	MP	C15531	P15531	120	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole Viatris	MQ	MP NP	C8774 C8775	P8774 P8775	30	1	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole Viatris	MQ	MP NP	C8776 C8780 C8827	P8776 P8780 P8827	30	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole Viatris	MQ	MP	C11310	P11310	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole Viatris	MQ	MP NP	C15530 C15658 C15682	P15530 P15658 P15682	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esomeprazole Viatris	MQ	MP	C15531	P15531	120	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	ESOMEPRAZOLE- WGR	WG	MP NP	C8774 C8775	P8774 P8775	30	1	30

Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	ESOMEPRAZOLE- WGR	WG	MP NP	C8776 C8780 C8827	P8776 P8780 P8827	30	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	ESOMEPRAZOLE- WGR	WG	MP	C11310	P11310	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	ESOMEPRAZOLE- WGR	WG	MP NP	C15530 C15658 C15682	P15530 P15658 P15682	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	ESOMEPRAZOLE- WGR	WG	MP	C15531	P15531	120	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esopreze	BG	MP NP	C8774 C8775	P8774 P8775	30	1	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esopreze	BG	MP NP	C8776 C8780 C8827	P8776 P8780 P8827	30	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esopreze	BG	MP	C11310	P11310	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esopreze	BG	MP NP	C15530 C15658 C15682	P15530 P15658 P15682	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Esopreze	BG	MP	C15531	P15531	120	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Nexazole	RW	MP NP	C8774 C8775	P8774 P8775	30	1	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Nexazole	RW	MP NP	C8776 C8780 C8827	P8776 P8780 P8827	30	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Nexazole	RW	MP	C11310	P11310	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Nexazole	RW	MP NP	C15530 C15658 C15682	P15530 P15658 P15682	60	5	30

Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Nexazole	RW	MP	C15531	P15531	120	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Nexium	AP	MP NP	C8774 C8775	P8774 P8775	30	1	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Nexium	AP	MP NP	C8776 C8780 C8827	P8776 P8780 P8827	30	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Nexium	AP	MP	C11310	P11310	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Nexium	AP	MP NP	C15530 C15658 C15682	P15530 P15658 P15682	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Nexium	AP	MP	C15531	P15531	120	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Nexole	RF	MP NP	C8774 C8775	P8774 P8775	30	1	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Nexole	RF	MP NP	C8776 C8780 C8827	P8776 P8780 P8827	30	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Nexole	RF	MP	C11310	P11310	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Nexole	RF	MP NP	C15530 C15658 C15682	P15530 P15658 P15682	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	Nexole	RF	MP	C15531	P15531	120	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	NOUMED ESOMEPRAZOLE	VO	MP NP	C8774 C8775	P8774 P8775	30	1	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	NOUMED ESOMEPRAZOLE	VO	MP NP	C8776 C8780 C8827	P8776 P8780 P8827	30	5	30

Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	NOUMED ESOMEPRAZOLE	VO	MP	C11310	P11310	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	NOUMED ESOMEPRAZOLE	VO	MP NP	C15530 C15658 C15682	P15530 P15658 P15682	60	5	30
Esomeprazole	Tablet (enteric coated) 20 mg Oral (as magnesium trihydrate)	NOUMED ESOMEPRAZOLE	VO	MP	C15531	P15531	120	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	APO- Esomeprazole	TY	MP NP	C8902	P8902	30	1	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	APO- Esomeprazole	TY	MP NP	C8777 C8778	P8777 P8778	30	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	APO- Esomeprazole	TY	MP	C11370	P11370	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	APO- Esomeprazole	TY	MP NP	C15655 C15704	P15655 P15704	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	APO- Esomeprazole	TY	MP	C15705	P15705	120	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole GH	GQ	MP NP	C8902	P8902	30	1	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole GH	GQ	MP NP	C8777 C8778	P8777 P8778	30	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole GH	GQ	MP	C11370	P11370	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole GH	GQ	MP NP	C15655 C15704	P15655 P15704	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole GH	GQ	MP	C15705	P15705	120	5	30

Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole GxP AF	MP NP C8902	P8902	30	1	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole GxP AF	MP NP C8777 C8778	P8777 P8778	30	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole GxP AF	MP C11370	P11370	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole GxP AF	MP NP C15655 C15704	P15655 P15704	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole GxP AF	MP C15705	P15705	120	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole Mylan	AL MP NP C8902	P8902	30	1	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole Mylan	AL MP NP C8777 C8778	P8777 P8778	30	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole Mylan	AL MP C11370	P11370	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole Mylan	AL MP NP C15655 C15704	P15655 P15704	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole Mylan	AL MP C15705	P15705	120	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole RBX	RA MP NP C8902	P8902	30	1	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole RBX	RA MP NP C8777 C8778	P8777 P8778	30	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole RBX	RA MP C11370	P11370	60	5	30

Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole RBX	RA	MP NP	C15655 C15704	P15655 P15704	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole RBX	RA	MP	C15705	P15705	120	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole Viatis	MQ	MP NP	C8902	P8902	30	1	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole Viatis	MQ	MP NP	C8777 C8778	P8777 P8778	30	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole Viatis	MQ	MP	C11370	P11370	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole Viatis	MQ	MP NP	C15655 C15704	P15655 P15704	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esomeprazole Viatis	MQ	MP	C15705	P15705	120	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	ESOMEPRAZOLE- WGR	WG	MP NP	C8902	P8902	30	1	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	ESOMEPRAZOLE- WGR	WG	MP NP	C8777 C8778	P8777 P8778	30	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	ESOMEPRAZOLE- WGR	WG	MP	C11370	P11370	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	ESOMEPRAZOLE- WGR	WG	MP NP	C15655 C15704	P15655 P15704	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	ESOMEPRAZOLE- WGR	WG	MP	C15705	P15705	120	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esopreze	BG	MP NP	C8902	P8902	30	1	30

Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esopreze	BG	MP NP	C8777 C8778	P8777 P8778	30	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esopreze	BG	MP	C11370	P11370	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esopreze	BG	MP NP	C15655 C15704	P15655 P15704	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Esopreze	BG	MP	C15705	P15705	120	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Nexazole	RW	MP NP	C8902	P8902	30	1	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Nexazole	RW	MP NP	C8777 C8778	P8777 P8778	30	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Nexazole	RW	MP	C11370	P11370	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Nexazole	RW	MP NP	C15655 C15704	P15655 P15704	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Nexazole	RW	MP	C15705	P15705	120	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Nexium	AP	MP NP	C8902	P8902	30	1	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Nexium	AP	MP NP	C8777 C8778	P8777 P8778	30	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Nexium	AP	MP	C11370	P11370	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Nexium	AP	MP NP	C15655 C15704	P15655 P15704	60	5	30

Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Nexium	AP	MP	C15705	P15705	120	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Nexole	RF	MP NP	C8902	P8902	30	1	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Nexole	RF	MP NP	C8777 C8778	P8777 P8778	30	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Nexole	RF	MP	C11370	P11370	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Nexole	RF	MP NP	C15655 C15704	P15655 P15704	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	Nexole	RF	MP	C15705	P15705	120	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	NOUMED ESOMEPRAZOLE	VO	MP NP	C8902	P8902	30	1	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	NOUMED ESOMEPRAZOLE	VO	MP NP	C8777 C8778	P8777 P8778	30	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	NOUMED ESOMEPRAZOLE	VO	MP	C11370	P11370	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	NOUMED ESOMEPRAZOLE	VO	MP NP	C15655 C15704	P15655 P15704	60	5	30
Esomeprazole	Tablet (enteric coated) 40 mg Oral (as magnesium trihydrate)	NOUMED ESOMEPRAZOLE	VO	MP	C15705	P15705	120	5	30

[168] Schedule 1, Part 1, after entry for Estradiol with norethisterone in the form Transdermal patches containing 510 micrograms estradiol (as hemihydrate) with 4.8 mg norethisterone acetate, 8

insert:

Estradiol with norethisterone	Transdermal patches containing 510 micrograms estradiol (as hemihydrate) with 4.8 mg norethisterone acetate, 8	Transdermal	Estalis continuous	SZ	MP NP	P14238	2	5	1
			50/250						

[169] Schedule 1, Part 1, after entry for Exemestane in the form Tablet 25 mg [Brand: Exemestane Sandoz; Authorised Prescriber: MP NP; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Exemestane	Tablet 25 mg	Oral	EXEMESTANE-WGR	WG	MP	C4796	P4796	30	5	30
Exemestane	Tablet 25 mg	Oral	EXEMESTANE-WGR	WG	MP NP	C5522	P5522	30	5	30
Exemestane	Tablet 25 mg	Oral	EXEMESTANE-WGR	WG	MP	C15031	P15031	60	5	30
Exemestane	Tablet 25 mg	Oral	EXEMESTANE-WGR	WG	MP NP	C14992	P14992	60	5	30

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

insert:

Ezetimibe	Tablet 10 mg	Oral	EZETIMIBE-WGR	WG	MP NP	C7966 C7990 C7996	P7966 P7990 P7996	30	5	30
Ezetimibe	Tablet 10 mg	Oral	EZETIMIBE-WGR	WG	MP NP	C14249 C14283 C14310	P14249 P14283 P14310	60	5	30

[171] Schedule 1, Part 1, after entry for Ezetimibe with simvastatin in the form Tablet 10 mg-10 mg [Brand: EZETIMIBE/SIMVASTATIN SANDOZ; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	EZETIMIBE/SIMVASTATIN- WGR 10/10	WG NP	MP	C7958	P7958	30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	EZETIMIBE/SIMVASTATIN- WGR 10/10	WG NP	MP	C14269	P14269	60	5	30

[172] Schedule 1, Part 1, after entry for Ezetimibe with simvastatin in the form Tablet 10 mg-20 mg [Brand: EZETIMIBE/SIMVASTATIN SANDOZ; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	EZETIMIBE/SIMVASTATIN- WGR 10/20	WG NP	MP	C7958	P7958	30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	EZETIMIBE/SIMVASTATIN- WGR 10/20	WG NP	MP	C14269	P14269	60	5	30

[173] Schedule 1, Part 1, after entry for Ezetimibe with simvastatin in the form Tablet 10 mg-40 mg [Brand: EZETIMIBE/SIMVASTATIN SANDOZ; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	EZETIMIBE/SIMVASTATIN- WGR 10/40	WG NP	MP	C7957	P7957	30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	EZETIMIBE/SIMVASTATIN- WGR 10/40	WG NP	MP	C14284	P14284	60	5	30

[174] Schedule 1, Part 1, after entry for Ezetimibe with simvastatin in the form Tablet 10 mg-80 mg [Brand: EZETIMIBE/SIMVASTATIN SANDOZ; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	EZETIMIBE/SIMVASTATIN- WGR 10/80	WG NP	MP	C7957	P7957	30	5	30
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Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	EZETIMIBE/SIMVASTATIN- WGR 10/80	WG	MP NP	C14284	P14284	60	5	30
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[175] Schedule 1, Part 1, after entry for Famciclovir in the form Tablet 250 mg [Brand: Ezovir; Maximum Quantity: 56; Number of Repeats: 5]

insert:

Famciclovir	Tablet 250 mg	Oral	FAMCICLOVIR- WGR	WG	MP NP	C5937	P5937	20	1	20
Famciclovir	Tablet 250 mg	Oral	FAMCICLOVIR- WGR	WG	MP NP	C5951	P5951	21	0	21
Famciclovir	Tablet 250 mg	Oral	FAMCICLOVIR- WGR	WG	MP NP	C5971	P5971	56	5	56

[176] Schedule 1, Part 1, after entry for Famciclovir in the form Tablet 500 mg [Brand: Ezovir; Maximum Quantity: 56; Number of Repeats: 5]

insert:

Famciclovir	Tablet 500 mg	Oral	FAMCICLOVIR- WGR	WG	MP NP	C5943	P5943	30	0	30
Famciclovir	Tablet 500 mg	Oral	FAMCICLOVIR- WGR	WG	MP NP	C5947 C5948 C5949 C5954	P5947 P5948 P5949 P5954	56	5	56

[177] Schedule 1, Part 1, after entry for Fenofibrate in the form Tablet 48 mg [Brand: Fenofibrate Viatrix; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Fenofibrate	Tablet 48 mg	Oral	FENOFIBRATE- WGR	WG	MP NP			60	5	60
Fenofibrate	Tablet 48 mg	Oral	FENOFIBRATE- WGR	WG	MP NP		P14238	120	5	60

[178] Schedule 1, Part 1, entry for Fenofibrate in the form Tablet 145 mg

omit:

Fenofibrate	Tablet 145 mg	Oral	Blooms the Chemist Fenofibrate	IB	MP NP		30	5	30
Fenofibrate	Tablet 145 mg	Oral	Blooms the Chemist Fenofibrate	IB	MP NP	P14238	60	5	30

[179] Schedule 1, Part 1, after entry for Fenofibrate in the form Tablet 145 mg [Brand: Fenofibrate Viatris; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Fenofibrate	Tablet 145 mg	Oral	FENOFIBRATE-WGR	WG	MP NP		30	5	30
Fenofibrate	Tablet 145 mg	Oral	FENOFIBRATE-WGR	WG	MP NP	P14238	60	5	30

[180] Schedule 1, Part 1, entries for Fluoxetine

substitute:

Fluoxetine	Capsule 10 mg (Medreich) (S19A)	Oral	Fluoxetine Capsules 10 mg (Medreich, UK)	LM	MP NP C14828 C14832		30	5	30
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	APO-Fluoxetine	TX	MP NP C4755 C6277	P4755 P6277	28	5	28
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	APO-Fluoxetine	TX	MP NP C15582 C15666	C15582 C15666	56	2	28
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	Blooms the Chemist Fluoxetine	BG	MP NP C4755 C6277	P4755 P6277	28	5	28

Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	Blooms the Chemist Fluoxetine	BG	MP NP	C15582 C15666	C15582 C15666	56	2	28
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	FLUOTEX	RF	MP NP	C4755 C6277	P4755 P6277	28	5	28
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	FLUOTEX	RF	MP NP	C15582 C15666	C15582 C15666	56	2	28
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	Fluoxetine APOTEX	TY	MP NP	C4755 C6277	P4755 P6277	28	5	28
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	Fluoxetine APOTEX	TY	MP NP	C15582 C15666	C15582 C15666	56	2	28
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	Fluoxetine generichealth	GQ	MP NP	C4755 C6277	P4755 P6277	28	5	28
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	Fluoxetine generichealth	GQ	MP NP	C15582 C15666	C15582 C15666	56	2	28
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	Fluoxetine Sandoz	SZ	MP NP	C4755 C6277	P4755 P6277	28	5	28
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	Fluoxetine Sandoz	SZ	MP NP	C15582 C15666	C15582 C15666	56	2	28
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	NOUMED FLUOXETINE	VO	MP NP	C4755 C6277	P4755 P6277	28	5	28
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	NOUMED FLUOXETINE	VO	MP NP	C15582 C15666	C15582 C15666	56	2	28
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	Prozac 20	LY	MP NP	C4755 C6277	P4755 P6277	28	5	28
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	Prozac 20	LY	MP NP	C15582 C15666	C15582 C15666	56	2	28

Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	Zactin	AF	MP NP C4755 C6277	P4755 P6277	28	5	28
Fluoxetine	Capsule 20 mg (as hydrochloride)	Oral	Zactin	AF	MP NP C15582 C15666	C15582 C15666	56	2	28
Fluoxetine	Tablet, dispersible, 20 mg (as hydrochloride)	Oral	Zactin Tablet	AF	MP NP C4755 C6277		28	5	28

[181] Schedule 1, Part 1, after entry for Fluticasone furoate in the form Powder for oral inhalation in breath actuated device containing fluticasone furoate 100 micrograms per dose, 30 doses

insert:

Fluticasone furoate	Powder for oral inhalation in breath actuated device containing fluticasone furoate 100 micrograms per dose, 30 doses	Inhalation by mouth	Arnuity Ellipta	GK	MP NP	P14238	2	5	1
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[182] Schedule 1, Part 1, after entry for Fluticasone furoate in the form Powder for oral inhalation in breath actuated device containing fluticasone furoate 200 micrograms per dose, 30 doses

insert:

Fluticasone furoate	Powder for oral inhalation in breath actuated device containing fluticasone furoate 200 micrograms per dose, 30 doses	Inhalation by mouth	Arnuity Ellipta	GK	MP NP	P14238	2	5	1
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[183] Schedule 1, Part 1, entry for Fluticasone furoate with umeclidinium and vilanterol in the form Powder for oral inhalation in breath actuated device containing fluticasone furoate 100 micrograms with umeclidinium 62.5 micrograms (as bromide) and vilanterol 25 micrograms (as trifenate) per dose, 30 doses

substitute:

Fluticasone furoate with umeclidinium and vilanterol	Powder for oral inhalation in breath actuated device containing fluticasone furoate 100 micrograms with umeclidinium 62.5 micrograms (as bromide) and vilanterol 25 micrograms (as trifenate) per dose, 30 doses	Inhalation by mouth	Trelegy Ellipta 100/62.5/25	GK	MP NP C12349	P12349	1	5	1
Fluticasone furoate with umeclidinium and vilanterol	Powder for oral inhalation in breath actuated device containing fluticasone furoate 100 micrograms with umeclidinium 62.5 micrograms (as bromide) and vilanterol 25 micrograms (as trifenate) per dose, 30 doses	Inhalation by mouth	Trelegy Ellipta 100/62.5/25	GK	MP NP C15543	P15543	2	5	1

[184] Schedule 1, Part 1, entry for Fluticasone furoate with umeclidinium and vilanterol in the form Powder for oral inhalation in breath actuated device containing fluticasone furoate 200 micrograms with umeclidinium 62.5 micrograms (as bromide) and vilanterol 25 micrograms (as trifenate) per dose, 30 doses

substitute:

Fluticasone furoate with umeclidinium and vilanterol	Powder for oral inhalation in breath actuated device containing fluticasone furoate 200 micrograms with umeclidinium 62.5 micrograms (as bromide) and vilanterol 25 micrograms (as trifenate) per dose, 30 doses	Inhalation by mouth	Trelegy Ellipta 200/62.5/25	GK	MP NP C12603	P12603	1	5	1
Fluticasone furoate with umeclidinium and vilanterol	Powder for oral inhalation in breath actuated device containing fluticasone furoate 200 micrograms with umeclidinium 62.5 micrograms (as bromide) and vilanterol 25 micrograms (as trifenate) per dose, 30 doses	Inhalation by mouth	Trelegy Ellipta 200/62.5/25	GK	MP NP C15601	P15601	2	5	1

[185] Schedule 1, Part 1, entry for Fluticasone furoate with vilanterol in the form Powder for oral inhalation in breath actuated device containing fluticasone furoate 100 micrograms with vilanterol 25 micrograms (as trifenate) per dose, 30 doses

substitute:

Fluticasone furoate with vilanterol	Powder for oral inhalation in breath actuated device containing fluticasone furoate 100 micrograms with vilanterol 25 micrograms (as trifenate) per dose, 30 doses	Inhalation by mouth	Breo Ellipta 100/25	GK	MP NP C4711 C10121	P4711 P10121	1	5	1
Fluticasone furoate with vilanterol	Powder for oral inhalation in breath actuated device containing fluticasone furoate 100 micrograms with vilanterol 25 micrograms (as trifenate) per dose, 30 doses	Inhalation by mouth	Breo Ellipta 100/25	GK	MP NP C15546 C15548	P15546 P15548	2	5	1

[186] Schedule 1, Part 1, entry for Fluticasone furoate with vilanterol in the form Powder for oral inhalation in breath actuated device containing fluticasone furoate 200 micrograms with vilanterol 25 micrograms (as trifenate) per dose, 30 doses

substitute:

Fluticasone furoate with vilanterol	Powder for oral inhalation in breath actuated device containing fluticasone furoate 200 micrograms with vilanterol 25 micrograms (as trifenate) per dose, 30 doses	Inhalation by mouth	Breo Ellipta 200/25	GK	MP NP C4731	P4731	1	5	1
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Fluticasone furoate with vilanterol	Powder for oral inhalation in breath actuated device containing fluticasone furoate 200 micrograms with vilanterol 25 micrograms (as trifenate) per dose, 30 doses	Inhalation by mouth	Breo Ellipta 200/25 GK	MP NP	C15692	P15692	2	5	1
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[187] Schedule 1, Part 1, after entry for Fluticasone propionate in the form Powder for oral inhalation in breath actuated device containing fluticasone propionate 100 micrograms per dose, 60 doses [Brand: Axotide Junior Accuhaler]

insert:

Fluticasone propionate	Powder for oral inhalation in breath actuated device containing fluticasone propionate 100 micrograms per dose, 60 doses	Inhalation by mouth	Axotide Junior Accuhaler	TX	MP NP	P14238	2	5	1
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[188] Schedule 1, Part 1, after entry for Fluticasone propionate in the form Powder for oral inhalation in breath actuated device containing fluticasone propionate 100 micrograms per dose, 60 doses [Brand: Flixotide Junior Accuhaler]

insert:

Fluticasone propionate	Powder for oral inhalation in breath actuated device containing fluticasone propionate 100 micrograms per dose, 60 doses	Inhalation by mouth	Flixotide Junior Accuhaler	GK	MP NP	P14238	2	5	1
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[189] Schedule 1, Part 1, after entry for Fluticasone propionate in the form Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms per dose, 60 doses [Brand: Axotide Accuhaler]

insert:

Fluticasone propionate	Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms per dose, 60 doses	Inhalation by mouth	Axotide Accuhaler	TX	MP NP	P14238	2	5	1
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[190] Schedule 1, Part 1, after entry for Fluticasone propionate in the form Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms per dose, 60 doses [Brand: Flixotide Accuhaler]

insert:

Fluticasone propionate	Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms per dose, 60 doses	Inhalation by mouth	Flixotide Accuhaler	GK	MP NP	P14238	2	5	1
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[191] Schedule 1, Part 1, entries for Fluticasone propionate in the form Pressurised inhalation containing fluticasone propionate 50 micrograms per dose, 120 doses (CFC-free formulation)

substitute:

Fluticasone propionate	Pressurised inhalation containing fluticasone propionate 50 micrograms per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Axotide Junior	TX	MP NP C14180	P14180	1	5	1
Fluticasone propionate	Pressurised inhalation containing fluticasone propionate 50 micrograms per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Axotide Junior	TX	MP NP C14238	P14238	2	5	1

Fluticasone propionate	Pressurised inhalation containing fluticasone propionate 50 micrograms per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Flixotide Junior	GK	MP NP C14180	P14180	1	5	1
Fluticasone propionate	Pressurised inhalation containing fluticasone propionate 50 micrograms per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Flixotide Junior	GK	MP NP C14238	P14238	2	5	1

[192] Schedule 1, Part 1, after entry for Fluticasone propionate in the form Pressurised inhalation containing fluticasone propionate 125 micrograms per dose, 120 doses (CFC-free formulation) [Brand: Axotide]

insert:

Fluticasone propionate	Pressurised inhalation containing fluticasone propionate 125 micrograms per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Axotide	TX	MP NP	P14238	2	5	1
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[193] Schedule 1, Part 1, after entry for Fluticasone propionate in the form Pressurised inhalation containing fluticasone propionate 125 micrograms per dose, 120 doses (CFC-free formulation) [Brand: Flixotide]

insert:

Fluticasone propionate	Pressurised inhalation containing fluticasone propionate 125 micrograms per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Flixotide	GK	MP NP	P14238	2	5	1
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[194] Schedule 1, Part 1, after entry for Fluticasone propionate in the form Pressurised inhalation containing fluticasone propionate 125 micrograms per dose, 120 doses (CFC-free formulation) [Brand: Fluticasone Cipla Inhaler]

insert:

Fluticasone propionate	Pressurised inhalation containing fluticasone propionate 125 micrograms per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Fluticasone Cipla Inhaler	LR	MP NP	P14238	2	5	1
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[195] Schedule 1, Part 1, entries for Fluticasone propionate with formoterol in the form Pressurised inhalation containing fluticasone propionate 50 micrograms with formoterol fumarate dihydrate 5 micrograms per dose, 120 doses

substitute:

Fluticasone propionate with formoterol	Pressurised inhalation containing fluticasone propionate 50 micrograms with formoterol fumarate dihydrate 5 micrograms per dose, 120 doses	Inhalation by mouth	flutiform 50/5	MF	MP NP C4395	P4395	1	5	1
Fluticasone propionate with formoterol	Pressurised inhalation containing fluticasone propionate 50 micrograms with formoterol fumarate dihydrate 5 micrograms per dose, 120 doses	Inhalation by mouth	flutiform 50/5	MF	MP NP C15635	P15635	2	5	1

[196] Schedule 1, Part 1, entries for Fluticasone propionate with formoterol in the form Pressurised inhalation containing fluticasone propionate 125 micrograms with formoterol fumarate dihydrate 5 micrograms per dose, 120 doses

substitute:

Fluticasone propionate with formoterol	Pressurised inhalation containing fluticasone propionate 125 micrograms with formoterol fumarate dihydrate 5 micrograms per dose, 120 doses	Inhalation by mouth	flutiform 125/5	MF	MP NP C4395	P4395	1	5	1
Fluticasone propionate with formoterol	Pressurised inhalation containing fluticasone propionate 125 micrograms with formoterol fumarate dihydrate 5 micrograms per dose, 120 doses	Inhalation by mouth	flutiform 125/5	MF	MP NP C15635	P15635	2	5	1

[197] Schedule 1, Part 1, entries for Fluticasone propionate with formoterol in the form Pressurised inhalation containing fluticasone propionate 250 micrograms with formoterol fumarate dihydrate 10 micrograms per dose, 120 doses

substitute:

Fluticasone propionate with formoterol	Pressurised inhalation containing fluticasone propionate 250 micrograms with formoterol fumarate dihydrate 10 micrograms per dose, 120 doses	Inhalation by mouth	flutiform 250/10	MF	MP NP C4395	P4395	1	5	1
Fluticasone propionate with formoterol	Pressurised inhalation containing fluticasone propionate 250 micrograms with formoterol fumarate dihydrate 10 micrograms per dose, 120 doses	Inhalation by mouth	flutiform 250/10	MF	MP NP C15635	P15635	2	5	1

[198] Schedule 1, Part 1, entries for Fluticasone propionate with salmeterol in the form Powder for oral inhalation in breath actuated device containing fluticasone propionate 100 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses

substitute:

Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 100 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	PAVTIDE ACCUHALER 100/50	TX	MP NP C4930	P4930	1	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 100 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	PAVTIDE ACCUHALER 100/50	TX	MP NP C15604	P15604	2	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 100 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Seretide Accuhaler 100/50	GK	MP NP C4930	P4930	1	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 100 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Seretide Accuhaler 100/50	GK	MP NP C15604	P15604	2	5	1

[199] Schedule 1, Part 1, entries for Fluticasone propionate with salmeterol in the form Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses

substitute:

Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Fluticasone Salmeterol Ciphaler 250/50	LR	MP NP C15138	P15138	1	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Fluticasone Salmeterol Ciphaler 250/50	LR	MP NP C15693	P15693	2	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	PAVTIDE ACCUHALER 250/50	TX	MP NP C15138	P15138	1	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	PAVTIDE ACCUHALER 250/50	TX	MP NP C15693	P15693	2	5	1

Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Salflumix Easyhaler 250/50	OX	MP NP C15138	P15138	1	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Salflumix Easyhaler 250/50	OX	MP NP C15693	P15693	2	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	SalplusF DPI 250/50	SZ	MP NP C15138	P15138	1	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	SalplusF DPI 250/50	SZ	MP NP C15693	P15693	2	5	1

Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Seretide Accuhaler 250/50	GK	MP NP C15138	P15138	1	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Seretide Accuhaler 250/50	GK	MP NP C15693	P15693	2	5	1

[200] Schedule 1, Part 1, entries for Fluticasone propionate with salmeterol in the form Powder for oral inhalation in breath actuated device containing fluticasone propionate 500 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses

substitute:

Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 500 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Fluticasone Salmeterol Ciplhaler 500/50	LR	MP NP C10121 C15118	P10121 P15118	1	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 500 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Fluticasone Salmeterol Ciplhaler 500/50	LR	MP NP C15548 C15714	P15548 P15714	2	5	1

Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 500 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	PAVTIDE ACCUHALER 500/50	TX	MP NP C10121 C15118 P10121 P15118	1	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 500 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	PAVTIDE ACCUHALER 500/50	TX	MP NP C15548 C15714 P15548 P15714	2	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 500 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Salflumix Easyhaler 500/50	OX	MP NP C10121 C15118 P10121 P15118	1	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 500 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Salflumix Easyhaler 500/50	OX	MP NP C15548 C15714 P15548 P15714	2	5	1

Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 500 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	SalplusF DPI 500/50	SZ	MP NP	C10121 C15118	P10121 P15118	1	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 500 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	SalplusF DPI 500/50	SZ	MP NP	C15548 C15714	P15548 P15714	2	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 500 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Seretide Accuhaler 500/50	GK	MP NP	C10121 C15118	P10121 P15118	1	5	1
Fluticasone propionate with salmeterol	Powder for oral inhalation in breath actuated device containing fluticasone propionate 500 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Seretide Accuhaler 500/50	GK	MP NP	C15548 C15714	P15548 P15714	2	5	1

[201] Schedule 1, Part 1, entries for Fluticasone propionate with salmeterol in the form Pressurised inhalation containing fluticasone propionate 50 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)

substitute:

Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 50 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	PAVTIDE MDI 50/25	TX	MP NP C4930	P4930	1	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 50 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	PAVTIDE MDI 50/25	TX	MP NP C15604	P15604	2	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 50 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Seretide MDI 50/25	GK	MP NP C4930	P4930	1	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 50 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Seretide MDI 50/25	GK	MP NP C15604	P15604	2	5	1

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

substitute:

Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 125 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Evocair MDI	AF	MP NP C4930	P4930	1	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 125 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Evocair MDI	AF	MP NP C15604	P15604	2	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 125 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Fluticasone + Salmeterol Cipla 125/25	LR	MP NP C4930	P4930	1	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 125 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Fluticasone + Salmeterol Cipla 125/25	LR	MP NP C15604	P15604	2	5	1

Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 125 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Pavtide	TX	MP NP C4930	P4930	1	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 125 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Pavtide	TX	MP NP C15604	P15604	2	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 125 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	SalplusF Inhaler 125/25	SZ	MP NP C4930	P4930	1	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 125 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	SalplusF Inhaler 125/25	SZ	MP NP C15604	P15604	2	5	1

Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 125 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Seretide MDI 125/25	GK	MP NP C4930	P4930	1	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 125 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Seretide MDI 125/25	GK	MP NP C15604	P15604	2	5	1

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

substitute:

Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 250 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Evocair MDI	AF	MP NP C4930 C10121	P4930 P10121	1	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 250 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Evocair MDI	AF	MP NP C15548 C15715	P15548 P15715	2	5	1

Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 250 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Fluticasone + Salmeterol Cipla 250/25	LR	MP NP C4930 C10121 P4930 P10121	1	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 250 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Fluticasone + Salmeterol Cipla 250/25	LR	MP NP C15548 C15715 P15548 P15715	2	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 250 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Pavtide	TX	MP NP C4930 C10121 P4930 P10121	1	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 250 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Pavtide	TX	MP NP C15548 C15715 P15548 P15715	2	5	1

Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 250 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	SalplusF Inhaler 250/25	SZ	MP NP C4930 C10121 P4930 P10121	1	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 250 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	SalplusF Inhaler 250/25	SZ	MP NP C15548 C15715 P15548 P15715	2	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 250 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Seretide MDI 250/25	GK	MP NP C4930 C10121 P4930 P10121	1	5	1
Fluticasone propionate with salmeterol	Pressurised inhalation containing fluticasone propionate 250 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Seretide MDI 250/25	GK	MP NP C15548 C15715 P15548 P15715	2	5	1

[204] Schedule 1, Part 1, entries for Fluvoxamine

substitute:

Fluvoxamine	Tablet containing fluvoxamine maleate 50 mg	Oral	APO-Fluvoxamine	TX	MP NP	C4755 C6277	P4755 P6277	30	5	30
Fluvoxamine	Tablet containing fluvoxamine maleate 50 mg	Oral	APO-Fluvoxamine	TX	MP NP	C15582 C15666	P15582 P15666	60	2	30
Fluvoxamine	Tablet containing fluvoxamine maleate 50 mg	Oral	Faverin 50	RW	MP NP	C4755 C6277	P4755 P6277	30	5	30
Fluvoxamine	Tablet containing fluvoxamine maleate 50 mg	Oral	Faverin 50	RW	MP NP	C15582 C15666	P15582 P15666	60	2	30
Fluvoxamine	Tablet containing fluvoxamine maleate 50 mg	Oral	FLUVOXAMINE-WGR	WG	MP NP	C4755 C6277	P4755 P6277	30	5	30
Fluvoxamine	Tablet containing fluvoxamine maleate 50 mg	Oral	FLUVOXAMINE-WGR	WG	MP NP	C15582 C15666	P15582 P15666	60	2	30
Fluvoxamine	Tablet containing fluvoxamine maleate 50 mg	Oral	Luvox	GO	MP NP	C4755 C6277	P4755 P6277	30	5	30
Fluvoxamine	Tablet containing fluvoxamine maleate 50 mg	Oral	Luvox	GO	MP NP	C15582 C15666	P15582 P15666	60	2	30
Fluvoxamine	Tablet containing fluvoxamine maleate 50 mg	Oral	Movox 50	AL	MP NP	C4755 C6277	P4755 P6277	30	5	30
Fluvoxamine	Tablet containing fluvoxamine maleate 50 mg	Oral	Movox 50	AL	MP NP	C15582 C15666	P15582 P15666	60	2	30
Fluvoxamine	Tablet containing fluvoxamine maleate 100 mg	Oral	APO-Fluvoxamine	TX	MP NP	C4755 C6277	P4755 P6277	30	5	30
Fluvoxamine	Tablet containing fluvoxamine maleate 100 mg	Oral	APO-Fluvoxamine	TX	MP NP	C15582 C15666	P15582 P15666	60	2	30

Fluvoxamine	Tablet containing fluvoxamine maleate 100 mg	Oral	Faverin 100	RW	MP NP C4755 C6277	P4755 P6277	30	5	30
Fluvoxamine	Tablet containing fluvoxamine maleate 100 mg	Oral	Faverin 100	RW	MP NP C15582 C15666	P15582 P15666	60	2	30
Fluvoxamine	Tablet containing fluvoxamine maleate 100 mg	Oral	FLUVOXAMINE-WGR	WG	MP NP C4755 C6277	P4755 P6277	30	5	30
Fluvoxamine	Tablet containing fluvoxamine maleate 100 mg	Oral	FLUVOXAMINE-WGR	WG	MP NP C15582 C15666	P15582 P15666	60	2	30
Fluvoxamine	Tablet containing fluvoxamine maleate 100 mg	Oral	Luvox	GO	MP NP C4755 C6277	P4755 P6277	30	5	30
Fluvoxamine	Tablet containing fluvoxamine maleate 100 mg	Oral	Luvox	GO	MP NP C15582 C15666	P15582 P15666	60	2	30
Fluvoxamine	Tablet containing fluvoxamine maleate 100 mg	Oral	Movox 100	AF	MP NP C4755 C6277	P4755 P6277	30	5	30
Fluvoxamine	Tablet containing fluvoxamine maleate 100 mg	Oral	Movox 100	AF	MP NP C15582 C15666	P15582 P15666	60	2	30

[205] Schedule 1, Part 1, entries for Folinic acid

substitute:

Folinic acid	Injection containing calcium folinate equivalent to 50 mg folinic acid in 5 mL	Injection	Leucovorin Calcium (Pfizer Australia Pty Ltd)	PF	MP		10	2	10	
Folinic acid	Tablet containing calcium folinate equivalent to 15 mg folinic acid	Oral	Leucovorin Calcium (Hospira Pty Limited)	PF	MP	C5938	10	0	10	
Folinic acid	Tablet containing calcium folinate equivalent to 15 mg folinic acid	Oral	Leucovorin Calcium (Hospira Pty Limited)	PF	MP	C5973	10	0	10	C(100)

[206] Schedule 1, Part 1, entries Formoterol

substitute:

Formoterol	Capsule containing powder for oral inhalation containing formoterol fumarate dihydrate 12 micrograms (for use in Foradile Aerolizer)	Inhalation by mouth	Foradile	SZ	MP NP C6355	P6355	60	5	60
Formoterol	Capsule containing powder for oral inhalation containing formoterol fumarate dihydrate 12 micrograms (for use in Foradile Aerolizer)	Inhalation by mouth	Foradile	SZ	MP NP C15607	P15607	120	5	60
Formoterol	Powder for oral inhalation in breath actuated device containing formoterol fumarate dihydrate 6 micrograms per dose, 60 doses	Inhalation by mouth	Oxis Turbuhaler	AP	MP NP C6355	P6355	1	5	1
Formoterol	Powder for oral inhalation in breath actuated device containing formoterol fumarate dihydrate 6 micrograms per dose, 60 doses	Inhalation by mouth	Oxis Turbuhaler	AP	MP NP C15607	P15607	2	5	1
Formoterol	Powder for oral inhalation in breath actuated device containing formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	Oxis Turbuhaler	AP	MP NP C6355	P6355	1	5	1

Formoterol	Powder for oral inhalation in breath actuated device containing formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	Oxis Turbuhaler	AP	MP NP C15607	P15607	2	5	1
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[207] Schedule 1, Part 1, omit entry for Fosinopril with hydrochlorothiazide

[208] Schedule 1, Part 1, after entry for Furosemide in the form Tablet 20 mg [Brand: Frusemix-M; Maximum Quantity: 200; Number of Repeats: 1; Pack Quantity: 100]

insert:

Furosemide	Tablet 20 mg	Oral	FUROSEMIDE-WGR	WG	MP NP		100	1	100
Furosemide	Tablet 20 mg	Oral	FUROSEMIDE-WGR	WG	MP NP	P14238	200	1	100

[209] Schedule 1, Part 1, after entry for Furosemide in the form Tablet 40 mg [Brand: Frusemix; Maximum Quantity: 200; Number of Repeats: 1]

insert:

Furosemide	Tablet 40 mg	Oral	FUROSEMIDE-WGR	WG	MP NP		100	1	100
Furosemide	Tablet 40 mg	Oral	FUROSEMIDE-WGR	WG	MP NP	P14238	200	1	100

[210] Schedule 1, Part 1, after entry for Gabapentin in the form Capsule 300 mg [Brand: Gabapentin Sandoz]

insert:

Gabapentin	Capsule 300 mg	Oral	GABAPENTIN-WGR	WG	MP NP C4928		100	5	100
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[211] Schedule 1, Part 1, after entry for Gabapentin in the form Capsule 400 mg [Brand: Gabapentin Sandoz]

insert:

Gabapentin	Capsule 400 mg	Oral	GABAPENTIN- WGR	WG	MP NP C4928	100	5	100
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[212] Schedule 1, Part 1, entry for Ganciclovir in the form Powder for I.V. infusion 500 mg (as sodium) [Brand: Cymevene; Authorised Prescriber: MP; Maximum Quantity: 10; Number of Repeats: 1]

(a) *omit from the column headed "Circumstances": C4972 C4999*

(b) *omit from the column headed "Circumstances": C9404 C9526*

(c) *insert in numerical order in the column headed "Circumstances": C15782 C15784 C15800 C15814*

[213] Schedule 1, Part 1, entry for Ganciclovir in the form Powder for I.V. infusion 500 mg (as sodium) [Brand: GANCICLOVIR SXP; Authorised Prescriber: MP; Maximum Quantity: 10; Number of Repeats: 1]

(a) *omit from the column headed "Circumstances": C4972 C4999*

(b) *omit from the column headed "Circumstances": C9404 C9526*

(c) *insert in numerical order in the column headed "Circumstances": C15782 C15784 C15800 C15814*

[214] Schedule 1, Part 1, entry for Glimepiride in the form Tablet 1 mg

omit:

Glimepiride	Tablet 1 mg	Oral	Amaryl	SW	MP NP	30	5	30	
Glimepiride	Tablet 1 mg	Oral	Amaryl	SW	MP NP	P14238	60	5	30

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

insert:

Glimepiride	Tablet 1 mg	Oral	GLIMEPIRIDE- WGR	WG	MP NP	30	5	30	
Glimepiride	Tablet 1 mg	Oral	GLIMEPIRIDE- WGR	WG	MP NP	P14238	60	5	30

[216] Schedule 1, Part 1, after entry for Glimepiride in the form Tablet 2 mg [Brand: Glimepiride Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Glimepiride	Tablet 2 mg	Oral	GLIMEPIRIDE- WGR	WG	MP NP		30	5	30
Glimepiride	Tablet 2 mg	Oral	GLIMEPIRIDE- WGR	WG	MP NP	P14238	60	5	30

[217] Schedule 1, Part 1, after entry for Glimepiride in the form Tablet 3 mg [Brand: Glimepiride Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Glimepiride	Tablet 3 mg	Oral	GLIMEPIRIDE- WGR	WG	MP NP		30	5	30
Glimepiride	Tablet 3 mg	Oral	GLIMEPIRIDE- WGR	WG	MP NP	P14238	60	5	30

[218] Schedule 1, Part 1, after entry for Glimepiride in the form Tablet 4 mg [Brand: Glimepiride Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Glimepiride	Tablet 4 mg	Oral	GLIMEPIRIDE- WGR	WG	MP NP		30	5	30
Glimepiride	Tablet 4 mg	Oral	GLIMEPIRIDE- WGR	WG	MP NP	P14238	60	5	30

[219] Schedule 1, Part 1, after entry for Glyceryl trinitrate in the form Transdermal patch 18 mg

insert:

Glyceryl trinitrate	Transdermal patch 18 mg	Transdermal	Minitran 5	IL	MP NP	P14238	60	5	30
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[220] Schedule 1, Part 1, after entry for Glyceryl trinitrate in the form Transdermal patch 36 mg*insert:*

Glyceryl trinitrate	Transdermal patch 36 mg	Transdermal Minitran 10	IL	MP NP	P14238	60	5	30
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[221] Schedule 1, Part 1, after entry for Glyceryl trinitrate in the form Transdermal patch 54 mg*insert:*

Glyceryl trinitrate	Transdermal patch 54 mg	Transdermal Minitran 15	IL	MP NP	P14238	60	5	30
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[222] Schedule 1, Part 1, entry for Glycopyrronium*substitute:*

Glycopyrronium	Capsule containing powder for oral inhalation 50 micrograms (as bromide) (for use in Breezhaler)	Inhalation by mouth	seebri breezhaler	NV	MP NP C4516	P4516	30	5	30
Glycopyrronium	Capsule containing powder for oral inhalation 50 micrograms (as bromide) (for use in Breezhaler)	Inhalation by mouth	seebri breezhaler	NV	MP NP C15634	P15634	60	5	30

[223] Schedule 1, Part 1, entry for Granisetron in the form Concentrated injection 3 mg (as hydrochloride) in 3 mL*omit:*

Granisetron	Concentrated injection 3 mg (as hydrochloride) in 3 mL	Injection	Granisetron Kabi	PK	MP NP C4077 C4092		1	0	V4077	1	
Granisetron	Concentrated injection 3 mg (as hydrochloride) in 3 mL	Injection	Granisetron Kabi	PK	MP C4139		1	0	V4139	1	C(100)

[224] Schedule 1, Part 1, entry for Haloperidol decanoate in each of the forms: I.M. injection equivalent to 50 mg haloperidol in 1 mL ampoule; and I.M. injection equivalent to 150 mg haloperidol in 3 mL ampoule

omit from the column headed "Responsible Person": JC substitute: IX

[225] Schedule 1, Part 1, entries for Hyaluronic acid

substitute:

Hyaluronic acid	Eye drops containing sodium hyaluronate 1 mg per mL, 10 mL	Application to the eye	Hylo-Fresh	AE	MP NP C4105 AO	P4105	1	5	1
Hyaluronic acid	Eye drops containing sodium hyaluronate 1 mg per mL, 10 mL	Application to the eye	Hylo-Fresh	AE	MP NP C15559 AO	P15559	2	5	1
Hyaluronic acid	Eye drops containing sodium hyaluronate 2 mg per mL, 10 mL	Application to the eye	Hylo-Forte	AE	MP NP C4105 AO	P4105	1	5	1
Hyaluronic acid	Eye drops containing sodium hyaluronate 2 mg per mL, 10 mL	Application to the eye	Hylo-Forte	AE	MP NP C15559 AO	P15559	2	5	1

[226] Schedule 1, Part 1, after entry for Hydrocortisone in the form Tablet 20 mg [Brand: Hydrocortisone Viatris 20]

insert:

Hydrocortisone	Tablet 20 mg	Oral	Hydrocortisone Viatris 20	AL	MP NP	P14238	120	4	60
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[227] Schedule 1, Part 1, after entry for Hydrocortisone in the form Tablet 20 mg [Brand: Hysone 20]

insert:

Hydrocortisone	Tablet 20 mg	Oral	Hysone 20	AF	MP NP	P14238	120	4	60
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[228] Schedule 1, Part 1, entries for Hypromellose

substitute:

Hypromellose	0.3% w/v eye drops, 10 mL (preservative free)	Application Evolve to the eye	Evolve Hypromellose	CX	MP NP C6172 AO	P6172	1	5	1
Hypromellose	0.3% w/v eye drops, 10 mL (preservative free)	Application Evolve to the eye	Evolve Hypromellose	CX	MP NP C15559 AO	P15559	2	5	1
Hypromellose	Eye drops 3 mg per mL, 10 mL	Application Genteal to the eye	Genteal	AQ	MP NP C15560 AO	P15560	1	5	1
Hypromellose	Eye drops 3 mg per mL, 10 mL	Application Genteal to the eye	Genteal	AQ	MP NP C15556 AO	P15556	2	5	1
Hypromellose	Eye drops 3 mg per mL, 10 mL	Application In a Wink to the eye	In a Wink Moisturising	IQ	MP NP C15560 AO	P15560	1	5	1
Hypromellose	Eye drops 3 mg per mL, 10 mL	Application In a Wink to the eye	In a Wink Moisturising	IQ	MP NP C15556 AO	P15556	2	5	1
Hypromellose	Eye drops 3 mg per mL, 10 mL	Application Revive Tears to the eye	Revive Tears	PP	MP NP C15560 AO	P15560	1	5	1
Hypromellose	Eye drops 3 mg per mL, 10 mL	Application Revive Tears to the eye	Revive Tears	PP	MP NP C15556 AO	P15556	2	5	1
Hypromellose	Eye drops 5 mg per mL, 15 mL	Application Methopt to the eye	Methopt	AF	MP NP C15560 AO	P15560	1	5	1
Hypromellose	Eye drops 5 mg per mL, 15 mL	Application Methopt to the eye	Methopt	AF	MP NP C15556 AO	P15556	2	5	1

[229] Schedule 1, Part 1, entries for Hypromellose with carbomer 980

substitute:

Hypromellose with carbomer 980	Ocular lubricating gel 3 mg-2 mg per g, 10 g	Application to the eye	Genteal gel	AQ	MP NP AO	C15560	P15560	1	5	1
Hypromellose with carbomer 980	Ocular lubricating gel 3 mg-2 mg per g, 10 g	Application to the eye	Genteal gel	AQ	MP	C15640	P15640	1	11	1
Hypromellose with carbomer 980	Ocular lubricating gel 3 mg-2 mg per g, 10 g	Application to the eye	HPMC PAA	IQ	MP NP AO	C15560	P15560	1	5	1
Hypromellose with carbomer 980	Ocular lubricating gel 3 mg-2 mg per g, 10 g	Application to the eye	HPMC PAA	IQ	MP	C15640	P15640	1	11	1

[230] Schedule 1, Part 1, entries for Hypromellose with dextran

substitute:

Hypromellose with dextran	Eye drops containing 3 mg hypromellose 4500 with 1 mg dextran 70 per mL, 15 mL	Application to the eye	Poly-Tears	IQ	MP NP AO	C15560	P15560	1	5	1
Hypromellose with dextran	Eye drops containing 3 mg hypromellose 4500 with 1 mg dextran 70 per mL, 15 mL	Application to the eye	Poly-Tears	IQ	MP NP AO	C15556	P15556	2	5	1
Hypromellose with dextran	Eye drops containing 3 mg hypromellose 4500 with 1 mg dextran 70 per mL, 15 mL	Application to the eye	Tears Naturale	AQ	MP NP AO	C15560	P15560	1	5	1
Hypromellose with dextran	Eye drops containing 3 mg hypromellose 4500 with 1 mg dextran 70 per mL, 15 mL	Application to the eye	Tears Naturale	AQ	MP NP AO	C15556	P15556	2	5	1

[231] Schedule 1, Part 1, entries for Ibuprofen

substitute:

Ibuprofen	Tablet 400 mg	Oral	APO-Ibuprofen 400 TX	MP NP MW PDP		30	0	30
Ibuprofen	Tablet 400 mg	Oral	APO-Ibuprofen 400 TX	PDP	P6256 P6282	90	0	30
Ibuprofen	Tablet 400 mg	Oral	APO-Ibuprofen 400 TX	MP NP	P6149 P6214 P6283	90	3	30
Ibuprofen	Tablet 400 mg	Oral	Brufen	GO MP NP MW PDP		30	0	30
Ibuprofen	Tablet 400 mg	Oral	Brufen	GO PDP	P6256 P6282	90	0	30
Ibuprofen	Tablet 400 mg	Oral	Brufen	GO MP NP	P6149 P6214 P6283	90	3	30
Ibuprofen	Tablet 400 mg	Oral	MEDICHOICE Ibuprofen 400 mg	NB MP NP MW PDP		30	0	30
Ibuprofen	Tablet 400 mg	Oral	MEDICHOICE Ibuprofen 400 mg	NB PDP	P6256 P6282	90	0	30
Ibuprofen	Tablet 400 mg	Oral	MEDICHOICE Ibuprofen 400 mg	NB MP NP	P6149 P6214 P6283	90	3	30

[232] Schedule 1, Part 1, entries for Imatinib

substitute:

Imatinib	Capsule 100 mg (as mesilate)	Oral	ARX-IMATINIB	XT	MP	C9203 C9207 C9319 C12525 C12527 C12542 C12543 C13132	P9203 P9207 P9319 P12525 P12527 P12542 P12543 P13132	60	2	60
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Imatinib	Capsule 100 mg (as mesilate)	Oral	ARX-IMATINIB	XT	MP	C9204 C9206 C9209 C9238 C9240 C9243 C9274 C9276 C9278 C9296 C12536 C12541	P9204 P9206 P9209 P9238 P9240 P9243 P9274 P9276 P9278 P9296 P12536 P12541	60	5	60
Imatinib	Capsule 100 mg (as mesilate)	Oral	Imatinib-APOTEX	TX	MP	C9203 C9207 C9319 C12525 C12527 C12542 C12543 C13132	P9203 P9207 P9319 P12525 P12527 P12542 P12543 P13132	60	2	60
Imatinib	Capsule 100 mg (as mesilate)	Oral	Imatinib-APOTEX	TX	MP	C9204 C9206 C9209 C9238 C9240 C9243 C9274 C9276 C9278 C9296 C12536 C12541	P9204 P9206 P9209 P9238 P9240 P9243 P9274 P9276 P9278 P9296 P12536 P12541	60	5	60
Imatinib	Capsule 100 mg (as mesilate)	Oral	IMATINIB-DRLA	RZ	MP	C9203 C9207 C9319 C12525 C12527 C12542 C12543 C13132	P9203 P9207 P9319 P12525 P12527 P12542 P12543 P13132	60	2	60
Imatinib	Capsule 100 mg (as mesilate)	Oral	IMATINIB-DRLA	RZ	MP	C9204 C9206 C9209 C9238 C9240 C9243 C9274 C9276 C9278 C9296 C12536 C12541	P9204 P9206 P9209 P9238 P9240 P9243 P9274 P9276 P9278 P9296 P12536 P12541	60	5	60
Imatinib	Capsule 400 mg (as mesilate)	Oral	Imatinib GH	GQ	MP	C9203 C9207 C9319 C12525 C12527 C12542 C12543 C13132	P9203 P9207 P9319 P12525 P12527 P12542 P12543 P13132	30	2	30

Imatinib	Capsule 400 mg (as mesilate)	Oral	Imatinib GH	GQ	MP	C9204 C9206 C9209 C9238 C9240 C9243 C9274 C9276 C9278 C9296 C12536 C12541	P9204 P9206 P9209 P9238 P9240 P9243 P9274 P9276 P9278 P9296 P12536 P12541	30	5	30
Imatinib	Capsule 400 mg (as mesilate)	Oral	Imatinib-APOTEX	TX	MP	C9203 C9207 C9319 C12525 C12527 C12542 C12543 C13132	P9203 P9207 P9319 P12525 P12527 P12542 P12543 P13132	30	2	30
Imatinib	Capsule 400 mg (as mesilate)	Oral	Imatinib-APOTEX	TX	MP	C9204 C9206 C9209 C9238 C9240 C9243 C9274 C9276 C9278 C9296 C12536 C12541	P9204 P9206 P9209 P9238 P9240 P9243 P9274 P9276 P9278 P9296 P12536 P12541	30	5	30
Imatinib	Capsule 400 mg (as mesilate)	Oral	IMATINIB-DRLA	RZ	MP	C9203 C9207 C9319 C12525 C12527 C12542 C12543 C13132	P9203 P9207 P9319 P12525 P12527 P12542 P12543 P13132	30	2	30
Imatinib	Capsule 400 mg (as mesilate)	Oral	IMATINIB-DRLA	RZ	MP	C9204 C9206 C9209 C9238 C9240 C9243 C9274 C9276 C9278 C9296 C12536 C12541	P9204 P9206 P9209 P9238 P9240 P9243 P9274 P9276 P9278 P9296 P12536 P12541	30	5	30
Imatinib	Tablet 100 mg (as mesilate)	Oral	Gilmat	CR	MP	C9203 C9207 C9319 C12525 C12527 C12542 C12543 C13132	P9203 P9207 P9319 P12525 P12527 P12542 P12543 P13132	60	2	60

Imatinib	Tablet 100 mg (as mesilate)	Oral	Gilmat	CR	MP	C9204 C9206 C9209 C9238 C9240 C9243 C9274 C9276 C9278 C9296 C12536 C12541	P9204 P9206 P9209 P9238 P9240 P9243 P9274 P9276 P9278 P9296 P12536 P12541	60	5	60
Imatinib	Tablet 100 mg (as mesilate)	Oral	Glivec	NV	MP	C9203 C9207 C9319 C12525 C12527 C12542 C12543 C13132	P9203 P9207 P9319 P12525 P12527 P12542 P12543 P13132	60	2	60
Imatinib	Tablet 100 mg (as mesilate)	Oral	Glivec	NV	MP	C9204 C9206 C9209 C9238 C9240 C9243 C9274 C9276 C9278 C9296 C12536 C12541	P9204 P9206 P9209 P9238 P9240 P9243 P9274 P9276 P9278 P9296 P12536 P12541	60	5	60
Imatinib	Tablet 100 mg (as mesilate)	Oral	IMATINIB RBX	RA	MP	C9203 C9207 C9319 C12525 C12527 C12542 C12543 C13132	P9203 P9207 P9319 P12525 P12527 P12542 P12543 P13132	60	2	60
Imatinib	Tablet 100 mg (as mesilate)	Oral	IMATINIB RBX	RA	MP	C9204 C9206 C9209 C9238 C9240 C9243 C9274 C9276 C9278 C9296 C12536 C12541	P9204 P9206 P9209 P9238 P9240 P9243 P9274 P9276 P9278 P9296 P12536 P12541	60	5	60
Imatinib	Tablet 100 mg (as mesilate)	Oral	Imatinib Sandoz	SZ	MP	C9203 C9207 C12525 C12527 C12542 C12543	P9203 P9207 P12525 P12527 P12542 P12543	60	2	60

Imatinib	Tablet 100 mg (as mesilate)	Oral	Imatinib Sandoz	SZ	MP	C9204 C9206 C9209 C9240 C9243 C9274 C9276 C9296 C12536 C12541	P9204 P9206 P9209 P9240 P9243 P9274 P9276 P9296 P12536 P12541	60	5	60
Imatinib	Tablet 100 mg (as mesilate)	Oral	Imatinib-Teva	TB	MP	C9203 C9207 C9319 C12525 C12527 C12542 C12543 C13132	P9203 P9207 P9319 P12525 P12527 P12542 P12543 P13132	60	2	60
Imatinib	Tablet 100 mg (as mesilate)	Oral	Imatinib-Teva	TB	MP	C9204 C9206 C9209 C9238 C9240 C9243 C9274 C9276 C9278 C9296 C12536 C12541	P9204 P9206 P9209 P9238 P9240 P9243 P9274 P9276 P9278 P9296 P12536 P12541	60	5	60
Imatinib	Tablet 400 mg (as mesilate)	Oral	Gilmat	CR	MP	C9203 C9207 C9319 C12525 C12527 C12542 C12543 C13132	P9203 P9207 P9319 P12525 P12527 P12542 P12543 P13132	30	2	30
Imatinib	Tablet 400 mg (as mesilate)	Oral	Gilmat	CR	MP	C9204 C9206 C9209 C9238 C9240 C9243 C9274 C9276 C9278 C9296 C12536 C12541	P9204 P9206 P9209 P9238 P9240 P9243 P9274 P9276 P9278 P9296 P12536 P12541	30	5	30
Imatinib	Tablet 400 mg (as mesilate)	Oral	Glivec	NV	MP	C9203 C9207 C9319 C12525 C12527 C12542 C12543 C13132	P9203 P9207 P9319 P12525 P12527 P12542 P12543 P13132	30	2	30

Imatinib	Tablet 400 mg (as mesilate)	Oral	Glivec	NV	MP	C9204 C9206 C9209 C9238 C9240 C9243 C9274 C9276 C9278 C9296 C12536 C12541	P9204 P9206 P9209 P9238 P9240 P9243 P9274 P9276 P9278 P9296 P12536 P12541	30	5	30
Imatinib	Tablet 400 mg (as mesilate)	Oral	IMATINIB RBX	RA	MP	C9203 C9207 C9319 C12525 C12527 C12542 C12543 C13132	P9203 P9207 P9319 P12525 P12527 P12542 P12543 P13132	30	2	30
Imatinib	Tablet 400 mg (as mesilate)	Oral	IMATINIB RBX	RA	MP	C9204 C9206 C9209 C9238 C9240 C9243 C9274 C9276 C9278 C9296 C12536 C12541	P9204 P9206 P9209 P9238 P9240 P9243 P9274 P9276 P9278 P9296 P12536 P12541	30	5	30
Imatinib	Tablet 400 mg (as mesilate)	Oral	Imatinib Sandoz	SZ	MP	C9203 C9207 C12525 C12527 C12542 C12543	P9203 P9207 P12525 P12527 P12542 P12543	30	2	30
Imatinib	Tablet 400 mg (as mesilate)	Oral	Imatinib Sandoz	SZ	MP	C9204 C9206 C9209 C9240 C9243 C9274 C9276 C9296 C12536 C12541	P9204 P9206 P9209 P9240 P9243 P9274 P9276 P9296 P12536 P12541	30	5	30
Imatinib	Tablet 400 mg (as mesilate)	Oral	Imatinib-Teva	TB	MP	C9203 C9207 C9319 C12525 C12527 C12542 C12543 C13132	P9203 P9207 P9319 P12525 P12527 P12542 P12543 P13132	30	2	30

Imatinib	Tablet 400 mg (as mesilate)	Oral	Imatinib-Teva	TB	MP	C9204 C9206 C9209 C9238 C9240 C9243 C9274 C9276 C9278 C9296 C12536 C12541	P9204 P9206 P9209 P9238 P9240 P9243 P9274 P9276 P9278 P9296 P12536 P12541	30	5	30
Imatinib	Tablet 600 mg (as mesilate)	Oral	Imatab	JU	MP	C9203 C9207 C12525 C12527 C12542 C12543 C12685 C13132	P9203 P9207 P12525 P12527 P12542 P12543 P12685 P13132	30	2	30
Imatinib	Tablet 600 mg (as mesilate)	Oral	Imatab	JU	MP	C9209 C9240 C12536 C12541	P9209 P9240 P12536 P12541	30	5	30

[233] Schedule 1, Part 1, entries for Indacaterol

substitute:

Indacaterol	Capsule containing powder for oral inhalation 150 micrograms (as maleate) (for use in Breezhaler)	Inhalation by mouth	Onbrez	NV	MP NP	C6366	P6366	30	5	30
Indacaterol	Capsule containing powder for oral inhalation 150 micrograms (as maleate) (for use in Breezhaler)	Inhalation by mouth	Onbrez	NV	MP NP	C15736	P15736	60	5	30
Indacaterol	Capsule containing powder for oral inhalation 300 micrograms (as maleate) (for use in Breezhaler)	Inhalation by mouth	Onbrez	NV	MP NP	C6366	P6366	30	5	30
Indacaterol	Capsule containing powder for oral inhalation 300 micrograms (as maleate) (for use in Breezhaler)	Inhalation by mouth	Onbrez	NV	MP NP	C15736	P15736	60	5	30

[234] Schedule 1, Part 1, entry for Indacaterol with glycopyrronium

substitute:

Indacaterol with glycopyrronium	Capsule containing powder for oral inhalation indacaterol 110 micrograms (as maleate) with glycopyrronium 50 micrograms (as bromide) (for use in Breezhaler)	Inhalation by mouth	ultibro breezhaler 110/50	NV	MP NP C7798	P7798	30	5	30
Indacaterol with glycopyrronium	Capsule containing powder for oral inhalation indacaterol 110 micrograms (as maleate) with glycopyrronium 5 micrograms (as bromide) (for use in Breezhaler)	Inhalation by mouth	ultibro breezhaler 110/50	NV	MP NP C15691	P15691	60	5	30

[235] Schedule 1, Part 1, entries for Indacaterol with glycopyrronium and mometasone

substitute:

Indacaterol with glycopyrronium and mometasone	Capsule containing powder for oral inhalation indacaterol 114 micrograms (as maleate) with glycopyrronium 46 micrograms (as bromide) and mometasone furoate 136 micrograms (for use in Breezhaler)	Inhalation by mouth	Enerzair Breezhaler	NV	MP NP C12603	P12603	30	5	30
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Indacaterol with glycopyrronium and mometasone	Capsule containing powder for oral inhalation indacaterol 114 micrograms (as maleate) with glycopyrronium 46 micrograms (as bromide) and mometasone furoate 136 micrograms (for use in Breezhaler)	Inhalation by mouth	Enerzair Breezhaler	NV	MP NP C15601	P15601	60	5	30
Indacaterol with glycopyrronium and mometasone	Capsule containing powder for oral inhalation indacaterol 114 micrograms (as maleate) with glycopyrronium 46 micrograms (as bromide) and mometasone furoate 68 micrograms (for use in Breezhaler)	Inhalation by mouth	Enerzair Breezhaler	NV	MP NP C12603	P12603	30	5	30
Indacaterol with glycopyrronium and mometasone	Capsule containing powder for oral inhalation indacaterol 114 micrograms (as maleate) with glycopyrronium 46 micrograms (as bromide) and mometasone furoate 68 micrograms (for use in Breezhaler)	Inhalation by mouth	Enerzair Breezhaler	NV	MP NP C15601	P15601	60	5	30

[236] Schedule 1, Part 1, entries for Indacaterol with mometasone

substitute:

Indacaterol with mometasone	Capsule containing powder for oral inhalation indacaterol 125 micrograms (as acetate) with mometasone furoate 127.5 micrograms (for use in Breezhaler)	Inhalation by mouth	Atectura Breezhaler	NV	MP NP C11360	P11360	30	5	30
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Indacaterol with mometasone	Capsule containing powder for oral inhalation indacaterol 125 micrograms (as acetate) with mometasone furoate 127.5 micrograms (for use in Breezhaler)	Inhalation by mouth	Aectura Breezhaler	NV	MP NP C15653	P15653	60	5	30
Indacaterol with mometasone	Capsule containing powder for oral inhalation indacaterol 125 micrograms (as acetate) with mometasone furoate 260 micrograms (for use in Breezhaler)	Inhalation by mouth	Aectura Breezhaler	NV	MP NP C11360	P11360	30	5	30
Indacaterol with mometasone	Capsule containing powder for oral inhalation indacaterol 125 micrograms (as acetate) with mometasone furoate 260 micrograms (for use in Breezhaler)	Inhalation by mouth	Aectura Breezhaler	NV	MP NP C15653	P15653	60	5	30
Indacaterol with mometasone	Capsule containing powder for oral inhalation indacaterol 125 micrograms (as acetate) with mometasone furoate 62.5 micrograms (for use in Breezhaler)	Inhalation by mouth	Aectura Breezhaler	NV	MP NP C11360	P11360	30	5	30
Indacaterol with mometasone	Capsule containing powder for oral inhalation indacaterol 125 micrograms (as acetate) with mometasone furoate 62.5 micrograms (for use in Breezhaler)	Inhalation by mouth	Aectura Breezhaler	NV	MP NP C15653	P15653	60	5	30

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

(a) *omit:*

Irbesartan	Tablet 75 mg	Oral	Avapro	AV	MP NP		30	5	30
Irbesartan	Tablet 75 mg	Oral	Avapro	AV	MP NP	P14238	60	5	30

(b) *omit:*

Irbesartan	Tablet 75 mg	Oral	Blooms the Chemist Irbesartan	IB	MP NP		30	5	30
Irbesartan	Tablet 75 mg	Oral	Blooms the Chemist Irbesartan	IB	MP NP	P14238	60	5	30

[238] Schedule 1, Part 1, after entry for Irbesartan in the form Tablet 75 mg [*Brand: Irbesartan Sandoz; Maximum Quantity: 60; Number of Repeats: 5*]

insert:

Irbesartan	Tablet 75 mg	Oral	IRBESARTAN- WGR	WG	MP NP		30	5	30
Irbesartan	Tablet 75 mg	Oral	IRBESARTAN- WGR	WG	MP NP	P14238	60	5	30

[239] Schedule 1, Part 1, entry for Irbesartan in the form Tablet 150 mg

omit:

Irbesartan	Tablet 150 mg	Oral	Blooms the Chemist Irbesartan	IB	MP NP		30	5	30
Irbesartan	Tablet 150 mg	Oral	Blooms the Chemist Irbesartan	IB	MP NP	P14238	60	5	30

[240] Schedule 1, Part 1, after entry for Irbesartan in the form Tablet 150 mg [*Brand: Irbesartan Sandoz; Maximum Quantity: 60; Number of Repeats: 5*]

insert:

Irbesartan	Tablet 150 mg	Oral	IRBESARTAN- WGR	WG	MP NP		30	5	30
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Irbesartan	Tablet 150 mg	Oral	IRBESARTAN- WGR	WG	MP NP		P14238	60	5	30
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[241] Schedule 1, Part 1, after entry for Irbesartan in the form Tablet 300 mg [Brand: Irbesartan Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Irbesartan	Tablet 300 mg	Oral	IRBESARTAN- WGR	WG	MP NP			30	5	30
Irbesartan	Tablet 300 mg	Oral	IRBESARTAN- WGR	WG	MP NP		P14238	60	5	30

[242] Schedule 1, Part 1, after entry for Irbesartan with hydrochlorothiazide in the form Tablet 150 mg-12.5 mg [Brand: Irbesartan/HCT Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Irbesartan with hydrochlorothiazide	Tablet 150 mg-12.5 mg	Oral	IRBESARTAN HCTZ-WGR 150/12.5	WG	MP NP	C4374	P4374	30	5	30
Irbesartan with hydrochlorothiazide	Tablet 150 mg-12.5 mg	Oral	IRBESARTAN HCTZ-WGR 150/12.5	WG	MP NP	C14255	P14255	60	5	30

[243] Schedule 1, Part 1, after entry for Irbesartan with hydrochlorothiazide in the form Tablet 300 mg-12.5 mg [Brand: Irbesartan/HCT Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Irbesartan with hydrochlorothiazide	Tablet 300 mg-12.5 mg	Oral	IRBESARTAN HCTZ-WGR 300/12.5	WG	MP NP	C4374	P4374	30	5	30
Irbesartan with hydrochlorothiazide	Tablet 300 mg-12.5 mg	Oral	IRBESARTAN HCTZ-WGR 300/12.5	WG	MP NP	C14255	P14255	60	5	30

[244] Schedule 1, Part 1, after entry for Irbesartan with hydrochlorothiazide in the form Tablet 300 mg-25 mg [Brand: Irbesartan/HCT Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Irbesartan with hydrochlorothiazide	Tablet 300 mg-25 mg	Oral	IRBESARTAN HCTZ-WGR 300/25	WG	MP NP	C4374	P4374	30	5	30
Irbesartan with hydrochlorothiazide	Tablet 300 mg-25 mg	Oral	IRBESARTAN HCTZ-WGR 300/25	WG	MP NP	C14255	P14255	60	5	30

[245] Schedule 1, Part 1, after entry for Isosorbide mononitrate in the form Tablet 60 mg (sustained release) [Brand: ISOBIDE MR; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Isosorbide mononitrate	Tablet 60 mg (sustained release)	Oral	ISOSORBIDE MR- WGR	WG	MP NP			30	5	30
Isosorbide mononitrate	Tablet 60 mg (sustained release)	Oral	ISOSORBIDE MR- WGR	WG	MP NP		P14238	60	5	30

[246] Schedule 1, Part 1, after entry for Isotretinoin in the form Capsule 10 mg [Brand: Isotretinoin Lupin]

insert:

Isotretinoin	Capsule 10 mg	Oral	ISOTRETINOIN- WGR	WG	MP	C5224		60	3	60
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[247] Schedule 1, Part 1, after entry for Isotretinoin in the form Capsule 20 mg [Brand: Isotretinoin Lupin]

insert:

Isotretinoin	Capsule 20 mg	Oral	ISOTRETINOIN- WGR	WG	MP	C5224		60	3	60
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[248] Schedule 1, Part 1, after entry for Ivabradine in the form Tablet 5 mg (as hydrochloride) [Brand: Coralan]

insert:

Ivabradine	Tablet 5 mg (as hydrochloride)	Oral	IVABRADINE-WGR	WG	MP NP C4979		56	5	56
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[249] Schedule 1, Part 1, after entry for Lamotrigine in the form Tablet 25 mg [Brand: Lamotrigine GH; Maximum Quantity: 112; Number of Repeats: 5]

insert:

Lamotrigine	Tablet 25 mg	Oral	LAMOTRIGINE-WGR	WG	MP NP C11081	P11081	56	5	56
Lamotrigine	Tablet 25 mg	Oral	LAMOTRIGINE-WGR	WG	MP NP C14855	P14855	112	5	56

[250] Schedule 1, Part 1, after entry for Lamotrigine in the form Tablet 50 mg [Brand: Lamotrigine GH; Maximum Quantity: 112; Number of Repeats: 5]

insert:

Lamotrigine	Tablet 50 mg	Oral	LAMOTRIGINE-WGR	WG	MP NP C11081	P11081	56	5	56
Lamotrigine	Tablet 50 mg	Oral	LAMOTRIGINE-WGR	WG	MP NP C14855	P14855	112	5	56

[251] Schedule 1, Part 1, after entry for Lamotrigine in the form Tablet 100 mg [Brand: Lamotrigine GH; Maximum Quantity: 112; Number of Repeats: 5]

insert:

Lamotrigine	Tablet 100 mg	Oral	LAMOTRIGINE-WGR	WG	MP NP C11081	P11081	56	5	56
Lamotrigine	Tablet 100 mg	Oral	LAMOTRIGINE-WGR	WG	MP NP C14855	P14855	112	5	56

[252] Schedule 1, Part 1, after entry for Lamotrigine in the form Tablet 200 mg [Brand: Lamotrigine GH; Maximum Quantity: 112; Number of Repeats: 5]

insert:

Lamotrigine	Tablet 200 mg	Oral	LAMOTRIGINE- WGR	WG	MP NP C11081	P11081	56	5	56
Lamotrigine	Tablet 200 mg	Oral	LAMOTRIGINE- WGR	WG	MP NP C14855	P14855	112	5	56

[253] Schedule 1, Part 1, entries for Lansoprazole

substitute:

Lansoprazole	Capsule 15 mg	Oral	Zopral	AF	MP NP C5444 C5512	P5444 P5512	30	5	30
Lansoprazole	Capsule 15 mg	Oral	Zopral	AF	MP NP C15574 C15633	P15574 P15633	60	5	30
Lansoprazole	Capsule 30 mg	Oral	APO-Lansoprazole	TX	MP NP C8774 C8775	P8774 P8775	28	1	28
Lansoprazole	Capsule 30 mg	Oral	APO-Lansoprazole	TX	MP NP C8776 C8780	P8776 P8780	28	5	28
Lansoprazole	Capsule 30 mg	Oral	APO-Lansoprazole	TX	MP NP C11310 C15530 C15658	P11310 P15530 P15658	56	5	28
Lansoprazole	Capsule 30 mg	Oral	APO-Lansoprazole	TX	MP C15531	P15531	112	5	28
Lansoprazole	Capsule 30 mg	Oral	Lanzopran	RA	MP NP C8774 C8775	P8774 P8775	28	1	28
Lansoprazole	Capsule 30 mg	Oral	Lanzopran	RA	MP NP C8776 C8780	P8776 P8780	28	5	28
Lansoprazole	Capsule 30 mg	Oral	Lanzopran	RA	MP NP C11310 C15530 C15658	P11310 P15530 P15658	56	5	28
Lansoprazole	Capsule 30 mg	Oral	Lanzopran	RA	MP C15531	P15531	112	5	28
Lansoprazole	Capsule 30 mg	Oral	NOUMED LANSOPRAZOLE	VO	MP NP C8774 C8775	P8774 P8775	28	1	28

Lansoprazole	Capsule 30 mg	Oral	NOUMED LANSOPRAZOLE	VO	MP NP	C8776 C8780	P8776 P8780	28	5	28
Lansoprazole	Capsule 30 mg	Oral	NOUMED LANSOPRAZOLE	VO	MP NP	C11310 C15530 C15658	P11310 P15530 P15658	56	5	28
Lansoprazole	Capsule 30 mg	Oral	NOUMED LANSOPRAZOLE	VO	MP	C15531	P15531	112	5	28
Lansoprazole	Capsule 30 mg	Oral	Zopral	AF	MP NP	C8774 C8775	P8774 P8775	28	1	28
Lansoprazole	Capsule 30 mg	Oral	Zopral	AF	MP NP	C8776 C8780	P8776 P8780	28	5	28
Lansoprazole	Capsule 30 mg	Oral	Zopral	AF	MP NP	C11310 C15530 C15658	P11310 P15530 P15658	56	5	28
Lansoprazole	Capsule 30 mg	Oral	Zopral	AF	MP	C15531	P15531	112	5	28
Lansoprazole	Tablet 15 mg (orally disintegrating)	Oral	APO-Lansoprazole ODT	TX	MP NP	C5444 C5512	P5444 P5512	28	5	28
Lansoprazole	Tablet 15 mg (orally disintegrating)	Oral	APO-Lansoprazole ODT	TX	MP NP	C15574 C15633	P15574 P15633	56	5	28
Lansoprazole	Tablet 15 mg (orally disintegrating)	Oral	Lansoprazole ODT GH	GQ	MP NP	C5444 C5512	P5444 P5512	28	5	28
Lansoprazole	Tablet 15 mg (orally disintegrating)	Oral	Lansoprazole ODT GH	GQ	MP NP	C15574 C15633	P15574 P15633	56	5	28
Lansoprazole	Tablet 15 mg (orally disintegrating)	Oral	Zopral ODT	AF	MP NP	C5444 C5512	P5444 P5512	28	5	28
Lansoprazole	Tablet 15 mg (orally disintegrating)	Oral	Zopral ODT	AF	MP NP	C15574 C15633	P15574 P15633	56	5	28
Lansoprazole	Tablet 15 mg (orally disintegrating)	Oral	Zoton FasTabs	PF	MP NP	C5444 C5512	P5444 P5512	28	5	28

Lansoprazole	Tablet 15 mg (orally disintegrating)	Oral	Zoton FasTabs	PF	MP NP	C15574 C15633	P15574 P15633	56	5	28
Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	APO-Lansoprazole ODT	TX	MP NP	C8774 C8775	P8774 P8775	28	1	28
Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	APO-Lansoprazole ODT	TX	MP NP	C8776 C8780	P8776 P8780	28	5	28
Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	APO-Lansoprazole ODT	TX	MP NP	C11310 C15530 C15658	P11310 P15530 P15658	56	5	28
Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	APO-Lansoprazole ODT	TX	MP	C15531	P15531	112	5	28
Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	Lansoprazole ODT	GQ	MP NP	C8774 C8775	P8774 P8775	28	1	28
Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	Lansoprazole ODT	GQ	MP NP	C8776 C8780	P8776 P8780	28	5	28
Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	Lansoprazole ODT	GQ	MP NP	C11310 C15530 C15658	P11310 P15530 P15658	56	5	28
Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	Lansoprazole ODT	GQ	MP	C15531	P15531	112	5	28
Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	Zopral ODT	AF	MP NP	C8774 C8775	P8774 P8775	28	1	28
Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	Zopral ODT	AF	MP NP	C8776 C8780	P8776 P8780	28	5	28
Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	Zopral ODT	AF	MP NP	C11310 C15530 C15658	P11310 P15530 P15658	56	5	28
Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	Zopral ODT	AF	MP	C15531	P15531	112	5	28

Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	Zoton FasTabs	PF	MP NP C8774 C8775	P8774 P8775	28	1	28
Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	Zoton FasTabs	PF	MP NP C8776 C8780	P8776 P8780	28	5	28
Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	Zoton FasTabs	PF	MP NP C11310 C15530 C15658	P11310 P15530 P15658	56	5	28
Lansoprazole	Tablet 30 mg (orally disintegrating)	Oral	Zoton FasTabs	PF	MP C15531	P15531	112	5	28

- [254] Schedule 1, Part 1, entry for Larotrectinib in the form Capsule 25 mg (as sulfate) [Brand: Vitrakvi; Maximum Quantity: 56; Number of Repeats: 5]**
- (a) omit from the column headed "Circumstances": **C12980**
 - (b) insert in numerical order in the column headed "Circumstances": **C15781**
 - (c) omit from the column headed "Purposes": **P12980**
 - (d) insert in numerical order in the column headed "Purposes": **P15781**
- [255] Schedule 1, Part 1, entry for Larotrectinib in the form Capsule 100 mg (as sulfate) [Brand: Vitrakvi; Maximum Quantity: 56; Number of Repeats: 5]**
- (a) omit from the column headed "Circumstances": **C12980**
 - (b) insert in numerical order in the column headed "Circumstances": **C15781**
 - (c) omit from the column headed "Purposes": **P12980**
 - (d) insert in numerical order in the column headed "Purposes": **P15781**
- [256] Schedule 1, Part 1, entry for Larotrectinib in the form Oral solution 20 mg per mL (as sulfate), 50 mL, 2 [Brand: Vitrakvi; Maximum Quantity: 1; Number of Repeats: 5]**
- (a) omit from the column headed "Circumstances": **C12980**
 - (b) insert in numerical order in the column headed "Circumstances": **C15781**
 - (c) omit from the column headed "Purposes": **P12980**
 - (d) insert in numerical order in the column headed "Purposes": **P15781**

[257] Schedule 1, Part 1, entries for Latanoprost

substitute:

Latanoprost	Eye drops 50 micrograms per mL, 2.5 mL	Application to the eye	APO-Latanoprost	TX	MP AO		1	5	1
Latanoprost	Eye drops 50 micrograms per mL, 2.5 mL	Application to the eye	APO-Latanoprost	TX	MP AO	P14238	2	5	1
Latanoprost	Eye drops 50 micrograms per mL, 2.5 mL	Application to the eye	Latanoprost Sandoz	SZ	MP AO		1	5	1
Latanoprost	Eye drops 50 micrograms per mL, 2.5 mL	Application to the eye	Latanoprost Sandoz	SZ	MP AO	P14238	2	5	1
Latanoprost	Eye drops 50 micrograms per mL, 2.5 mL	Application to the eye	LATANOPROST-WGR	WG	MP AO		1	5	1
Latanoprost	Eye drops 50 micrograms per mL, 2.5 mL	Application to the eye	LATANOPROST-WGR	WG	MP AO	P14238	2	5	1
Latanoprost	Eye drops 50 micrograms per mL, 2.5 mL	Application to the eye	Xalaprost	AF	MP AO		1	5	1
Latanoprost	Eye drops 50 micrograms per mL, 2.5 mL	Application to the eye	Xalaprost	AF	MP AO	P14238	2	5	1
Latanoprost	Eye drops 50 micrograms per mL, 2.5 mL	Application to the eye	Xalatan	AS	MP AO		1	5	1
Latanoprost	Eye drops 50 micrograms per mL, 2.5 mL	Application to the eye	Xalatan	AS	MP AO	P14238	2	5	1

[258] Schedule 1, Part 1, entries for Latanoprost with timolol

substitute:

Latanoprost with timolol	Eye drops 50 micrograms latanoprost with timolol 5 mg (as maleate) per mL, 2.5 mL	Application APO- to the eye	Latanoprost/Timolol 0.05/5	TX	AO	C5038	P5038	1	5	1
Latanoprost with timolol	Eye drops 50 micrograms latanoprost with timolol 5 mg (as maleate) per mL, 2.5 mL	Application APO- to the eye	Latanoprost/Timolol 0.05/5	TX	MP	C4343	P4343	1	5	1
Latanoprost with timolol	Eye drops 50 micrograms latanoprost with timolol 5 mg (as maleate) per mL, 2.5 mL	Application APO- to the eye	Latanoprost/Timolol 0.05/5	TX	MP AO	C15558	P15558	2	5	1
Latanoprost with timolol	Eye drops 50 micrograms latanoprost with timolol 5 mg (as maleate) per mL, 2.5 mL	Application Xalacom to the eye		AS	AO	C5038	P5038	1	5	1
Latanoprost with timolol	Eye drops 50 micrograms latanoprost with timolol 5 mg (as maleate) per mL, 2.5 mL	Application Xalacom to the eye		AS	MP	C4343	P4343	1	5	1
Latanoprost with timolol	Eye drops 50 micrograms latanoprost with timolol 5 mg (as maleate) per mL, 2.5 mL	Application Xalacom to the eye		AS	MP AO	C15558	P15558	2	5	1
Latanoprost with timolol	Eye drops 50 micrograms latanoprost with timolol 5 mg (as maleate) per mL, 2.5 mL	Application Xalamol 50/5 to the eye		AF	AO	C5038	P5038	1	5	1
Latanoprost with timolol	Eye drops 50 micrograms latanoprost with timolol 5 mg (as maleate) per mL, 2.5 mL	Application Xalamol 50/5 to the eye		AF	MP	C4343	P4343	1	5	1
Latanoprost with timolol	Eye drops 50 micrograms latanoprost with timolol 5 mg (as maleate) per mL, 2.5 mL	Application Xalamol 50/5 to the eye		AF	MP AO	C15558	P15558	2	5	1

[259] Schedule 1, Part 1, entry for Leflunomide in the form Tablet 10 mg

omit:

Leflunomide	Tablet 10 mg	Oral	Arabloc	AV	MP	C13753 C13771 P13753 P13771	30	5	30
Leflunomide	Tablet 10 mg	Oral	Arabloc	AV	MP	C14941 C14942 P14941 P14942	60	5	30

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

insert:

Leflunomide	Tablet 10 mg	Oral	LEFLUNOMIDE- WGR	WG	MP	C13753 C13771 P13753 P13771	30	5	30
Leflunomide	Tablet 10 mg	Oral	LEFLUNOMIDE- WGR	WG	MP	C14941 C14942 P14941 P14942	60	5	30

[261] Schedule 1, Part 1, after entry for Leflunomide in the form Tablet 20 mg [Brand: Leflunomide Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Leflunomide	Tablet 20 mg	Oral	LEFLUNOMIDE- WGR	WG	MP	C13753 C13771 P13753 P13771	30	5	30
Leflunomide	Tablet 20 mg	Oral	LEFLUNOMIDE- WGR	WG	MP	C14941 C14942 P14941 P14942	60	5	30

[262] Schedule 1, Part 1, entry for Lercanidipine in the form Tablet containing lercanidipine hydrochloride 10 mg

omit:

Lercanidipine	Tablet containing lercanidipine hydrochloride 10 mg	Oral	BTC Lercanidipine	JB	MP NP		28	5	28
Lercanidipine	Tablet containing lercanidipine hydrochloride 10 mg	Oral	BTC Lercanidipine	JB	MP NP	P14238	56	5	28

[263] Schedule 1, Part 1, after entry for Lercanidipine in the form Tablet containing lercanidipine hydrochloride 10 mg [Brand: Lercanidipine APOTEX; Maximum Quantity: 56; Number of Repeats: 5]

insert:

Lercanidipine	Tablet containing lercanidipine hydrochloride 10 mg	Oral	LERCANIDIPINE- WGR	WG	MP NP		28	5	28
Lercanidipine	Tablet containing lercanidipine hydrochloride 10 mg	Oral	LERCANIDIPINE- WGR	WG	MP NP	P14238	56	5	28

[264] Schedule 1, Part 1, entry for Lercanidipine in the form Tablet containing lercanidipine hydrochloride 20 mg

omit:

Lercanidipine	Tablet containing lercanidipine hydrochloride 20 mg	Oral	BTC Lercanidipine	JB	MP NP		28	5	28
Lercanidipine	Tablet containing lercanidipine hydrochloride 20 mg	Oral	BTC Lercanidipine	JB	MP NP	P14238	56	5	28

[265] Schedule 1, Part 1, after entry for Lercanidipine in the form Tablet containing lercanidipine hydrochloride 20 mg [Brand: Lercanidipine APOTEX; Maximum Quantity: 56; Number of Repeats: 5]

insert:

Lercanidipine	Tablet containing lercanidipine hydrochloride 20 mg	Oral	LERCANIDIPINE- WGR	WG	MP NP		28	5	28
Lercanidipine	Tablet containing lercanidipine hydrochloride 20 mg	Oral	LERCANIDIPINE- WGR	WG	MP NP	P14238	56	5	28

[266] Schedule 1, Part 1, after entry for Letrozole in the form Tablet 2.5 mg [Brand: Letrozole Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Letrozole	Tablet 2.5 mg	Oral	LETROZOLE- WGR	WG	MP NP C5464	P5464	30	5	30
Letrozole	Tablet 2.5 mg	Oral	LETROZOLE- WGR	WG	MP NP C14943	P14943	60	5	30

[267] Schedule 1, Part 1, after entry for Levetiracetam in the form Tablet 250 mg [Brand: Levetiracetam Viatris; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Levetiracetam	Tablet 250 mg	Oral	LEVETIRACETAM- WGR	WG	MP NP C11116	P11116	60	5	60
Levetiracetam	Tablet 250 mg	Oral	LEVETIRACETAM- WGR	WG	MP NP C14964	P14964	120	5	60

[268] Schedule 1, Part 1, after entry for Levetiracetam in the form Tablet 500 mg [Brand: Levetiracetam SZ; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Levetiracetam	Tablet 500 mg	Oral	LEVETIRACETAM- WGR	WG	MP NP C11116	P11116	60	5	60
Levetiracetam	Tablet 500 mg	Oral	LEVETIRACETAM- WGR	WG	MP NP C14964	P14964	120	5	60

[269] Schedule 1, Part 1, after entry for Levetiracetam in the form Tablet 1 g [Brand: Levetiracetam Viatris; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Levetiracetam	Tablet 1 g	Oral	LEVETIRACETAM- WGR	WG	MP NP C11116	P11116	60	5	60
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Levetiracetam	Tablet 1 g	Oral	LEVETIRACETAM- WG WGR	MP NP C14964	P14964	120	5	60
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[270] Schedule 1, Part 1, entries for Levodopa with benserazide

substitute:

Levodopa with benserazide	Capsule containing levodopa 50 mg with 12.5 mg benserazide (as hydrochloride)	Oral	Madopar 62.5	RO	MP NP		100	5	100
Levodopa with benserazide	Capsule containing levodopa 50 mg with 12.5 mg benserazide (as hydrochloride)	Oral	Madopar 62.5	RO	MP NP	P14238	200	5	100
Levodopa with benserazide	Capsule containing levodopa 100 mg with 25 mg benserazide (as hydrochloride)	Oral	Madopar 125	RO	MP NP		100	5	100
Levodopa with benserazide	Capsule containing levodopa 100 mg with 25 mg benserazide (as hydrochloride)	Oral	Madopar 125	RO	MP NP	P14238	200	5	100
Levodopa with benserazide	Capsule containing levodopa 100 mg with 25 mg benserazide (as hydrochloride) (sustained release)	Oral	Madopar HBS	RO	MP NP		100	5	100
Levodopa with benserazide	Capsule containing levodopa 100 mg with 25 mg benserazide (as hydrochloride) (sustained release)	Oral	Madopar HBS	RO	MP NP	P14238	200	5	100

Levodopa with benserazide	Capsule containing levodopa 200 mg with 50 mg benserazide (as hydrochloride)	Oral	Madopar	RO	MP NP		100	5	100
Levodopa with benserazide	Capsule containing levodopa 200 mg with 50 mg benserazide (as hydrochloride)	Oral	Madopar	RO	MP NP	P14238	200	5	100
Levodopa with benserazide	Dispersible tablet containing levodopa 50 mg with 12.5 mg benserazide (as hydrochloride)	Oral	Madopar Rapid 62.5	RO	MP NP		100	5	100
Levodopa with benserazide	Dispersible tablet containing levodopa 50 mg with 12.5 mg benserazide (as hydrochloride)	Oral	Madopar Rapid 62.5	RO	MP NP	P14238	200	5	100
Levodopa with benserazide	Dispersible tablet containing levodopa 100 mg with 25 mg benserazide (as hydrochloride)	Oral	Madopar Rapid 125	RO	MP NP		100	5	100
Levodopa with benserazide	Dispersible tablet containing levodopa 100 mg with 25 mg benserazide (as hydrochloride)	Oral	Madopar Rapid 125	RO	MP NP	P14238	200	5	100
Levodopa with benserazide	Tablet containing levodopa 100 mg with 25 mg benserazide (as hydrochloride)	Oral	Madopar 125	RO	MP NP		100	5	100

Levodopa with benserazide	Tablet containing levodopa 100 mg with 25 mg benserazide (as hydrochloride)	Oral	Madopar 125	RO	MP NP	P14238	200	5	100
Levodopa with benserazide	Tablet containing levodopa 200 mg with 50 mg benserazide (as hydrochloride)	Oral	Madopar	RO	MP NP		100	5	100
Levodopa with benserazide	Tablet containing levodopa 200 mg with 50 mg benserazide (as hydrochloride)	Oral	Madopar	RO	MP NP	P14238	200	5	100

[271] Schedule 1, Part 1, entries for Levodopa with carbidopa

substitute:

Levodopa with carbidopa	Intestinal gel containing levodopa 20 mg with carbidopa monohydrate 5 mg per mL, 100 mL	Intra intestinal	Duodopa	VE	MP	C10138 C10161	P10138 P10161	28	5	7	C(100)
Levodopa with carbidopa	Intestinal gel containing levodopa 20 mg with carbidopa monohydrate 5 mg per mL, 100 mL	Intra intestinal	Duodopa	VE	MP NP	C10197	P10197	28	5	7	
Levodopa with carbidopa	Intestinal gel containing levodopa 20 mg with carbidopa monohydrate 5 mg per mL, 100 mL	Intra intestinal	Duodopa	VE	MP	C10363 C10375	P10363 P10375	56	5	7	C(100)
Levodopa with carbidopa	Intestinal gel containing levodopa 20 mg with carbidopa monohydrate 5 mg per mL, 100 mL	Intra intestinal	Duodopa	VE	MP NP	C10386	P10386	56	5	7	

Levodopa with carbidopa	Tablet 100 mg-25 mg (as monohydrate)	Oral	APO- Levodopa/Carbidopa	TX	MP NP		100	5	100
Levodopa with carbidopa	Tablet 100 mg-25 mg (as monohydrate)	Oral	APO- Levodopa/Carbidopa	TX	MP NP	P14238	200	5	100
Levodopa with carbidopa	Tablet 100 mg-25 mg (as monohydrate)	Oral	Kinson	AF	MP NP		100	5	100
Levodopa with carbidopa	Tablet 100 mg-25 mg (as monohydrate)	Oral	Kinson	AF	MP NP	P14238	200	5	100
Levodopa with carbidopa	Tablet 100 mg-25 mg (as monohydrate)	Oral	SINADOPA 100/25	RW	MP NP		100	5	100
Levodopa with carbidopa	Tablet 100 mg-25 mg (as monohydrate)	Oral	SINADOPA 100/25	RW	MP NP	P14238	200	5	100
Levodopa with carbidopa	Tablet 100 mg-25 mg (as monohydrate)	Oral	Sinemet 100/25	AL	MP NP		100	5	100
Levodopa with carbidopa	Tablet 100 mg-25 mg (as monohydrate)	Oral	Sinemet 100/25	AL	MP NP	P14238	200	5	100
Levodopa with carbidopa	Tablet 250 mg-25 mg (as monohydrate)	Oral	APO- Levodopa/Carbidopa	TX	MP NP		100	5	100
Levodopa with carbidopa	Tablet 250 mg-25 mg (as monohydrate)	Oral	APO- Levodopa/Carbidopa	TX	MP NP	P14238	200	5	100
Levodopa with carbidopa	Tablet 250 mg-25 mg (as monohydrate)	Oral	SINADOPA 250/25	RW	MP NP		100	5	100
Levodopa with carbidopa	Tablet 250 mg-25 mg (as monohydrate)	Oral	SINADOPA 250/25	RW	MP NP	P14238	200	5	100
Levodopa with carbidopa	Tablet 250 mg-25 mg (as monohydrate)	Oral	Sinemet	AL	MP NP		100	5	100

Levodopa with carbidopa	Tablet 250 mg-25 mg (as monohydrate)	Oral	Sinemet	AL	MP NP		P14238	200	5	100
Levodopa with carbidopa	Tablet (modified release) 200 mg-50 mg (as monohydrate)	Oral	Sinemet CR	AL	MP NP C5253		P5253	100	5	100
Levodopa with carbidopa	Tablet (modified release) 200 mg-50 mg (as monohydrate)	Oral	Sinemet CR	AL	MP NP C15608		P15608	200	5	100

[272] Schedule 1, Part 1, entries for Levodopa with carbidopa and entacapone

substitute:

Levodopa with carbidopa and entacapone	Tablet 50 mg-12.5 mg (as monohydrate)-200 mg	Oral	Carlevent	TX	MP NP C5212 C5288	P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 50 mg-12.5 mg (as monohydrate)-200 mg	Oral	Carlevent	TX	MP NP C15564 C15565	P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 50 mg-12.5 mg (as monohydrate)-200 mg	Oral	L.C.E. Sandoz	HX	MP NP C5212 C5288	P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 50 mg-12.5 mg (as monohydrate)-200 mg	Oral	L.C.E. Sandoz	HX	MP NP C15564 C15565	P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 50 mg-12.5 mg (as monohydrate)-200 mg	Oral	Lecteva	TB	MP NP C5212 C5288	P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 50 mg-12.5 mg (as monohydrate)-200 mg	Oral	Lecteva	TB	MP NP C15564 C15565	P15564 P15565	400	4	100

Levodopa with carbidopa and entacapone	Tablet 50 mg-12.5 mg (as monohydrate)-200 mg	Oral	Stalevo 50/12.5/200mg	SZ	MP NP C5212 C5288 P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 50 mg-12.5 mg (as monohydrate)-200 mg	Oral	Stalevo 50/12.5/200mg	SZ	MP NP C15564 C15565 P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 75 mg-18.75 mg (as monohydrate)-200 mg	Oral	Carlevent	TX	MP NP C5212 C5288 P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 75 mg-18.75 mg (as monohydrate)-200 mg	Oral	Carlevent	TX	MP NP C15564 C15565 P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 75 mg-18.75 mg (as monohydrate)-200 mg	Oral	L.C.E. Sandoz	HX	MP NP C5212 C5288 P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 75 mg-18.75 mg (as monohydrate)-200 mg	Oral	L.C.E. Sandoz	HX	MP NP C15564 C15565 P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 75 mg-18.75 mg (as monohydrate)-200 mg	Oral	Lecteva	TB	MP NP C5212 C5288 P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 75 mg-18.75 mg (as monohydrate)-200 mg	Oral	Lecteva	TB	MP NP C15564 C15565 P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 75 mg-18.75 mg (as monohydrate)-200 mg	Oral	Stalevo 75/18.75/200mg	SZ	MP NP C5212 C5288 P5212 P5288	200	4	100

Levodopa with carbidopa and entacapone	Tablet 75 mg-18.75 mg (as monohydrate)-200 mg	Oral	Stalevo 75/18.75/200mg	SZ	MP NP C15564 C15565 P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 100 mg-25 mg (as monohydrate)-200 mg	Oral	Carlevent	TX	MP NP C5212 C5288 P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 100 mg-25 mg (as monohydrate)-200 mg	Oral	Carlevent	TX	MP NP C15564 C15565 P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 100 mg-25 mg (as monohydrate)-200 mg	Oral	L.C.E. Sandoz	HX	MP NP C5212 C5288 P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 100 mg-25 mg (as monohydrate)-200 mg	Oral	L.C.E. Sandoz	HX	MP NP C15564 C15565 P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 100 mg-25 mg (as monohydrate)-200 mg	Oral	Lecteva	TB	MP NP C5212 C5288 P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 100 mg-25 mg (as monohydrate)-200 mg	Oral	Lecteva	TB	MP NP C15564 C15565 P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 100 mg-25 mg (as monohydrate)-200 mg	Oral	Stalevo 100/25/200mg	SZ	MP NP C5212 C5288 P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 100 mg-25 mg (as monohydrate)-200 mg	Oral	Stalevo 100/25/200mg	SZ	MP NP C15564 C15565 P15564 P15565	400	4	100

Levodopa with carbidopa and entacapone	Tablet 125 mg-31.25 mg (as monohydrate)-200 mg	Oral	Carlevent	TX	MP NP	C5212 C5288	P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 125 mg-31.25 mg (as monohydrate)-200 mg	Oral	Carlevent	TX	MP NP	C15564 C15565	P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 125 mg-31.25 mg (as monohydrate)-200 mg	Oral	L.C.E. Sandoz	HX	MP NP	C5212 C5288	P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 125 mg-31.25 mg (as monohydrate)-200 mg	Oral	L.C.E. Sandoz	HX	MP NP	C15564 C15565	P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 125 mg-31.25 mg (as monohydrate)-200 mg	Oral	Lecteva	TB	MP NP	C5212 C5288	P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 125 mg-31.25 mg (as monohydrate)-200 mg	Oral	Lecteva	TB	MP NP	C15564 C15565	P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 125 mg-31.25 mg (as monohydrate)-200 mg	Oral	Stalevo 125/31.25/200mg	SZ	MP NP	C5212 C5288	P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 125 mg-31.25 mg (as monohydrate)-200 mg	Oral	Stalevo 125/31.25/200mg	SZ	MP NP	C15564 C15565	P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 150 mg-37.5 mg (as monohydrate)-200 mg	Oral	Carlevent	TX	MP NP	C5212 C5288	P5212 P5288	200	4	100

Levodopa with carbidopa and entacapone	Tablet 150 mg-37.5 mg (as monohydrate)-200 mg	Oral	Carlevent	TX	MP NP C15564 C15565 P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 150 mg-37.5 mg (as monohydrate)-200 mg	Oral	L.C.E. Sandoz	HX	MP NP C5212 C5288 P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 150 mg-37.5 mg (as monohydrate)-200 mg	Oral	L.C.E. Sandoz	HX	MP NP C15564 C15565 P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 150 mg-37.5 mg (as monohydrate)-200 mg	Oral	Lecteva	TB	MP NP C5212 C5288 P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 150 mg-37.5 mg (as monohydrate)-200 mg	Oral	Lecteva	TB	MP NP C15564 C15565 P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 150 mg-37.5 mg (as monohydrate)-200 mg	Oral	Stalevo 150/37.5/200mg	SZ	MP NP C5212 C5288 P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 150 mg-37.5 mg (as monohydrate)-200 mg	Oral	Stalevo 150/37.5/200mg	SZ	MP NP C15564 C15565 P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 200 mg-50 mg (as monohydrate)-200 mg	Oral	Carlevent	TX	MP NP C5212 C5288 P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 200 mg-50 mg (as monohydrate)-200 mg	Oral	Carlevent	TX	MP NP C15564 C15565 P15564 P15565	400	4	100

Levodopa with carbidopa and entacapone	Tablet 200 mg-50 mg (as monohydrate)-200 mg	Oral	L.C.E. Sandoz	HX	MP NP	C5212 C5288	P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 200 mg-50 mg (as monohydrate)-200 mg	Oral	L.C.E. Sandoz	HX	MP NP	C15564 C15565	P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 200 mg-50 mg (as monohydrate)-200 mg	Oral	Lecteva	TB	MP NP	C5212 C5288	P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 200 mg-50 mg (as monohydrate)-200 mg	Oral	Lecteva	TB	MP NP	C15564 C15565	P15564 P15565	400	4	100
Levodopa with carbidopa and entacapone	Tablet 200 mg-50 mg (as monohydrate)-200 mg	Oral	Stalevo 200/50/200mg	SZ	MP NP	C5212 C5288	P5212 P5288	200	4	100
Levodopa with carbidopa and entacapone	Tablet 200 mg-50 mg (as monohydrate)-200 mg	Oral	Stalevo 200/50/200mg	SZ	MP NP	C15564 C15565	P15564 P15565	400	4	100

[273] Schedule 1, Part 1, after entry for Levonorgestrel with ethinylestradiol in the form Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets [Brand: Lenest 30 ED]

insert:

Levonorgestrel with ethinylestradiol	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	Oral	LEVETH 150/30 ED	WG	MP NP			4	2	4
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[274] Schedule 1, Part 1, after entry for Lisinopril in the form Tablet 5 mg [Brand: Lisinopril Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Lisinopril	Tablet 5 mg	Oral	LISINOPRIL-WGR	WG	MP NP			30	5	30
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Lisinopril	Tablet 5 mg	Oral	LISINOPRIL-WGR	WG	MP NP	P14238	60	5	30
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[275] Schedule 1, Part 1, after entry for Lisinopril in the form Tablet 10 mg [Brand: Lisinopril Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Lisinopril	Tablet 10 mg	Oral	LISINOPRIL-WGR	WG	MP NP		30	5	30
Lisinopril	Tablet 10 mg	Oral	LISINOPRIL-WGR	WG	MP NP	P14238	60	5	30

[276] Schedule 1, Part 1, after entry for Lisinopril in the form Tablet 20 mg [Brand: Lisinopril Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Lisinopril	Tablet 20 mg	Oral	LISINOPRIL-WGR	WG	MP NP		30	5	30
Lisinopril	Tablet 20 mg	Oral	LISINOPRIL-WGR	WG	MP NP	P14238	60	5	30

[277] Schedule 1, Part 1, entry for Lorlatinib in each of the forms: Tablet 25 mg; and Tablet 100 mg

(a) omit from the column headed "Circumstances": C13716

(b) insert in numerical order in the column headed "Circumstances": C15804

[278] Schedule 1, Part 1, after entry for Lurasidone in the form Tablet containing lurasidone hydrochloride 40 mg [Brand: LURASIDONE SUN]

insert:

Lurasidone	Tablet containing lurasidone hydrochloride 40 mg	Oral	LURASIDONE-WGR	WG	MP NP	C4246	30	5	30
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[279] Schedule 1, Part 1, after entry for Lurasidone in the form Tablet containing lurasidone hydrochloride 80 mg [Brand: LURASIDONE SUN]

insert:

Lurasidone	Tablet containing lurasidone hydrochloride 80 mg	Oral	LURASIDONE-WGR	WG	MP NP	C4246	30	5	30
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[280] Schedule 1, Part 1, after entry for Macrolog 3350 in the form Powder for oral solution 510 g [Brand: OsmoLax; Maximum Quantity: 2; Number of Repeats: 3]

insert:

Macrolog 3350	Powder for oral solution 510 g	Oral	OsmoLax	KY	MP NP	C15539 C15593 C15661 C15709 C15729	P15539 P15593 P15661 P15709 P15729	2	5	1
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[281] Schedule 1, Part 1, after entry for Macrolog 3350 in the form Sachets containing powder for oral solution 13.125 g with electrolytes, 30 [Brand: APO-MACROGOL plus ELECTROLYTES; Maximum Quantity: 2; Number of Repeats: 3]

insert:

Macrolog 3350	Sachets containing powder for oral solution 13.125 g with electrolytes, 30	Oral	APO-MACROGOL plus ELECTROLYTES	TX	MP NP	C15688 C15730 C15745 C15746 C15747	P15688 P15730 P15745 P15746 P15747	2	5	1
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[282] Schedule 1, Part 1, after entry for Macrolog 3350 in the form Sachets containing powder for oral solution 13.125 g with electrolytes, 30 [Brand: APOHEALTH Macrolog with Electrolytes; Maximum Quantity: 2; Number of Repeats: 3]

insert:

Macrolog 3350	Sachets containing powder for oral solution 13.125 g with electrolytes, 30	Oral	APOHEALTH Macrolog with Electrolytes	GX	MP NP	C15688 C15730 C15745 C15746 C15747	P15688 P15730 P15745 P15746 P15747	2	5	1
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[283] Schedule 1, Part 1, after entry for Macrolog 3350 in the form Sachets containing powder for oral solution 13.125 g with electrolytes, 30 [Brand: Chemists' Own Macrolog with Electrolytes; Maximum Quantity: 2; Number of Repeats: 3]

insert:

Macrolog 3350	Sachets containing powder for oral solution 13.125 g with electrolytes, 30	Oral	Chemists' Own Macrolog with Electrolytes	RW	MP NP	C15688 C15730 C15745 C15746 C15747	P15688 P15730 P15745 P15746 P15747	2	5	1
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[284] Schedule 1, Part 1, after entry for Macrologol 3350 in the form Sachets containing powder for oral solution 13.125 g with electrolytes, 30 [Brand: Macrovic; Maximum Quantity: 2; Number of Repeats: 3]

insert:

Macrologol 3350	Sachets containing powder for oral solution 13.125 g with electrolytes, 30	Oral	Macrovic	RF	MP NP	C15688 C15730 C15745 C15746 C15747	P15688 P15730 P15745 P15746 P15747	2	5	1
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[285] Schedule 1, Part 1, after entry for Macrologol 3350 in the form Sachets containing powder for oral solution 13.125 g with electrolytes, 30 [Brand: Molaxole; Maximum Quantity: 2; Number of Repeats: 3]

insert:

Macrologol 3350	Sachets containing powder for oral solution 13.125 g with electrolytes, 30	Oral	Molaxole	GO	MP NP	C15688 C15730 C15745 C15746 C15747	P15688 P15730 P15745 P15746 P15747	2	5	1
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[286] Schedule 1, Part 1, after entry for Macrologol 3350 in the form Sachets containing powder for oral solution 13.125 g with electrolytes, 30 [Brand: Movicol; Maximum Quantity: 2; Number of Repeats: 3]

insert:

Macrologol 3350	Sachets containing powder for oral solution 13.125 g with electrolytes, 30	Oral	Movicol	NE	MP NP	C15688 C15730 C15745 C15746 C15747	P15688 P15730 P15745 P15746 P15747	2	5	1
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[287] Schedule 1, Part 1, after entry for Meloxicam in the form Capsule 7.5 mg [Brand: Meloxicam Sandoz]

insert:

Meloxicam	Capsule 7.5 mg	Oral	MELOXICAM-WGR	WG	MP NP	C4907 C4962		30	3	30
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[288] Schedule 1, Part 1, after entry for Meloxicam in the form Capsule 15 mg [Brand: Meloxicam Sandoz]

insert:

Meloxicam	Capsule 15 mg	Oral	MELOXICAM-WGR	WG	MP NP	C4907 C4962		30	3	30
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[289] Schedule 1, Part 1, after entry for Meloxicam in the form Tablet 7.5 mg [Brand: Meloxicam Viatris]

insert:

Meloxicam	Tablet 7.5 mg	Oral	MELOXICAM- WGR	WG	MP NP C4907 C4962	30	3	30	
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[290] Schedule 1, Part 1, after entry for Meloxicam in the form Tablet 15 mg [Brand: Meloxicam Viatris]

insert:

Meloxicam	Tablet 15 mg	Oral	MELOXICAM- WGR	WG	MP NP C4907 C4962	30	3	30	
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[291] Schedule 1, Part 1, entries for Mesna

substitute:

Mesna	Solution for I.V. injection 400 mg in 4 mL ampoule	Injection	Uromitexan	BX	MP C5106	15	5	15	
Mesna	Solution for I.V. injection 400 mg in 4 mL ampoule	Injection	Uromitexan	BX	MP C5130	15	5	15	C(100)
Mesna	Solution for I.V. injection 1 g in 10 mL ampoule	Injection	Uromitexan	BX	MP C5106	15	5	15	
Mesna	Solution for I.V. injection 1 g in 10 mL ampoule	Injection	Uromitexan	BX	MP C5130	15	5	15	C(100)

[292] Schedule 1, Part 1, after entry for Metformin in the form Tablet (extended release) containing metformin hydrochloride 500 mg [Brand: Metex XR; Maximum Quantity: 240; Number of Repeats: 5]

insert:

Metformin	Tablet (extended release) containing metformin hydrochloride 500 mg	Oral	METFORMIN- WGR XR	WG	MP NP	120	5	120	
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Metformin	Tablet (extended release) containing metformin hydrochloride 500 mg	Oral	METFORMIN-WGR XR	WG	MP NP	P14238	240	5	120
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[293] Schedule 1, Part 1, after entry for Metformin in the form Tablet (extended release) containing metformin hydrochloride 1 g [Brand: METEX XR; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Metformin	Tablet (extended release) containing metformin hydrochloride 1 g	Oral	METFORMIN-WGR XR	WG	MP NP		60	5	60
Metformin	Tablet (extended release) containing metformin hydrochloride 1 g	Oral	METFORMIN-WGR XR	WG	MP NP	P14238	120	5	60

[294] Schedule 1, Part 1, after entry for Metformin in the form Tablet containing metformin hydrochloride 500 mg [Brand: Metformin Sandoz; Maximum Quantity: 200; Number of Repeats: 5]

insert:

Metformin	Tablet containing metformin hydrochloride 500 mg	Oral	METFORMIN-WGR	WG	MP NP		100	5	100
Metformin	Tablet containing metformin hydrochloride 500 mg	Oral	METFORMIN-WGR	WG	MP NP	P14238	200	5	100

[295] Schedule 1, Part 1, after entry for Metformin in the form Tablet containing metformin hydrochloride 850 mg [Brand: Diaformin 850; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Metformin	Tablet containing metformin hydrochloride 850 mg	Oral	Diaformin Viatris	MQ	MP NP		60	5	60
Metformin	Tablet containing metformin hydrochloride 850 mg	Oral	Diaformin Viatris	MQ	MP NP	P14238	120	5	60

[296] Schedule 1, Part 1, after entry for Metformin in the form Tablet containing metformin hydrochloride 850 mg [Brand: Metformin Sandoz; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Metformin	Tablet containing metformin hydrochloride 850 mg	Oral	METFORMIN-WGR	WG	MP NP		60	5	60
Metformin	Tablet containing metformin hydrochloride 850 mg	Oral	METFORMIN-WGR	WG	MP NP	P14238	120	5	60

[297] Schedule 1, Part 1, after entry for Metformin in the form Tablet containing metformin hydrochloride 1 g [Brand: Diaformin 1000; Maximum Quantity: 180; Number of Repeats: 5]

insert:

Metformin	Tablet containing metformin hydrochloride 1 g	Oral	Diaformin Viatris	MQ	MP NP		90	5	90
Metformin	Tablet containing metformin hydrochloride 1 g	Oral	Diaformin Viatris	MQ	MP NP	P14238	180	5	90

[298] Schedule 1, Part 1, entry for Methylprednisolone

omit:

Methylprednisolone Powder for injection 40 mg (as sodium succinate) (S19A)	Injection	Solu-Medrone	LM	MP NP		5	0	1
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[299] Schedule 1, Part 1, entries for Metoclopramide in the form Tablet containing 10 mg metoclopramide hydrochloride (as monohydrate)

substitute:

Metoclopramide	Tablet containing 10 mg metoclopramide hydrochloride (as monohydrate)	Oral	APO-Metoclopramide	TX	MP NP MW PDP		25	0	25
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Metoclopramide	Tablet containing 10 mg metoclopramide hydrochloride (as monohydrate)	Oral	APO-Metoclopramide	TX	MP NP	P11683	100	5	25
Metoclopramide	Tablet containing 10 mg metoclopramide hydrochloride (as monohydrate)	Oral	EMEXLON	RW	MP NP MW PDP		25	0	25
Metoclopramide	Tablet containing 10 mg metoclopramide hydrochloride (as monohydrate)	Oral	EMEXLON	RW	MP NP	P11683	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	P11683	100	5	25
Metoclopramide	Tablet containing 10 mg metoclopramide hydrochloride (as monohydrate)	Oral	METOCLOPRAMIDE- WGR	WG	MP NP MW PDP		25	0	25
Metoclopramide	Tablet containing 10 mg metoclopramide hydrochloride (as monohydrate)	Oral	METOCLOPRAMIDE- WGR	WG	MP NP	P11683	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	P11683	100	5	25

[300] Schedule 1, Part 1, after entry for Metoprolol in the form Tablet containing metoprolol tartrate 50 mg [Brand: Metoprolol Sandoz; Maximum Quantity: 200; Number of Repeats: 5]

insert:

Metoprolol	Tablet containing metoprolol tartrate 50 mg	Oral	METOPROLOL-WGR	WG	MP NP		100	5	100
Metoprolol	Tablet containing metoprolol tartrate 50 mg	Oral	METOPROLOL-WGR	WG	MP NP	P14238	200	5	100

[301] Schedule 1, Part 1, after entry for Metoprolol in the form Tablet containing metoprolol tartrate 100 mg [Brand: Metoprolol Sandoz; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Metoprolol	Tablet containing metoprolol tartrate 100 mg	Oral	METOPROLOL-WGR	WG	MP NP		60	5	60
Metoprolol	Tablet containing metoprolol tartrate 100 mg	Oral	METOPROLOL-WGR	WG	MP NP	P14238	120	5	60

[302] Schedule 1, Part 1, entries for Mianserin

substitute:

Mianserin	Tablet containing mianserin hydrochloride 10 mg	Oral	Lumin 10	AF	MP NP C6278	P6278	50	5	50
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Mianserin	Tablet containing mianserin hydrochloride 10 mg	Oral	Lumin 10	AF	MP NP C15580	P15580	100	2	50
Mianserin	Tablet containing mianserin hydrochloride 20 mg	Oral	Lumin 20	AF	MP NP C6278	P6278	50	5	50
Mianserin	Tablet containing mianserin hydrochloride 20 mg	Oral	Lumin 20	AF	MP NP C15580	P15580	100	2	50

[303] Schedule 1, Part 1, after entry for Mifepristone and misoprostol

insert:

Migalastat	Capsule containing 150 mg migalastat hydrochloride (equivalent to 123 mg migalastat)	Oral	Galafold	FT	MP	C15787 C15801 C15808	14	5	14
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[304] Schedule 1, Part 1, entries for Minocycline

substitute:

Minocycline	Tablet 50 mg (as hydrochloride)	Oral	Akamin 50	AF	MP NP C5995	P5995	60	5	60
Minocycline	Tablet 50 mg (as hydrochloride)	Oral	Akamin 50	AF	MP NP C15657	P15657	120	2	60
Minocycline	Tablet 50 mg (as hydrochloride)	Oral	Minomycin-50	AS	MP NP C5995	P5995	60	5	60
Minocycline	Tablet 50 mg (as hydrochloride)	Oral	Minomycin-50	AS	MP NP C15657	P15657	120	2	60

[305] Schedule 1, Part 1, entries for Mirtazapine

substitute:

Mirtazapine	Tablet 15 mg	Oral	APX-Mirtazapine	TY	MP NP C5650	P5650	30	5	30
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Mirtazapine	Tablet 15 mg	Oral	APX-Mirtazapine	TY	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 15 mg	Oral	Axit 15	AF	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 15 mg	Oral	Axit 15	AF	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 15 mg	Oral	Blooms The Chemist Mirtazapine	BG	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 15 mg	Oral	Blooms The Chemist Mirtazapine	BG	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 15 mg	Oral	MIRTANZA	RF	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 15 mg	Oral	MIRTANZA	RF	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 15 mg	Oral	Mirtazapine Sandoz	SZ	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 15 mg	Oral	Mirtazapine Sandoz	SZ	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 15 mg	Oral	MIRTAZAPINE- WGR	WG	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 15 mg	Oral	MIRTAZAPINE- WGR	WG	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 15 mg (orally disintegrating)	Oral	MIRTANZA ODT	RF	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 15 mg (orally disintegrating)	Oral	MIRTANZA ODT	RF	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 30 mg	Oral	APX-Mirtazapine	TY	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 30 mg	Oral	APX-Mirtazapine	TY	MP NP	C15553	P15553	60	2	30

Mirtazapine	Tablet 30 mg	Oral	Avanza	AL	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 30 mg	Oral	Avanza	AL	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 30 mg	Oral	Axit 30	AF	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 30 mg	Oral	Axit 30	AF	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 30 mg	Oral	Blooms The Chemist Mirtazapine	BG	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 30 mg	Oral	Blooms The Chemist Mirtazapine	BG	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 30 mg	Oral	MIRTANZA	RF	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 30 mg	Oral	MIRTANZA	RF	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 30 mg	Oral	Mirtazapine Sandoz	SZ	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 30 mg	Oral	Mirtazapine Sandoz	SZ	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 30 mg	Oral	MIRTAZAPINE- WGR	WG	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 30 mg	Oral	MIRTAZAPINE- WGR	WG	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 30 mg	Oral	NOUMED MIRTAZAPINE	VO	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 30 mg	Oral	NOUMED MIRTAZAPINE	VO	MP NP	C15553	P15553	60	2	30

Mirtazapine	Tablet 30 mg (orally disintegrating)	Oral	MIRTANZA ODT	RF	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 30 mg (orally disintegrating)	Oral	MIRTANZA ODT	RF	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 45 mg	Oral	APX-Mirtazapine	TY	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 45 mg	Oral	APX-Mirtazapine	TY	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 45 mg	Oral	Axit 45	AF	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 45 mg	Oral	Axit 45	AF	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 45 mg	Oral	Blooms The Chemist Mirtazapine	BG	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 45 mg	Oral	Blooms The Chemist Mirtazapine	BG	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 45 mg	Oral	MIRTANZA	RF	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 45 mg	Oral	MIRTANZA	RF	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 45 mg	Oral	Mirtazapine Sandoz	SZ	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 45 mg	Oral	Mirtazapine Sandoz	SZ	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 45 mg	Oral	MIRTAZAPINE-WGR	WG	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 45 mg	Oral	MIRTAZAPINE-WGR	WG	MP NP	C15553	P15553	60	2	30

Mirtazapine	Tablet 45 mg	Oral	NOUNED MIRTAZAPINE	VO	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 45 mg	Oral	NOUNED MIRTAZAPINE	VO	MP NP	C15553	P15553	60	2	30
Mirtazapine	Tablet 45 mg (orally disintegrating)	Oral	MIRTANZA ODT	RF	MP NP	C5650	P5650	30	5	30
Mirtazapine	Tablet 45 mg (orally disintegrating)	Oral	MIRTANZA ODT	RF	MP NP	C15553	P15553	60	2	30

[306] Schedule 1, Part 1, entries for Moclobemide

substitute:

Moclobemide	Tablet 150 mg	Oral	Amira 150	AF	MP NP	C5650	P5650	60	5	60
Moclobemide	Tablet 150 mg	Oral	Amira 150	AF	MP NP	C15553	P15553	120	2	60
Moclobemide	Tablet 150 mg	Oral	Aurorix	GO	MP NP	C5650	P5650	60	5	60
Moclobemide	Tablet 150 mg	Oral	Aurorix	GO	MP NP	C15553	P15553	120	2	60
Moclobemide	Tablet 150 mg	Oral	Clobemix	XT	MP NP	C5650	P5650	60	5	60
Moclobemide	Tablet 150 mg	Oral	Clobemix	XT	MP NP	C15553	P15553	120	2	60
Moclobemide	Tablet 150 mg	Oral	Moclobemide Sandoz	SZ	MP NP	C5650	P5650	60	5	60
Moclobemide	Tablet 150 mg	Oral	Moclobemide Sandoz	SZ	MP NP	C15553	P15553	120	2	60
Moclobemide	Tablet 150 mg	Oral	MOCLOBEMIDE- WGR	WG	MP NP	C5650	P5650	60	5	60
Moclobemide	Tablet 150 mg	Oral	MOCLOBEMIDE- WGR	WG	MP NP	C15553	P15553	120	2	60

Moclobemide	Tablet 300 mg	Oral	Amira 300	AF	MP NP	C5650	P5650	60	5	60
Moclobemide	Tablet 300 mg	Oral	Amira 300	AF	MP NP	C15553	P15553	120	2	60
Moclobemide	Tablet 300 mg	Oral	Aurorix 300 mg	GO	MP NP	C5650	P5650	60	5	60
Moclobemide	Tablet 300 mg	Oral	Aurorix 300 mg	GO	MP NP	C15553	P15553	120	2	60
Moclobemide	Tablet 300 mg	Oral	Clobemix	XT	MP NP	C5650	P5650	60	5	60
Moclobemide	Tablet 300 mg	Oral	Clobemix	XT	MP NP	C15553	P15553	120	2	60
Moclobemide	Tablet 300 mg	Oral	Moclobemide Sandoz	SZ	MP NP	C5650	P5650	60	5	60
Moclobemide	Tablet 300 mg	Oral	Moclobemide Sandoz	SZ	MP NP	C15553	P15553	120	2	60
Moclobemide	Tablet 300 mg	Oral	MOCLOBEMIDE- WGR	WG	MP NP	C5650	P5650	60	5	60
Moclobemide	Tablet 300 mg	Oral	MOCLOBEMIDE- WGR	WG	MP NP	C15553	P15553	120	2	60

[307] Schedule 1, Part 1, after entry for Modafinil in the form Tablet 100 mg [Brand: Modafinil Viatrix]

insert:

Modafinil	Tablet 100 mg	Oral	MODAFINIL-WGR	WG	MP	C10935 C10968 C10970		120	5	60
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[308] Schedule 1, Part 1, entries for Montelukast

substitute:

Montelukast	Tablet, chewable, 4 mg (as sodium)	Oral	MONTELAIR 4	RF	MP NP	C6666	P6666	28	5	28
Montelukast	Tablet, chewable, 4 mg (as sodium)	Oral	MONTELAIR 4	RF	MP NP	C15642	P15642	56	5	28

Montelukast	Tablet, chewable, 4 mg (as sodium)	Oral	Montelukast APOTEX	GX	MP NP C6666	P6666	28	5	28
Montelukast	Tablet, chewable, 4 mg (as sodium)	Oral	Montelukast APOTEX	GX	MP NP C15642	P15642	56	5	28
Montelukast	Tablet, chewable, 4 mg (as sodium)	Oral	Montelukast Lupin	HQ	MP NP C6666	P6666	28	5	28
Montelukast	Tablet, chewable, 4 mg (as sodium)	Oral	Montelukast Lupin	HQ	MP NP C15642	P15642	56	5	28
Montelukast	Tablet, chewable, 4 mg (as sodium)	Oral	Montelukast Mylan	AF	MP NP C6666	P6666	28	5	28
Montelukast	Tablet, chewable, 4 mg (as sodium)	Oral	Montelukast Mylan	AF	MP NP C15642	P15642	56	5	28
Montelukast	Tablet, chewable, 4 mg (as sodium)	Oral	Montelukast Sandoz 4	SZ	MP NP C6666	P6666	28	5	28
Montelukast	Tablet, chewable, 4 mg (as sodium)	Oral	Montelukast Sandoz 4	SZ	MP NP C15642	P15642	56	5	28
Montelukast	Tablet, chewable, 4 mg (as sodium)	Oral	Montelukast Viatrix	AL	MP NP C6666	P6666	28	5	28
Montelukast	Tablet, chewable, 4 mg (as sodium)	Oral	Montelukast Viatrix	AL	MP NP C15642	P15642	56	5	28
Montelukast	Tablet, chewable, 5 mg (as sodium)	Oral	MONTELAIR 5	RF	MP NP C6674 C7781	P6674 P7781	28	5	28
Montelukast	Tablet, chewable, 5 mg (as sodium)	Oral	MONTELAIR 5	RF	MP NP C15643 C15644	P15643 P15644	56	5	28
Montelukast	Tablet, chewable, 5 mg (as sodium)	Oral	Montelukast APOTEX	GX	MP NP C6674 C7781	P6674 P7781	28	5	28

Montelukast	Tablet, chewable, 5 mg (as sodium)	Oral	Montelukast APOTEX	GX	MP NP C15643 C15644 P15643 P15644	56	5	28
Montelukast	Tablet, chewable, 5 mg (as sodium)	Oral	Montelukast Lupin	HQ	MP NP C6674 C7781 P6674 P7781	28	5	28
Montelukast	Tablet, chewable, 5 mg (as sodium)	Oral	Montelukast Lupin	HQ	MP NP C15643 C15644 P15643 P15644	56	5	28
Montelukast	Tablet, chewable, 5 mg (as sodium)	Oral	Montelukast Mylan	AF	MP NP C6674 C7781 P6674 P7781	28	5	28
Montelukast	Tablet, chewable, 5 mg (as sodium)	Oral	Montelukast Mylan	AF	MP NP C15643 C15644 P15643 P15644	56	5	28
Montelukast	Tablet, chewable, 5 mg (as sodium)	Oral	Montelukast Sandoz 5	SZ	MP NP C6674 C7781 P6674 P7781	28	5	28
Montelukast	Tablet, chewable, 5 mg (as sodium)	Oral	Montelukast Sandoz 5	SZ	MP NP C15643 C15644 P15643 P15644	56	5	28
Montelukast	Tablet, chewable, 5 mg (as sodium)	Oral	Montelukast Viatris	AL	MP NP C6674 C7781 P6674 P7781	28	5	28
Montelukast	Tablet, chewable, 5 mg (as sodium)	Oral	Montelukast Viatris	AL	MP NP C15643 C15644 P15643 P15644	56	5	28

[309] Schedule 1, Part 1, after entry for Moxonidine in the form Tablet 200 micrograms [Brand: Moxonidine Viatris; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Moxonidine	Tablet 200 micrograms	Oral	MOXONIDINE-WGR	WG	MP NP C4944 P4944	30	5	30
Moxonidine	Tablet 200 micrograms	Oral	MOXONIDINE-WGR	WG	MP NP C14289 P14289	60	5	30

[310] Schedule 1, Part 1, after entry for Moxonidine in the form Tablet 400 micrograms [Brand: Moxonidine Viatris; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Moxonidine	Tablet 400 micrograms	Oral	MOXONIDINE- WGR	WG	MP NP C4944	P4944	30	5	30
Moxonidine	Tablet 400 micrograms	Oral	MOXONIDINE- WGR	WG	MP NP C14289	P14289	60	5	30

[311] Schedule 1, Part 1, entries for Nitrazepam

substitute:

Nitrazepam	Tablet 5 mg	Oral	Alodorm	AF	MP NP PDP		25	0	25
Nitrazepam	Tablet 5 mg	Oral	Alodorm	AF	MP NP	P6175	50	3 CN6175 CN6175	25
Nitrazepam	Tablet 5 mg	Oral	Alodorm	AF	MP NP	P5661 P5771 P5941 P5950	50	5 CN5661 CN5661 CN5771 CN5771 CN5941 CN5941 CN5950 CN5950	25
Nitrazepam	Tablet 5 mg	Oral	Mogadon	IL	MP NP PDP		25	0	25
Nitrazepam	Tablet 5 mg	Oral	Mogadon	IL	MP NP	P6175	50	3 CN6175 CN6175	25
Nitrazepam	Tablet 5 mg	Oral	Mogadon	IL	MP NP	P5661 P5771 P5941 P5950	50	5 CN5661 CN5661 CN5771 CN5771 CN5941 CN5941 CN5950 CN5950	25

[312] Schedule 1, Part 1, entries for Nizatidine

substitute:

Nizatidine	Capsule 150 mg	Oral	Nizac	RF	MP NP		60	5	60
Nizatidine	Capsule 150 mg	Oral	Nizac	RF	MP NP	P14238	120	5	60
Nizatidine	Capsule 150 mg	Oral	Tacidine	AF	MP NP		60	5	60
Nizatidine	Capsule 150 mg	Oral	Tacidine	AF	MP NP	P14238	120	5	60
Nizatidine	Capsule 150 mg	Oral	Tazac	RW	MP NP		60	5	60
Nizatidine	Capsule 150 mg	Oral	Tazac	RW	MP NP	P14238	120	5	60
Nizatidine	Capsule 300 mg	Oral	Nizac	RF	MP NP		30	5	30
Nizatidine	Capsule 300 mg	Oral	Nizac	RF	MP NP	P14238	60	5	30
Nizatidine	Capsule 300 mg	Oral	Tacidine	AF	MP NP		30	5	30
Nizatidine	Capsule 300 mg	Oral	Tacidine	AF	MP NP	P14238	60	5	30
Nizatidine	Capsule 300 mg	Oral	Tazac	RW	MP NP		30	5	30
Nizatidine	Capsule 300 mg	Oral	Tazac	RW	MP NP	P14238	60	5	30

[313] Schedule 1, Part 1, entries for Octreotide in the form Injection 500 micrograms (as acetate) in 1 mL

substitute:

Octreotide	Injection 500 micrograms (as acetate) in 1 mL	Injection	Octreotide Acetate Omega (Canada)	GQ	MP	C6369 C6390 C8165 C9232 C9233 C9289	90	11	5	D(100)
Octreotide	Injection 500 micrograms (as acetate) in 1 mL	Injection	Octreotide GH	HQ	MP	C6369 C6390 C8165 C9232 C9233 C9289	90	11	5	D(100)

Octreotide	Injection 500 micrograms (as acetate) in 1 mL	Injection	Octreotide (SUN)	RA	MP	C6369 C6390 C8165 C9232 C9233 C9289	90	11	5	D(100)
Octreotide	Injection 500 micrograms (as acetate) in 1 mL	Injection	Sandostatin 0.5	NV	MP	C6369 C6390 C8165 C9232 C9233 C9289	90	11	5	D(100)

[314] Schedule 1, Part 1, entry for Olanzapine in the form Tablet 2.5 mg

omit:

Olanzapine	Tablet 2.5 mg	Oral	NOUMED OLANZAPINE	VO	MP NP	C5856 C5869	28	5	28	
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[315] Schedule 1, Part 1, entry for Olanzapine in the form Tablet 5 mg

omit:

Olanzapine	Tablet 5 mg	Oral	NOUMED OLANZAPINE	VO	MP NP	C5856 C5869	28	5	28	
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[316] Schedule 1, Part 1, after entry for Olanzapine in the form Tablet 5 mg (orally disintegrating) [Brand: APO-Olanzapine ODT]

insert:

Olanzapine	Tablet 5 mg (orally disintegrating)	Oral	OLANZAPINE ODT-WGR	WG	MP NP	C5856 C5869	28	5	28	
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[317] Schedule 1, Part 1, entry for Olanzapine in the form Tablet 7.5 mg

omit:

Olanzapine	Tablet 7.5 mg	Oral	NOUMED OLANZAPINE	VO	MP NP	C5856 C5869	28	5	28	
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[318] Schedule 1, Part 1, entry for Olanzapine in the form Tablet 10 mg

omit:

Olanzapine	Tablet 10 mg	Oral	NOUMED OLANZAPINE	VO	MP NP C5856 C5869	28	5	28
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[319] Schedule 1, Part 1, after entry for Olanzapine in the form Tablet 10 mg (orally disintegrating) [Brand: Olanzapine ODT generichealth 10]

insert:

Olanzapine	Tablet 10 mg (orally disintegrating)	Oral	OLANZAPINE ODT-WGR	WG	MP NP C5856 C5869	28	5	28
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[320] Schedule 1, Part 1, after entry for Olanzapine in the form Tablet 15 mg (orally disintegrating) [Brand: APO-Olanzapine ODT]

insert:

Olanzapine	Tablet 15 mg (orally disintegrating)	Oral	OLANZAPINE ODT-WGR	WG	MP NP C5856 C5869	28	5	28
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[321] Schedule 1, Part 1, after entry for Olanzapine in the form Tablet 20 mg (orally disintegrating) [Brand: APO-Olanzapine ODT]

insert:

Olanzapine	Tablet 20 mg (orally disintegrating)	Oral	OLANZAPINE ODT-WGR	WG	MP NP C5856 C5869	28	5	28
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[322] Schedule 1, Part 1, after entry for Olmesartan in the form Tablet containing olmesartan medoxomil 20 mg [Brand: Olmesartan Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Olmesartan	Tablet containing olmesartan medoxomil 20 mg	Oral	OLMESARTAN- WGR	WG	MP NP	30	5	30	
Olmesartan	Tablet containing olmesartan medoxomil 20 mg	Oral	OLMESARTAN- WGR	WG	MP NP	P14238	60	5	30

[323] Schedule 1, Part 1, after entry for Olmesartan in the form Tablet containing olmesartan medoxomil 40 mg [Brand: Olmesartan Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Olmesartan	Tablet containing olmesartan medoxomil 40 mg	Oral	OLMESARTAN-WGR	WG	MP NP			30	5	30
Olmesartan	Tablet containing olmesartan medoxomil 40 mg	Oral	OLMESARTAN-WGR	WG	MP NP	P14238		60	5	30

[324] Schedule 1, Part 1, after entry for Olmesartan in the form Tablet containing olmesartan medoxomil 40 mg [Brand: Pharmacor Olmesartan 40; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Olmesartan with amlodipine	Tablet containing olmesartan medoxomil 20 mg with amlodipine 5 mg (as besilate)	Oral	APO-OLMESARTAN/AMLODIPINE 20/5		TY MP NP	C4373	P4373	30	5	30
Olmesartan with amlodipine	Tablet containing olmesartan medoxomil 20 mg with amlodipine 5 mg (as besilate)	Oral	APO-OLMESARTAN/AMLODIPINE 20/5		TY MP NP	C14257	P14257	60	5	30

[325] Schedule 1, Part 1, after entry for Olmesartan with amlodipine in the form Tablet containing olmesartan medoxomil 20 mg with amlodipine 5 mg (as besilate) [Brand: Olmesartan/Amlodipine Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Olmesartan with amlodipine	Tablet containing olmesartan medoxomil 20 mg with amlodipine 5 mg (as besilate)	Oral	OLMESARTAN-AMLODIPINE-WGR 20/5	WG	MP NP	C4373	P4373	30	5	30
Olmesartan with amlodipine	Tablet containing olmesartan medoxomil 20 mg with amlodipine 5 mg (as besilate)	Oral	OLMESARTAN-AMLODIPINE-WGR 20/5	WG	MP NP	C14257	P14257	60	5	30

[326] Schedule 1, Part 1, after entry for Olmesartan with amlodipine in the form Tablet containing olmesartan medoxomil 40 mg with amlodipine 10 mg (as besilate) [Brand: Olmesartan/Amlodipine Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Olmesartan with amlodipine	Tablet containing olmesartan medoxomil 40 mg with amlodipine 10 mg (as besilate)	Oral	OLMESARTAN AMLODIPINE- WGR 40/10	WG	MP NP	C4373	P4373	30	5	30
Olmesartan with amlodipine	Tablet containing olmesartan medoxomil 40 mg with amlodipine 10 mg (as besilate)	Oral	OLMESARTAN AMLODIPINE- WGR 40/10	WG	MP NP	C14839	P14839	60	5	30

[327] Schedule 1, Part 1, after entry for Olmesartan with amlodipine in the form Tablet containing olmesartan medoxomil 40 mg with amlodipine 5 mg (as besilate) [Brand: Olmesartan/Amlodipine Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Olmesartan with amlodipine	Tablet containing olmesartan medoxomil 40 mg with amlodipine 5 mg (as besilate)	Oral	OLMESARTAN AMLODIPINE- WGR 40/5	WG	MP NP	C4373	P4373	30	5	30
Olmesartan with amlodipine	Tablet containing olmesartan medoxomil 40 mg with amlodipine 5 mg (as besilate)	Oral	OLMESARTAN AMLODIPINE- WGR 40/5	WG	MP NP	C14839	P14839	60	5	30

[328] Schedule 1, Part 1, after entry for Olmesartan with hydrochlorothiazide in the form Tablet containing olmesartan medoxomil 20 mg with hydrochlorothiazide 12.5 mg [Brand: Olmesartan/HCT Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Olmesartan with hydrochlorothiazide	Tablet containing olmesartan medoxomil 20 mg with hydrochlorothiazide 12.5 mg	Oral	OLMESARTAN HCTZ-WGR 20/12.5	WG	MP NP	C4374	P4374	30	5	30
Olmesartan with hydrochlorothiazide	Tablet containing olmesartan medoxomil 20 mg with hydrochlorothiazide 12.5 mg	Oral	OLMESARTAN HCTZ-WGR 20/12.5	WG	MP NP	C14255	P14255	60	5	30

[329] Schedule 1, Part 1, after entry for Olmesartan with hydrochlorothiazide in the form Tablet containing olmesartan medoxomil 40 mg with hydrochlorothiazide 12.5 mg [Brand: Olmesartan/HCT Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Olmesartan with hydrochlorothiazide	Tablet containing olmesartan medoxomil 40 mg with hydrochlorothiazide 12.5 mg	Oral	OLMESARTAN HCTZ-WGR 40/12.5	WG	MP NP	C4374	P4374	30	5	30
Olmesartan with hydrochlorothiazide	Tablet containing olmesartan medoxomil 40 mg with hydrochlorothiazide 12.5 mg	Oral	OLMESARTAN HCTZ-WGR 40/12.5	WG	MP NP	C14255	P14255	60	5	30

[330] Schedule 1, Part 1, after entry for Olmesartan with hydrochlorothiazide in the form Tablet containing olmesartan medoxomil 40 mg with hydrochlorothiazide 25 mg [Brand: Olmesartan/HCT Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Olmesartan with hydrochlorothiazide	Tablet containing olmesartan medoxomil 40 mg with hydrochlorothiazide 25 mg	Oral	OLMESARTAN HCTZ-WGR 40/25	WG	MP NP	C4374	P4374	30	5	30
Olmesartan with hydrochlorothiazide	Tablet containing olmesartan medoxomil 40 mg with hydrochlorothiazide 25 mg	Oral	OLMESARTAN HCTZ-WGR 40/25	WG	MP NP	C14255	P14255	60	5	30

[331] Schedule 1, Part 1, entries for Omeprazole

substitute:

Omeprazole	Capsule 20 mg	Oral	APO-Omeprazole	TX	MP NP	C8774 C8775	P8774 P8775	30	1	30
Omeprazole	Capsule 20 mg	Oral	APO-Omeprazole	TX	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Omeprazole	Capsule 20 mg	Oral	APO-Omeprazole	TX	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Omeprazole	Capsule 20 mg	Oral	APO-Omeprazole	TX	MP	C11310	P11310	60	5	30
Omeprazole	Capsule 20 mg	Oral	APO-Omeprazole	TX	MP	C15531	P15531	120	5	30

Omeprazole	Capsule 20 mg	Oral	Maxor	AF	MP NP	C8774 C8775	P8774 P8775	30	1	30
Omeprazole	Capsule 20 mg	Oral	Maxor	AF	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Omeprazole	Capsule 20 mg	Oral	Maxor	AF	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Omeprazole	Capsule 20 mg	Oral	Maxor	AF	MP	C11310	P11310	60	5	30
Omeprazole	Capsule 20 mg	Oral	Maxor	AF	MP	C15531	P15531	120	5	30
Omeprazole	Capsule 20 mg	Oral	Omeprazole Sandoz	HX	MP NP	C8774 C8775	P8774 P8775	30	1	30
Omeprazole	Capsule 20 mg	Oral	Omeprazole Sandoz	HX	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Omeprazole	Capsule 20 mg	Oral	Omeprazole Sandoz	HX	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Omeprazole	Capsule 20 mg	Oral	Omeprazole Sandoz	HX	MP	C11310	P11310	60	5	30
Omeprazole	Capsule 20 mg	Oral	Omeprazole Sandoz	HX	MP	C15531	P15531	120	5	30
Omeprazole	Capsule 20 mg	Oral	Pemzo	RW	MP NP	C8774 C8775	P8774 P8775	30	1	30
Omeprazole	Capsule 20 mg	Oral	Pemzo	RW	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Omeprazole	Capsule 20 mg	Oral	Pemzo	RW	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Omeprazole	Capsule 20 mg	Oral	Pemzo	RW	MP	C11310	P11310	60	5	30
Omeprazole	Capsule 20 mg	Oral	Pemzo	RW	MP	C15531	P15531	120	5	30

Omeprazole	Capsule 20 mg	Oral	Pharmacor Omeprazole 20	CR	MP NP	C8774 C8775	P8774 P8775	30	1	30
Omeprazole	Capsule 20 mg	Oral	Pharmacor Omeprazole 20	CR	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Omeprazole	Capsule 20 mg	Oral	Pharmacor Omeprazole 20	CR	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Omeprazole	Capsule 20 mg	Oral	Pharmacor Omeprazole 20	CR	MP	C11310	P11310	60	5	30
Omeprazole	Capsule 20 mg	Oral	Pharmacor Omeprazole 20	CR	MP	C15531	P15531	120	5	30
Omeprazole	Capsule 20 mg	Oral	Probitor	SZ	MP NP	C8774 C8775	P8774 P8775	30	1	30
Omeprazole	Capsule 20 mg	Oral	Probitor	SZ	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Omeprazole	Capsule 20 mg	Oral	Probitor	SZ	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Omeprazole	Capsule 20 mg	Oral	Probitor	SZ	MP	C11310	P11310	60	5	30
Omeprazole	Capsule 20 mg	Oral	Probitor	SZ	MP	C15531	P15531	120	5	30
Omeprazole	Tablet 10 mg (as magnesium)	Oral	Losec Tablets	PB	MP NP	C5444 C5512 C5529	P5444 P5512 P5529	30	5	30
Omeprazole	Tablet 10 mg (as magnesium)	Oral	Losec Tablets	PB	MP NP	C15574 C15575 C15633	P15574 P15575 P15633	60	5	30
Omeprazole	Tablet 20 mg	Oral	APO-Omeprazole	TX	MP NP	C8774 C8775	P8774 P8775	30	1	30
Omeprazole	Tablet 20 mg	Oral	APO-Omeprazole	TX	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30

Omeprazole	Tablet 20 mg	Oral	APO-Omeprazole	TX	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Omeprazole	Tablet 20 mg	Oral	APO-Omeprazole	TX	MP	C11310	P11310	60	5	30
Omeprazole	Tablet 20 mg	Oral	APO-Omeprazole	TX	MP	C15531	P15531	120	5	30
Omeprazole	Tablet 20 mg	Oral	Maxor EC Tabs	AF	MP NP	C8774 C8775	P8774 P8775	30	1	30
Omeprazole	Tablet 20 mg	Oral	Maxor EC Tabs	AF	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Omeprazole	Tablet 20 mg	Oral	Maxor EC Tabs	AF	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Omeprazole	Tablet 20 mg	Oral	Maxor EC Tabs	AF	MP	C11310	P11310	60	5	30
Omeprazole	Tablet 20 mg	Oral	Maxor EC Tabs	AF	MP	C15531	P15531	120	5	30
Omeprazole	Tablet 20 mg	Oral	Ozmep	RW	MP NP	C8774 C8775	P8774 P8775	30	1	30
Omeprazole	Tablet 20 mg	Oral	Ozmep	RW	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Omeprazole	Tablet 20 mg	Oral	Ozmep	RW	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Omeprazole	Tablet 20 mg	Oral	Ozmep	RW	MP	C11310	P11310	60	5	30
Omeprazole	Tablet 20 mg	Oral	Ozmep	RW	MP	C15531	P15531	120	5	30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Acimax Tablets	FJ	MP NP	C8774 C8775	P8774 P8775	30	1	30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Acimax Tablets	FJ	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Acimax Tablets	FJ	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30

Omeprazole	Tablet 20 mg (as magnesium)	Oral	Acimax Tablets	FJ	MP	C11310	P11310	60	5	30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Acimax Tablets	FJ	MP	C15531	P15531	120	5	30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Losec Tablets	PB	MP NP	C8774 C8775	P8774 P8775	30	1	30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Losec Tablets	PB	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Losec Tablets	PB	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Losec Tablets	PB	MP	C11310	P11310	60	5	30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Losec Tablets	PB	MP	C15531	P15531	120	5	30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Omepral	FQ	MP NP	C8774 C8775	P8774 P8775	30	1	30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Omepral	FQ	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Omepral	FQ	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Omepral	FQ	MP	C11310	P11310	60	5	30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Omepral	FQ	MP	C15531	P15531	120	5	30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Omeprazole Sandoz	SZ	MP NP	C8774 C8775	P8774 P8775	30	1	30

Omeprazole	Tablet 20 mg (as magnesium)	Oral	Omeprazole Sandoz	SZ	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5		30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Omeprazole Sandoz	SZ	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5		30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Omeprazole Sandoz	SZ	MP	C11310	P11310	60	5		30
Omeprazole	Tablet 20 mg (as magnesium)	Oral	Omeprazole Sandoz	SZ	MP	C15531	P15531	120	5		30

[332] Schedule 1, Part 1, after entry for Ondansetron in the form Tablet 4 mg (as hydrochloride dihydrate) [Brand: Ondansetron-DRLA; Maximum Quantity: 10; Number of Repeats: 1]

insert:

Ondansetron	Tablet 4 mg (as hydrochloride dihydrate)	Oral	ONDANSETRON-WGR	WG	MP NP	C4118	P4118	4	0	V4118	4	
Ondansetron	Tablet 4 mg (as hydrochloride dihydrate)	Oral	ONDANSETRON-WGR	WG	MP	C5778	P5778	4	0	V5778	4	C(100)
Ondansetron	Tablet 4 mg (as hydrochloride dihydrate)	Oral	ONDANSETRON-WGR	WG	MP NP	C15193	P15193	10	1		10	

[333] Schedule 1, Part 1, after entry for Ondansetron in the form Tablet (orally disintegrating) 4 mg [Brand: Ondansetron ODT-DRLA; Maximum Quantity: 10; Number of Repeats: 1]

insert:

Ondansetron	Tablet (orally disintegrating) 4 mg	Oral	ONDANSETRON ODT-WGR	WG	MP NP	C5618	P5618	4	0	V5618	4	
Ondansetron	Tablet (orally disintegrating) 4 mg	Oral	ONDANSETRON ODT-WGR	WG	MP	C5743	P5743	4	0	V5743	4	C(100)
Ondansetron	Tablet (orally disintegrating) 4 mg	Oral	ONDANSETRON ODT-WGR	WG	MP NP	C15193	P15193	10	1		10	

[334] Schedule 1, Part 1, after entry for Ondansetron in the form Tablet 8 mg (as hydrochloride dihydrate) [Brand: Ondansetron-DRLA; Maximum Quantity: 10; Number of Repeats: 1]

insert:

Ondansetron	Tablet 8 mg (as hydrochloride dihydrate)	Oral	ONDANSETRON- WGR	WG	MP NP	C4118	P4118	4	0	V4118	4	
Ondansetron	Tablet 8 mg (as hydrochloride dihydrate)	Oral	ONDANSETRON- WGR	WG	MP	C5778	P5778	4	0	V5778	4	C(100)
Ondansetron	Tablet 8 mg (as hydrochloride dihydrate)	Oral	ONDANSETRON- WGR	WG	MP NP	C15193	P15193	10	1		10	

[335] Schedule 1, Part 1, after entry for Ondansetron in the form Tablet (orally disintegrating) 8 mg [Brand: Ondansetron ODT-DRLA; Maximum Quantity: 10; Number of Repeats: 1]

insert:

Ondansetron	Tablet (orally disintegrating) 8 mg	Oral	ONDANSETRON ODT-WGR	WG	MP NP	C5618	P5618	4	0	V5618	4	
Ondansetron	Tablet (orally disintegrating) 8 mg	Oral	ONDANSETRON ODT-WGR	WG	MP	C5778	P5778	4	0	V5778	4	C(100)
Ondansetron	Tablet (orally disintegrating) 8 mg	Oral	ONDANSETRON ODT-WGR	WG	MP NP	C15193	P15193	10	1		10	

[336] Schedule 1, Part 1, after entry for Oxazepam in the form Tablet 30 mg [Brand: Murelax; Maximum Quantity: 50; Number of Repeats: 5]

insert:

Oxazepam	Tablet 30 mg	Oral	OXAZEPAM-WGR	WG	MP NP			25	0		25	
Oxazepam	Tablet 30 mg	Oral	OXAZEPAM-WGR	WG	MP NP		P6176	50	3	CN6176	CN6176	25

Oxazepam	Tablet 30 mg	Oral	OXAZEPAM-WGR	WG	MP NP	P6217 P6230 P6262	50 CN6217 CN6230 CN6262	5 CN6217 CN6230 CN6262	25
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[337] Schedule 1, Part 1, entry for Oxcarbazepine in the form Tablet 150 mg

substitute:

Oxcarbazepine	Tablet 150 mg	Oral	Trileptal	NV	MP NP C5183	P5183	100	5	100
Oxcarbazepine	Tablet 150 mg	Oral	Trileptal	NV	MP NP C14932	P14932	200	5	100

[338] Schedule 1, Part 1, entries for Oxycodone in the form Tablet containing oxycodone hydrochloride 5 mg [Brand: Mayne Pharma Oxycodone IR]

omit from the column headed "Responsible Person" (all instances): **YN** *substitute (all instances):* **SZ**

[339] Schedule 1, Part 1, entries for Pantoprazole

substitute:

Pantoprazole	Sachet containing granules 40 mg (as sodium sesquihydrate)	Oral	Somac	NQ	MP NP C8774 C8775	P8774 P8775	30	1	30
Pantoprazole	Sachet containing granules 40 mg (as sodium sesquihydrate)	Oral	Somac	NQ	MP NP C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Pantoprazole	Sachet containing granules 40 mg (as sodium sesquihydrate)	Oral	Somac	NQ	MP C11310	P11310	60	5	30
Pantoprazole	Sachet containing granules 40 mg (as sodium sesquihydrate)	Oral	Somac	NQ	MP NP C15530 C15658 C15678	P15530 P15658 P15678	60	5	30

Pantoprazole	Sachet containing granules 40 mg (as sodium sesquihydrate)	Oral	Somac	NQ	MP	C15531	P15531	120	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	APO-Pantoprazole	TX	MP NP	C5444 C5512 C5529	P5444 P5512 P5529	30	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	APO-Pantoprazole	TX	MP NP	C15574 C15575 C15633	P15574 P15575 P15633	60	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	BTC Pantoprazole	BG	MP NP	C5444 C5512 C5529	P5444 P5512 P5529	30	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	BTC Pantoprazole	BG	MP NP	C15574 C15575 C15633	P15574 P15575 P15633	60	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	NOUMED PANTOPRAZOLE	VO	MP NP	C5444 C5512 C5529	P5444 P5512 P5529	30	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	NOUMED PANTOPRAZOLE	VO	MP NP	C15574 C15575 C15633	P15574 P15575 P15633	60	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Ozpan	RA	MP NP	C5444 C5512 C5529	P5444 P5512 P5529	30	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Ozpan	RA	MP NP	C15574 C15575 C15633	P15574 P15575 P15633	60	5	30

Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Panthron	ZS	MP NP	C5444 C5512 C5529	P5444 P5512 P5529	30	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Panthron	ZS	MP NP	C15574 C15575 C15633	P15574 P15575 P15633	60	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Pantoprazole APOTEX	TY	MP NP	C5444 C5512 C5529	P5444 P5512 P5529	30	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Pantoprazole APOTEX	TY	MP NP	C15574 C15575 C15633	P15574 P15575 P15633	60	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Pantoprazole generichealth	HQ	MP NP	C5444 C5512 C5529	P5444 P5512 P5529	30	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Pantoprazole generichealth	HQ	MP NP	C15574 C15575 C15633	P15574 P15575 P15633	60	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Pantoprazole Sandoz	SZ	MP NP	C5444 C5512 C5529	P5444 P5512 P5529	30	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Pantoprazole Sandoz	SZ	MP NP	C15574 C15575 C15633	P15574 P15575 P15633	60	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	PANTOPRAZOLE- WGR	WG	MP NP	C5444 C5512 C5529	P5444 P5512 P5529	30	5	30

Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	PANTOPRAZOLE- WGR	WG	MP NP	C15574 C15575 C15633	P15574 P15575 P15633	60	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Salpraz	AF	MP NP	C5444 C5512 C5529	P5444 P5512 P5529	30	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Salpraz	AF	MP NP	C15574 C15575 C15633	P15574 P15575 P15633	60	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Somac	NQ	MP NP	C5444 C5512 C5529	P5444 P5512 P5529	30	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Somac	NQ	MP NP	C15574 C15575 C15633	P15574 P15575 P15633	60	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Sozol	RW	MP NP	C5444 C5512 C5529	P5444 P5512 P5529	30	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	Sozol	RW	MP NP	C15574 C15575 C15633	P15574 P15575 P15633	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	APO-Pantoprazole	TX	MP NP	C8774 C8775	P8774 P8775	30	1	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	APO-Pantoprazole	TX	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30

Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	APO-Pantoprazole	TX	MP	C11310	P11310	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	APO-Pantoprazole	TX	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	APO-Pantoprazole	TX	MP	C15531	P15531	120	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	BTC Pantoprazole	BG	MP NP	C8774 C8775	P8774 P8775	30	1	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	BTC Pantoprazole	BG	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	BTC Pantoprazole	BG	MP	C11310	P11310	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	BTC Pantoprazole	BG	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	BTC Pantoprazole	BG	MP	C15531	P15531	120	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	I-Pantoprazole	CR	MP NP	C8774 C8775	P8774 P8775	30	1	30

Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	I-Pantoprazole	CR	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	I-Pantoprazole	CR	MP	C11310	P11310	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	I-Pantoprazole	CR	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	I-Pantoprazole	CR	MP	C15531	P15531	120	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	NOUMED PANTOPRAZOLE	VO	MP NP	C8774 C8775	P8774 P8775	30	1	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	NOUMED PANTOPRAZOLE	VO	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	NOUMED PANTOPRAZOLE	VO	MP	C11310	P11310	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	NOUMED PANTOPRAZOLE	VO	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	NOUMED PANTOPRAZOLE	VO	MP	C15531	P15531	120	5	30

Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Ozpan	RA	MP NP	C8774 C8775	P8774 P8775	30	1	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Ozpan	RA	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Ozpan	RA	MP	C11310	P11310	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Ozpan	RA	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Ozpan	RA	MP	C15531	P15531	120	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Panthron	ZS	MP NP	C8774 C8775	P8774 P8775	30	1	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Panthron	ZS	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Panthron	ZS	MP	C11310	P11310	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Panthron	ZS	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30

Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Panthron	ZS	MP	C15531	P15531	120	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Pantoprazole APOTEX	TY	MP NP	C8774 C8775	P8774 P8775	30	1	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Pantoprazole APOTEX	TY	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Pantoprazole APOTEX	TY	MP	C11310	P11310	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Pantoprazole APOTEX	TY	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Pantoprazole APOTEX	TY	MP	C15531	P15531	120	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Pantoprazole generichealth	HQ	MP NP	C8774 C8775	P8774 P8775	30	1	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Pantoprazole generichealth	HQ	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Pantoprazole generichealth	HQ	MP	C11310	P11310	60	5	30

Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Pantoprazole generichealth	HQ	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Pantoprazole generichealth	HQ	MP	C15531	P15531	120	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Pantoprazole Sandoz	SZ	MP NP	C8774 C8775	P8774 P8775	30	1	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Pantoprazole Sandoz	SZ	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Pantoprazole Sandoz	SZ	MP	C11310	P11310	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Pantoprazole Sandoz	SZ	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Pantoprazole Sandoz	SZ	MP	C15531	P15531	120	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	PANTOPRAZOLE- WGR	WG	MP NP	C8774 C8775	P8774 P8775	30	1	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	PANTOPRAZOLE- WGR	WG	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30

Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	PANTOPRAZOLE- WGR	WG	MP	C11310	P11310	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	PANTOPRAZOLE- WGR	WG	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	PANTOPRAZOLE- WGR	WG	MP	C15531	P15531	120	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Salpraz	AF	MP NP	C8774 C8775	P8774 P8775	30	1	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Salpraz	AF	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Salpraz	AF	MP	C11310	P11310	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Salpraz	AF	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Salpraz	AF	MP	C15531	P15531	120	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Somac	NQ	MP NP	C8774 C8775	P8774 P8775	30	1	30

Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Somac	NQ	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Somac	NQ	MP	C11310	P11310	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Somac	NQ	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Somac	NQ	MP	C15531	P15531	120	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Sozol	RW	MP NP	C8774 C8775	P8774 P8775	30	1	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Sozol	RW	MP NP	C8776 C8780 C8866	P8776 P8780 P8866	30	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Sozol	RW	MP	C11310	P11310	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Sozol	RW	MP NP	C15530 C15658 C15678	P15530 P15658 P15678	60	5	30
Pantoprazole	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	Sozol	RW	MP	C15531	P15531	120	5	30

[340] Schedule 1, Part 1, entries for Paraffin

substitute:

Paraffin	Eye drops containing liquid paraffin, glycerol, tyloxapol, poloxamer-188, trometamol hydrochloride, trometamol, cetalkonium chloride, 10 mL (preservative free)	Application to the eye	Cationorm	CS	MP NP AO	C6172	P6172	1	5	1
Paraffin	Eye drops containing liquid paraffin, glycerol, tyloxapol, poloxamer-188, trometamol hydrochloride, trometamol, cetalkonium chloride, 10 mL (preservative free)	Application to the eye	Cationorm	CS	MP NP AO	C15559	P15559	2	5	1
Paraffin	Eye ointment, compound, containing white soft paraffin with liquid paraffin, 3.5 g	Application to the eye	Poly Visc	IQ	MP NP AO			2	5	1
Paraffin	Eye ointment, compound, containing white soft paraffin with liquid paraffin, 3.5 g	Application to the eye	Poly Visc	IQ	MP NP AO		P14238	4	5	1
Paraffin	Pack containing 2 tubes eye ointment, compound, containing white soft paraffin with liquid paraffin, 3.5 g	Application to the eye	Poly Visc	IQ	MP NP AO			1	5	1
Paraffin	Pack containing 2 tubes eye ointment, compound, containing white soft paraffin with liquid paraffin, 3.5 g	Application to the eye	Poly Visc	IQ	MP NP AO		P14238	2	5	1

Paraffin	Pack containing 2 tubes eye ointment, compound, containing white soft paraffin with liquid paraffin, 3.5 g	Application to the eye	Refresh Night Time	VE	MP NP AO			1	5	1
Paraffin	Pack containing 2 tubes eye ointment, compound, containing white soft paraffin with liquid paraffin, 3.5 g	Application to the eye	Refresh Night Time	VE	MP NP AO	P14238		2	5	1

[341] Schedule 1, Part 1, entries for Paroxetine

substitute:

Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	APO-Paroxetine	TX	MP NP	C4755 C6277 C6636	P4755 P6277 P6636	30	5	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	APO-Paroxetine	TX	MP NP	C15582 C15666 C15722	P15582 P15666 P15722	60	2	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	APX-Paroxetine	TY	MP NP	C4755 C6277 C6636	P4755 P6277 P6636	30	5	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	APX-Paroxetine	TY	MP NP	C15582 C15666 C15722	P15582 P15666 P15722	60	2	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	Aropax	AS	MP NP	C4755 C6277 C6636	P4755 P6277 P6636	30	5	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	Aropax	AS	MP NP	C15582 C15666 C15722	P15582 P15666 P15722	60	2	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	Blooms The Chemist Paroxetine	BG	MP NP	C4755 C6277 C6636	P4755 P6277 P6636	30	5	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	Blooms The Chemist Paroxetine	BG	MP NP	C15582 C15666 C15722	P15582 P15666 P15722	60	2	30

Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	Extine 20	RW	MP NP	C4755 C6277 C6636	P4755 P6277 P6636	30	5	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	Extine 20	RW	MP NP	C15582 C15666 C15722	P15582 P15666 P15722	60	2	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	Noumed Paroxetine	VO	MP NP	C4755 C6277 C6636	P4755 P6277 P6636	30	5	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	Noumed Paroxetine	VO	MP NP	C15582 C15666 C15722	P15582 P15666 P15722	60	2	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	Paroxetine GH	GQ	MP NP	C4755 C6277 C6636	P4755 P6277 P6636	30	5	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	Paroxetine GH	GQ	MP NP	C15582 C15666 C15722	P15582 P15666 P15722	60	2	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	Paroxetine Sandoz	SZ	MP NP	C4755 C6277 C6636	P4755 P6277 P6636	30	5	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	Paroxetine Sandoz	SZ	MP NP	C15582 C15666 C15722	P15582 P15666 P15722	60	2	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	PAROXETINE-WGR	WG	MP NP	C4755 C6277 C6636	P4755 P6277 P6636	30	5	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	PAROXETINE-WGR	WG	MP NP	C15582 C15666 C15722	P15582 P15666 P15722	60	2	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	Paxtine	AF	MP NP	C4755 C6277 C6636	P4755 P6277 P6636	30	5	30
Paroxetine	Tablet 20 mg (as hydrochloride)	Oral	Paxtine	AF	MP NP	C15582 C15666 C15722	P15582 P15666 P15722	60	2	30

[342] Schedule 1, Part 1, entries for Perfluorohexyloctane

substitute:

Perfluorohexyloctane Eye drops, 3 mL	Application Novatears to the eye	AE	MP NP AO	C6172	P6172	1	5	1
Perfluorohexyloctane Eye drops, 3 mL	Application Novatears to the eye	AE	MP NP AO	C15559	P15559	2	5	1

[343] Schedule 1, Part 1, after entry for Perindopril in the form Tablet containing perindopril arginine 2.5 mg [Brand: Perindopril Arginine Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Perindopril	Tablet containing perindopril arginine 2.5 mg	Oral	Perindopril Arginine-WGR	WG	MP NP		30	5	30
Perindopril	Tablet containing perindopril arginine 2.5 mg	Oral	Perindopril Arginine-WGR	WG	MP NP	P14238	60	5	30

[344] Schedule 1, Part 1, after entry for Perindopril in the form Tablet containing perindopril arginine 5 mg [Brand: Perindopril Arginine Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Perindopril	Tablet containing perindopril arginine 5 mg	Oral	Perindopril Arginine-WGR	WG	MP NP		30	5	30
Perindopril	Tablet containing perindopril arginine 5 mg	Oral	Perindopril Arginine-WGR	WG	MP NP	P14238	60	5	30

[345] Schedule 1, Part 1, after entry for Perindopril in the form Tablet containing perindopril arginine 10 mg [Brand: Perindopril Arginine Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Perindopril	Tablet containing perindopril arginine 10 mg	Oral	Perindopril Arginine-WGR	WG	MP NP		30	5	30
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Perindopril	Tablet containing perindopril arginine 10 mg	Oral	Perindopril Arginine-WGR	WG	MP NP	P14238	60	5	30
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[346] Schedule 1, Part 1, entry for Perindopril in the form Tablet containing perindopril erbumine 2 mg

omit:

Perindopril	Tablet containing perindopril erbumine 2 mg	Oral	BTC Perindopril	JB	MP NP		30	5	30
Perindopril	Tablet containing perindopril erbumine 2 mg	Oral	BTC Perindopril	JB	MP NP	P14238	60	5	30

[347] Schedule 1, Part 1, after entry for Perindopril in the form Tablet containing perindopril erbumine 2 mg [Brand: Perindo; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Perindopril	Tablet containing perindopril erbumine 2 mg	Oral	PERINDOPRIL-WGR	WG	MP NP		30	5	30
Perindopril	Tablet containing perindopril erbumine 2 mg	Oral	PERINDOPRIL-WGR	WG	MP NP	P14238	60	5	30

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

omit:

Perindopril	Tablet containing perindopril erbumine 4 mg	Oral	BTC Perindopril	JB	MP NP		30	5	30
Perindopril	Tablet containing perindopril erbumine 4 mg	Oral	BTC Perindopril	JB	MP NP	P14238	60	5	30

[349] Schedule 1, Part 1, after entry for Perindopril in the form Tablet containing perindopril erbumine 4 mg [Brand: Perindo; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Perindopril	Tablet containing perindopril erbumine 4 mg	Oral	PERINDOPRIL-WGR	WG	MP NP		30	5	30
Perindopril	Tablet containing perindopril erbumine 4 mg	Oral	PERINDOPRIL-WGR	WG	MP NP	P14238	60	5	30

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

omit:

Perindopril	Tablet containing perindopril erbumine 8 mg	Oral	BTC Perindopril	JB	MP NP		30	5	30
Perindopril	Tablet containing perindopril erbumine 8 mg	Oral	BTC Perindopril	JB	MP NP	P14238	60	5	30

[351] Schedule 1, Part 1, after entry for Perindopril in the form Tablet containing perindopril erbumine 8 mg [Brand: Perindo; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Perindopril	Tablet containing perindopril erbumine 8 mg	Oral	PERINDOPRIL-WGR	WG	MP NP		30	5	30
Perindopril	Tablet containing perindopril erbumine 8 mg	Oral	PERINDOPRIL-WGR	WG	MP NP	P14238	60	5	30

[352] Schedule 1, Part 1, after entry for Perindopril with indapamide in the form Tablet containing perindopril erbumine 4 mg with indapamide hemihydrate 1.25 mg [Brand: Perindo Combi 4/1.25; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Perindopril with indapamide	Tablet containing perindopril erbumine 4 mg with indapamide hemihydrate 1.25 mg	Oral	PERINDOPRIL/INDAPAMIDE-WGR 4/1.25	WG	MP NP	C4375	P4375	30	5	30
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Perindopril with indapamide	Tablet containing perindopril erbumine 4 mg with indapamide hemihydrate 1.25 mg	Oral	PERINDOPRIL/INDAPAMIDE- WGR 4/1.25	MP NP	C14267	P14267	60	5	30
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[353] Schedule 1, Part 1, entries for Pilocarpine

substitute:

Pilocarpine	Eye drops containing pilocarpine hydrochloride 10 mg per mL, 15 mL	Application to the eye	Isopto Carpine	NV	MP AO		1	5	1
Pilocarpine	Eye drops containing pilocarpine hydrochloride 10 mg per mL, 15 mL	Application to the eye	Isopto Carpine	NV	MP AO	P14238	2	5	1
Pilocarpine	Eye drops containing pilocarpine hydrochloride 20 mg per mL, 15 mL	Application to the eye	Isopto Carpine	NV	MP AO		1	5	1
Pilocarpine	Eye drops containing pilocarpine hydrochloride 20 mg per mL, 15 mL	Application to the eye	Isopto Carpine	NV	MP AO	P14238	2	5	1
Pilocarpine	Eye drops containing pilocarpine hydrochloride 40 mg per mL, 15 mL	Application to the eye	Isopto Carpine	NV	MP AO		1	5	1
Pilocarpine	Eye drops containing pilocarpine hydrochloride 40 mg per mL, 15 mL	Application to the eye	Isopto Carpine	NV	MP AO	P14238	2	5	1

[354] Schedule 1, Part 1, after entry for Pioglitazone in the form Tablet 15 mg (as hydrochloride) [Brand: APOTEX-Pioglitazone; Maximum Quantity: 56; Number of Repeats: 5]

insert:

Pioglitazone	Tablet 15 mg (as hydrochloride)	Oral	ARX- PIOGLITAZONE	XT	MP NP C15321	P15321	28	5	28
Pioglitazone	Tablet 15 mg (as hydrochloride)	Oral	ARX- PIOGLITAZONE	XT	MP NP C15290	P15290	56	5	28

[355] Schedule 1, Part 1, entries for Polyethylene glycol 400 with propylene glycol

substitute:

Polyethylene glycol 400 with propylene glycol	Eye drops 4 mg-3 mg per mL, 15 mL	Application to the eye	Optix	PP	MP NP C15560 AO	P15560	1	5	1
Polyethylene glycol 400 with propylene glycol	Eye drops 4 mg-3 mg per mL, 15 mL	Application to the eye	Optix	PP	MP NP C15556 AO	P15556	2	5	1
Polyethylene glycol 400 with propylene glycol	Eye drops 4 mg-3 mg per mL, 15 mL	Application to the eye	Systane	AQ	MP NP C15560 AO	P15560	1	5	1
Polyethylene glycol 400 with propylene glycol	Eye drops 4 mg-3 mg per mL, 15 mL	Application to the eye	Systane	AQ	MP NP C15556 AO	P15556	2	5	1
Polyethylene glycol 400 with propylene glycol	Eye drops 4 mg-3 mg per mL, single dose units 0.8 mL, 30	Application to the eye	Systane	AQ	MP NP C6172 AO	P6172	2	5	1
Polyethylene glycol 400 with propylene glycol	Eye drops 4 mg-3 mg per mL, single dose units 0.8 mL, 30	Application to the eye	Systane	AQ	MP NP C15559 AO	P15559	4	5	1

[356] Schedule 1, Part 1, after entry for Posaconazole in the form Tablet (modified release) 100 mg [Brand: Posaconazole Sandoz]

insert:

Posaconazole	Tablet (modified release) 100 mg	Oral	POSACONAZOLE- WGR	MP NP C5169 C5395 C5396		24	0	24
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[357] Schedule 1, Part 1, entries for Pramipexole

substitute:

Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 375 micrograms	Oral	APO-Pramipexole ER	TX	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 375 micrograms	Oral	APO-Pramipexole ER	TX	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 375 micrograms	Oral	Sifrol ER	BY	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 375 micrograms	Oral	Sifrol ER	BY	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 375 micrograms	Oral	SIMIPEX XR	RW	MP NP C5131	P5131	30	5	30

Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 375 micrograms	Oral	SIMIPEX XR	RW	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 750 micrograms	Oral	APO-Pramipexole ER	TX	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 750 micrograms	Oral	APO-Pramipexole ER	TX	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 750 micrograms	Oral	Sifrol ER	BY	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 750 micrograms	Oral	Sifrol ER	BY	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 750 micrograms	Oral	SIMIPEX XR	RW	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 750 micrograms	Oral	SIMIPEX XR	RW	MP NP C15568	P15568	60	5	30

Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 1.5 mg	Oral	APO-Pramipexole ER	TX	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 1.5 mg	Oral	APO-Pramipexole ER	TX	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 1.5 mg	Oral	Sifrol ER	BY	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 1.5 mg	Oral	Sifrol ER	BY	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 1.5 mg	Oral	SIMIPEX XR	RW	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 1.5 mg	Oral	SIMIPEX XR	RW	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 2.25 mg	Oral	APO-Pramipexole ER	TX	MP NP C5131	P5131	30	5	30

Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 2.25 mg	Oral	APO-Pramipexole ER	TX	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 2.25 mg	Oral	Sifrol ER	BY	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 2.25 mg	Oral	Sifrol ER	BY	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 2.25 mg	Oral	SIMIPLEX XR	RW	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 2.25 mg	Oral	SIMIPLEX XR	RW	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3 mg	Oral	APO-Pramipexole ER	TX	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3 mg	Oral	APO-Pramipexole ER	TX	MP NP C15568	P15568	60	5	30

Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3 mg	Oral	Sifrol ER	BY	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3 mg	Oral	Sifrol ER	BY	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3 mg	Oral	SIMIPEX XR	RW	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3 mg	Oral	SIMIPEX XR	RW	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3.75 mg	Oral	APO-Pramipexole ER	TX	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3.75 mg	Oral	APO-Pramipexole ER	TX	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3.75 mg	Oral	Sifrol ER	BY	MP NP C5131	P5131	30	5	30

Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3.75 mg	Oral	Sifrol ER	BY	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3.75 mg	Oral	SIMIPEX XR	RW	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3.75 mg	Oral	SIMIPEX XR	RW	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 4.5 mg	Oral	APO-Pramipexole ER	TX	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 4.5 mg	Oral	APO-Pramipexole ER	TX	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 4.5 mg	Oral	Sifrol ER	BY	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 4.5 mg	Oral	Sifrol ER	BY	MP NP C15568	P15568	60	5	30

Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 4.5 mg	Oral	SIMIPEX XR	RW	MP NP C5131	P5131	30	5	30
Pramipexole	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 4.5 mg	Oral	SIMIPEX XR	RW	MP NP C15568	P15568	60	5	30
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 125 micrograms	Oral	APO-Pramipexole	TX	MP NP C5363	P5363	30	0	30
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 125 micrograms	Oral	APO-Pramipexole	TX	MP NP C5411	P5411	30	2	30
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 125 micrograms	Oral	Sifrol	BY	MP NP C5363	P5363	30	0	30
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 125 micrograms	Oral	Sifrol	BY	MP NP C5411	P5411	30	2	30
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 125 micrograms	Oral	Simipex 0.125	RW	MP NP C5363	P5363	30	0	30

Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 125 micrograms	Oral	Simipex 0.125	RW	MP NP C5411	P5411	30	2	30
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 125 micrograms	Oral	Simpral	AF	MP NP C5363	P5363	30	0	30
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 125 micrograms	Oral	Simpral	AF	MP NP C5411	P5411	30	2	30
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 250 micrograms	Oral	APO-Pramipexole	TX	MP NP C5411	P5411	100	2	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 250 micrograms	Oral	APO-Pramipexole	TX	MP NP C5363	P5363	100	5	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 250 micrograms	Oral	APO-Pramipexole	TX	MP NP C15570	P15570	200	5	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 250 micrograms	Oral	Sifrol	BY	MP NP C5411	P5411	100	2	100

Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 250 micrograms	Oral	Sifrol	BY	MP NP C5363	P5363	100	5	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 250 micrograms	Oral	Sifrol	BY	MP NP C15570	P15570	200	5	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 250 micrograms	Oral	Simipex 0.25	RW	MP NP C5411	P5411	100	2	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 250 micrograms	Oral	Simipex 0.25	RW	MP NP C5363	P5363	100	5	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 250 micrograms	Oral	Simipex 0.25	RW	MP NP C15570	P15570	200	5	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 250 micrograms	Oral	Simpral	AF	MP NP C5411	P5411	100	2	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 250 micrograms	Oral	Simpral	AF	MP NP C5363	P5363	100	5	100

Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 250 micrograms	Oral	Simpral	AF	MP NP C15570	P15570	200	5	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 1 mg	Oral	APO-Pramipexole	TX	MP NP C5363	P5363	100	5	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 1 mg	Oral	APO-Pramipexole	TX	MP NP C15570	P15570	200	5	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 1 mg	Oral	Sifrol	BY	MP NP C5363	P5363	100	5	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 1 mg	Oral	Sifrol	BY	MP NP C15570	P15570	200	5	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 1 mg	Oral	Simipex 1	RW	MP NP C5363	P5363	100	5	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 1 mg	Oral	Simipex 1	RW	MP NP C15570	P15570	200	5	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 1 mg	Oral	Simpral	AF	MP NP C5363	P5363	100	5	100
Pramipexole	Tablet containing pramipexole dihydrochloride monohydrate 1 mg	Oral	Simpral	AF	MP NP C15570	P15570	200	5	100

[358] Schedule 1, Part 1, after entry for Pravastatin in the form Tablet containing pravastatin sodium 10 mg [Brand: Pravastatin Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Pravastatin	Tablet containing pravastatin sodium 10 mg	Oral	PRAVASTATIN-WGR	WG	MP NP		30	5	30
Pravastatin	Tablet containing pravastatin sodium 10 mg	Oral	PRAVASTATIN-WGR	WG	MP NP	P14238	60	5	30

[359] Schedule 1, Part 1, after entry for Pravastatin in the form Tablet containing pravastatin sodium 20 mg [Brand: Pravastatin Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Pravastatin	Tablet containing pravastatin sodium 20 mg	Oral	PRAVASTATIN-WGR	WG	MP NP		30	5	30
Pravastatin	Tablet containing pravastatin sodium 20 mg	Oral	PRAVASTATIN-WGR	WG	MP NP	P14238	60	5	30

[360] Schedule 1, Part 1, after entry for Pravastatin in the form Tablet containing pravastatin sodium 40 mg [Brand: Pravastatin Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Pravastatin	Tablet containing pravastatin sodium 40 mg	Oral	PRAVASTATIN-WGR	WG	MP NP		30	5	30
Pravastatin	Tablet containing pravastatin sodium 40 mg	Oral	PRAVASTATIN-WGR	WG	MP NP	P14238	60	5	30

[361] Schedule 1, Part 1, entries for Pregabalin

substitute:

Pregabalin	Capsule 25 mg	Oral	APO-Pregabalin	TX	MP NP C4172		56	5	56
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Pregabalin	Capsule 25 mg	Oral	Blooms The Chemist Pregabalin	IB	MP NP C4172	56	5	56
Pregabalin	Capsule 25 mg	Oral	BTC Pregabalin	BG	MP NP C4172	56	5	56
Pregabalin	Capsule 25 mg	Oral	Lyrica	UJ	MP NP C4172	56	5	56
Pregabalin	Capsule 25 mg	Oral	Lyzalon	AF	MP NP C4172	56	5	56
Pregabalin	Capsule 25 mg	Oral	Neuroccord	CR	MP NP C4172	56	5	56
Pregabalin	Capsule 25 mg	Oral	NOUMED PREGABALIN	VO	MP NP C4172	56	5	56
Pregabalin	Capsule 25 mg	Oral	Prebalin	RF	MP NP C4172	56	5	56
Pregabalin	Capsule 25 mg	Oral	PREGABALIN-DRLA	RZ	MP NP C4172	56	5	56
Pregabalin	Capsule 25 mg	Oral	Pregabalin Lupin	HQ	MP NP C4172	56	5	56
Pregabalin	Capsule 25 mg	Oral	Pregabalin Sandoz	SZ	MP NP C4172	56	5	56
Pregabalin	Capsule 25 mg	Oral	PREGABALIN-WGR	WG	MP NP C4172	56	5	56
Pregabalin	Capsule 75 mg	Oral	APO-Pregabalin	TX	MP NP C4172	56	5	56
Pregabalin	Capsule 75 mg	Oral	BTC Pregabalin	BG	MP NP C4172	56	5	56
Pregabalin	Capsule 75 mg	Oral	Lyrica	UJ	MP NP C4172	56	5	56
Pregabalin	Capsule 75 mg	Oral	Lyzalon	AF	MP NP C4172	56	5	56
Pregabalin	Capsule 75 mg	Oral	Neuroccord	CR	MP NP C4172	56	5	56
Pregabalin	Capsule 75 mg	Oral	NOUMED PREGABALIN	VO	MP NP C4172	56	5	56

Pregabalin	Capsule 75 mg	Oral	Prebalin	RF	MP NP C4172	56	5	56
Pregabalin	Capsule 75 mg	Oral	PREGABALIN-DRLA	RZ	MP NP C4172	56	5	56
Pregabalin	Capsule 75 mg	Oral	Pregabalin Lupin	HQ	MP NP C4172	56	5	56
Pregabalin	Capsule 75 mg	Oral	Pregabalin Sandoz	SZ	MP NP C4172	56	5	56
Pregabalin	Capsule 75 mg	Oral	PREGABALIN-WGR	WG	MP NP C4172	56	5	56
Pregabalin	Capsule 150 mg	Oral	APO-Pregabalin	TX	MP NP C4172	56	5	56
Pregabalin	Capsule 150 mg	Oral	Blooms The Chemist Pregabalin	IB	MP NP C4172	56	5	56
Pregabalin	Capsule 150 mg	Oral	BTC Pregabalin	BG	MP NP C4172	56	5	56
Pregabalin	Capsule 150 mg	Oral	Cipla Pregabalin	LR	MP NP C4172	56	5	56
Pregabalin	Capsule 150 mg	Oral	Lyrica	UJ	MP NP C4172	56	5	56
Pregabalin	Capsule 150 mg	Oral	Lyzalon	AF	MP NP C4172	56	5	56
Pregabalin	Capsule 150 mg	Oral	Neuroccord	CR	MP NP C4172	56	5	56
Pregabalin	Capsule 150 mg	Oral	NOUMED PREGABALIN	VO	MP NP C4172	56	5	56
Pregabalin	Capsule 150 mg	Oral	Prebalin	RF	MP NP C4172	56	5	56
Pregabalin	Capsule 150 mg	Oral	PREGABALIN-DRLA	RZ	MP NP C4172	56	5	56
Pregabalin	Capsule 150 mg	Oral	Pregabalin Lupin	HQ	MP NP C4172	56	5	56
Pregabalin	Capsule 150 mg	Oral	Pregabalin Sandoz	SZ	MP NP C4172	56	5	56

Pregabalin	Capsule 150 mg	Oral	PREGABALIN- WGR	WG	MP NP C4172	56	5	56
Pregabalin	Capsule 300 mg	Oral	APO-Pregabalin	TX	MP NP C4172	56	5	56
Pregabalin	Capsule 300 mg	Oral	Blooms The Chemist Pregabalin	IB	MP NP C4172	56	5	56
Pregabalin	Capsule 300 mg	Oral	BTC Pregabalin	BG	MP NP C4172	56	5	56
Pregabalin	Capsule 300 mg	Oral	Lyrica	UJ	MP NP C4172	56	5	56
Pregabalin	Capsule 300 mg	Oral	Lyzalon	AF	MP NP C4172	56	5	56
Pregabalin	Capsule 300 mg	Oral	Neuroccord	CR	MP NP C4172	56	5	56
Pregabalin	Capsule 300 mg	Oral	NOUMED PREGABALIN	VO	MP NP C4172	56	5	56
Pregabalin	Capsule 300 mg	Oral	Prebalin	RF	MP NP C4172	56	5	56
Pregabalin	Capsule 300 mg	Oral	PREGABALIN- DRLA	RZ	MP NP C4172	56	5	56
Pregabalin	Capsule 300 mg	Oral	Pregabalin Lupin	HQ	MP NP C4172	56	5	56
Pregabalin	Capsule 300 mg	Oral	Pregabalin Sandoz	SZ	MP NP C4172	56	5	56
Pregabalin	Capsule 300 mg	Oral	PREGABALIN- WGR	WG	MP NP C4172	56	5	56

[362] Schedule 1, Part 1, entries for Prochlorperazine

substitute:

Prochlorperazine Injection containing prochlorperazine mesilate 12.5 mg in 1 mL	Injection	Stemetil	SW	MP NP PDP	10	0	10
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Prochlorperazine Tablet containing prochlorperazine maleate 5 mg	Oral	APO-Prochlorperazine	TX	MP NP PDP	25	0	25
Prochlorperazine Tablet containing prochlorperazine maleate 5 mg	Oral	ProCalm	RW	MP NP PDP	25	0	25
Prochlorperazine Tablet containing prochlorperazine maleate 5 mg	Oral	Prochlorperazine GH	GQ	MP NP PDP	25	0	25
Prochlorperazine Tablet containing prochlorperazine maleate 5 mg	Oral	PROCHLORPERAZINE- WGR	WG	MP NP PDP	25	0	25
Prochlorperazine Tablet containing prochlorperazine maleate 5 mg	Oral	Stemetil	SW	MP NP PDP	25	0	25
Prochlorperazine Tablet containing prochlorperazine maleate 5 mg (S19A)	Oral	Stemetil (Ireland)	OJ	MP NP PDP	25	0	250

[363] Schedule 1, Part 1, after entry for Propranolol in the form Tablet containing propranolol hydrochloride 10 mg [Brand: Inderal; Maximum Quantity: 200; Number of Repeats: 5]

insert:

Propranolol Tablet containing propranolol hydrochloride 10 mg	Oral	PROPRANOLOL- WGR	WG	MP NP	100	5	100	
Propranolol Tablet containing propranolol hydrochloride 10 mg	Oral	PROPRANOLOL- WGR	WG	MP NP	P14238	200	5	100

[364] Schedule 1, Part 1, after entry for Propranolol in the form Tablet containing propranolol hydrochloride 40 mg [Brand: Inderal; Maximum Quantity: 200; Number of Repeats: 5]

insert:

Propranolol	Tablet containing propranolol hydrochloride 40 mg	Oral	PROPRANOLOL- WGR	WG	MP NP		100	5	100
Propranolol	Tablet containing propranolol hydrochloride 40 mg	Oral	PROPRANOLOL- WGR	WG	MP NP	P14238	200	5	100

[365] Schedule 1, Part 1, after entry for Pyridostigmine in the form Tablet containing pyridostigmine bromide 10 mg

insert:

Pyridostigmine	Tablet containing pyridostigmine bromide 10 mg	Oral	Mestinon	IL	MP	P14238	200	5	50
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[366] Schedule 1, Part 1, after entry for Pyridostigmine in the form Tablet containing pyridostigmine bromide 60 mg

insert:

Pyridostigmine	Tablet containing pyridostigmine bromide 60 mg	Oral	Mestinon	IL	MP	P14238	300	5	150
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[367] Schedule 1, Part 1, after entry for Pyridostigmine in the form Tablet containing pyridostigmine bromide 180 mg (modified release)

insert:

Pyridostigmine	Tablet containing pyridostigmine bromide 180 mg (modified release)	Oral	Mestinon Timespan	IL	MP	P14238	200	5	50
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[368] Schedule 1, Part 1, entries for Rabeprazole

substitute:

Rabeprazole	Tablet containing rabeprazole sodium 10 mg (enteric coated)	Oral	APO-Rabeprazole	TX	MP NP	C5444 C5512	P5444 P5512	28	5	28
Rabeprazole	Tablet containing rabeprazole sodium 10 mg (enteric coated)	Oral	APO-Rabeprazole	TX	MP NP	C15574 C15633	P15574 P15633	56	5	28
Rabeprazole	Tablet containing rabeprazole sodium 10 mg (enteric coated)	Oral	Parbezol	RW	MP NP	C5444 C5512	P5444 P5512	28	5	28
Rabeprazole	Tablet containing rabeprazole sodium 10 mg (enteric coated)	Oral	Parbezol	RW	MP NP	C15574 C15633	P15574 P15633	56	5	28
Rabeprazole	Tablet containing rabeprazole sodium 10 mg (enteric coated)	Oral	Pariet	JC	MP NP	C5444 C5512	P5444 P5512	28	5	28
Rabeprazole	Tablet containing rabeprazole sodium 10 mg (enteric coated)	Oral	Pariet	JC	MP NP	C15574 C15633	P15574 P15633	56	5	28
Rabeprazole	Tablet containing rabeprazole sodium 10 mg (enteric coated)	Oral	Rabeprazole Sandoz	SZ	MP NP	C5444 C5512	P5444 P5512	28	5	28
Rabeprazole	Tablet containing rabeprazole sodium 10 mg (enteric coated)	Oral	Rabeprazole Sandoz	SZ	MP NP	C15574 C15633	P15574 P15633	56	5	28
Rabeprazole	Tablet containing rabeprazole sodium 10 mg (enteric coated)	Oral	RABEPRAZOLE-WGR	WG	MP NP	C5444 C5512	P5444 P5512	28	5	28

Rabeprazole	Tablet containing rabeprazole Oral sodium 10 mg (enteric coated)	Oral	RABEPRAZOLE-WGR	WG	MP NP	C15574 C15633	P15574 P15633	56	5	28
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	APO-Rabeprazole	TX	MP NP	C8774 C8775	P8774 P8775	30	1	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	APO-Rabeprazole	TX	MP NP	C8776 C8780	P8776 P8780	30	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	APO-Rabeprazole	TX	MP NP	C15530 C15658	P15530 P15658	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	APO-Rabeprazole	TX	MP	C11310	P11310	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	APO-Rabeprazole	TX	MP	C15531	P15531	120	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Noumed Rabeprazole	VO	MP NP	C8774 C8775	P8774 P8775	30	1	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Noumed Rabeprazole	VO	MP NP	C8776 C8780	P8776 P8780	30	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Noumed Rabeprazole	VO	MP NP	C15530 C15658	P15530 P15658	60	5	30

Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Noumed Rabeprazole	VO	MP	C11310	P11310	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Noumed Rabeprazole	VO	MP	C15531	P15531	120	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Parbezol	RW	MP NP	C8774 C8775	P8774 P8775	30	1	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Parbezol	RW	MP NP	C8776 C8780	P8776 P8780	30	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Parbezol	RW	MP NP	C15530 C15658	P15530 P15658	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Parbezol	RW	MP	C11310	P11310	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Parbezol	RW	MP	C15531	P15531	120	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Pariet	JC	MP NP	C8774 C8775	P8774 P8775	30	1	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Pariet	JC	MP NP	C8776 C8780	P8776 P8780	30	5	30

Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Pariet	JC	MP NP	C15530 C15658	P15530 P15658	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Pariet	JC	MP	C11310	P11310	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Pariet	JC	MP	C15531	P15531	120	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Rabeprazole Mylan AF		MP NP	C8774 C8775	P8774 P8775	30	1	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Rabeprazole Mylan AF		MP NP	C8776 C8780	P8776 P8780	30	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Rabeprazole Mylan AF		MP NP	C15530 C15658	P15530 P15658	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Rabeprazole Mylan AF		MP	C11310	P11310	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Rabeprazole Mylan AF		MP	C15531	P15531	120	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Rabeprazole Sandoz	SZ	MP NP	C8774 C8775	P8774 P8775	30	1	30

Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Rabeprazole Sandoz	SZ	MP NP	C8776 C8780	P8776 P8780	30	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Rabeprazole Sandoz	SZ	MP NP	C15530 C15658	P15530 P15658	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Rabeprazole Sandoz	SZ	MP	C11310	P11310	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Rabeprazole Sandoz	SZ	MP	C15531	P15531	120	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Rabeprazole SUN	RN	MP NP	C8774 C8775	P8774 P8775	30	1	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Rabeprazole SUN	RN	MP NP	C8776 C8780	P8776 P8780	30	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Rabeprazole SUN	RN	MP NP	C15530 C15658	P15530 P15658	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Rabeprazole SUN	RN	MP	C11310	P11310	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Rabeprazole SUN	RN	MP	C15531	P15531	120	5	30

Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	RABEPRAZOLE-WGR	WG	MP NP	C8774 C8775	P8774 P8775	30	1	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	RABEPRAZOLE-WGR	WG	MP NP	C8776 C8780	P8776 P8780	30	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	RABEPRAZOLE-WGR	WG	MP NP	C15530 C15658	P15530 P15658	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	RABEPRAZOLE-WGR	WG	MP	C11310	P11310	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	RABEPRAZOLE-WGR	WG	MP	C15531	P15531	120	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Zabep	AL	MP NP	C8774 C8775	P8774 P8775	30	1	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Zabep	AL	MP NP	C8776 C8780	P8776 P8780	30	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Zabep	AL	MP NP	C15530 C15658	P15530 P15658	60	5	30
Rabeprazole	Tablet containing rabeprazole Oral sodium 20 mg (enteric coated)	Oral	Zabep	AL	MP	C11310	P11310	60	5	30

Rabeprazole	Tablet containing rabeprazole sodium 20 mg (enteric coated)	Oral	Zabep	AL	MP	C15531	P15531	120	5	30
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[369] Schedule 1, Part 1, after entry for Ramipril in the form Capsule 10 mg [Brand: Ramipril Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Ramipril	Capsule 10 mg	Oral	RAMIPRIL-WGR	WG	MP NP			30	5	30
Ramipril	Capsule 10 mg	Oral	RAMIPRIL-WGR	WG	MP NP	P14238		60	5	30

[370] Schedule 1, Part 1, after entry for Ramipril in the form Tablet 1.25 mg [Brand: Ramipril Viatris; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Ramipril	Tablet 1.25 mg	Oral	RAMIPRIL-WGR	WG	MP NP			30	5	30
Ramipril	Tablet 1.25 mg	Oral	RAMIPRIL-WGR	WG	MP NP	P14238		60	5	30

[371] Schedule 1, Part 1, after entry for Ramipril in the form Tablet 2.5 mg [Brand: Ramipril Viatris; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Ramipril	Tablet 2.5 mg	Oral	RAMIPRIL-WGR	WG	MP NP			30	5	30
Ramipril	Tablet 2.5 mg	Oral	RAMIPRIL-WGR	WG	MP NP	P14238		60	5	30

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

insert:

Ramipril	Tablet 5 mg	Oral	Ramipril Viatris	AL	MP NP			30	5	30
Ramipril	Tablet 5 mg	Oral	Ramipril Viatris	AL	MP NP	P14238		60	5	30
Ramipril	Tablet 5 mg	Oral	RAMIPRIL-WGR	WG	MP NP			30	5	30
Ramipril	Tablet 5 mg	Oral	RAMIPRIL-WGR	WG	MP NP	P14238		60	5	30

[373] 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 TABS- WGR	WG	MP NP		30	5	30
Ramipril	Tablet 10 mg	Oral	RAMIPRIL TABS- WGR	WG	MP NP	P14238	60	5	30

[374] Schedule 1, Part 1, entries for Rasagiline

substitute:

Rasagiline	Tablet 1 mg (as mesilate)	Oral	Alziras	RW	MP NP C5339	P5339	30	5	30
Rasagiline	Tablet 1 mg (as mesilate)	Oral	Alziras	RW	MP NP C15648	P15648	60	5	30
Rasagiline	Tablet 1 mg (as mesilate)	Oral	Azilect	TB	MP NP C5339	P5339	30	5	30
Rasagiline	Tablet 1 mg (as mesilate)	Oral	Azilect	TB	MP NP C15648	P15648	60	5	30
Rasagiline	Tablet 1 mg (as mesilate)	Oral	Pharmacor Rasagiline	CR	MP NP C5339	P5339	30	5	30
Rasagiline	Tablet 1 mg (as mesilate)	Oral	Pharmacor Rasagiline	CR	MP NP C15648	P15648	60	5	30
Rasagiline	Tablet 1 mg (as mesilate)	Oral	Rasagiline Lupin	HQ	MP NP C5339	P5339	30	5	30
Rasagiline	Tablet 1 mg (as mesilate)	Oral	Rasagiline Lupin	HQ	MP NP C15648	P15648	60	5	30
Rasagiline	Tablet 1 mg (as mesilate)	Oral	Rasagiline Sandoz	SZ	MP NP C5339	P5339	30	5	30
Rasagiline	Tablet 1 mg (as mesilate)	Oral	Rasagiline Sandoz	SZ	MP NP C15648	P15648	60	5	30
Rasagiline	Tablet 1 mg (as mesilate)	Oral	Rasagiline-Teva	EV	MP NP C5339	P5339	30	5	30
Rasagiline	Tablet 1 mg (as mesilate)	Oral	Rasagiline-Teva	EV	MP NP C15648	P15648	60	5	30

Rasagiline	Tablet 1 mg (as mesilate)	Oral	RASAGILINE- WGR	WG	MP NP C5339	P5339	30	5	30
Rasagiline	Tablet 1 mg (as mesilate)	Oral	RASAGILINE- WGR	WG	MP NP C15648	P15648	60	5	30

[375] Schedule 1, Part 1, entries for Ravulizumab

substitute:

Ravulizumab	Solution concentrate for I.V. infusion 1,100 mg in 11 mL	Injection	Ultomiris	XI	MP	See Note 3	See Note 3	See Note 3	See Note 3	1	D(100)
Ravulizumab	Solution concentrate for I.V. infusion 300 mg in 3 mL	Injection	Ultomiris	XI	MP	See Note 3	See Note 3	See Note 3	See Note 3	1	D(100)

[376] Schedule 1, Part 1, entry for Reboxetine

substitute:

Reboxetine	Tablet 4 mg (as mesilate)	Oral	Edronax	PF	MP NP C5650	C5650	60	5	60
Reboxetine	Tablet 4 mg (as mesilate)	Oral	Edronax	PF	MP NP C15553	P15553	120	2	60

[377] Schedule 1, Part 1, entry for Rifabutin

substitute:

Rifabutin	Capsule 150 mg	Oral	Mycobutin	PF	MP NP C6350 C6356 C9560 C9622		120	5	30	D(100)
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[378] Schedule 1, Part 1, entries for Riluzole

substitute:

Riluzole	Oral suspension 50 mg per 10 mL, 300 mL	Oral	Teglutik	CS	MP NP C5341 C8738	C5341 C8738	2	5	1
Riluzole	Oral suspension 50 mg per 10 mL, 300 mL	Oral	Teglutik	CS	MP NP C15719	P15719	4	5	1

Riluzole	Tablet 50 mg	Oral	APO-Riluzole	TX	MP NP	C5341 C8738	C5341 C8738	56	5	56
Riluzole	Tablet 50 mg	Oral	APO-Riluzole	TX	MP NP	C15719	P15719	112	5	56
Riluzole	Tablet 50 mg	Oral	Pharmacor Riluzole	CR	MP NP	C5341 C8738	C5341 C8738	56	5	56
Riluzole	Tablet 50 mg	Oral	Pharmacor Riluzole	CR	MP NP	C15719	P15719	112	5	56
Riluzole	Tablet 50 mg	Oral	Rilutek	SW	MP NP	C5341 C8738	C5341 C8738	56	5	56
Riluzole	Tablet 50 mg	Oral	Rilutek	SW	MP NP	C15719	P15719	112	5	56
Riluzole	Tablet 50 mg	Oral	Riluzole Sandoz	SZ	MP NP	C5341 C8738	C5341 C8738	56	5	56
Riluzole	Tablet 50 mg	Oral	Riluzole Sandoz	SZ	MP NP	C15719	P15719	112	5	56

[379] Schedule 1, Part 1, entries for Risdiplam

substitute:

Risdiplam	Powder for oral solution 750 micrograms per mL, 80 mL	Oral	Evrysdi	RO	MP	See Note 3	See Note 3	See Note 3	See Note 3	1	D(100)
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[380] Schedule 1, Part 1, after entry for Risedronic acid in the form Tablet containing risedronate sodium 35 mg [Brand: Risedronate Sandoz; Maximum Quantity: 8; Number of Repeats: 5]

insert:

Risedronic acid	Tablet containing risedronate sodium 35 mg	Oral	RISEDRONATE- WGR	WG	MP NP	C6310 C6323 C6327	P6310 P6323 P6327	4	5	4
Risedronic acid	Tablet containing risedronate sodium 35 mg	Oral	RISEDRONATE- WGR	WG	MP NP	C14234 C14235 C14263	P14234 P14235 P14263	8	5	4

[381] Schedule 1, Part 1, after entry for Risperidone in the form Oral solution 1 mg per mL, 100 mL [Brand: Risperdal; Maximum Quantity: 1; Number of Repeats: 5]

insert:

Risperidone	Oral solution 1 mg per mL, 100 mL	Oral	Risperidone Lupin	GQ	MP NP C6898 C6899 C10020 C10021	P6898 P6899 P10020 P10021	1	2	1
Risperidone	Oral solution 1 mg per mL, 100 mL	Oral	Risperidone Lupin	GQ	MP NP C4246 C5907	P4246 P5907	1	5	1

[382] Schedule 1, Part 1, entries for Rituximab

substitute:

Rituximab	Solution for I.V. infusion 100 mg in 10 mL	Injection	Riximyo	SZ	MP		6	0	2	D(100)
Rituximab	Solution for I.V. infusion 100 mg in 10 mL	Injection	Riximyo	SZ	MP		See Note 3	See Note 3	2	D(100)
Rituximab	Solution for I.V. infusion 100 mg in 10 mL	Injection	Ruxience	PF	MP		6	0	1	D(100)
Rituximab	Solution for I.V. infusion 100 mg in 10 mL	Injection	Ruxience	PF	MP		See Note 3	See Note 3	1	D(100)
Rituximab	Solution for I.V. infusion 100 mg in 10 mL	Injection	Truxima	EW	MP		6	0	2	D(100)
Rituximab	Solution for I.V. infusion 100 mg in 10 mL	Injection	Truxima	EW	MP		See Note 3	See Note 3	2	D(100)
Rituximab	Solution for I.V. infusion 500 mg in 50 mL	Injection	Riximyo	SZ	MP		2	1	1	D(100)
Rituximab	Solution for I.V. infusion 500 mg in 50 mL	Injection	Riximyo	SZ	MP		See Note 3	See Note 3	1	D(100)

Rituximab	Solution for I.V. infusion 500 mg in 50 mL	Injection	Ruxience	PF	MP	2	1	1	D(100)
Rituximab	Solution for I.V. infusion 500 mg in 50 mL	Injection	Ruxience	PF	MP	See Note 3	See Note 3	1	D(100)
Rituximab	Solution for I.V. infusion 500 mg in 50 mL	Injection	Truxima	EW	MP	2	1	1	D(100)
Rituximab	Solution for I.V. infusion 500 mg in 50 mL	Injection	Truxima	EW	MP	See Note 3	See Note 3	1	D(100)

[383] Schedule 1, Part 1, after entry for Rizatriptan in the form Tablet (orally disintegrating) 10 mg (as benzoate) [Brand: Rizatriptan ODT GH]

insert:

Rizatriptan	Tablet (orally disintegrating) 10 mg (as benzoate)	Oral	RIZATRIPTAN ODT-WGR	WG	MP NP C5708	4	5	2	
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[384] Schedule 1, Part 1, after entry for Romosozumab in the form Injection 105 mg in 1.17 mL single use pre-filled syringe

insert:

Rosuvastatin	Tablet 5 mg (as calcium)	Oral	APO- ROSUVASTATIN	TX	MP NP	30	5	30	
Rosuvastatin	Tablet 5 mg (as calcium)	Oral	APO- ROSUVASTATIN	TX	MP NP	P14238	60	5	30

[385] Schedule 1, Part 1, entry for Rosuvastatin in the form Tablet 5 mg (as calcium)

omit:

Rosuvastatin	Tablet 5 mg (as calcium)	Oral	Blooms the Chemist Rosuvastatin	IB	MP NP	30	5	30	
Rosuvastatin	Tablet 5 mg (as calcium)	Oral	Blooms the Chemist Rosuvastatin	IB	MP NP	P14238	60	5	30

[386] Schedule 1, Part 1, after entry for Rosuvastatin in the form Tablet 5 mg (as calcium) [Brand: Rosuvastatin Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Rosuvastatin	Tablet 5 mg (as calcium)	Oral	ROSUVASTATIN- WGR	WG	MP NP		30	5	30
Rosuvastatin	Tablet 5 mg (as calcium)	Oral	ROSUVASTATIN- WGR	WG	MP NP	P14238	60	5	30

[387] Schedule 1, Part 1, entry for Rosuvastatin in the form Tablet 10 mg (as calcium)

omit:

Rosuvastatin	Tablet 10 mg (as calcium)	Oral	Blooms the Chemist Rosuvastatin	IB	MP NP		30	5	30
Rosuvastatin	Tablet 10 mg (as calcium)	Oral	Blooms the Chemist Rosuvastatin	IB	MP NP	P14238	60	5	30

[388] Schedule 1, Part 1, after entry for Rosuvastatin in the form Tablet 10 mg (as calcium) [Brand: Rosuvastatin Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Rosuvastatin	Tablet 10 mg (as calcium)	Oral	ROSUVASTATIN- WGR	WG	MP NP		30	5	30
Rosuvastatin	Tablet 10 mg (as calcium)	Oral	ROSUVASTATIN- WGR	WG	MP NP	P14238	60	5	30

[389] Schedule 1, Part 1, entry for Rosuvastatin in the form Tablet 20 mg (as calcium)

omit:

Rosuvastatin	Tablet 20 mg (as calcium)	Oral	Blooms the Chemist Rosuvastatin	IB	MP NP		30	5	30
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Rosuvastatin	Tablet 20 mg (as calcium)	Oral	Blooms the Chemist Rosuvastatin	IB	MP NP	P14238	60	5	30
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[390] Schedule 1, Part 1, after entry for Rosuvastatin in the form Tablet 20 mg (as calcium) [Brand: Rosuvastatin Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Rosuvastatin	Tablet 20 mg (as calcium)	Oral	ROSUVASTATIN- WGR	WG	MP NP		30	5	30
Rosuvastatin	Tablet 20 mg (as calcium)	Oral	ROSUVASTATIN- WGR	WG	MP NP	P14238	60	5	30

[391] Schedule 1, Part 1, entry for Rosuvastatin in the form Tablet 40 mg (as calcium)

omit:

Rosuvastatin	Tablet 40 mg (as calcium)	Oral	Blooms the Chemist Rosuvastatin	IB	MP NP		30	5	30
Rosuvastatin	Tablet 40 mg (as calcium)	Oral	Blooms the Chemist Rosuvastatin	IB	MP NP	P14238	60	5	30

[392] Schedule 1, Part 1, after entry for Rosuvastatin in the form Tablet 40 mg (as calcium) [Brand: Rosuvastatin Sandoz; Maximum Quantity: 60; Number of Repeats: 5]

insert:

Rosuvastatin	Tablet 40 mg (as calcium)	Oral	ROSUVASTATIN- WGR	WG	MP NP		30	5	30
Rosuvastatin	Tablet 40 mg (as calcium)	Oral	ROSUVASTATIN- WGR	WG	MP NP	P14238	60	5	30

[393] Schedule 1, Part 1, entries for Rotigotine

substitute:

Rotigotine	Transdermal patch 4.5 mg	Transdermal Neupro	UC	MP	C4190	P4190	28	5	28
Rotigotine	Transdermal patch 4.5 mg	Transdermal Neupro	UC	MP	C15675	P15675	56	5	28
Rotigotine	Transdermal patch 9 mg	Transdermal Neupro	UC	MP	C4204	P4204	28	5	28
Rotigotine	Transdermal patch 9 mg	Transdermal Neupro	UC	MP	C15649	P15649	56	5	28
Rotigotine	Transdermal patch 13.5 mg	Transdermal Neupro	UC	MP	C4204	P4204	28	5	28
Rotigotine	Transdermal patch 13.5 mg	Transdermal Neupro	UC	MP	C15649	P15649	56	5	28
Rotigotine	Transdermal patch 18 mg	Transdermal Neupro	UC	MP	C4204	P4204	28	5	28
Rotigotine	Transdermal patch 18 mg	Transdermal Neupro	UC	MP	C15649	P15649	56	5	28

[394] Schedule 1, Part 1, after entry for Roxithromycin in the form Tablet 150 mg [Brand: Roxithromycin Sandoz; Maximum Quantity: 20; Number of Repeats: 0]

insert:

Roxithromycin	Tablet 150 mg	Oral	ROXITHROMYCIN- WGR	MP NP PDP			10	0	10
Roxithromycin	Tablet 150 mg	Oral	ROXITHROMYCIN- WGR	MP NP	P10404		20	0	10
							CN10404	CN10404	

[395] Schedule 1, Part 1, after entry for Roxithromycin in the form Tablet 300 mg [Brand: Roxithromycin Sandoz; Maximum Quantity: 10; Number of Repeats: 0]

insert:

Roxithromycin	Tablet 300 mg	Oral	ROXITHROMYCIN- WGR	MP NP PDP			5	0	5
Roxithromycin	Tablet 300 mg	Oral	ROXITHROMYCIN- WGR	MP NP	P10404		10	0	5
							CN10404	CN10404	

[396] Schedule 1, Part 1, entries for Sacituzumab govitecan*substitute:*

Sacituzumab govitecan	Powder for injection 180 mg	Injection	Trodely	GI	MP	C12656		See Note 3	See Note 3	1	D(100)
Sacituzumab govitecan	Powder for injection 180 mg	Injection	Trodely	GI	MP	C12669		See Note 3	See Note 3	1	D(100)

[397] Schedule 1, Part 1, entries for Safinamide*substitute:*

Safinamide	Tablet 50 mg	Oral	Xadago	CS	MP NP	C8624	P8624	30	5	30
Safinamide	Tablet 50 mg	Oral	Xadago	CS	MP NP	C15699	P15699	60	5	30
Safinamide	Tablet 100 mg	Oral	Xadago	CS	MP NP	C8624	P8624	30	5	30
Safinamide	Tablet 100 mg	Oral	Xadago	CS	MP NP	C15699	P15699	60	5	30

[398] Schedule 1, Part 1, entry for Salmeterol*substitute:*

Salmeterol	Powder for oral inhalation in breath actuated device 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Serevent Accuhaler	GK	MP NP	C6355	P6355	1	5	1
Salmeterol	Powder for oral inhalation in breath actuated device 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Serevent Accuhaler	GK	MP NP	C15607	P15607	2	5	1

[399] Schedule 1, Part 1, entry for Secukinumab in the form Injection 150 mg in 1 mL pre-filled pen [Maximum Quantity: 2; Number of Repeats: 3]

substitute:

Secukinumab	Injection 150 mg in 1 mL pre-filled pen	Injection	Cosentyx	NV	MP	C15799 C15806 C15807 C15810	P15799 P15806 P15807 P15810	2	3	2
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[400] Schedule 1, Part 1, entry for Secukinumab in the form Injection 150 mg in 1 mL pre-filled pen [Maximum Quantity: 2; Number of Repeats: 5]

substitute:

Secukinumab	Injection 150 mg in 1 mL pre-filled pen	Injection	Cosentyx	NV	MP	C6696 C8830 C8892 C9063 C9105 C15767 C15779	P6696 P8830 P8892 P9063 P9105 P15767 P15779	2	5	2
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[401] Schedule 1, Part 1, entry for Secukinumab in the form Injection 150 mg in 1 mL pre-filled pen [Maximum Quantity: 8; Number of Repeats: 0]

substitute:

Secukinumab	Injection 150 mg in 1 mL pre-filled pen	Injection	Cosentyx	NV	MP	C9069 C9078 C9155 C11089 C11096 C11138 C11154 C14430 C14462 C15280 C15296 C15307 C15768 C15805 C15812	P9069 P9078 P9155 P11089 P11096 P11138 P11154 P14430 P14462 P15280 P15296 P15307 P15768 P15805 P15812	8	0	2
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[402] Schedule 1, Part 1, entries for Selegiline

substitute:

Selegiline	Tablet containing selegiline hydrochloride 5 mg	Oral	Eldepryl	OX	MP NP	C5338	P5338	100	5	100
Selegiline	Tablet containing selegiline hydrochloride 5 mg	Oral	Eldepryl	OX	MP NP	C15700	P15700	200	5	100

[403] Schedule 1, Part 1, entries for Selexipag in the form Tablet 800 micrograms

substitute:

Selexipag	Tablet 800 micrograms	Oral	Upravi	JC	MP	See Note 3	See Note 3	See Note 3	See Note 3	60	D(100)
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[404] Schedule 1, Part 1, entries for Selinexor

substitute:

Selinexor	Tablet 20 mg	Oral	Xpovio	TG	MP	C14021 C14045	P14021 P14045	16	2	16	D(100)
Selinexor	Tablet 20 mg	Oral	Xpovio	TG	MP	C14023 C14024	P14023 P14024	20	2	20	D(100)
Selinexor	Tablet 20 mg	Oral	Xpovio	TG	MP	C14031 C14039	P14031 P14039	32	2	32	D(100)

[405] Schedule 1, Part 1, entries for Sertraline

substitute:

Sertraline	Tablet 50 mg (as hydrochloride)	Oral	APO-Sertraline	TX	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	APO-Sertraline	TX	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	Blooms The Chemist Sertraline	BG	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	Blooms The Chemist Sertraline	BG	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	Eleva 50	AF	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	Eleva 50	AF	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	NOUMED SERTRALINE	VO	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30

Sertraline	Tablet 50 mg (as hydrochloride)	Oral	NOUMED SERTRALINE	VO	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	Sertra 50	RW	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	Sertra 50	RW	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	Sertraline generichealth	GQ	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	Sertraline generichealth	GQ	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	Sertraline Sandoz	SZ	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	Sertraline Sandoz	SZ	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	SERTRALINE- WGR	WG	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	SERTRALINE- WGR	WG	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	Setrona	RA	MP NP	C4755	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	Setrona	RA	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	Zoloft	UJ	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 50 mg (as hydrochloride)	Oral	Zoloft	UJ	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30

Sertraline	Tablet 100 mg (as hydrochloride)	Oral	APO-Sertraline	TX	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	APO-Sertraline	TX	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	Blooms The Chemist Sertraline	BG	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	Blooms The Chemist Sertraline	BG	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	Eleva 100	AF	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	Eleva 100	AF	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	NOUMED SERTRALINE	VO	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	NOUMED SERTRALINE	VO	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	Sertra 100	RW	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	Sertra 100	RW	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	Sertraline generichealth	GQ	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	Sertraline generichealth	GQ	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	Sertraline Sandoz	SZ	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30

Sertraline	Tablet 100 mg (as hydrochloride)	Oral	Sertraline Sandoz	SZ	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	SERTRALINE-WGR	WG	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	SERTRALINE-WGR	WG	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	Setrona	RA	MP NP	C4755	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	Setrona	RA	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	Zoloft	UJ	MP NP	C4755 C6277 C6289	P4755 P6277 P6289	30	5	30
Sertraline	Tablet 100 mg (as hydrochloride)	Oral	Zoloft	UJ	MP NP	C15582 C15583 C15666	P15582 P15583 P15666	60	2	30

[406] Schedule 1, Part 1, entry for Sofosbuvir with velpatasvir and voxilaprevir

omit:

Sofosbuvir with velpatasvir and voxilaprevir	Tablet containing 400 mg sofosbuvir with 100 mg velpatasvir and 100 mg voxilaprevir	Oral	Vosevi	GI	MP NP	C10248		28	2	28	C(100)
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[407] Schedule 1, Part 1, after entry for Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate in the form Enemas 3.125 g-450 mg-45 mg in 5 mL, 12 [Brand: Micolette; Maximum Quantity: 2; Number of Repeats: 3]

insert:

Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate	Enemas 3.125 g-450 mg-45 mg in 5 mL, 12	Rectal	Micolette	AE	MP NP	C15572 C15585 C15586 C15629 C15707 C15734 C15735	P15572 P15585 P15586 P15629 P15707 P15734 P15735	4	2	1
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[408] Schedule 1, Part 1, after entry for Sotalol in the form Tablet containing sotalol hydrochloride 80 mg [Brand: Sotalol Sandoz]

insert:

Sotalol	Tablet containing sotalol hydrochloride 80 mg	Oral	SOTALOL-WGR	WG	MP NP	C5664		60	5	60
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[409] Schedule 1, Part 1, after entry for Sotalol in the form Tablet containing sotalol hydrochloride 160 mg [Brand: Sotalol Sandoz]

insert:

Sotalol	Tablet containing sotalol hydrochloride 160 mg	Oral	SOTALOL-WGR	WG	MP NP	C5664		60	5	60
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[410] Schedule 1, Part 1, entries for Soy lecithin

substitute:

Soy lecithin	Eye spray 10 mg per mL, 10 mL	Application	tearsagain	RB	MP NP	C6172 AO	P6172	2	5	1
Soy lecithin	Eye spray 10 mg per mL, 10 mL	Application	tearsagain	RB	MP NP	C15559 AO	P15559	4	5	1

[411] Schedule 1, Part 1, after entry for Sumatriptan in the form Tablet 50 mg (as succinate) [Brand: Sumatriptan Sandoz]

insert:

Sumatriptan	Tablet 50 mg (as succinate)	Oral	SUMATRIPTAN-WGR	WG	MP NP	C5259		4	5	4
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[412] Schedule 1, Part 1, after entry for Telmisartan in the form Tablet 40 mg [Brand: Telmisartan Sandoz; Maximum Quantity: 56; Number of Repeats: 5]

insert:

Telmisartan	Tablet 40 mg	Oral	TELMISARTAN- WGR	WG	MP NP			28	5	28
Telmisartan	Tablet 40 mg	Oral	TELMISARTAN- WGR	WG	MP NP	P14238		56	5	28

[413] Schedule 1, Part 1, after entry for Telmisartan in the form Tablet 80 mg [Brand: Telmisartan Sandoz; Maximum Quantity: 56; Number of Repeats: 5]

insert:

Telmisartan	Tablet 80 mg	Oral	TELMISARTAN- WGR	WG	MP NP			28	5	28
Telmisartan	Tablet 80 mg	Oral	TELMISARTAN- WGR	WG	MP NP	P14238		56	5	28

[414] Schedule 1, Part 1, after entry for Telmisartan with hydrochlorothiazide in the form Tablet 40 mg-12.5 mg [Brand: Telmisartan/HCT Sandoz; Maximum Quantity: 56; Number of Repeats: 5]

insert:

Telmisartan with hydrochlorothiazide	Tablet 40 mg-12.5 mg	Oral	TELMISARTAN HCTZ-WGR 40/12.5	WG	MP NP	C4374	P4374	28	5	28
Telmisartan with hydrochlorothiazide	Tablet 40 mg-12.5 mg	Oral	TELMISARTAN HCTZ-WGR 40/12.5	WG	MP NP	C14255	P14255	56	5	28

[415] Schedule 1, Part 1, after entry for Telmisartan with hydrochlorothiazide in the form Tablet 80 mg-12.5 mg [Brand: Telmisartan/HCT Sandoz; Maximum Quantity: 56; Number of Repeats: 5]

insert:

Telmisartan with hydrochlorothiazide	Tablet 80 mg-12.5 mg	Oral	TELMISARTAN HCTZ-WGR 80/12.5	WG	MP NP	C4374	P4374	28	5	28
Telmisartan with hydrochlorothiazide	Tablet 80 mg-12.5 mg	Oral	TELMISARTAN HCTZ-WGR 80/12.5	WG	MP NP	C14255	P14255	56	5	28

[416] Schedule 1, Part 1, after entry for Telmisartan with hydrochlorothiazide in the form Tablet 80 mg-25 mg [Brand: Telmisartan/HCT Sandoz; Maximum Quantity: 56; Number of Repeats: 5]

insert:

Telmisartan with hydrochlorothiazide	Tablet 80 mg-25 mg	Oral	TELMISARTAN HCTZ-WGR 80/25	WG	MP NP	C4374	P4374	28	5	28
Telmisartan with hydrochlorothiazide	Tablet 80 mg-25 mg	Oral	TELMISARTAN HCTZ-WGR 80/25	WG	MP NP	C14255	P14255	56	5	28

[417] Schedule 1, Part 1, entries for Temazepam

substitute:

Temazepam	Tablet 10 mg	Oral	APO-Temazepam	TX	MP NP PDP			25	0	25
Temazepam	Tablet 10 mg	Oral	APO-Temazepam	TX	MP NP		P6175	50	3	25
								CN6175	CN6175	
Temazepam	Tablet 10 mg	Oral	APO-Temazepam	TX	MP NP		P5661 P5941 P5950	50	5	25
								CN5661	CN5661	
								CN5941	CN5941	
								CN5950	CN5950	

Temazepam	Tablet 10 mg	Oral	Normison	AS	MP NP PDP		25	0	25
Temazepam	Tablet 10 mg	Oral	Normison	AS	MP NP	P6175	50	3 CN6175	25
Temazepam	Tablet 10 mg	Oral	Normison	AS	MP NP	P5661 P5941 P5950	50	5 CN5661 CN5661 CN5941 CN5941 CN5950 CN5950	25
Temazepam	Tablet 10 mg	Oral	Temaze	AF	MP NP PDP		25	0	25
Temazepam	Tablet 10 mg	Oral	Temaze	AF	MP NP	P6175	50	3 CN6175	25
Temazepam	Tablet 10 mg	Oral	Temaze	AF	MP NP	P5661 P5941 P5950	50	5 CN5661 CN5661 CN5941 CN5941 CN5950 CN5950	25
Temazepam	Tablet 10 mg	Oral	TEMAZEPAM- WGR	WG	MP NP PDP		25	0	25
Temazepam	Tablet 10 mg	Oral	TEMAZEPAM- WGR	WG	MP NP	P6175	50	3 CN6175	25
Temazepam	Tablet 10 mg	Oral	TEMAZEPAM- WGR	WG	MP NP	P5661 P5941 P5950	50	5 CN5661 CN5661 CN5941 CN5941 CN5950 CN5950	25
Temazepam	Tablet 10 mg	Oral	Temtabs	LN	MP NP PDP		25	0	25
Temazepam	Tablet 10 mg	Oral	Temtabs	LN	MP NP	P6175	50	3 CN6175	25

Temazepam	Tablet 10 mg	Oral	Temtabs	LN	MP NP	P5661 P5941 P5950	50 CN5661 CN5941 CN5950	5 CN5661 CN5941 CN5950	25
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[418] Schedule 1, Part 1, entries for Terbinafine

substitute:

Terbinafine	Cream containing terbinafine hydrochloride 10 mg per g, 15 g	Application	Lamisil	NP	MP NP	C6412 C6434	2	3	1
Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	APO-Terbinafine	TX	MP NP	C6404 C6453 P6404 P6453	42	0	42
Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	APO-Terbinafine	TX	MP NP	C6395 P6395	42	1	42
Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	Lamisil (Novartis Pharmaceuticals Australia Pty Limited)	NV	MP NP	C6404 C6453 P6404 P6453	42	0	42
Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	Lamisil (Novartis Pharmaceuticals Australia Pty Limited)	NV	MP NP	C6395 P6395	42	1	42
Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	NOUMED TERBINAFINE	VO	MP NP	C6404 C6453 P6404 P6453	42	0	42
Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	NOUMED TERBINAFINE	VO	MP NP	C6395 P6395	42	1	42
Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	Tamsil	RW	MP NP	C6404 C6453 P6404 P6453	42	0	42

Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	Tamsil	RW	MP NP C6395	P6395	42	1	42
Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	Terbinafine-DRLA	RZ	MP NP C6404 C6453	P6404 P6453	42	0	42
Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	Terbinafine-DRLA	RZ	MP NP C6395	P6395	42	1	42
Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	Terbinafine Sandoz	SZ	MP NP C6404 C6453	P6404 P6453	42	0	42
Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	Terbinafine Sandoz	SZ	MP NP C6395	P6395	42	1	42
Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	TERBINAFINE-WGR	WG	MP NP C6404 C6453	P6404 P6453	42	0	42
Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	TERBINAFINE-WGR	WG	MP NP C6395	P6395	42	1	42
Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	Tinasil	AF	MP NP C6404 C6453	P6404 P6453	42	0	42
Terbinafine	Tablet 250 mg (as hydrochloride)	Oral	Tinasil	AF	MP NP C6395	P6395	42	1	42

[419] Schedule 1, Part 1, entries for Teriparatide

substitute:

Teriparatide	Injection 250 micrograms per mL, 2.4 mL in multi-dose pre-filled pen	Injection	Teriparatide Lupin	GQ	MP	C12270 C12492	P12270 P12492	1	5	1
Teriparatide	Injection 250 micrograms per mL, 2.4 mL in multi-dose pre-filled pen	Injection	Teriparatide Lupin	GQ	MP	C15536	P15536	2	2	1

Teriparatide	Injection 250 micrograms per mL, 2.4 mL in multi-dose pre-filled pen	Injection	Terrosa	FX	MP	C12270 C12492	P12270 P12492	1	5	1
Teriparatide	Injection 250 micrograms per mL, 2.4 mL in multi-dose pre-filled pen	Injection	Terrosa	FX	MP	C15536	P15536	2	2	1

[420] Schedule 1, Part 1, entry for Testosterone in the form Transdermal cream 50 mg per mL, 50 mL

substitute:

Testosterone	Transdermal cream 50 mg per mL, 50 mL	Transdermal	AndroForte 5	LX	MP	C11838 C11891 C11947 C11962 C11963	P11838 P11891 P11947 P11962 P11963	1	1	1
Testosterone	Transdermal cream 50 mg per mL, 50 mL	Transdermal	AndroForte 5	LX	MP	C15622 C15623 C15654 C15739 C15756	P15622 P15623 P15654 P15739 P15756	2	1	1

[421] Schedule 1, Part 1, entries for Tetrabenazine

substitute:

Tetrabenazine	Tablet 25 mg	Oral	iNova Pharmaceuticals (Australia) Pty Ltd	IL	MP NP	C5340	P5340	112	5	112
Tetrabenazine	Tablet 25 mg	Oral	iNova Pharmaceuticals (Australia) Pty Ltd	IL	MP NP	C15673	P15673	224	5	112
Tetrabenazine	Tablet 25 mg	Oral	Tetrabenazine SUN	RA	MP NP	C5340	P5340	112	5	112
Tetrabenazine	Tablet 25 mg	Oral	Tetrabenazine SUN	RA	MP NP	C15673	P15673	224	5	112

[422] Schedule 1, Part 1, entries for Thalidomide*substitute:*

Thalidomide	Capsule 50 mg	Oral	Thalomid	CJ	MP	C5914 C9290	112	0	28	D(100)
Thalidomide	Capsule 100 mg	Oral	Thalomid	CJ	MP	C5914 C9290	56	0	28	D(100)

[423] Schedule 1, Part 1, entries for Tiotropium*substitute:*

Tiotropium	Capsule containing powder for oral inhalation 13 micrograms (as bromide) (for use in Zonda device)	Inhalation by mouth	Braltus	TB	MP NP	C6352 P6352	30	5	30	
Tiotropium	Capsule containing powder for oral inhalation 13 micrograms (as bromide) (for use in Zonda device)	Inhalation by mouth	Braltus	TB	MP NP	C15611 P15611	60	5	30	
Tiotropium	Capsule containing powder for oral inhalation 18 micrograms (as bromide monohydrate) (for use in HandiHaler)	Inhalation by mouth	Spiriva	BY	MP NP	C6352 P6352	30	5	30	
Tiotropium	Capsule containing powder for oral inhalation 18 micrograms (as bromide monohydrate) (for use in HandiHaler)	Inhalation by mouth	Spiriva	BY	MP NP	C15611 P15611	60	5	30	
Tiotropium	Capsule containing powder for oral inhalation 1 micrograms (as bromide monohydrate) (for use in LupinHaler)	Inhalation by mouth	Tiotropium Lupin	GQ	MP NP	C6352 P6352	30	5	30	

Tiotropium	Capsule containing powder for oral inhalation 18 micrograms (as bromide monohydrate) (for use in LupinHaler)	Inhalation by mouth	Tiotropium Lupin	GQ	MP NP C15611	P15611	60	5	30
Tiotropium	Solution for oral inhalation 2.5 micrograms (as bromide monohydrate) per actuation (60 actuations)	Inhalation by mouth	Spiriva Respimat	BY	MP NP C5509 C8606 C12599	P5509 P8606 P12599	1	5	1
Tiotropium	Solution for oral inhalation 2.5 micrograms (as bromide monohydrate) per actuation (60 actuations)	Inhalation by mouth	Spiriva Respimat	BY	MP NP C15566 C15753 C15754	P15566 P15753 P15754	2	5	1

[424] Schedule 1, Part 1, entry for Tiotropium with olodaterol

substitute:

Tiotropium with olodaterol	Solution for oral inhalation containing tiotropium 2.5 micrograms (as bromide monohydrate) with olodaterol 2.5 micrograms (as hydrochloride) per dose, 60 doses	Inhalation by mouth	Spiolto Respimat	BY	MP NP C7798	P7798	1	5	1
Tiotropium with olodaterol	Solution for oral inhalation containing tiotropium 2.5 micrograms (as bromide monohydrate) with olodaterol 2.5 micrograms (as hydrochloride) per dose, 60 doses	Inhalation by mouth	Spiolto Respimat	BY	MP NP C15691	P15691	2	5	1

[425] Schedule 1, Part 1, entries for Tocilizumab in the form Concentrate for injection 80 mg in 4 mL

substitute:

Tocilizumab	Concentrate for injection 80 mg in 4 mL	Injection	Actemra	RO	MP	See Note 3	See Note 3	See Note 3	See Note 3	1	PB(100)
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[426] Schedule 1, Part 1, entries for Tocilizumab in the form Concentrate for injection 200 mg in 10 mL

substitute:

Tocilizumab	Concentrate for injection 200 mg in 10 mL	Injection	Actemra	RO	MP	See Note 3	See Note 3	See Note 3	See Note 3	1	PB(100)
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[427] Schedule 1, Part 1, entries for Tocilizumab in the form Concentrate for injection 400 mg in 20 mL

substitute:

Tocilizumab	Concentrate for injection 400 mg in 20 mL	Injection	Actemra	RO	MP	See Note 3	See Note 3	See Note 3	See Note 3	1	PB(100)
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[428] Schedule 1, Part 1, after entry for Topiramate in the form Tablet 25 mg [Brand: Topiramate Sandoz; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Topiramate	Tablet 25 mg	Oral	TOPIRAMATE-WGR	WG	MP NP	C5325 C5516	P5325 P5516	60	5	60
Topiramate	Tablet 25 mg	Oral	TOPIRAMATE-WGR	WG	MP NP	C14901 C14973	P14901 P14973	120	5	60

[429] Schedule 1, Part 1, after entry for Topiramate in the form Tablet 50 mg [Brand: Topiramate Sandoz; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Topiramate	Tablet 50 mg	Oral	TOPIRAMATE-WGR	WG	MP NP	C5325 C5516	P5325 P5516	60	5	60
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Topiramate	Tablet 50 mg	Oral	TOPIRAMATE- WGR	WG	MP NP	C14901 C14973	P14901 P14973	120	5	60
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[430] Schedule 1, Part 1, after entry for Topiramate in the form Tablet 100 mg [Brand: Topiramate Sandoz; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Topiramate	Tablet 100 mg	Oral	TOPIRAMATE- WGR	WG	MP NP	C5325 C5516	P5325 P5516	60	5	60
Topiramate	Tablet 100 mg	Oral	TOPIRAMATE- WGR	WG	MP NP	C14901 C14973	P14901 P14973	120	5	60

[431] Schedule 1, Part 1, after entry for Topiramate in the form Tablet 200 mg [Brand: Topiramate Sandoz; Maximum Quantity: 120; Number of Repeats: 5]

insert:

Topiramate	Tablet 200 mg	Oral	TOPIRAMATE- WGR	WG	MP NP	C5516	P5516	60	5	60
Topiramate	Tablet 200 mg	Oral	TOPIRAMATE- WGR	WG	MP NP	C14973	P14973	120	5	60

[432] Schedule 1, Part 1, entries for Trabectedin

substitute:

Trabectedin	Powder for I.V. infusion 1 mg	Injection	Yondelis	ZL	MP	C14196	P14196	See Note 3	See Note 3	1	D(100)
Trabectedin	Powder for I.V. infusion 1 mg	Injection	Yondelis	ZL	MP	C14197	P14197	See Note 3	See Note 3	1	D(100)

[433] Schedule 1, Part 1, entries for Tramadol in the form Capsule containing tramadol hydrochloride 50 mg

substitute:

Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	APO-Tramadol	TX	MP NP	C10766	P10766	10	0		20
						PDP					
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	APO-Tramadol	TX	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	APO-Tramadol	TX	PDP	C10768	P10768	20	0		20
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	Tramadol Sandoz	SZ	MP NP	C10766	P10766	10	0		20
						PDP					
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	Tramadol Sandoz	SZ	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	Tramadol Sandoz	SZ	PDP	C10768	P10768	20	0		20
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	TRAMADOL-WGR	WG	MP NP	C10766	P10766	10	0		20
						PDP					
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	TRAMADOL-WGR	WG	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	TRAMADOL-WGR	WG	PDP	C10768	P10768	20	0		20
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	Tramal	CS	MP NP	C10766	P10766	10	0		20
						PDP					
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	Tramal	CS	MP NP	C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772	20
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	Tramal	CS	PDP	C10768	P10768	20	0		20

Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	Tramedo	AF	MP NP C10766 PDP	P10766	10	0	20
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	Tramedo	AF	MP NP C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772 20
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	Tramedo	AF	PDP C10768	P10768	20	0	20
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	Zydol	RW	MP NP C10766 PDP	P10766	10	0	20
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	Zydol	RW	MP NP C10764 C10771 C10772	P10764 P10771 P10772	20	0	V10764 V10771 V10772 20
Tramadol	Capsule containing tramadol hydrochloride 50 mg	Oral	Zydol	RW	PDP C10768	P10768	20	0	20

[434] Schedule 1, Part 1, after entry for Tramadol in the form Tablet (sustained release) containing tramadol hydrochloride 100 mg [Brand: Tramadol SR generichealth]

insert:

Tramadol	Tablet (sustained release) containing tramadol hydrochloride 100 mg	Oral	TRAMADOL-WGR SR	WG	MP NP C10748 C10752 C10755		20	0	V10748 V10752 V10755 20
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[435] Schedule 1, Part 1, after entry for Tramadol in the form Tablet (sustained release) containing tramadol hydrochloride 150 mg [Brand: Tramadol SR generichealth]

insert:

Tramadol	Tablet (sustained release) containing tramadol hydrochloride 150 mg	Oral	TRAMADOL-WGR SR	WG	MP NP C10748 C10752 C10755		20	0	V10748 V10752 V10755 20
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[436] Schedule 1, Part 1, after entry for Tramadol in the form Tablet (sustained release) containing tramadol hydrochloride 200 mg [Brand: Tramadol SR generichealth]

insert:

Tramadol	Tablet (sustained release) containing tramadol hydrochloride 200 mg	Oral	TRAMADOL-WGR SR	WG	MP NP	C10748 C10752 C10755	20	0	V10748 V10752 V10755	20
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[437] Schedule 1, Part 1, after entry for Tranylcypramine

insert:

Tranylcypramine	Tablet 10 mg (as sulfate)	Oral	Parnate	GH	MP	P14238	100	1		50
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[438] Schedule 1, Part 1, entry for Trastuzumab

substitute:

Trastuzumab	Powder for I.V. infusion 60 mg	Injection	Trazimera	PF	MP	C9349 C9353 C9571 C9573 C10213 C10294 C15820 C15831	See Note 3	See Note 3	V15820 V15831	1	PB(100)
Trastuzumab	Powder for I.V. infusion 150 mg	Injection	Herzuma	EW	MP	C9349 C9353 C9571 C9573 C10213 C10294 C15820 C15831	See Note 3	See Note 3	V15820 V15831	1	PB(100)
Trastuzumab	Powder for I.V. infusion 150 mg	Injection	Kanjinti	JU	MP	C9349 C9353 C9571 C9573 C10213 C10294 C15820 C15831	See Note 3	See Note 3	V15820 V15831	1	PB(100)
Trastuzumab	Powder for I.V. infusion 150 mg	Injection	Ogivri	SZ	MP	C9349 C9353 C9571 C9573 C10213 C10294 C15820 C15831	See Note 3	See Note 3	V15820 V15831	1	PB(100)

Trastuzumab	Powder for I.V. infusion 150 mg	Injection	Trazimera	PF	MP	C9349 C9353 C9571 C9573 C10213 C10294 C15820 C15831		See Note 3	See Note 3	V15820 V15831	1	PB(100)
Trastuzumab	Powder for I.V. infusion 420 mg	Injection	Kanjinti	JU	MP	C9349 C9353 C9571 C9573 C10213 C10294 C15820 C15831		See Note 3	See Note 3	V15820 V15831	1	PB(100)
Trastuzumab	Powder for I.V. infusion 440 mg with diluent	Injection	Herzuma	EW	MP	C9349 C9353 C9571 C9573 C10213 C10294 C15820 C15831		See Note 3	See Note 3	V15820 V15831	1	PB(100)
Trastuzumab	Solution for subcutaneous injection containing trastuzumab 600 mg in 5 mL	Injection	Herceptin SC	RO	MP	C9353	P9353	1	0		1	
Trastuzumab	Solution for subcutaneous injection containing trastuzumab 600 mg in 5 mL	Injection	Herceptin SC	RO	MP	C9462 C10212	P9462 P10212	1	3		1	

[439] Schedule 1, Part 1, entry for Trastuzumab deruxtecan

substitute:

Trastuzumab deruxtecan	Powder for I.V. infusion 100 mg	Injection	Enhertu	AP	MP	C15826 C15832		See Note 3	See Note 3	V15826 V15832	1	D(100)
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[440] Schedule 1, Part 1, entries for Trastuzumab emtansine

substitute:

Trastuzumab emtansine	Powder for I.V. infusion 100 mg	Injection	Kadcyla	RO	MP	C15818 C15819 C15827 C15828		See Note 3	See Note 3	V15818 V15819 V15827 V15828	1	D(100)
Trastuzumab emtansine	Powder for I.V. infusion 160 mg	Injection	Kadcyla	RO	MP	C15818 C15819 C15827 C15828		See Note 3	See Note 3	V15818 V15819 V15827 V15828	1	D(100)

[441] Schedule 1, Part 1, entries for Travoprost*substitute:*

Travoprost	Eye drops 40 micrograms per mL, 2.5 mL	Application to the eye	Travatan	NV	MP AO			1	5	1
Travoprost	Eye drops 40 micrograms per mL, 2.5 mL	Application to the eye	Travatan	NV	MP AO	P14238		2	5	1

[442] Schedule 1, Part 1, entries for Travoprost with timolol*substitute:*

Travoprost with timolol	Eye drops 40 micrograms travoprost with timolol 5 mg (as maleate) per mL, 2.5 mL	Application to the eye	Duotrav	NV	AO	C5038	P5038	1	5	1
Travoprost with timolol	Eye drops 40 micrograms travoprost with timolol 5 mg (as maleate) per mL, 2.5 mL	Application to the eye	Duotrav	NV	MP	C4343	P4343	1	5	1
Travoprost with timolol	Eye drops 40 micrograms travoprost with timolol 5 mg (as maleate) per mL, 2.5 mL	Application to the eye	Duotrav	NV	MP AO	C15558	P15558	2	5	1

[443] Schedule 1, Part 1, entry for Triglycerides, long chain with glucose polymer*omit:*

Triglycerides, long chain with glucose polymer	Oral liquid 250 mL, 18 (ProZero)	Oral	ProZero	VF	MP NP	C4438		6	5	1
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[444] Schedule 1, Part 1, after entry for Trimethoprim in the form Tablet 300 mg [Brand: Trimethoprim Viatris; Maximum Quantity: 28; Number of Repeats: 0]*insert:*

Trimethoprim	Tablet 300 mg	Oral	TRIMETHOPRIM- WGR	WG	MP NP			7	1	7
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Trimethoprim	Tablet 300 mg	Oral	TRIMETHOPRIM- WGR	WG	MP	P4243	14	2	7
							CN4243	CN4243	
Trimethoprim	Tablet 300 mg	Oral	TRIMETHOPRIM- WGR	WG	MP	P6163	28	0	7

[445] Schedule 1, Part 1, entry for Umeclidinium

substitute:

Umeclidinium	Powder for oral inhalation in breath actuated device 62.5 micrograms (as bromide) per dose, 30 doses	Inhalation by mouth	Incruse Ellipta	GK	MP NP C4516	P4516	1	5	1
Umeclidinium	Powder for oral inhalation in breath actuated device 62.5 micrograms (as bromide) per dose, 30 doses	Inhalation by mouth	Incruse Ellipta	GK	MP NP C15634	P15634	2	5	1

[446] Schedule 1, Part 1, entry for Umeclidinium with vilanterol

substitute:

Umeclidinium with vilanterol	Powder for oral inhalation in breath actuated device containing umeclidinium 62.5 micrograms (as bromide) with vilanterol 25 micrograms (as trifenatate) per dose, 30 doses	Inhalation by mouth	Anoro Ellipta 62.5/25	GK	MP NP C7798	P7798	1	5	1
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Umeclidinium with vilanterol	Powder for oral inhalation in breath actuated device containing umeclidinium 62.5 micrograms (as bromide) with vilanterol 25 micrograms (as trifenatate) per dose, 30 doses	Inhalation by mouth	Anoro Ellipta 62.5/25	GK	MP NP C15691	P15691	2	5	1
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[447] Schedule 1, Part 1, after entry for Valaciclovir in the form Tablet 500 mg (as hydrochloride) [Brand: Valaciclovir SZ]

insert:

Valaciclovir	Tablet 500 mg (as hydrochloride)	Oral	VALACICLOVIR- WGR	WG	MP NP C5960	P5960	20	0	10
Valaciclovir	Tablet 500 mg (as hydrochloride)	Oral	VALACICLOVIR- WGR	WG	MP NP C5940 C5961	P5940 P5961	30	5	30
Valaciclovir	Tablet 500 mg (as hydrochloride)	Oral	VALACICLOVIR- WGR	WG	MP NP C5962 C5968	P5962 P5968	42	0	42

[448] Schedule 1, Part 1, entry for Valganciclovir in the form Powder for oral solution 50 mg (as hydrochloride) per mL, 100 mL [Authorised Prescriber: MP; Maximum Quantity: 11; Number of Repeats: 5]

omit from the column headed "Circumstances": **C4989 C9316** *substitute:* **C15782 C15784 C15800 C15814**

[449] Schedule 1, Part 1, entry for Valganciclovir in the form Tablet 450 mg (as hydrochloride) [Brand: Valganciclovir Sandoz; Authorised Prescriber: MP; Maximum Quantity: 120; Number of Repeats: 5]

omit from the column headed "Circumstances": **C4989 C9316** *substitute:* **C15782 C15784 C15800 C15814**

[450] Schedule 1, Part 1, entry for Valganciclovir in the form Tablet 450 mg (as hydrochloride) [Brand: Valganciclovir Viatrix; Authorised Prescriber: MP; Maximum Quantity: 120; Number of Repeats: 5]

omit from the column headed "Circumstances": **C4989 C9316** *substitute:* **C15782 C15784 C15800 C15814**

[451] Schedule 1, Part 1, after entry for Venlafaxine in the form Capsule (modified release) 37.5 mg (as hydrochloride) [Brand: Elaxine SR 37.5]

insert:

Venlafaxine	Capsule (modified release) 37.5 mg (as hydrochloride)	Oral	VENLAFAXINE XR-WGR	WG	MP NP C5650		28	0	28
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[452] Schedule 1, Part 1, entries for Venlafaxine in the form Capsule (modified release) 75 mg (as hydrochloride)

substitute:

Venlafaxine	Capsule (modified release) 75 mg (as hydrochloride)	Oral	APO-Venlafaxine XR	TX	MP NP C5650	P5650	28	5	28
Venlafaxine	Capsule (modified release) 75 mg (as hydrochloride)	Oral	APO-Venlafaxine XR	TX	MP NP C15553	P15553	56	2	28
Venlafaxine	Capsule (modified release) 75 mg (as hydrochloride)	Oral	Efexor-XR	UJ	MP NP C5650	P5650	28	5	28
Venlafaxine	Capsule (modified release) 75 mg (as hydrochloride)	Oral	Efexor-XR	UJ	MP NP C15553	P15553	56	2	28
Venlafaxine	Capsule (modified release) 75 mg (as hydrochloride)	Oral	Elaxine SR 75	RW	MP NP C5650	P5650	28	5	28

Venlafaxine	Capsule (modified release) 75 mg (as hydrochloride)	Oral	Elaxine SR 75	RW	MP NP C15553	P15553	56	2	28
Venlafaxine	Capsule (modified release) 75 mg (as hydrochloride)	Oral	Enlafax-XR	AF	MP NP C5650	P5650	28	5	28
Venlafaxine	Capsule (modified release) 75 mg (as hydrochloride)	Oral	Enlafax-XR	AF	MP NP C15553	P15553	56	2	28
Venlafaxine	Capsule (modified release) 75 mg (as hydrochloride)	Oral	Sandoz Venlafaxine XR	HX	MP NP C5650	P5650	28	5	28
Venlafaxine	Capsule (modified release) 75 mg (as hydrochloride)	Oral	Sandoz Venlafaxine XR	HX	MP NP C15553	P15553	56	2	28
Venlafaxine	Capsule (modified release) 75 mg (as hydrochloride)	Oral	Venlafaxine generichealth XR	GQ	MP NP C5650	P5650	28	5	28
Venlafaxine	Capsule (modified release) 75 mg (as hydrochloride)	Oral	Venlafaxine generichealth XR	GQ	MP NP C15553	P15553	56	2	28
Venlafaxine	Capsule (modified release) 75 mg (as hydrochloride)	Oral	VENLAFAXINE XR-WGR	WG	MP NP C5650	P5650	28	5	28
Venlafaxine	Capsule (modified release) 75 mg (as hydrochloride)	Oral	VENLAFAXINE XR-WGR	WG	MP NP C15553	P15553	56	2	28

[453] Schedule 1, Part 1, entries for Venlafaxine in the form Capsule (modified release) 150 mg (as hydrochloride)

substitute:

Venlafaxine	Capsule (modified release) 150 mg (as hydrochloride)	Oral	APO-Venlafaxine XR	TX	MP NP C5650	P5650	28	5	28
Venlafaxine	Capsule (modified release) 150 mg (as hydrochloride)	Oral	APO-Venlafaxine XR	TX	MP NP C15553	P15553	56	2	28
Venlafaxine	Capsule (modified release) 150 mg (as hydrochloride)	Oral	Efexor-XR	UJ	MP NP C5650	P5650	28	5	28

Venlafaxine	Capsule (modified release) 150 mg (as hydrochloride)	Oral	Efexor-XR	UJ	MP NP C15553	P15553	56	2	28
Venlafaxine	Capsule (modified release) 150 mg (as hydrochloride)	Oral	Elaxine SR 150	RW	MP NP C5650	P5650	28	5	28
Venlafaxine	Capsule (modified release) 150 mg (as hydrochloride)	Oral	Elaxine SR 150	RW	MP NP C15553	P15553	56	2	28
Venlafaxine	Capsule (modified release) 150 mg (as hydrochloride)	Oral	Enlafax-XR	AF	MP NP C5650	P5650	28	5	28
Venlafaxine	Capsule (modified release) 150 mg (as hydrochloride)	Oral	Enlafax-XR	AF	MP NP C15553	P15553	56	2	28
Venlafaxine	Capsule (modified release) 150 mg (as hydrochloride)	Oral	Sandoz Venlafaxine XR	HX	MP NP C5650	P5650	28	5	28
Venlafaxine	Capsule (modified release) 150 mg (as hydrochloride)	Oral	Sandoz Venlafaxine XR	HX	MP NP C15553	P15553	56	2	28
Venlafaxine	Capsule (modified release) 150 mg (as hydrochloride)	Oral	Venlafaxine generichealth XR	GQ	MP NP C5650	P5650	28	5	28
Venlafaxine	Capsule (modified release) 150 mg (as hydrochloride)	Oral	Venlafaxine generichealth XR	GQ	MP NP C15553	P15553	56	2	28
Venlafaxine	Capsule (modified release) 150 mg (as hydrochloride)	Oral	VENLAFAXINE XR-WGR	WG	MP NP C5650	P5650	28	5	28
Venlafaxine	Capsule (modified release) 150 mg (as hydrochloride)	Oral	VENLAFAXINE XR-WGR	WG	MP NP C15553	P15553	56	2	28

[454] Schedule 1, Part 2, omit entry for Bisacodyl

[455] Schedule 1, Part 2, after entry for Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides

insert:

Budesonide with formoterol	Pressurised inhalation containing budesonide 50 micrograms with formoterol fumarate dihydrate 3 micrograms per dose, 120 doses	Inhalation by mouth	Symbicort Rapihaler 50/3	AP	1
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[456] Schedule 1, Part 2, omit entry for Ketoconazole

[457] Schedule 1, Part 2, after entry for Somatropin

insert:

Triglycerides, long chain with glucose polymer	Oral liquid 250 mL, 18 (ProZero)	Oral	ProZero	VF	1
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[458] Schedule 3 after details relevant for Responsible Person code FQ

insert:

FT	AMICUS THERAPEUTICS PTY LTD	87 621 776 476
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[459] Schedule 3

omit:

JB	Apotex Pty Ltd	52 096 916 148
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[460] Schedule 3 after details relevant for Responsible Person code WA

insert:

WG	WAGNER PHARMACEUTICALS PTY LTD	48 670 339 867
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[461] Schedule 3

omit:

ZP	Medis Pharma Pty Ltd	67 109 225 747
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[462] Schedule 4, Part 1, entry for Circumstances Code "C4389"

omit from the column headed "Listed Drug": Fosinopril with hydrochlorothiazide

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- [463] Schedule 4, Part 1, omit entry for Circumstances Code “C4894”
- [464] Schedule 4, Part 1, omit entry for Circumstances Code “C4972”
- [465] Schedule 4, Part 1, omit entry for Circumstances Code “C4989”
- [466] Schedule 4, Part 1, omit entry for Circumstances Code “C4999”
- [467] Schedule 4, Part 1, omit entry for Circumstances Code “C5713”
- [468] Schedule 4, Part 1, omit entry for Circumstances Code “C6073”
- [469] Schedule 4, Part 1, omit entry for Circumstances Code “C6079”
- [470] Schedule 4, Part 1, omit entry for Circumstances Code “C6097”
- [471] Schedule 4, Part 1, omit entry for Circumstances Code “C6098”
- [472] Schedule 4, Part 1, omit entry for Circumstances Code “C6120”
- [473] Schedule 4, Part 1, omit entry for Circumstances Code “C6153”
- [474] Schedule 4, Part 1, omit entry for Circumstances Code “C6185”
- [475] Schedule 4, Part 1, omit entry for Circumstances Code “C6732”
- [476] Schedule 4, Part 1, omit entry for Circumstances Code “C7345”
- [477] Schedule 4, Part 1, entry for Circumstances Code “C7346”
insert in alphabetical order in the column headed “Listed Drug”: **Ceritinib**
- [478] Schedule 4, Part 1, omit entry for Circumstances Code “C7369”
- [479] Schedule 4, Part 1, omit entry for Circumstances Code “C7631”
- [480] Schedule 4, Part 1, omit entry for Circumstances Code “C7640”
- [481] Schedule 4, Part 1, omit entry for Circumstances Code “C9316”
- [482] Schedule 4, Part 1, omit entry for Circumstances Code “C9404”
- [483] Schedule 4, Part 1, omit entry for Circumstances Code “C9526”
- [484] Schedule 4, Part 1, omit entry for Circumstances Code “C10293”
- [485] Schedule 4, Part 1, omit entry for Circumstances Code “C10295”
- [486] Schedule 4, Part 1, omit entry for Circumstances Code “C10296”
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- [487] Schedule 4, Part 1, omit entry for Circumstances Code “C10384”
 - [488] Schedule 4, Part 1, omit entry for Circumstances Code “C11880”
 - [489] Schedule 4, Part 1, omit entry for Circumstances Code “C12272”
 - [490] Schedule 4, Part 1, omit entry for Circumstances Code “C12273”
 - [491] Schedule 4, Part 1, omit entry for Circumstances Code “C12306”
 - [492] Schedule 4, Part 1, omit entry for Circumstances Code “C12315”
 - [493] Schedule 4, Part 1, omit entry for Circumstances Code “C12980”
 - [494] Schedule 4, Part 1, omit entry for Circumstances Code “C12989”
 - [495] Schedule 4, Part 1, omit entry for Circumstances Code “C13004”
 - [496] Schedule 4, Part 1, omit entry for Circumstances Code “C13017”
 - [497] Schedule 4, Part 1, omit entry for Circumstances Code “C13184”
 - [498] Schedule 4, Part 1, entry for Circumstances Code “C13186”
insert in alphabetical order in the column headed “Listed Drug”: **Entrectinib**
 - [499] Schedule 4, Part 1, omit entry for Circumstances Code “C13233”
 - [500] Schedule 4, Part 1, omit entry for Circumstances Code “C13250”
 - [501] Schedule 4, Part 1, omit entry for Circumstances Code “C13251”
 - [502] Schedule 4, Part 1, omit entry for Circumstances Code “C13276”
 - [503] Schedule 4, Part 1, omit entry for Circumstances Code “C13716”
 - [504] Schedule 4, Part 1, omit entry for Circumstances Code “C14188”
 - [505] Schedule 4, Part 1, entry for Circumstances Code “C14238”
omit entry for Circumstances Code “C14238” and substitute:

C14238	P14238	CN14238	Acarbose Allopurinol Amlodipine Amlodipine with atorvastatin	The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
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		Atenolol Atorvastatin Baclofen Beclometasone Betaxolol Bimatoprost Brimonidine Brinzolamide Budesonide Candesartan Carbamazepine Carbimazole Chlortalidone Ciclesonide Ciclosporin Clonidine Clopidogrel Clopidogrel with aspirin Colestyramine Cortisone Cyproterone Dexamethasone Diltiazem Dorzolamide Enalapril Eprosartan Estradiol Estradiol and estradiol with dydrogesterone		
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			Estradiol and estradiol with norethisterone Estradiol with norethisterone Estriol Ethosuximide Everolimus Felodipine Fenofibrate Fluticasone furoate Fluticasone propionate Fluvastatin Furosemide Gemfibrozil Glibenclamide Gliclazide Glimepiride Glipizide Glyceryl trinitrate Hydrochlorothiazide Hydrochlorothiazide with amiloride Hydrocortisone Indapamide Irbesartan Isosorbide dinitrate Isosorbide mononitrate Labetalol Latanoprost Lercanidipine		
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			Levodopa with benserazide Levodopa with carbidopa Lisinopril Medroxyprogesterone Metformin Methenamine Methotrexate Metoprolol Mycophenolic acid Nicorandil Nifedipine Nizatidine Norethisterone Olmesartan Pancreatic extract Paraffin Penicillamine Perindopril Perindopril with indapamide Phenytoin Pilocarpine Pizotifen Potassium chloride Potassium chloride with potassium bicarbonate Pravastatin Prazosin Prednisolone Prednisone		
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			Probenecid Propranolol Propylthiouracil Pyridostigmine Ramipril Rosuvastatin Simvastatin Sirolimus Sodium bicarbonate Spironolactone Sulfasalazine Sulthiame Tacrolimus Telmisartan Toremifene Trandolapril Tranylcypromine Travoprost Valproic acid Valsartan Verapamil		
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[506] Schedule 4, Part 1, omit entry for Circumstances Code “C14470”

[507] Schedule 4, Part 1, omit entry for Circumstances Code “C15249”

[508] Schedule 4, Part 1, entry for Circumstances Code “C15261”

omit entry for Circumstances Code “C15261” and substitute:

C15261	P15261	CN15261	Alogliptin Linagliptin Saxagliptin	Diabetes mellitus type 2 The treatment must be used in combination with at least one of: metformin, a sulfonylurea, insulin; AND The condition must be inadequately responsive to at least one of: metformin, a	Compliance with Authority Required procedures - Streamlined Authority Code 15261
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			Sitagliptin Vildagliptin	sulfonylurea, insulin. Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another DPP4 inhibitor.	
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- [509] Schedule 4, Part 1, omit entry for Circumstances Code “C15279”
- [510] Schedule 4, Part 1, omit entry for Circumstances Code “C15280”
- [511] Schedule 4, Part 1, omit entry for Circumstances Code “C15295”
- [512] Schedule 4, Part 1, omit entry for Circumstances Code “C15296”
- [513] Schedule 4, Part 1, omit entry for Circumstances Code “C15307”
- [514] Schedule 4, Part 1, omit entry for Circumstances Code “C15309”
- [515] Schedule 4, Part 1, omit entry for Circumstances Code “C15316”
- [516] Schedule 4, Part 1, omit entry for Circumstances Code “C15317”
- [517] Schedule 4, Part 1, omit entry for Circumstances Code “C15319”
- [518] Schedule 4, Part 1, omit entry for Circumstances Code “C15325”
- [519] Schedule 4, Part 1, omit entry for Circumstances Code “C15328”
- [520] Schedule 4, Part 1, after entry for Circumstances Code “C15527”

insert:

C15530	P15530	CN15530	Esomeprazole Lansoprazole Omeprazole Pantoprazole Rabeprazole	Gastro-oesophageal reflux disease The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND <i>The treatment must be for long-term maintenance of gastro-oesophageal reflux disease in a patient with symptoms inadequately controlled using a low dose proton pump inhibitor.</i>	<i>Compliance with Authority Required procedures - Streamlined Authority Code 15530</i>
C15531	P15531	CN15531	Esomeprazole Lansoprazole Omeprazole Pantoprazole Rabeprazole	Complex gastro-oesophageal reflux disease (GORD) One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient. Must be treated by a gastroenterologist; OR Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR	<i>Compliance with Authority Required procedures</i>

				<p>Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR</p> <p>Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.</p> <p>The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI; AND</p> <p>Patient must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR</p> <p>Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR</p> <p>Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR</p> <p>Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.</p> <p><i>Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.</i></p>	
C15535	P15535	CN15535	Bisacodyl	<p>Terminal malignant neoplasia</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p> <p>Patient must identify as Aboriginal or Torres Strait Islander.</p>	
C15536	P15536	CN15536	Teriparatide	<p>Severe established osteoporosis</p> <p>Continuing treatment</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>Patient must have previously been issued with an authority prescription for this drug; AND</p> <p>The treatment must not exceed a lifetime maximum of 18 months therapy.</p> <p>Must be treated by a specialist; OR</p> <p>Must be treated by a consultant physician.</p>	<p>Compliance with Authority Required procedures - Streamlined Authority Code 15536</p>
C15539	P15539	CN15539	Macrogol 3350	Chronic constipation	

				<p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>The condition must be inadequately controlled with first line interventions such as bulk-forming agents.</p>	
C15542	P15542	CN15542	Apomorphine	<p>Parkinson disease</p> <p>Maintenance therapy</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy; AND</p> <p>Patient must have been commenced on treatment in a specialist unit in a hospital setting.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15542
C15543	P15543	CN15543	<p>Beclometasone with formoterol and glycopyrronium</p> <p>Budesonide with glycopyrronium and formoterol</p> <p>Fluticasone furoate with umeclidinium and vilanterol</p>	<p>Chronic obstructive pulmonary disease (COPD)</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; OR</p> <p>Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.</p> <p>Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15543
C15546	P15546	CN15546	Fluticasone furoate with vilanterol	<p>Asthma</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.</p> <p>Patient must be aged 12 years or over.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15546
C15548	P15548	CN15548	<p>Budesonide with formoterol</p> <p>Fluticasone furoate with vilanterol</p> <p>Fluticasone propionate with salmeterol</p>	<p>Chronic obstructive pulmonary disease (COPD)</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy; AND</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15548

				Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.	
C15550	P15550	CN15550	Escitalopram	Moderate to severe generalised anxiety disorder (GAD) The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND Patient must not have responded to non-pharmacological therapy; AND Patient must have been assessed by a psychiatrist.	
C15551	P15551	CN15551	Escitalopram	Moderate to severe social anxiety disorder (social phobia, SAD) The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND Patient must not have responded to non-pharmacological therapy; AND Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.	
C15553	P15553	CN15553	Desvenlafaxine Mirtazapine Moclobemide Reboxetine Venlafaxine	Major depressive disorders The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
C15556	P15556	CN15556	Carbomer Hypromellose Hypromellose with dextran Polyethylene glycol 400 with propylene glycol	Severe dry eye syndrome The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
C15558	P15558	CN15558	Bimatoprost with timolol Brimonidine with timolol Brinzolamide with brimonidine Brinzolamide with timolol	Elevated intra-ocular pressure The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The condition must have been inadequately controlled with monotherapy; AND Patient must have open-angle glaucoma; OR Patient must have ocular hypertension.	

			Dorzolamide with timolol Latanoprost with timolol Travoprost with timolol		
C15559	P15559	CN15559	Carbomer Carmellose Hyaluronic acid Hypromellose Paraffin Perfluorohexyloctane Polyethylene glycol 400 with propylene glycol Soy lecithin	Severe dry eye syndrome The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be sensitive to preservatives in multi-dose eye drops.	Compliance with Authority Required procedures - Streamlined Authority Code 15559
C15560	P15560	CN15560	Carbomer Carmellose Carmellose with glycerin Hypromellose Hypromellose with carbomer 980 Hypromellose with dextran Polyethylene glycol 400 with propylene glycol	Severe dry eye syndrome	
C15564	P15564	CN15564	Levodopa with carbidopa and entacapone	Parkinson disease The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be being treated with levodopa decarboxylase inhibitor combinations; AND Patient must be experiencing fluctuations in motor function due to end-of-dose effect.	
C15565	P15565	CN15565	Levodopa with carbidopa and entacapone	Parkinson disease The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be stabilised on concomitant treatment with levodopa decarboxylase inhibitor combinations and entacapone.	

C15566	P15566	CN15566	Tiotropium	<p>Severe asthma</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique; AND</p> <p>The treatment must be used in combination with a maintenance combination of an inhaled corticosteroid (ICS) and a long acting beta-2 agonist (LABA) unless a LABA is contraindicated.</p> <p>Patient must be at least 18 years of age.</p> <p>Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.</p>	
C15568	P15568	CN15568	Pramipexole	<p>Parkinson disease</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p>	
C15570	P15570	CN15570	Pramipexole	<p>Parkinson disease</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p>	
C15572	P15572	CN15572	Bisacodyl Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate	<p>Terminal malignant neoplasia</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p>	
C15574	P15574	CN15574	Lansoprazole Omeprazole Pantoprazole Rabeprazole	<p>Gastro-oesophageal reflux disease</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p>	
C15575	P15575	CN15575	Omeprazole Pantoprazole	<p>Zollinger-Ellison syndrome</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p>	
C15577	P15577	CN15577	Budesonide with formoterol	<p>Asthma</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15577

				<p>Patient must have failed PBS-subsidised fluticasone propionate and salmeterol as a fixed dose combination for this condition.</p> <p>Must be treated by a respiratory physician; OR</p> <p>Must be treated by a paediatrician.</p>	
C15578	P15578	CN15578	Budesonide	<p>Severe chronic asthma</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>Patient must require long-term steroid therapy; AND</p> <p>Patient must not be able to use other forms of inhaled steroid therapy.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15578
C15580	P15580	CN15580	Mianserin	<p>Severe depression</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p>	
C15582	P15582	CN15582	<p>Fluoxetine</p> <p>Fluvoxamine</p> <p>Paroxetine</p> <p>Sertraline</p>	<p>Obsessive-compulsive disorder</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p>	
C15583	P15583	CN15583	Sertraline	<p>Panic disorder</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>The treatment must be for use when other treatments have failed; OR</p> <p>The treatment must be for use when other treatments are inappropriate.</p>	
C15585	P15585	CN15585	<p>Bisacodyl</p> <p>Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate</p>	<p>Constipation</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>Patient must be paraplegic or quadriplegic or have severe neurogenic impairment of bowel function.</p>	
C15586	P15586	CN15586	<p>Bisacodyl</p> <p>Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate</p>	<p>Constipation</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>Patient must be receiving palliative care.</p>	
C15587	P15587	CN15587	Bisacodyl	<p>Constipation</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>Patient must be receiving long-term nursing care and in respect of whom a Carer</p>	

				Allowance is payable as a disabled adult. Patient must identify as Aboriginal or Torres Strait Islander.	
C15593	P15593	CN15593	Macrogol 3350	Constipation The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be receiving palliative care.	
C15596	P15596	CN15596	Doxycycline	Bronchiectasis The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient. Patient must be aged 8 years or older.	
C15599	P15599	CN15599	Beclometasone with formoterol	Asthma The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND 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 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.	Compliance with Authority Required procedures - Streamlined Authority Code 15599
C15600	P15600	CN15600	Beclometasone	Asthma The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be unable to achieve co-ordinated use of other metered dose inhalers containing this drug	
C15601	P15601	CN15601	Fluticasone furoate with umeclidinium and vilanterol Indacaterol with glycopyrronium and mometasone	Severe asthma The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have experienced at least one severe asthma exacerbation in the 12 months prior to having first commenced treatment for severe asthma, which required systemic corticosteroid treatment despite each of: (i) receiving optimised asthma therapy, (ii) being assessed for adherence to therapy, (iii) being assessed for correct inhaler technique. Patient must be at least 18 years of age. Optimised asthma therapy includes adherence to the maintenance combination of an	Compliance with Authority Required procedures - Streamlined Authority Code 15601

				inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.	
C15602	P15602	CN15602	Entacapone	Parkinson disease The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination; AND Patient must be experiencing fluctuations in motor function due to end-of-dose effect.	
C15604	P15604	CN15604	Fluticasone propionate with salmeterol	Asthma The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids. Patient must be aged 4 years or older.	Compliance with Authority Required procedures - Streamlined Authority Code 15604
C15606	P15606	CN15606	Escitalopram	Moderate to severe generalised anxiety disorder (GAD) The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND Patient must not have responded to non-pharmacological therapy; AND Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.	
C15607	P15607	CN15607	Formoterol Salmeterol	Asthma The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must experience frequent episodes of the condition; AND Patient must be currently receiving treatment with oral corticosteroids; OR Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.	
C15608	P15608	CN15608	Levodopa with carbidopa	Parkinson disease The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The condition must be one in which fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.	
C15611	P15611	CN15611	Tiotropium	Chronic obstructive pulmonary disease (COPD)	

				The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
C15615	P15615	CN15615	Budesonide with formoterol	Asthma The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids. Patient must be aged 12 years or over.	Compliance with Authority Required procedures - Streamlined Authority Code 15615
C15617	P15617	CN15617	Budesonide with formoterol	Asthma The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.	Compliance with Authority Required procedures - Streamlined Authority Code 15617
C15622	P15622	CN15622	Testosterone	Androgen deficiency The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have an established pituitary or testicular disorder. Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists. The treatment must be applied to the scrotum area. The name of the specialist must be included in the authority application.	Compliance with Authority Required procedures
C15623	P15623	CN15623	Testosterone	Pubertal induction The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient. Patient must be under 18 years of age. Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists. The treatment must be applied to the scrotum area. The name of the specialist must be included in the authority application.	Compliance with Authority Required procedures
C15624	P15624	CN15624	Eprosartan with hydrochlorothiazide	Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND	

				The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an angiotensin II antagonist; OR The condition must be inadequately controlled with a thiazide diuretic.	
C15625	P15625	CN15625	Doxycycline	Severe acne The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
C15629	P15629	CN15629	Bisacodyl Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate	Constipation The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult.	
C15633	P15633	CN15633	Lansoprazole Omeprazole Pantoprazole Rabeprazole	Scleroderma oesophagus The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
C15634	P15634	CN15634	Acidinium Glycopyrronium Umeclidinium	Chronic obstructive pulmonary disease (COPD) The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
C15635	P15635	CN15635	Fluticasone propionate with formoterol	Asthma The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids. Patient must be aged 12 years or over.	Compliance with Authority Required procedures - Streamlined Authority Code 15635
C15636	P15636	CN15636	Cabergoline	Parkinson disease The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
C15639	P15639	CN15639	Escitalopram	Major depressive disorders The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
C15640	P15640	CN15640	Carmellose Carmellose with glycerin	Severe dry eye syndrome Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the	

			Hypromellose with carbomer 980	Plan or coordination of the Arrangements.	
C15642	P15642	CN15642	Montelukast	<p>Asthma</p> <p>First-line prevention</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p> <p>Patient must be aged 2 to 5 years inclusive.</p> <p>The condition must be frequent intermittent; OR</p> <p>The condition must be mild persistent; AND</p> <p>The treatment must be the single preventer agent; AND</p> <p>The treatment must be an alternative to sodium cromoglycate; OR</p> <p>The treatment must be an alternative to nedocromil sodium.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15642
C15643	P15643	CN15643	Montelukast	<p>Asthma</p> <p>First-line prevention</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>The condition must be frequent intermittent; OR</p> <p>The condition must be mild persistent; AND</p> <p>The treatment must be the single preventer agent; AND</p> <p>The treatment must be an alternative to sodium cromoglycate; OR</p> <p>The treatment must be an alternative to nedocromil sodium.</p> <p>Patient must be aged 6 to 14 years inclusive.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15643
C15644	P15644	CN15644	Montelukast	<p>Asthma</p> <p>Prevention of condition</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>The condition must be exercise-induced; AND</p> <p>The treatment must be as an alternative to adding salmeterol xinafoate; OR</p> <p>The treatment must be an alternative to adding formoterol fumarate; AND</p> <p>The condition must be otherwise well controlled while receiving optimal dose inhaled corticosteroid; AND</p> <p>Patient must require short-acting beta-2 agonist 3 or more times per week for prevention or relief of residual exercise-related symptoms.</p> <p>Patient must be aged 6 to 14 years inclusive.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15644
C15648	C15648	CN15648	Rasagiline	Parkinson disease	

				The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
C15649	P15649	CN15649	Rotigotine	Parkinson disease The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.	
C15653	P15653	CN15653	Indacaterol with mometasone	Asthma The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids. Patient must be aged 12 years or over.	Compliance with Authority Required procedures - Streamlined Authority Code 15653
C15654	P15654	CN15654	Testosterone	Micropenis The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient. Patient must be under 18 years of age. Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists. The treatment must be applied to the scrotum area. The name of the specialist must be included in the authority application.	Compliance with Authority Required procedures
C15655	P15655	CN15655	Esomeprazole	Scleroderma oesophagus The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have symptoms which are inadequately controlled using a standard dose proton pump inhibitor.	Compliance with Authority Required procedures
C15656	P15656	CN15656	Beclometasone with formoterol	Asthma The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids. Patient must be aged 18 years or older.	Compliance with Authority Required procedures - Streamlined Authority Code 15656
C15657	P15657	CN15657	Minocycline	Severe acne The condition must be stable for the prescriber to consider the listed maximum quantity	

				of this medicine suitable for this patient; AND The condition must not be responding to other tetracyclines.	
C15658	P15658	CN15658	Esomeprazole Lansoprazole Omeprazole Pantoprazole Rabeprazole	Scleroderma oesophagus The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	Compliance with Authority Required procedures - Streamlined Authority Code 15658
C15659	P15659	CN15659	Doxycycline	Chronic bronchitis The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient. Patient must be aged 8 years or older.	
C15661	P15661	CN15661	Macrogol 3350	Constipation The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be paraplegic, quadriplegic or have severe neurogenic impairment of bowel function; AND The condition must be unresponsive to other oral therapies.	
C15666	P15666	CN15666	Citalopram Escitalopram Fluoxetine Fluvoxamine Paroxetine Sertraline	Major depressive disorders The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
C15669	P15669	CN15669	Escitalopram	Moderate to severe generalised anxiety disorder (GAD) The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND Patient must not have responded to non-pharmacological therapy; AND Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.	
C15670	P15670	CN15670	Escitalopram	Moderate to severe generalised anxiety disorder (GAD)	

				<p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND</p> <p>Patient must not have responded to non-pharmacological therapy; AND</p> <p>Patient must have been assessed by a psychiatrist.</p>	
C15673	P15673	CN15673	Tetrabenazine	<p>Hyperkinetic extrapyramidal disorders</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15673
C15675	P15675	CN15675	Rotigotine	<p>Parkinson disease</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.</p>	
C15678	P15678	CN15678	Omeprazole Pantoprazole	<p>Zollinger-Ellison syndrome</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15678
C15680	P15680	CN15680	Budesonide with formoterol	<p>Asthma</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR</p> <p>Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR</p> <p>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.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15680
C15682	P15682	CN15682	Esomeprazole	<p>Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15682
C15686	P15686	CN15686	Doxycycline	<p>Severe acne</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p>	

C15688	P15688	PN15688	Macrogol 3350	Constipation The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be receiving palliative care.	
C15691	P15691	CN15691	Acidinium with formoterol Indacaterol with glycopyrronium Tiotropium with olodaterol Umeclidinium with vilanterol	Chronic obstructive pulmonary disease (COPD) The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR Patient must have been stabilised on a combination of a LAMA and a LABA.	Compliance with Authority Required procedures - Streamlined Authority Code 15691
C15692	P15692	CN15692	Fluticasone furoate with vilanterol	Asthma The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids. Patient must be aged 12 years or over.	Compliance with Authority Required procedures - Streamlined Authority Code 15692
C15693	P15693	CN15693	Fluticasone propionate with salmeterol	Asthma The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.	Compliance with Authority Required procedures - Streamlined Authority Code 15693
C15696	P15696	CN15696	Escitalopram	Moderate to severe social anxiety disorder (social phobia, SAD) The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND Patient must not have responded to non-pharmacological therapy; AND Patient must have been assessed by a psychiatrist.	
C15698	P15698	CN15698	Escitalopram	Moderate to severe social anxiety disorder (social phobia, SAD) The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND Patient must not have responded to non-pharmacological therapy; AND	

				Patient must have been assessed by a psychiatrist.	
C15699	P15699	CN15699	Safinamide	Parkinson disease The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.	
C15700	P15700	CN15700	Selegiline	Late stage Parkinson disease The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.	
C15702	P15702	CN15702	Budesonide with formoterol	Asthma The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND 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 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. Patient must be aged 12 years or over.	Compliance with Authority Required procedures - Streamlined Authority Code 15702
C15704	P15704	CN15704	Esomeprazole	Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have symptoms which are inadequately controlled using a standard dose proton pump inhibitor.	Compliance with Authority Required procedures
C15705	P15705	CN15705	Esomeprazole	Complex gastro-oesophageal reflux disease (GORD) One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient. Must be treated by a gastroenterologist; OR Must be treated by a surgeon with expertise in the upper gastrointestinal tract. The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI; AND	Compliance with Authority Required procedures

				<p>Patient must have symptoms inadequately controlled with each of: (i) a high dose proton pump inhibitor (PPI) administered once daily, (ii) a standard dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR</p> <p>Patient must be assessed for the risks/benefits of a step-down in dosing from a high dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR</p> <p>Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR</p> <p>Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.</p> <p>Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.</p>	
C15707	P15707	CN15707	<p>Bisacodyl</p> <p>Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate</p>	<p>Anorectal congenital abnormalities</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p>	
C15708	P15708	CN15708	<p>Bisacodyl</p>	<p>Constipation</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.</p> <p>Patient must identify as Aboriginal or Torres Strait Islander.</p>	
C15709	P15709	CN15709	<p>Macrogol 3350</p>	<p>Faecal impaction</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>The condition must be inadequately controlled with first line interventions such as bulk-forming agents.</p>	
C15710	P15710	CN15710	<p>Erythromycin</p>	<p>Severe acne</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>The condition must be one in which tetracycline therapy is inappropriate.</p>	<p>Compliance with Authority Required procedures - Streamlined Authority Code 15710</p>
C15711	P15711	CN15711	<p>Amantadine</p>	<p>Parkinson disease</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>The condition must not be drug induced.</p>	

C15714	P15714	CN15714	Fluticasone propionate with salmeterol	Asthma The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.	Compliance with Authority Required procedures - Streamlined Authority Code 15714
C15715	P15715	CN15715	Fluticasone propionate with salmeterol	Asthma The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids. Patient must be aged 4 years or older.	Compliance with Authority Required procedures - Streamlined Authority Code 15715
C15719	P15719	CN15719	Riluzole	Amyotrophic lateral sclerosis Continuing treatment The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must be ambulatory; OR Patient must not be ambulatory, and must be able to either use upper limbs or to swallow; AND Patient must not have undergone a tracheostomy; AND Patient must not have experienced respiratory failure.	Compliance with Authority Required procedures
C15722	P15722	CN15722	Paroxetine	Panic disorder The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
C15726	P15726	CN15726	Bisacodyl	Anorectal congenital abnormalities The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient. Patient must identify as Aboriginal or Torres Strait Islander.	
C15727	P15727	CN15727	Bisacodyl	Megacolon The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient. Patient must identify as Aboriginal or Torres Strait Islander.	
C15729	P15729	CN15729	Macrogol 3350	Constipation The condition must be stable for the prescriber to consider the listed maximum quantity	

				of this medicine suitable for this patient; AND Patient must have malignant neoplasia.	
C15730	P15730	CN15730	Macrogol 3350	Constipation The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be paraplegic, quadriplegic or have severe neurogenic impairment of bowel function; AND The condition must be unresponsive to other oral therapies.	
C15734	P15734	CN15734	Bisacodyl Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate	Constipation The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility.	
C15735	P15735	CN15735	Bisacodyl Sorbitol with sodium citrate dihydrate and sodium lauryl sulfoacetate	Megacolon The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
C15736	P15736	CN15736	Indacaterol	Chronic obstructive pulmonary disease (COPD) The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
C15739	P15739	CN15739	Testosterone	Androgen deficiency The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must not have an established pituitary or testicular disorder; AND The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs. Patient must be aged 40 years or older. Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists. The treatment must be applied to the scrotum area. Androgen deficiency is defined as: (i) testosterone level of less than 6 nmol per litre; OR (ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonadal reference range for young men, or greater than 14 IU per litre, whichever is higher).	Compliance with Authority Required procedures

				<p>Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.</p> <p>The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.</p> <p>The name of the specialist must be included in the authority application.</p>	
C15745	P15745	CN15745	Macrogol 3350	<p>Constipation</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>Patient must have malignant neoplasia.</p>	
C15746	P15746	CN15746	Macrogol 3350	<p>Chronic constipation</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>The condition must be inadequately controlled with first line interventions such as bulk-forming agents.</p>	
C15747	P15747	CN15747	Macrogol 3350	<p>Faecal impaction</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>The condition must be inadequately controlled with first line interventions such as bulk-forming agents.</p>	
C15751	P15751	CN15751	Escitalopram	<p>Moderate to severe social anxiety disorder (social phobia, SAD)</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria; AND</p> <p>Patient must not have responded to non-pharmacological therapy; AND</p> <p>Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.</p>	
C15753	P15753	CN15753	Tiotropium	<p>Bronchospasm and dyspnoea associated with chronic obstructive pulmonary disease</p> <p>Long-term maintenance treatment</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p>	
C15754	P15754	CN15754	Tiotropium	<p>Severe asthma</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p> <p>Must be treated by a respiratory physician, paediatric respiratory physician, clinical</p>	<p>Compliance with Authority Required procedures - Streamlined Authority Code 15754</p>

				<p>immunologist, allergist, paediatrician or general physician experienced in the management of patients with severe asthma; or in consultation with one of these specialists.</p> <p>Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented; AND</p> <p>Patient must have experienced at least one severe exacerbation prior to receiving PBS-subsidised treatment with this drug for this condition, which has required documented use of systemic corticosteroids in the previous 12 months while receiving optimised asthma therapy; OR</p> <p>Patient must have experienced frequent episodes of moderate asthma exacerbations prior to receiving PBS-subsidised treatment with this drug for this condition; AND</p> <p>The treatment must be used in combination with a maintenance combination of an inhaled corticosteroid (ICS) and a long acting beta-2 agonist (LABA) unless a LABA is contraindicated.</p> <p>Patient must be aged 6 to 17 years inclusive.</p> <p>Optimised asthma therapy includes adherence to the maintenance combination of a medium to high dose ICS and a LABA. If LABA therapy is contraindicated, not tolerated or not effective, montelukast, cromoglycate or nedocromil may be used as an alternative</p>	
C15755	P15755	CN15755	Budesonide with formoterol	<p>Asthma</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND</p> <p>Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR</p> <p>Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR</p> <p>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.</p> <p>Patient must be aged 12 years or over.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15755
C15756	P15756	CN15756	Testosterone	<p>Constitutional delay of growth or puberty</p> <p>The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.</p> <p>Patient must be under 18 years of age.</p> <p>Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.</p>	Compliance with Authority Required procedures

				<p>The treatment must be applied to the scrotum area.</p> <p>The name of the specialist must be included in the authority application.</p>	
C15757	P15757	CN15757	Cabozantinib	<p>Stage IV renal cell carcinoma (RCC)</p> <p>Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements for maintenance treatment</p> <p>Patient must have previously received non-PBS-subsidised treatment with this drug for this condition prior to 1 September 2024; AND</p> <p>Patient must have had a prognostic International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) survival risk classification score at treatment initiation with this drug of either: (i) 1 to 2 (intermediate risk), (ii) 3 to 6 (poor risk); document the IMDC risk classification score in the patient's medical records if not already documented; AND</p> <p>Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST); AND</p> <p>The treatment must be the sole PBS-subsidised therapy for this condition; AND</p> <p>Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15757
C15759	P15759	CN15759	Alectinib Brigatinib Ceritinib	<p>Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)</p> <p>Initial treatment</p> <p>The treatment must be as monotherapy; AND</p> <p>The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC; AND</p> <p>Patient must have a WHO performance status of 2 or less; AND</p> <p>Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.</p>	Compliance with Authority Required procedures
C15764	P15764	CN15764	Adalimumab	<p>Moderate to severe hidradenitis suppurativa</p> <p>Initial treatment - Initial 1 (new patient)</p> <p>Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3; AND</p> <p>Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; OR</p> <p>Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; OR</p>	Compliance with Written Authority Required procedures

				<p>Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; AND</p> <p>Patient must not have received PBS-subsidised treatment with a biological medicine for this condition; AND</p> <p>Patient must not receive more than 16 weeks of treatment under this restriction. Must be treated by a dermatologist.</p> <p>Assessment of disease severity must be no more than 4 weeks old at the time of application.</p> <p>An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.</p> <p>Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.</p> <p>At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient) or Initial 2 (recommencement of treatment) - balance of supply</p> <p>The authority application must be made in writing and must include:</p> <p>(1) details of the proposed prescription; and</p> <p>(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) which includes:</p> <p>(i) the Hurley stage grading; and</p> <p>(ii) the AN count; and</p> <p>(iii) the name of the antibiotic/s received for two separate courses each of three months; or</p> <p>(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics. The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.</p>	
C15765	P15765	CN15765	Adalimumab	<p>Moderate to severe hidradenitis suppurativa</p> <p>Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)</p> <p>Patient must have, at the time of application, a Hurley stage II or III grading with an</p>	Compliance with Written Authority Required procedures

				<p>abscess and inflammatory nodule (AN) count greater than or equal to 3; AND Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition; AND Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition; AND Patient must not receive more than 16 weeks of treatment under this restriction. Must be treated by a dermatologist. Assessment of disease severity must be no more than 4 weeks old at the time of application. A response to treatment is defined as: Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae. To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply. 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) which includes: (i) the Hurley stage grading; and (ii) the AN count.</p>	
C15767	P15767	C15767	Secukinumab	<p>Moderate to severe hidradenitis suppurativa Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must have demonstrated a response to treatment with this drug for this condition.</p>	Compliance with Written Authority Required procedures

				<p>Must be treated by a dermatologist.</p> <p>A response to treatment is defined as:</p> <p>Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.</p> <p>An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.</p> <p>Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.</p> <p>A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.</p> <p>The authority application must be made in writing and must include:</p> <p>(1) details of the proposed prescription; and</p> <p>(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) which includes the Hidradenitis Suppurativa Clinical Response (HiSCR) result.</p>	
C15768	P15768	C15768	Secukinumab	<p>Moderate to severe hidradenitis suppurativa</p> <p>Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)</p> <p>Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; AND</p> <p>Patient must not have had 3 treatment failures within this treatment cycle to PBS-subsidised biological medicines for this condition; AND</p> <p>Patient must not receive more than 20 weeks of treatment under this restriction.</p> <p>Must be treated by a dermatologist.</p> <p>Assessment of disease severity must be no more than 4 weeks old at the time of application.</p> <p>A response to treatment is defined as:</p> <p>Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.</p> <p>An application for a patient who has received PBS-subsidised treatment with this drug, has not experienced treatment failure, and wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.</p> <p>To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and</p>	Compliance with Written Authority Required procedures

				<p>no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.</p> <p>Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.</p> <p>The authority application must be made in writing and must include:</p> <p>(1) details of the proposed prescription(s); and</p> <p>(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) which includes:</p> <p>(i) the Hurley stage grading; and</p> <p>(ii) the AN count.</p> <p>Details of two completed prescriptions should be submitted with every initial application for this drug.</p> <p>One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.</p> <p>This restriction is intended for induction dosing only.</p>	
C15772	P15772	CN15772	Budesonide	<p>Mild to moderate Crohn disease</p> <p>The condition must affect the ileum; OR</p> <p>The condition must affect the ascending colon; OR</p> <p>The condition must affect the ileum and ascending colon.</p> <p>The total duration of therapy should be no more than 10 weeks in any single course.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15772
C15774	P15774	CN15774	Cabozantinib	<p>Stage IV renal cell carcinoma (RCC)</p> <p>Initial treatment</p> <p>The condition must be each of: (i) classified as having an intermediate to poor survival risk score according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC), (ii) untreated with a tyrosine kinase inhibitor; OR</p> <p>Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) despite treatment with a tyrosine kinase inhibitor, irrespective of the current IMDC survival risk score; AND</p> <p>Patient must have a WHO performance status of 2 or less; AND</p> <p>The treatment must be the sole PBS-subsidised therapy for this condition.</p> <p>Patient must be undergoing treatment with this drug for the first time at the time of the first PBS prescription.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15774

C15775	P15775	CN15775	Cabozantinib	<p>Stage IV renal cell carcinoma (RCC)</p> <p>Continuing treatment</p> <p>Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND</p> <p>Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST); AND</p> <p>The treatment must be the sole PBS-subsidised therapy for this condition; AND</p> <p>Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15775
C15776	C15776	CN15776	Crizotinib Entrectinib	<p>Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)</p> <p>Initial treatment</p> <p>The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition; AND</p> <p>The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC; AND</p> <p>Patient must have a WHO performance status of 2 or less; AND</p> <p>Patient must have evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing; AND</p> <p>Patient must not have received prior treatment with a c-ROS proto-oncogene 1 (ROS1) receptor tyrosine kinase inhibitor for this condition; OR</p> <p>Patient must have developed intolerance to a c-ROS proto-oncogene 1 (ROS1) receptor tyrosine kinase inhibitor necessitating permanent treatment withdrawal.</p> <p>Applications for authorisation of initial treatment must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail. If the application is submitted through HPOS form upload or mail, it must include:</p> <p>(a) details of the proposed prescription; and</p> <p>(b) 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).</p> <p>The following must be documented in the patient's medical records:</p> <p>(a) evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material.</p>	Compliance with Written Authority Required procedures
C15777	P15777	CN15777	Adalimumab	<p>Moderate to severe hidradenitis suppurativa</p> <p>First continuing treatment</p> <p>Patient must have previously received PBS-subsidised treatment with this drug for this</p>	Compliance with Written Authority Required procedures

				<p>condition; AND</p> <p>Patient must have demonstrated a response to treatment with this drug for this condition.</p> <p>Must be treated by a dermatologist.</p> <p>A response to treatment is defined as:</p> <p>Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.</p> <p>An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.</p> <p>Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.</p> <p>A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.</p> <p>The authority application must be made in writing and must include:</p> <p>(1) details of the proposed prescription; and</p> <p>(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) which includes the Hidradenitis Suppurativa Clinical Response (HiSCR) result.</p>	
C15779	P15779	CN15779	Secukinumab	<p>Moderate to severe hidradenitis suppurativa</p> <p>Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements</p> <p>Patient must have received non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 June 2024; AND</p> <p>Patient must have had a Hurley stage II or III with an abscess and inflammatory nodule (AN) count greater than or equal to 3 prior to starting treatment with this drug for this condition; AND</p> <p>Patient must have demonstrated a response to treatment by achieving Hidradenitis Suppurativa Clinical Response (HiSCR) after 16 weeks of treatment if the patient has been treated with this drug for this condition for 16 weeks or longer; AND</p> <p>Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of non-PBS-subsidised treatment with this drug for this condition; OR</p> <p>Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of non-PBS-subsidised treatment with this drug for this condition; OR</p> <p>Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the</p>	Compliance with Written Authority Required procedures

				<p>patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of non-PBS-subsidised treatment with this drug for this condition; AND</p> <p>Patient must not receive more than 24 weeks of treatment under this restriction.</p> <p>Must be treated by a dermatologist.</p> <p>A response to treatment is defined as:</p> <p>Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.</p> <p>An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.</p> <p>Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.</p> <p>Assessment of disease severity must not have been more than 4 weeks old at the time treatment with this drug was initiated.</p> <p>The authority application must be made in writing and must include:</p> <p>(a) details of the proposed prescription; and</p> <p>(b) completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes:</p> <p>(i) the Hurley stage grading; and</p> <p>(ii) the AN count; and</p> <p>(iii) the name of the antibiotic/s received for two separate courses each of three months; or</p> <p>(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics. The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics</p> <p>(v) the Hidradenitis Suppurativa Clinical Response (HiSCR) result if the patient has received 16 weeks or more of treatment.</p> <p>A patient may qualify for PBS-subsidised treatment under this restriction once only.</p> <p>For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.</p>	
C15781	C15781	CN15781	Larotrectinib	Solid tumours with confirmed neurotrophic tropomyosin receptor kinase (NTRK) gene	Compliance with Authority

				<p>fusion</p> <p>Continuing treatment</p> <p>Patient must be undergoing continuing PBS-subsidised treatment commenced through an 'Initial treatment' listing for solid tumours (of any type) with confirmed NTRK gene fusion where treatment with this drug is/was initiated in a child; OR</p> <p>Patient must be undergoing continuing PBS-subsidised treatment commenced through an 'Initial treatment' listing for solid tumours (of certain specified types) with confirmed NTRK gene fusion which either includes: (i) mammary analogue secretory carcinoma of the salivary gland, (ii) secretory breast carcinoma.</p> <p>The treatment must cease to be a PBS benefit upon radiographic progression; AND</p> <p>The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition.</p> <p>Where radiographic progression is observed, mark any remaining repeat prescriptions with the word 'cancelled'.</p>	Required procedures
C15782	P15782	CN15782	Ganciclovir Valganciclovir	<p>Cytomegalovirus infection and disease</p> <p>Patient must be a solid organ transplant recipient at risk of cytomegalovirus disease.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15782
C15784	P15784	CN15784	Ganciclovir Valganciclovir	<p>Cytomegalovirus infection and disease</p> <p>Patient must be a bone marrow transplant recipient at risk of cytomegalovirus disease.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15784
C15787	P15787	CN15787	Migalastat	<p>Fabry disease</p> <p>Grandfather arrangement (transition from LSDP-funded Fabry disease therapy)</p> <p>Patient must have previously received treatment with this drug for this condition funded under the Australian Government's Life Saving Drugs Program (LSDP) prior to 1 September 2024; OR</p> <p>Patient must have previously received treatment with Enzyme Replacement Therapy for this condition funded under the Australian Government's Life Saving Drugs Program (LSDP) prior to 1 September 2024; AND</p> <p>Patient must have a documented migalastat amenable galactosidase alpha (GLA) gene variant prior to commencing treatment with this drug; AND</p> <p>Patient must have/have had an estimated glomerular filtration rate (eGFR) of at least 30 mL/min/1.73 m² prior to commencing treatment with this drug.</p> <p>Must be treated by a physician with expertise in the management of Fabry disease.</p> <p>Patient must be at least 12 years of age.</p> <p>A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.</p>	Compliance with Written Authority Required procedures

				<p>Confirmation of eligibility for treatment with diagnostic reports including the confirmed mutations must be documented in the patient's medical records.</p> <p>The authority application must be made in writing and must include:</p> <p>(1) details of the proposed prescription; and</p> <p>(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).</p>	
C15788	P15788	CN15788	Adalimumab	<p>Moderate to severe hidradenitis suppurativa</p> <p>Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years), or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply</p> <p>Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR</p> <p>Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR</p> <p>Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment.</p> <p>Must be treated by a dermatologist.</p> <p>A maximum of 12 weeks of treatment will be authorised under this restriction.</p>	Compliance with Authority Required procedures
C15795	P15795	CN15795	Adalimumab	<p>Moderate to severe hidradenitis suppurativa</p> <p>Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)</p> <p>Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; AND</p> <p>Patient must not have had 3 treatment failures within this treatment cycle to PBS-subsidised biological medicines for this condition; AND</p> <p>Patient must not receive more than 16 weeks of treatment under this restriction.</p> <p>Must be treated by a dermatologist.</p> <p>Assessment of disease severity must be no more than 4 weeks old at the time of application.</p> <p>A response to treatment is defined as:</p> <p>Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.</p> <p>An application for a patient who has received PBS-subsidised treatment with this drug, has not experienced treatment failure, and wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified</p>	Compliance with Written Authority Required procedures

				<p>below.</p> <p>To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.</p> <p>Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.</p> <p>At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply.</p> <p>The authority application must be made in writing and must include:</p> <p>(1) details of the proposed prescription; and</p> <p>(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) which includes:</p> <p>(i) the Hurley stage grading; and</p> <p>(ii) the AN count.</p>	
C15796	P15796	CN15796	Adalimumab	<p>Moderate to severe hidradenitis suppurativa</p> <p>Subsequent continuing treatment</p> <p>Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction; AND</p> <p>Patient must have demonstrated a response to treatment with this drug for this condition.</p> <p>Must be treated by a dermatologist.</p> <p>A response to treatment is defined as:</p> <p>Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.</p> <p>An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.</p> <p>Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.</p>	Compliance with Written Authority Required procedures

				<p>A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.</p> <p>The authority application must be made in writing and must include:</p> <p>(1) details of the proposed prescription; and</p> <p>(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) which includes the Hidradenitis Suppurativa Clinical Response (HiSCR) result.</p>	
C15797	P15797	CN15797	Adalimumab	<p>Moderate to severe hidradenitis suppurativa</p> <p>Continuing treatment</p> <p>Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND</p> <p>Patient must have demonstrated a response to treatment with this drug for this condition.</p> <p>Must be treated by a dermatologist.</p> <p>A response to treatment is defined as:</p> <p>Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.</p> <p>An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.</p> <p>Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.</p> <p>A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.</p> <p>The authority application must be made in writing and must include:</p> <p>(1) details of the proposed prescription; and</p> <p>(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) which includes the Hidradenitis Suppurativa Clinical Response (HiSCR) result.</p>	Compliance with Written Authority Required procedures
C15799	P15799	CN15799	Secukinumab	<p>Moderate to severe hidradenitis suppurativa</p> <p>Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)</p> <p>Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3; AND</p> <p>Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition; AND</p>	Compliance with Written Authority Required procedures

				<p>Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition; AND</p> <p>Patient must not receive more than 20 weeks of treatment under this restriction.</p> <p>Must be treated by a dermatologist.</p> <p>Assessment of disease severity must be no more than 4 weeks old at the time of application.</p> <p>A response to treatment is defined as:</p> <p>Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.</p> <p>To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine.</p> <p>It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.</p> <p>Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.</p> <p>The authority application must be made in writing and must include:</p> <p>(1) details of the proposed prescription(s); and</p> <p>(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) which includes:</p> <p>(i) the Hurley stage grading; and</p> <p>(ii) the AN count.</p> <p>Details of two completed prescriptions should be submitted with every initial application for this drug.</p> <p>One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.</p>	
C15800	P15800	CN15800	Ganciclovir Valganciclovir	<p>Cytomegalovirus infection and disease</p> <p>Patient must be a bone marrow transplant recipient at risk of cytomegalovirus disease.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15800
C15801	P15801	CN15801	Migalastat	<p>Fabry disease</p> <p>Continuing treatment</p> <p>Patient must have received prior PBS-subsidised treatment with this drug for this condition; AND</p> <p>Patient must have demonstrated clinical improvement or stabilisation of condition, the</p>	Compliance with Authority Required procedures

				<p>details of which must be kept with the patient's record; AND</p> <p>Patient must not have developed another life threatening/severe disease where long term prognosis is unlikely to be influenced by migalastat.</p> <p>Must be treated by a physician with expertise in the management of Fabry disease.</p>	
C15803	P15803	CN15803	Crizotinib	<p>Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)</p> <p>Initial treatment</p> <p>The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this condition; AND</p> <p>The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC; AND</p> <p>Patient must have a WHO performance status of 2 or less; AND</p> <p>Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.</p> <p>Applications for authorisation of initial treatment must be made via the Online PBS Authorities System (real time assessment) or in writing via HPOS form upload or mail. If the application is submitted through HPOS form upload or mail, it must include:</p> <p>(a) details of the proposed prescription; and</p> <p>(b) 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).</p> <p>The following must be documented in the patient's medical records:</p> <p>(a) evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material.</p>	Compliance with Written Authority Required procedures
C15804	P15804	CN15804	Lorlatinib	<p>Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)</p> <p>Initial treatment</p> <p>The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication; AND</p> <p>The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC; AND</p> <p>Patient must have a WHO performance status of 2 or less; AND</p> <p>Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as either: (i) 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, (ii) positive next generation sequencing (NGS) testing.</p>	Compliance with Authority Required procedures

C15805	P15805	CN15805	Secukinumab	<p>Moderate to severe hidradenitis suppurativa</p> <p>Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)</p> <p>Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3; AND</p> <p>Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition; AND</p> <p>Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition; AND</p> <p>Patient must not receive more than 20 weeks of treatment under this restriction.</p> <p>Must be treated by a dermatologist.</p> <p>Assessment of disease severity must be no more than 4 weeks old at the time of application.</p> <p>A response to treatment is defined as:</p> <p>Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.</p> <p>To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.</p> <p>Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.</p> <p>The authority application must be made in writing and must include:</p> <p>(1) details of the proposed prescription(s); and</p> <p>(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) which includes:</p> <p>(i) the Hurley stage grading; and</p> <p>(ii) the AN count.</p> <p>Details of two completed prescriptions should be submitted with every initial application for this drug.</p> <p>One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.</p> <p>This restriction is intended for induction dosing only.</p>	Compliance with Written Authority Required procedures
C15806	P15806	CN15806	Secukinumab	Moderate to severe hidradenitis suppurativa	Compliance with Written

			<p>Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)</p> <p>Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; AND</p> <p>Patient must not have had 3 treatment failures within this treatment cycle to PBS-subsidised biological medicines for this condition; AND</p> <p>Patient must not receive more than 20 weeks of treatment under this restriction.</p> <p>Must be treated by a dermatologist.</p> <p>Assessment of disease severity must be no more than 4 weeks old at the time of application.</p> <p>A response to treatment is defined as:</p> <p>Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.</p> <p>An application for a patient who has received PBS-subsidised treatment with this drug, has not experienced treatment failure, and wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.</p> <p>To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.</p> <p>Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.</p> <p>The authority application must be made in writing and must include:</p> <p>(1) details of the proposed prescription(s); and</p> <p>(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) which includes:</p> <p>(i) the Hurley stage grading; and</p> <p>(ii) the AN count.</p> <p>Details of two completed prescriptions should be submitted with every initial application for this drug.</p> <p>One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.</p>	<p>Authority Required procedures</p>
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C15807	P15807	CN15807	Secukinumab	<p>Moderate to severe hidradenitis suppurativa</p> <p>Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply</p> <p>Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 20 weeks treatment; OR</p> <p>Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; OR</p> <p>Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment; AND</p> <p>The treatment must provide no more than the balance of up to 20 weeks treatment.</p> <p>Must be treated by a dermatologist.</p>	Compliance with Authority Required procedures
C15808	P15808	CN15808	Migalastat	<p>Fabry disease</p> <p>Initial treatment</p> <p>Patient must have at least one of: (i) documented deficiency of alpha-galactosidase enzyme activity in blood, (ii) presence of genetic mutations known to result in deficiency of alpha-galactosidase enzyme activity; AND</p> <p>Patient must have a documented migalastat amenable galactosidase alpha (GLA) gene variant; AND</p> <p>Patient must have an estimated glomerular filtration rate (eGFR) of at least 30 mL/min/1.73 m²; AND</p> <p>Patient must be male with Fabry-related renal disease confirmed by at least one of the following: (i) abnormal albuminuria of more than 20 mcg/min, as determined by 2 separate samples at least 24 hours apart, (ii) abnormal proteinuria of more than 150 mg/24 hours, (iii) albumin:creatinine ratio greater than upper limit of normal in 2 separate samples at least 24 hours apart, (iv) renal disease due to long-term accumulation of glycosphingolipids in the kidneys; OR</p> <p>Patient must be female with Fabry-related renal disease confirmed by at least one of the following: (i) proteinuria of more than 300 mg/24 hours with clinical evidence of progression, (ii) renal disease due to long-term accumulation of glycosphingolipids in the kidneys; OR</p> <p>Patient must have Fabry-related cardiac disease confirmed by at least one of the following: (i) left ventricular hypertrophy, as evidenced by cardiac magnetic resonance imaging (MRI) or echocardiogram data, in the absence of hypertension, (ii) significant life-threatening arrhythmia or conduction defect, (iii) Late gadolinium enhancement or a low T1 on cardiac MRI; OR</p> <p>Patient must have Fabry-related either: (i) ischaemic disease, (ii) cerebrovascular disease as shown on objective testing with no other cause or risk factors identified; OR</p> <p>Patient must have Fabry-related uncontrolled chronic pain despite the use of</p>	Compliance with Written Authority Required procedures

				<p>recommended doses of appropriate analgesia and antiepileptic medications for peripheral neuropathy; OR</p> <p>Patient must have significant Fabry-related gastrointestinal symptoms despite the use of the recommended doses of appropriate pharmacological therapies.</p> <p>Must be treated by a physician with expertise in the management of Fabry disease.</p> <p>Patient must be at least 12 years of age.</p> <p>If hypertension is present in patients relying their eligibility on Fabry-related cardiac disease, the prescriber must treat it optimally for at least 6 months prior to submitting the first PBS authority application.</p> <p>Confirmation of eligibility for treatment with diagnostic reports including the confirmed mutations must be documented in the patient's medical records.</p> <p>The authority application must be made in writing and must include:</p> <p>(1) details of the proposed prescription; and</p> <p>(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).</p>	
C15810	P15810	CN15810	Secukinumab	<p>Moderate to severe hidradenitis suppurativa</p> <p>Initial treatment - Initial 1 (new patient)</p> <p>Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3; AND</p> <p>Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; OR</p> <p>Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; OR</p> <p>Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; AND</p> <p>Patient must not have received PBS-subsidised treatment with a biological medicine for this condition; AND</p> <p>Patient must not receive more than 20 weeks of treatment under this restriction.</p> <p>Must be treated by a dermatologist.</p> <p>Assessment of disease severity must be no more than 4 weeks old at the time of application.</p> <p>An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 16 weeks of therapy and no later than 4 weeks prior</p>	Compliance with Written Authority Required procedures

				<p>the completion of this course of treatment.</p> <p>Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.</p> <p>The authority application must be made in writing and must include:</p> <p>(1) details of the proposed prescription(s); and</p> <p>(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) which includes:</p> <p>(i) the Hurley stage grading; and</p> <p>(ii) the AN count; and</p> <p>(iii) the name of the antibiotic/s received for two separate courses each of three months; or</p> <p>(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics.</p> <p>The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.</p> <p>Details of two completed prescriptions should be submitted with every initial application for this drug.</p> <p>One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.</p> <p>Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.</p>	
C15812	P15812	CN15812	Secukinumab	<p>Moderate to severe hidradenitis suppurativa</p> <p>Initial treatment - Initial 1 (new patient)</p> <p>Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3; AND</p> <p>Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; OR</p> <p>Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; OR</p> <p>Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the</p>	Compliance with Written Authority Required procedures

			<p>patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; AND</p> <p>Patient must not have received PBS-subsidised treatment with a biological medicine for this condition; AND</p> <p>Patient must not receive more than 20 weeks of treatment under this restriction.</p> <p>Must be treated by a dermatologist.</p> <p>Assessment of disease severity must be no more than 4 weeks old at the time of application.</p> <p>An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 16 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.</p> <p>Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.</p> <p>The authority application must be made in writing and must include:</p> <p>(1) details of the proposed prescription(s); and</p> <p>(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) which includes:</p> <p>(i) the Hurley stage grading; and</p> <p>(ii) the AN count; and</p> <p>(iii) the name of the antibiotic/s received for two separate courses each of three months; or</p> <p>(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics.</p> <p>The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.</p> <p>This restriction is intended for induction dosing only.</p> <p>Details of two completed prescriptions should be submitted with every initial application for this drug.</p> <p>One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.</p> <p>Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.</p>	
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C15814	P15814	CN15814	Ganciclovir Valganciclovir	Cytomegalovirus infection and disease Patient must be a solid organ transplant recipient at risk of cytomegalovirus disease.	Compliance with Authority Required procedures - Streamlined Authority Code 15814
C15818	P15818	P15818	Trastuzumab emtansine	<p>Early HER2 positive breast cancer Initial adjuvant treatment</p> <p>The treatment must be prescribed within 12 weeks after surgery; AND</p> <p>Patient must have, prior to commencing treatment with this drug, evidence of residual invasive cancer in the breast and/or axillary lymph nodes following completion of surgery, as demonstrated by a pathology report; AND</p> <p>Patient must have completed systemic neoadjuvant therapy that included trastuzumab and taxane-based chemotherapy prior to surgery; AND</p> <p>The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure; AND</p> <p>The treatment must not extend beyond 42 weeks (14 cycles) duration under the initial and the continuing treatment restrictions combined.</p> <p>Authority applications for initial treatment must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:</p> <p>(a) details (date, unique identifying number/code or provider number) of the pathology report from an Approved Pathology Authority demonstrating evidence of residual invasive carcinoma in the breast and/or axillary lymph nodes following completion of surgery.</p> <p>The pathology report must be documented in the patient's medical records.</p> <p>If the application is submitted through HPOS form upload or mail, it must include:</p> <p>(i) details of the proposed prescription; and</p> <p>(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).</p> <p>Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg.</p>	Compliance with Written Authority Required procedures
C15819	P15819	P15819	Trastuzumab emtansine	<p>Early HER2 positive breast cancer Continuing adjuvant treatment</p> <p>Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND</p> <p>Patient must not have developed disease progression while being treated with this drug for this condition; AND</p> <p>The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure; AND</p>	Compliance with Authority Required procedures

				<p>The treatment must not extend beyond 42 weeks (14 cycles) duration under the initial and the continuing treatment restrictions combined.</p> <p>Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg.</p>	
C15820	P15820	CN15820	Trastuzumab	<p>Early HER2 positive breast cancer</p> <p>Initial treatment (3 weekly regimen)</p> <p>Patient must have undergone surgery (adjuvant) or be preparing for surgery (neoadjuvant); AND</p> <p>The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure; AND</p> <p>Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy; OR</p> <p>Patient must not receive more than 52 weeks of combined trastuzumab and trastuzumab emtansine therapy if adjuvant trastuzumab emtansine therapy has been discontinued due to intolerance.</p> <p>HER2 positivity must be demonstrated by in situ hybridisation (ISH).</p> <p>Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.</p> <p>Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15820
C15826	P15826	CN15826	Trastuzumab deruxtecan	<p>Metastatic (Stage IV) HER2 positive breast cancer</p> <p>Patient must have evidence of human epidermal growth factor (HER2) gene amplification as demonstrated by in situ hybridisation (ISH) in either the primary tumour/a metastatic lesion - establish this finding once only with the first PBS prescription; AND</p> <p>The condition must have progressed following treatment with at least one prior HER2 directed regimen for metastatic breast cancer; OR</p> <p>The condition must have, at the time of treatment initiation with this drug, progressed during/within 6 months following adjuvant treatment with a HER2 directed therapy; AND</p> <p>Patient must have, at the time of initiating treatment with this drug, a WHO performance status no higher than 1; AND</p> <p>The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication; AND</p> <p>The treatment must not be prescribed where any of the following is present: (i) left ventricular ejection fraction of less than 50%, (ii) symptomatic heart failure; confirm cardiac function testing for the first PBS prescription only.</p> <p>Patient must be undergoing initial treatment with this drug - the following are true: (i) this is the first prescription for this drug, (ii) this prescription seeks no more than 3 repeat prescriptions; OR</p>	Compliance with Authority Required procedures

				<p>Patient must be undergoing continuing treatment with drug - the following are true: (i) there has been an absence of further disease progression whilst on active treatment with this drug, (ii) this prescription does not seek to re-treat after disease progression, (iii) this prescription seeks no more than 8 repeat prescriptions.</p> <p>Confirm that the following information is documented/retained in the patient's medical records once only with the first PBS prescription:</p> <ol style="list-style-type: none"> 1) Evidence of HER2 gene amplification (evidence obtained in relation to past PBS treatment is acceptable). 2) Details of prior HER2 directed drug regimens prescribed for the patient. 3) Cardiac function test results (evidence obtained in relation to past PBS treatment is acceptable). <p>Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg.</p>	
C15827	P15827	CN15827	Trastuzumab emtansine	<p>Metastatic (Stage IV) HER2 positive breast cancer</p> <p>Continuing treatment</p> <p>Patient must have previously received PBS-subsidised treatment with this drug for metastatic (Stage IV) HER2 positive breast cancer; AND</p> <p>Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug; AND</p> <p>The treatment must be the sole PBS-subsidised therapy for this condition; AND</p> <p>The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.</p> <p>A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.</p> <p>The treatment must not exceed a lifetime total of one continuous course for this PBS indication.</p> <p>Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg.</p>	Compliance with Authority Required procedures
C15828	P15828	CN15828	Trastuzumab emtansine	<p>Metastatic (Stage IV) HER2 positive breast cancer</p> <p>Initial treatment</p> <p>Patient must have evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated by in situ hybridisation (ISH) either in the primary tumour or a metastatic lesion, confirmed through a pathology report from an Approved Pathology Authority; AND</p> <p>The condition must have progressed following treatment with pertuzumab and trastuzumab in combination; OR</p> <p>The condition must have progressed during or within 6 months of completing adjuvant therapy with trastuzumab; AND</p> <p>Patient must have a WHO performance status of 0 or 1; AND</p>	Compliance with Authority Required procedures

				<p>The treatment must be the sole PBS-subsidised therapy for this condition; AND</p> <p>The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.</p> <p>The following information must be provided by the prescriber at the time of application:</p> <p>(a) details (date, unique identifying number/code or provider number) of the pathology report from an Approved Pathology Authority confirming evidence of HER2 gene amplification in the primary tumour or a metastatic lesion by in situ hybridisation (ISH).</p> <p>(b) dates of treatment with trastuzumab and pertuzumab;</p> <p>(c) date of demonstration of progression following treatment with trastuzumab and pertuzumab; or</p> <p>(d) date of demonstration of progression and date of completion of adjuvant trastuzumab treatment.</p> <p>If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application.</p> <p>All reports must be documented in the patient's medical records.</p> <p>Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval.</p> <p>Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg.</p>	
C15831	P15831	CN15831	Trastuzumab	<p>Early HER2 positive breast cancer</p> <p>Initial treatment (weekly regimen)</p> <p>Patient must have undergone surgery (adjuvant) or be preparing for surgery (neoadjuvant); AND</p> <p>The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure; AND</p> <p>Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy; OR</p> <p>Patient must not receive more than 52 weeks of combined trastuzumab and trastuzumab emtansine therapy if adjuvant trastuzumab emtansine therapy has been discontinued due to intolerance.</p> <p>HER2 positivity must be demonstrated by in situ hybridisation (ISH).</p> <p>Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.</p> <p>Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg.</p>	Compliance with Authority Required procedures - Streamlined Authority Code 15831
C15832	P15832	CN15832	Trastuzumab deruxtecan	<p>Unresectable and/or metastatic HER2-low breast cancer</p> <p>Patient must have evidence of human epidermal growth factor receptor 2 (HER2)-low disease; AND</p>	Compliance with Authority Required procedures

			<p>Patient must have received prior chemotherapy in the metastatic setting; OR Patient must have developed disease recurrence during or within 6 months of completing adjuvant chemotherapy; AND</p> <p>Patient must have received or be ineligible for endocrine therapy in the metastatic setting, if hormone receptor positive; AND</p> <p>Patient must have, at the time of initiating treatment with this drug, a WHO performance status no higher than 1; AND</p> <p>The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication; AND</p> <p>The treatment must not be prescribed where any of the following is present: (i) left ventricular ejection fraction of less than 50%, (ii) symptomatic heart failure; confirm cardiac function testing for the first PBS prescription only.</p> <p>Patient must be undergoing initial treatment with this drug - the following are true: (i) this is the first prescription for this drug, (ii) this prescription seeks no more than 3 repeat prescriptions; OR</p> <p>Patient must be undergoing continuing treatment with drug - the following are true: (i) there has been an absence of further disease progression whilst on active treatment with this drug, (ii) this prescription does not seek to re-treat after disease progression, (iii) this prescription seeks no more than 8 repeat prescriptions.</p> <p>HER2-low is defined as an immunohistochemical (IHC) score of 1+ or an IHC score of 2+ and a negative result on in situ hybridization (ISH).</p> <p>Confirm that the following information is documented/retained in the patient's medical records once only with the first PBS prescription:</p> <ol style="list-style-type: none"> 1) Evidence of HER2-low status 2) Details of prior drug regimens prescribed for the patient 3) Cardiac function test results <p>Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg.</p>	
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[521] Schedule 4, Part 2, after entry for Variation Code "V15457"

insert:

V15818	Trastuzumab emtansine	Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg
V15819	Trastuzumab emtansine	Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg
V15820	Trastuzumab	Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg

V15826	Trastuzumab deruxtecan	Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg
V15827	Trastuzumab emtansine	Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg
V15828	Trastuzumab emtansine	Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg
V15831	Trastuzumab	Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg
V15832	Trastuzumab deruxtecan	Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg
V15818	Trastuzumab emtansine	Increased maximum amounts may only be authorised where a patient's weight is greater than 125 kg

[522] Schedule 5,

omit table and substitute:

Listed Drug	Schedule Equivalent Group	Form	Manner of Administration	Brand
Abacavir with lamivudine	GRP-21981	Tablet containing abacavir 600 mg (as sulfate) with lamivudine 300 mg	Oral	ABACAVIR/LAMIVUDINE 600/300 SUN Abacavir/Lamivudine Mylan Abacavir/Lamivudine Viatris Kivexa
Acalabrutinib	GRP-27509	Capsule 100 mg	Oral	Calquence
Acalabrutinib	GRP-27509	Tablet 100 mg	Oral	CALQUENCE
Acamprosate	GRP-22403	Tablet (enteric coated) containing acamprosate calcium 333 mg	Oral	ACAMPROSATE VIATRIS ACAMPROSATE-WGR APO-Acamprosate Campral
Acarbose	GRP-20709	Tablet 100 mg	Oral	Acarbose Viatris GLYBOSAY
Acarbose	GRP-20718	Tablet 50 mg	Oral	Acarbose Viatris GLYBOSAY

Aciclovir	GRP-22959	Eye ointment 30 mg per g, 4.5 g	Application to the eye	ViruPOS XOROX
Aciclovir	GRP-15446	Tablet 200 mg	Oral	ACICLOVIR-WGR APO-Aciclovir ARX-ACICLOVIR Aciclovir APOTEX Aciclovir GH Aciclovir Sandoz
Aciclovir	GRP-19838	Tablet 800 mg	Oral	ACICLOVIR-WGR APO-Aciclovir ARX-ACICLOVIR Aciclovir APOTEX Aciclovir Sandoz
Acitretin	GRP-19579	Capsule 10 mg	Oral	Neotigason ZETIN
Acitretin	GRP-19580	Capsule 25 mg	Oral	Neotigason ZETIN
Adalimumab	GRP-25059	Injection 20 mg in 0.2 mL pre-filled syringe	Injection	Humira
Adalimumab	GRP-25059	Injection 20 mg in 0.4 mL pre-filled syringe	Injection	Abrilada Amgevita
Adalimumab	GRP- 25060	Injection 40 mg in 0.4 mL pre-filled pen	Injection	Adalicip Humira Yuflyma
Adalimumab	GRP- 25060	Injection 40 mg in 0.8 mL pre-filled pen	Injection	Abrilada Amgevita Hadlima Hyrimoz Idacio
Adalimumab	GRP- 25058	Injection 40 mg in 0.4 mL pre-filled syringe	Injection	Adalicip Humira Yuflyma
Adalimumab	GRP- 25058	Injection 40 mg in 0.8 mL pre-filled syringe	Injection	Abrilada Amgevita Hadlima Hyrimoz Idacio

Adefovir	GRP-28116	Tablet containing adefovir dipivoxil 10 mg	Oral	APO-Adefovir
Adefovir	GRP-28116	Tablet containing adefovir dipivoxil 10 mg (S19A)	Oral	Adefovir Dipivoxil Tablets 10 mg (SigmaPharm Laboratories)
Adrenaline (epinephrine)	GRP-22361	I.M. injection 300 micrograms in 0.3 mL single dose syringe auto-injector	Injection	Adrenaline Viatris Anapen 300 EpiPen
Adrenaline (epinephrine)	GRP-22391	I.M. injection 150 micrograms in 0.3 mL single dose syringe auto-injector	Injection	Adrenaline Jr Viatris Anapen Junior 150 EpiPen Jr.
Aflibercept	GRP-24277	Solution for intravitreal injection 4 mg in 100 microlitres (40 mg per mL)	Injection	Eylea
Aflibercept	GRP-24277	Solution for intravitreal injection 3.6 mg in 90 microlitres (40 mg per mL) pre-filled syringe	Injection	Eylea
Alendronic acid	GRP-19660	Tablet 70 mg (as alendronate sodium)	Oral	ALENDRONATE-WGR APO-Alendronate Alendronate Sandoz Fonat
Allopurinol	GRP-15579	Tablet 100 mg	Oral	ALLOPURINOL-WGR APO-ALLOPURINOL Allopurinol APOTEX Allopurinol Sandoz Allosig NOUMED ALLOPURINOL Progout 100 Zyloprim
Allopurinol	GRP-19808	Tablet 300 mg	Oral	ALLOPURINOL-WGR APO-ALLOPURINOL Allopurinol APOTEX Allopurinol Sandoz Allosig NOUMED ALLOPURINOL Progout 300 Zyloprim
Alprazolam	GRP-21739	Tablet 500 micrograms	Oral	Alprax 0.5 Kalma 0.5
Alprazolam	GRP-21744	Tablet 1 mg	Oral	Alprax 1 Kalma 1

Amantadine	GRP-28296	Capsule containing amantadine hydrochloride 100 mg	Oral	AMANTAMED Symmetrel 100
Ambrisentan	GRP-24436	Tablet 5 mg	Oral	Ambrisentan Viatris Cipla Ambrisentan PULMORIS Volibris
Ambrisentan	GRP-24438	Tablet 10 mg	Oral	Ambrisentan Viatris Cipla Ambrisentan PULMORIS Volibris
Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides	GRP-27823	Oral powder 400 g (Alfamino)	Oral	Alfamino
Amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides	GRP-27823	Oral powder with 2'-fucosyllactose and lacto-N-neotetraose, 400 g (Alfamino)	Oral	Alfamino
Amiodarone	GRP-19644	Tablet containing amiodarone hydrochloride 100 mg	Oral	Aratac 100 Cordarone X 100
Amiodarone	GRP-19926	Tablet containing amiodarone hydrochloride 200 mg	Oral	APO-Amiodarone Amdarone Amiodarone Sandoz Aratac 200 Cordarone X 200
Amisulpride	GRP-19672	Tablet 200 mg	Oral	AMISULPRIDE-WGR APO-Amisulpride Amisulpride Sandoz Pharma Solian 200 Sulprix
Amisulpride	GRP-19732	Tablet 400 mg	Oral	AMISULPRIDE-WGR APO-Amisulpride Amipride 400 Amisulpride Sandoz Pharma Solian 400 Sulprix
Amisulpride	GRP-19930	Tablet 100 mg	Oral	AMISULPRIDE-WGR APO-Amisulpride Amisulpride Sandoz Pharma Solian 100

				Sulprix
Amitriptyline	GRP-19959	Tablet containing amitriptyline hydrochloride 25 mg	Oral	AMITRIPTYLINE-WGR APO-Amitriptyline 25 APX-Amitriptyline Amitriptyline Lupin Amitriptyline Viatrix 25 ENTRIP Endep 25
Amitriptyline	GRP-19960	Tablet containing amitriptyline hydrochloride 10 mg	Oral	AMITRIPTYLINE-WGR APO-Amitriptyline 10 APX-Amitriptyline Amitriptyline Lupin Amitriptyline Viatrix 10 ENTRIP Endep 10
Amitriptyline	GRP-19962	Tablet containing amitriptyline hydrochloride 50 mg	Oral	APO-Amitriptyline 50 APX-Amitriptyline Amitriptyline Lupin Amitriptyline Viatrix 50 ENTRIP Endep 50
Amlodipine	GRP-19712	Tablet 5 mg (as besilate)	Oral	AMLODIPINE-WGR APO-Amlodipine APX-AMLODIPINE Amlo 5 Amlodipine APOTEX Amlodipine GH Amlodipine Sandoz Blooms Amlodipine Blooms the Chemist Amlodipine NOUMED AMLODIPINE Nordip Norvasc Pharmacor Amlodipine
Amlodipine	GRP-19809	Tablet 10 mg (as besilate)	Oral	AMLODIPINE-WGR APO-Amlodipine Amlo 10 Amlodipine APOTEX Amlodipine GH Amlodipine Sandoz Blooms Amlodipine Blooms the Chemist Amlodipine

				NOUMED AMLODIPINE Nordip Norvasc Pharmacor Amlodipine
Amlodipine with atorvastatin	GRP-19632	Tablet 5 mg amlodipine (as besilate) with 80 mg atorvastatin (as calcium)	Oral	Cadivast 5/80 Caduet 5/80
Amlodipine with atorvastatin	GRP-19666	Tablet 10 mg amlodipine (as besilate) with 20 mg atorvastatin (as calcium)	Oral	Cadivast 10/20 Caduet 10/20
Amlodipine with atorvastatin	GRP-19713	Tablet 10 mg amlodipine (as besilate) with 10 mg atorvastatin (as calcium)	Oral	Cadivast 10/10 Caduet 10/10
Amlodipine with atorvastatin	GRP-19788	Tablet 5 mg amlodipine (as besilate) with 40 mg atorvastatin (as calcium)	Oral	Cadivast 5/40 Caduet 5/40
Amlodipine with atorvastatin	GRP-19849	Tablet 10 mg amlodipine (as besilate) with 40 mg atorvastatin (as calcium)	Oral	Cadivast 10/40 Caduet 10/40
Amlodipine with atorvastatin	GRP-19927	Tablet 10 mg amlodipine (as besilate) with 80 mg atorvastatin (as calcium)	Oral	Cadivast 10/80 Caduet 10/80
Amlodipine with valsartan	GRP-19839	Tablet 5 mg (as besilate)-80 mg	Oral	Amlodipine/Valsartan Novartis 5/80 Exforge 5/80
Amlodipine with valsartan	GRP-22201	Tablet 10 mg (as besilate)-160 mg	Oral	Amlodipine/Valsartan Novartis 10/160 Exforge 10/160
Amlodipine with valsartan	GRP-22208	Tablet 5 mg (as besilate)-320 mg	Oral	Amlodipine/Valsartan Novartis 5/320 Exforge 5/320
Amlodipine with valsartan	GRP-22209	Tablet 5 mg (as besilate)-160 mg	Oral	Amlodipine/Valsartan Novartis 5/160 Exforge 5/160
Amlodipine with valsartan	GRP-22211	Tablet 10 mg (as besilate)-320 mg	Oral	Amlodipine/Valsartan Novartis 10/320 Exforge 10/320
Amlodipine with valsartan and hydrochlorothiazide	GRP-19956	Tablet 5 mg (as besilate)-160 mg-12.5 mg	Oral	Amlodipine/Valsartan/HCT Novartis 5/160/12.5 Exforge HCT 5/160/12.5
Amlodipine with valsartan and hydrochlorothiazide	GRP-22202	Tablet 10 mg (as besilate)-160 mg-25 mg	Oral	Amlodipine/Valsartan/HCT Novartis 10/160/25 Exforge HCT 10/160/25
Amlodipine with valsartan and	GRP-22203	Tablet 10 mg (as besilate)-160 mg-12.5 mg	Oral	Amlodipine/Valsartan/HCT Novartis

hydrochlorothiazide				10/160/12.5 Exforge HCT 10/160/12.5
Amlodipine with valsartan and hydrochlorothiazide	GRP-22204	Tablet 5 mg (as besilate)-160 mg-25 mg	Oral	Amlodipine/Valsartan/HCT Novartis 5/160/25 Exforge HCT 5/160/25
Amlodipine with valsartan and hydrochlorothiazide	GRP-22207	Tablet 10 mg (as besilate)-320 mg-25 mg	Oral	Amlodipine/Valsartan/HCT Novartis 10/320/25 Exforge HCT 10/320/25
Amoxicillin	GRP-19635	Tablet 1 g (as trihydrate)	Oral	Amoxicillin Sandoz Maxamox
Amoxicillin	GRP-20061	Powder for oral suspension 125 mg (as trihydrate) per 5 mL, 100 mL	Oral	APO-Amoxicillin Amoxil NOUMED AMOXICILLIN
Amoxicillin	GRP-20029	Capsule 250 mg (as trihydrate)	Oral	AMILOXYN APO-Amoxicillin Alphamox 250 Amoxil Cilamox
Amoxicillin	GRP-20241	Capsule 500 mg (as trihydrate)	Oral	AMILOXYN AMOXICILLIN-WGR APO-Amoxicillin Alphamox 500 Amoxil Amoxicillin Sandoz Amoxicillin generichealth 500 Blooms The Chemist Amoxicillin Cilamox NOUMED AMOXICILLIN
Amoxicillin	GRP-26767	Powder for oral suspension 250 mg (as trihydrate) per 5 mL, 100 mL	Oral	AMOXICILLIN-WGR APO-Amoxicillin Amoxil Forte Amoxicillin Sandoz Cilamox NOUMED AMOXICILLIN
Amoxicillin with clavulanic acid	GRP-20135	Tablet containing 500 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)	Oral	AMCLAVOX DUO 500/125 AMOXICILLIN/CLAVULANIC ACID-WGR 500/125 APO-AMOXY/CLAV 500/125 APO-Amoxicillin/ Clavulanic Acid

				500/125 APX-Amoxicillin/Clavulanic Acid AlphaClav Duo Alphaclav Duo Viatris Amoxycillin/Clavulanic Acid 500/125 APOTEX Augmentin Duo Curam Duo 500/125
Amoxicillin with clavulanic acid	GRP-26768	Tablet containing 875 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)	Oral	AMCLAVOX DUO FORTE 875/125 AMOXICILLIN/CLAVULANIC ACID- WGR 875/125 APO-AMOXY/CLAV 875/125 APO-Amoxycillin and Clavulanic Acid APX-Amoxicillin/Clavulanic Acid Alphaclav Duo Forte Viatris AmoxyClav generichealth 875/125 Augmentin Duo forte Blooms The Chemist Amoxicillin/Clavulanic Acid 875/125 Curam Duo Forte 875/125
Amoxicillin with clavulanic acid	GRP-28006	Powder for oral suspension containing 400 mg amoxicillin (as trihydrate) with 57 mg clavulanic acid (as potassium clavulanate) per 5 mL, 60 mL	Oral	Augmentin Duo 400 Curam Duo
Amoxicillin with clavulanic acid	GRP-29087	Powder for oral suspension containing 125 mg amoxicillin (as trihydrate) with 31.25 mg clavulanic acid (as potassium clavulanate) per 5 mL, 100 mL (S19A)	Oral	CLAVULIN-125F (GlaxoSmithKline, Canada)
Amoxicillin with clavulanic acid	GRP-29087	Powder for oral suspension containing 125 mg amoxicillin (as trihydrate) with 31.25 mg clavulanic acid (as potassium clavulanate) per 5 mL, 75 mL	Oral	Curam
Anastrozole	GRP-19931	Tablet 1 mg	Oral	ANASTROZOLE-WGR APO-Anastrozole Anastrozole GH Anastrozole Sandoz Arianna 1
Apomorphine	GRP-22998	Solution for subcutaneous injection containing apomorphine hydrochloride 30 mg in 3 mL pre-filled pen	Injection	Apomine Intermittent Movapo Pen
Aprepitant	GRP-23389	Capsule 165 mg	Oral	APREPITANT SCP Aprepitant APOTEX
Aripiprazole	GRP-20893	Tablet 10 mg	Oral	APO-Aripiprazole ARIPIPAZOLE-WGR ARIZOLE Abilify

				Abyraz Aripiprazole GH Aripiprazole Sandoz Tevaripiprazole
Aripiprazole	GRP-20895	Tablet 15 mg	Oral	APO-Aripiprazole ARIPIPRAZOLE-WGR ARIZOLE Abilify Abyraz Aripic Aripiprazole Aripiprazole GH Aripiprazole Sandoz Tevaripiprazole
Aripiprazole	GRP-20908	Tablet 30 mg	Oral	APO-Aripiprazole ARIPIPRAZOLE-WGR ARIZOLE Abilify Abyraz Aripic Aripiprazole Aripiprazole GH Aripiprazole Sandoz Tevaripiprazole
Aripiprazole	GRP-20910	Tablet 20 mg	Oral	APO-Aripiprazole ARIPIPRAZOLE-WGR ARIZOLE Abilify Abyraz Aripic Aripiprazole Aripiprazole GH Aripiprazole Sandoz Tevaripiprazole
Atenolol	GRP-19895	Tablet 50 mg	Oral	APO-Atenolol APX-Atenolol ATENOLOL-WGR Atenolol GH Atenolol Sandoz Blooms The Chemist Atenolol Noten Tenormin Tensig
Atomoxetine	GRP-20889	Capsule 25 mg (as hydrochloride)	Oral	APO-Atomoxetine Atomoxetine Sandoz

Atomoxetine	GRP-20897	Capsule 10 mg (as hydrochloride)	Oral	APO-Atomoxetine Atomoxetine Sandoz
Atomoxetine	GRP-20900	Capsule 40 mg (as hydrochloride)	Oral	APO-Atomoxetine Atomoxetine Sandoz
Atomoxetine	GRP-20901	Capsule 80 mg (as hydrochloride)	Oral	APO-Atomoxetine Atomoxetine Sandoz
Atomoxetine	GRP-20902	Capsule 100 mg (as hydrochloride)	Oral	APO-Atomoxetine Atomoxetine Sandoz
Atomoxetine	GRP-20903	Capsule 60 mg (as hydrochloride)	Oral	APO-Atomoxetine Atomoxetine Sandoz
Atomoxetine	GRP-20905	Capsule 18 mg (as hydrochloride)	Oral	APO-Atomoxetine Atomoxetine Sandoz
Atorvastatin	GRP-19975	Tablet 20 mg (as calcium)	Oral	APO-Atorvastatin ATORVASTATIN-WGR Atorvachol Atorvastatin SZ BTC Atorvastatin Lipitor Lorstat 20 NOUMED ATORVASTATIN Pharmacor Atorvastatin Trovas
Atorvastatin	GRP-19978	Tablet 10 mg (as calcium)	Oral	APO-Atorvastatin ATORVASTATIN-WGR Atorvachol Atorvastatin SZ BTC Atorvastatin Lipitor Lorstat 10 NOUMED ATORVASTATIN Pharmacor Atorvastatin Trovas
Atorvastatin	GRP-20048	Tablet 40 mg (as calcium)	Oral	APO-Atorvastatin ATORVASTATIN-WGR Atorvachol Atorvastatin SZ BTC Atorvastatin Lipitor Lorstat 40

				NOUMED ATORVASTATIN Pharmacor Atorvastatin Trovas
Atorvastatin	GRP-20251	Tablet 80 mg (as calcium)	Oral	APO-Atorvastatin ATORVASTATIN-WGR Atorvachol Atorvastatin GH Atorvastatin SZ BTC Atorvastatin Lipitor Lorstat 80 NOUMED ATORVASTATIN Pharmacor Atorvastatin Trovas
Atovaquone with proguanil	GRP-27571	Tablet containing atovaquone 250 mg with proguanil hydrochloride 100 mg	Oral	AtovaquoPro Lupin 250/100 Malarone
Azacididine	GRP-20703	Powder for injection 100 mg	Injection	AZACITIDINE EUGIA Azacididine Accord Azacididine Dr.Reddy's Azacididine Juno Azacididine MSN Azacididine Sandoz Azacididine-Teva
Azathioprine	GRP-19674	Tablet 50 mg	Oral	APO-Azathioprine AZATHIOPRINE-WGR Azapin Azathioprine Sandoz Imazan Imuran NOUMED AZATHIOPRINE Thioprine 50
Azathioprine	GRP-19937	Tablet 25 mg	Oral	APO-Azathioprine AZATHIOPRINE-WGR Azathioprine Sandoz Imuran NOUMED AZATHIOPRINE
Azithromycin	GRP-19990	Tablet 500 mg (as dihydrate)	Oral	APO-Azithromycin AZITHROMYCIN-WGR Azithromycin Mylan Azithromycin Sandoz Azithromycin Viatris

				ZITHRO Zithromax
Azithromycin	GRP-29088	Powder for oral suspension 200 mg (as dihydrate) per 5 mL, 15 mL	Oral	Zithromax
Azithromycin	GRP-29088	Powder for oral suspension 200 mg (as dihydrate) per 5 mL, 15 mL (S19A)	Oral	Azithromycin (Zydus, USA)
Baclofen	GRP-21530	Intrathecal injection 10 mg in 5 mL	Injection	Bacthecal Lioresal Intrathecal Sintetica Baclofen Intrathecal
Baclofen	GRP-19905	Tablet 25 mg	Oral	APO-Baclofen Clofen 25 Lioresal 25 Stelax 25
Baclofen	GRP-19941	Tablet 10 mg	Oral	APO-Baclofen Clofen 10 Lioresal 10 Stelax 10
Benzathine benzylpenicillin	GRP-28213	Powder for injection 1,200,000 units with diluent 5 mL (S19A)	Injection	Extencilline Benzathine Benzylpenicillin (France)
Benzathine benzylpenicillin	GRP-28213	Injection containing 1,200,000 units benzathine benzylpenicillin tetrahydrate in 2.3 mL single use pre-filled syringe	Injection	Bicillin L-A
Betamethasone	GRP-19733	Cream 500 micrograms (as valerate) per g, 15 g	Application	Betnovate 1/2 Cortival 1/2
Betamethasone	GRP-19946	Cream 200 micrograms (as valerate) per g, 100 g	Application	Betnovate 1/5 Cortival 1/5
Betamethasone	GRP-19782	Cream 200 micrograms (as valerate) per g, 100 g	Application	Antroquoril Celestone-M
Betamethasone	GRP-19864	Cream 500 micrograms (as dipropionate) per g, 15 g	Application	Diprosone Eleuphrat
Betamethasone	GRP-19903	Ointment 500 micrograms (as dipropionate) per g, 15 g	Application	Diprosone Eleuphrat
Betaxolol	GRP-20098	Eye drops, solution, 5 mg (as hydrochloride) per mL, 5 mL	Application to the eye	BetoQuin Betoptic
Bicalutamide	GRP-19638	Tablet 50 mg	Oral	APO-Bicalutamide Bicalox

				Calutex Cosamide 50 Cosudex
Bimatoprost	GRP-21740	Eye drops 300 micrograms per mL, 3 mL	Application to the eye	BIMATOPROST-WGR Bimatoprost Sandoz Bimprozt Bimtop Lumigan
Bisacodyl	GRP-20157	Suppositories 10 mg, 10	Rectal	Dulcolax Petrus Bisacodyl Suppositories
Bisoprolol	GRP-19779	Tablet containing bisoprolol fumarate 2.5 mg	Oral	APO-Bisoprolol BISOPROLOL-WGR Bicard 2.5 Bicor Bisoprolol Sandoz Bisoprolol generichealth Bispro 2.5 Cipla Bisoprolol NOUMED BISOPROLOL
Bisoprolol	GRP-19812	Tablet containing bisoprolol fumarate 5 mg	Oral	APO-Bisoprolol BISOPROLOL-WGR Bicard 5 Bicor Bisoprolol Sandoz Bisoprolol generichealth Bispro 5 Cipla Bisoprolol NOUMED BISOPROLOL
Bisoprolol	GRP-19813	Tablet containing bisoprolol fumarate 10 mg	Oral	APO-Bisoprolol BISOPROLOL-WGR Bicard 10 Bicor Bisoprolol Sandoz Bisoprolol generichealth Bispro 10 Cipla Bisoprolol NOUMED BISOPROLOL
Bivalirudin	GRP-21165	Powder for I.V. injection 250 mg (as trifluoroacetate)	Injection	BIVALIRUDIN ARX Bivalirudin APOTEX
Bosentan	GRP-21629	Tablet 125 mg (as monohydrate)	Oral	BOSENTAN DR.REDDY'S

				BOSLEER Bosentan APO Bosentan GH Bosentan Mylan Bosentan RBX
Bosentan	GRP-21635	Tablet 62.5 mg (as monohydrate)	Oral	BOSENTAN DR.REDDY'S BOSLEER Bosentan APO Bosentan Mylan Bosentan RBX
Brimonidine	GRP-20314	Eye drops containing brimonidine tartrate 2 mg per mL, 5 mL	Application to the eye	Alphagan Enidin
Brinzolamide	GRP-20064	Eye drops 10 mg per mL, 5 mL	Application to the eye	Azopt BrinzoQuin
Budesonide with formoterol	GRP-22143	Powder for oral inhalation in breath actuated device containing budesonide 400 micrograms with formoterol fumarate dihydrate 12 micrograms per dose, 60 doses	Inhalation by mouth	BiResp Spiromax Bufomix Easyhaler 400/12 DuoResp Spiromax Rilast TURBUHALER 400/12 Symbicort TURBUHALER 400/12
Budesonide with formoterol	GRP-22141	Powder for oral inhalation in breath actuated device containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	BiResp Spiromax DuoResp Spiromax Rilast TURBUHALER 200/6 Symbicort Turbuhaler 200/6
Budesonide with formoterol	GRP-27568	Pressurised inhalation containing budesonide 100 micrograms with formoterol fumarate dihydrate 3 micrograms per dose, 120 doses	Inhalation by mouth	Rilast RAPIHALER 100/3 Symbicort Rapihaler 100/3
Budesonide with formoterol	GRP-27583	Pressurised inhalation containing budesonide 200 micrograms with formoterol fumarate dihydrate 6 micrograms per dose, 120 doses	Inhalation by mouth	Rilast RAPIHALER 200/6 Symbicort Rapihaler 200/6
Buprenorphine	GRP-22372	Transdermal patch 20 mg	Transdermal	B-Patch Bupredermal Buprenorphine Sandoz Norspan
Buprenorphine	GRP-22373	Transdermal patch 10 mg	Transdermal	B-Patch Bupredermal Buprenorphine Sandoz Norspan
Buprenorphine	GRP-22384	Transdermal patch 5 mg	Transdermal	B-Patch Bupredermal

				Buprenorphine Sandoz Norspan
Buprenorphine	GRP-22459	Transdermal patch 15 mg	Transdermal	B-Patch Bupredermal Buprenorphine Sandoz Norspan
Buprenorphine	GRP-24286	Transdermal patch 25 mg	Transdermal	Bupredermal Buprenorphine Sandoz Norspan
Buprenorphine	GRP-24274	Transdermal patch 30 mg	Transdermal	Bupredermal Buprenorphine Sandoz Norspan
Buprenorphine	GRP-24293	Transdermal patch 40 mg	Transdermal	Bupredermal Buprenorphine Sandoz Norspan
Calcipotriol with betamethasone	GRP-21266	Ointment containing calcipotriol 50 micrograms with betamethasone 500 micrograms (as dipropionate) per g, 30 g	Application	Calcipotriol/Betamethasone Sandoz 50/500 Daivobet
Calcitriol	GRP-19708	Capsule 0.25 microgram	Oral	APO-Calcitriol CALITROL Calciprox Kosteo Rocaltrol Sical
Candesartan	GRP-19554	Tablet containing candesartan cilexetil 8 mg	Oral	APO-Candesartan Adesan Atacand BTC Candesartan CANDESAN CANDESARTAN-WGR Candesartan Sandoz
Candesartan	GRP-19564	Tablet containing candesartan cilexetil 32 mg	Oral	APO-Candesartan Adesan Atacand BTC Candesartan CANDESAN CANDESARTAN-WGR Candesartan Sandoz

Candesartan	GRP-19566	Tablet containing candesartan cilexetil 4 mg	Oral	APO-Candesartan Adesan Atacand BTC Candesartan CANDESAN CANDESARTAN-WGR Candesartan Sandoz
Candesartan	GRP-19568	Tablet containing candesartan cilexetil 16 mg	Oral	APO-Candesartan Adesan Atacand BTC Candesartan CANDESAN CANDESARTAN-WGR Candesartan Sandoz
Candesartan with hydrochlorothiazide	GRP-19559	Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 25 mg	Oral	APO-Candesartan HCTZ 32/25 Adesan HCT 32/25 Atacand Plus 32/25 BTC Candesartan HCT CANDESAN COMBI 32/25 CANDESARTAN HCTZ-WGR 32/25 Candesartan/HCT Sandoz NOUMED CANDESARTAN/HCT
Candesartan with hydrochlorothiazide	GRP-19563	Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 12.5 mg	Oral	APO-Candesartan HCTZ 32/12.5 Adesan HCT 32/12.5 Atacand Plus 32/12.5 BTC Candesartan HCT CANDESAN COMBI 32/12.5 CANDESARTAN HCTZ-WGR 32/12.5 Candesartan/HCT Sandoz NOUMED CANDESARTAN/HCT
Candesartan with hydrochlorothiazide	GRP-19567	Tablet containing candesartan cilexetil 16 mg with hydrochlorothiazide 12.5 mg	Oral	APO-Candesartan HCTZ 16/12.5 Adesan HCT 16/12.5 Atacand Plus 16/12.5 BTC Candesartan HCT Blooms the Chemist Candesartan HCTZ 16/12.5 CANDESAN COMBI 16/12.5 CANDESARTAN HCTZ-WGR 16/12.5 Candesartan/HCT Sandoz NOUMED CANDESARTAN/HCT
Capecitabine	GRP-19591	Tablet 500 mg	Oral	Capecitabine Alphapharm Capecitabine Sandoz

				Xelabine
Carbamazepine	GRP-14653	Tablet 200 mg	Oral	Carbamazepine Sandoz Tegretol 200
Carbamazepine	GRP-19583	Tablet 100 mg	Oral	Carbamazepine Sandoz Tegretol 100
Carbimazole	GRP-24069	Tablet 5 mg	Oral	Neo-Mercazole THIRAZOL WP Carbimazole
Carbomer	GRP-20037	Eye gel 2 mg per g, 10 g	Application to the eye	Optifresh eye gel PAA Viscotears
Carvedilol	GRP-19636	Tablet 12.5 mg	Oral	APO-Carvedilol CARVEDILOL-WGR Carvedilol Sandoz Carvidol Dicarz Dilatrend 12.5 Vedilol 12.5 Volirop 12.5
Carvedilol	GRP-19677	Tablet 25 mg	Oral	APO-Carvedilol CARVEDILOL-WGR Carvedilol Sandoz Carvidol Dicarz Dilatrend 25 Vedilol 25 Volirop 25
Carvedilol	GRP-19703	Tablet 3.125 mg	Oral	APO-Carvedilol Carvidol Vedilol 3.125 Volirop 3.125
Carvedilol	GRP-19799	Tablet 6.25 mg	Oral	APO-Carvedilol CARVEDILOL-WGR Carvedilol Sandoz Carvidol Dicarz Dilatrend 6.25 Vedilol 6.25 Volirop 6.25

Cefaclor	GRP-19974	Tablet (sustained release) 375 mg (as monohydrate)	Oral	Ceclor CD Karlor CD Keflor CD
Cefaclor	GRP-20159	Powder for oral suspension 125 mg (as monohydrate) per 5 mL, 100 mL	Oral	Aclor 125 Ceclor Cefaclor SUN Keflor
Cefaclor	GRP-20181	Powder for oral suspension 250 mg (as monohydrate) per 5 mL, 75 mL	Oral	Aclor 250 Ceclor Cefaclor SUN Keflor
Cefalexin	GRP-20166	Granules for oral suspension 125 mg (as monohydrate) per 5 mL, 100 mL	Oral	Cefalexin Sandoz Ibilex 125 Keflex
Cefalexin	GRP-20033	Capsule 250 mg (as monohydrate)	Oral	APO-Cephalexin Ibilex 250 Keflex
Cefalexin	GRP-20298	Capsule 500 mg (as monohydrate)	Oral	APO-Cephalexin Blooms The Chemist Cefalexin CEPHALEXIN-WGR Cefalexin Sandoz Cephalex 500 Cephalexin generichealth Ibilex 500 Keflex NOUMED CEFALEXIN
Cefalexin	GRP-27406	Granules for oral suspension 250 mg (as monohydrate) per 5 mL, 100 mL	Oral	Cefalexin Sandoz Ibilex 250 Keflex
Cefuroxime	GRP-22638	Tablet 250 mg (as axetil)	Oral	Pharmacor Cefuroxime Zinnat
Celecoxib	GRP-19618	Capsule 100 mg	Oral	APX-Celecoxib Blooms the Chemist Celecoxib CELECOXIB-WGR Celaxib Celebrex Celecoxib APOTEX Celecoxib GH Celecoxib Sandoz

				Celexi NOUMED CELECOXIB
Celecoxib	GRP-19623	Capsule 200 mg	Oral	APX-Celecoxib Blooms the Chemist Celecoxib CELECOXIB-WGR Celaxib Celebrex Celecoxib APOTEX Celecoxib GH Celecoxib Sandoz Celexi NOUMED CELECOXIB
Ciclosporin	GRP-20026	Capsule 100 mg	Oral	APO-Ciclosporin CICLOSPORIN-WGR Cyclosporin Sandoz Neoral 100
Ciclosporin	GRP-20143	Capsule 50 mg	Oral	APO-Ciclosporin CICLOSPORIN-WGR Cyclosporin Sandoz Neoral 50
Ciclosporin	GRP-20032	Capsule 25 mg	Oral	APO-Ciclosporin CICLOSPORIN-WGR Cyclosporin Sandoz Neoral 25
Cinacalcet	GRP-24882	Tablet 30 mg (as hydrochloride)	Oral	Cinacalcet Viatrix Pharmacor Cinacalcet
Cinacalcet	GRP-24888	Tablet 60 mg (as hydrochloride)	Oral	Cinacalcet Viatrix Pharmacor Cinacalcet
Cinacalcet	GRP-24892	Tablet 90 mg (as hydrochloride)	Oral	Cinacalcet Viatrix Pharmacor Cinacalcet
Ciprofloxacin	GRP-19988	Eye drops 3 mg (as hydrochloride) per mL, 5 mL	Application to the eye	CiloQuin Ciloxan
Ciprofloxacin	GRP-19723	Tablet 750 mg (as hydrochloride)	Oral	APO-Ciprofloxacin APX-Ciprofloxacin C-Flox 750 CIPROFLOXACIN-WGR Ciprofloxacin Sandoz Ciprol 750

				NOUMED CIPROFLOXACIN
Ciprofloxacin	GRP-19859	Tablet 500 mg (as hydrochloride)	Oral	APO-Ciprofloxacin APX-Ciprofloxacin C-Flox 500 CIPROFLOXACIN-WGR Cifran Ciprofloxacin Sandoz Ciprol 500 NOUMED CIPROFLOXACIN
Ciprofloxacin	GRP-19910	Tablet 250 mg (as hydrochloride)	Oral	APO-Ciprofloxacin APX-Ciprofloxacin C-Flox 250 CIPROFLOXACIN-WGR Ciprofloxacin Sandoz Ciprol 250
Citalopram	GRP-19656	Tablet 40 mg (as hydrobromide)	Oral	APO-Citalopram Celapram Citalopram Sandoz NOUMED CITALOPRAM Talam
Citalopram	GRP-19940	Tablet 20 mg (as hydrobromide)	Oral	APO-Citalopram APX-Citalopram Celapram Cipramil Citalopram Sandoz NOUMED CITALOPRAM Talam
Citalopram	GRP-19953	Tablet 10 mg (as hydrobromide)	Oral	Celapram Talam
Clarithromycin	GRP-19649	Tablet 250 mg	Oral	Clarithro 250 Clarithromycin Sandoz Kalixocin Klacid NOUMED CLARITHROMYCIN
Clindamycin	GRP-19995	Capsule 150 mg (as hydrochloride)	Oral	APO-Clindamycin CLINDAMYCIN-WGR Calindamin Clindamycin LU Clindamyk Dalacin C

Clomipramine	GRP-19890	Tablet containing clomipramine hydrochloride 25 mg	Oral	APO-Clomipramine Anafranil 25 CLOMIPRAMINE-WGR Placil
Clonazepam	GRP-22717	Tablet 500 micrograms	Oral	Paxam 0.5 Rivotril
Clonidine	GRP-21381	Tablet containing clonidine hydrochloride 100 micrograms	Oral	APO-Clonidine Catapres 100 Clonidine Lupin
Clopidogrel	GRP-17110	Tablet 75 mg (as besilate)	Oral	CLOPIDOGREL-WGR Clovix 75 Plidogrel
Clopidogrel	GRP-17110	Tablet 75 mg (as hydrogen sulfate)	Oral	Blooms Clopidogrel Clopidogrel Lupin Clopidogrel Sandoz Pharma Clopidogrel Winthrop Iscover Piax Plavacor 75
Clopidogrel with aspirin	GRP-19773	Tablet 75 mg (as hydrogen sulfate)-100 mg	Oral	APX-Clopidogrel/Aspirin 75/100 Clopidogrel Winthrop plus aspirin DuoCover DuoPlidogrel Piax Plus Aspirin
Codeine with paracetamol	GRP-20169	Tablet containing codeine phosphate hemihydrate 30 mg with paracetamol 500 mg	Oral	APO- Paracetamol/Codeine 500/30 APX-Paracetamol/Codeine Codalgin Forte Codapane Forte 500/30 Comfarol Forte Panadeine Forte Paracetamol/Codeine GH 500/30 Prodeine Forte
Colchicine	GRP-19820	Tablet 500 micrograms	Oral	Colcine Colgout Lengout
Cyproterone	GRP-19722	Tablet containing cyproterone acetate 50 mg	Oral	ANTERONE 50 Androcur Cyproterone Sandoz Pharmacor Cyproterone 50

Cyproterone	GRP-19842	Tablet containing cyproterone acetate 100 mg	Oral	ANTERONE 100 Androcur-100 Cyproterone Sandoz Pharmacor Cyproterone 100
Dabigatran etexilate	GRP-28121	Capsule 110 mg (as mesilate)	Oral	ARX-Dabigatran Dabigatran Sandoz PHARMACOR DABIGATRAN Pradaxa
Dabigatran etexilate	GRP-28118	Capsule 150 mg (as mesilate)	Oral	ARX-Dabigatran Dabigatran Sandoz PHARMACOR DABIGATRAN Pradaxa
Dabigatran etexilate	GRP-28127	Capsule 75 mg (as mesilate)	Oral	ARX-Dabigatran Pradaxa
Darunavir	GRP-24212	Tablet 600 mg	Oral	Darunavir Juno
Darunavir	GRP-24212	Tablet 600 mg (as ethanolate)	Oral	Prezista
Darunavir	GRP-25566	Tablet 800 mg	Oral	Darunavir Juno
Darunavir	GRP-25566	Tablet 800 mg (as ethanolate)	Oral	Prezista
Dasatinib	GRP-25848	Tablet 70 mg	Oral	DASATINIB-TEVA Dasatinib ARX Dasatinib Dr.Reddy's Dasatinib SUN Dasatinib Viatris Sprycel TE-DASATINIB
Dasatinib	GRP-25853	Tablet 50 mg	Oral	DASATINIB-TEVA Dasatinib ARX Dasatinib Dr.Reddy's Dasatinib SUN Dasatinib Viatris Sprycel TE-DASATINIB
Dasatinib	GRP-25849	Tablet 20 mg	Oral	DASATINIB-TEVA Dasatinib ARX Dasatinib Dr.Reddy's Dasatinib SUN Dasatinib Viatris

				Sprycel TE-DASATINIB
Dasatinib	GRP-25880	Tablet 100 mg	Oral	DASATINIB-TEVA Dasatinib ARX Dasatinib Dr.Reddy's Dasatinib SUN Dasatinib Viatris Sprycel TE-DASATINIB
Deferasirox	GRP-25387	Tablet 180 mg	Oral	DEFERASIROX-TEVA Deferasirox ARX Deferasirox Sandoz Eferas Jadenu Pharmacor Deferasirox FC
Deferasirox	GRP-25385	Tablet 90 mg	Oral	DEFERASIROX-TEVA Deferasirox ARX Deferasirox Sandoz Eferas Jadenu Pharmacor Deferasirox FC
Deferasirox	GRP-25395	Tablet 360 mg	Oral	DEFERASIROX-TEVA Deferasirox ARX Deferasirox Sandoz Eferas Jadenu Pharmacor Deferasirox FC
Deferasirox	GRP-28209	Tablet, dispersible, 125 mg	Oral	Deferasirox Juno Pharmacor Deferasirox
Deferasirox	GRP-28219	Tablet, dispersible, 500 mg	Oral	Deferasirox Juno Pharmacor Deferasirox
Deferasirox	GRP-28210	Tablet, dispersible, 250 mg	Oral	Deferasirox Juno Pharmacor Deferasirox
Desmopressin	GRP-24629	Nasal spray (pump pack) containing desmopressin acetate 10 micrograms per actuation, 50 actuations, 5 mL, USP (Apotex)	Nasal	Desmopressin Nasal Spray USP (Apotex)
Desmopressin	GRP-24629	Nasal spray (pump pack) containing desmopressin acetate 10 micrograms per actuation, 60 actuations, 6 mL	Nasal	Minirin Nasal Spray

Desvenlafaxine	GRP-16219	Tablet (extended release) 100 mg (as succinate)	Oral	Pristiq
Desvenlafaxine	GRP-16219	Tablet (modified release) 100 mg	Oral	BTC Desvenlafaxine DESVEN DESVENLAFAXINE-WGR XR Desfax Desvenlafaxine Sandoz
Desvenlafaxine	GRP-16219	Tablet (modified release) 100 mg (as benzoate)	Oral	APO-Desvenlafaxine MR Desvenlafaxine GH XR
Desvenlafaxine	GRP-16220	Tablet (extended release) 50 mg (as succinate)	Oral	Pristiq
Desvenlafaxine	GRP-16220	Tablet (modified release) 50 mg	Oral	BTC Desvenlafaxine DESVEN DESVENLAFAXINE-WGR XR Desfax Desvenlafaxine Sandoz
Desvenlafaxine	GRP-16220	Tablet (modified release) 50 mg (as benzoate)	Oral	APO-Desvenlafaxine MR Desvenlafaxine GH XR
Dexamethasone with framycetin and gramicidin	GRP-19777	Ear drops containing dexamethasone 500 micrograms (as sodium metasulfobenzoate), framycetin sulfate 5 mg and gramicidin 50 micrograms per mL, 8 mL	Application to the ear	Otodex Sofradex
Diazepam	GRP-20001	Tablet 5 mg	Oral	APO-Diazepam APX-Diazepam Antenex 5 DIAZEPAM-WGR NOUMED DIAZEPAM Valium Valpam 5
Diazepam	GRP-20081	Tablet 2 mg	Oral	APO-Diazepam APX-Diazepam Antenex 2 DIAZEPAM-WGR Valpam 2
Diclofenac	GRP-20116	Tablet (enteric coated) containing diclofenac sodium 50 mg	Oral	APO-Diclofenac Clonac 50 DICLOFENAC-WGR Diclofenac Sandoz Fenac EC Voltaren 50

Diclofenac	GRP-20112	Tablet (enteric coated) containing diclofenac sodium 25 mg	Oral	APO-Diclofenac Clonac 25 DICLOFENAC-WGR Diclofenac Sandoz Fenac EC Voltaren 25
Dicloxacillin	GRP-20360	Capsule 500 mg (as sodium)	Oral	DICLOXACILLIN VIATRIS 500 Dicloxacillin Mylan 500 Distaph 500
Dicloxacillin	GRP-22402	Capsule 250 mg (as sodium)	Oral	DICLOXACILLIN VIATRIS 250 Dicloxacillin Mylan 250 Distaph 250
Digoxin	GRP-19717	Tablet 250 micrograms	Oral	Lanoxin Sigmaxin
Digoxin	GRP-19774	Tablet 62.5 micrograms	Oral	Lanoxin-PG Sigmaxin-PG
Diltiazem	GRP-19652	Capsule (controlled delivery) containing diltiazem hydrochloride 180 mg	Oral	Cardizem CD Diltiazem Sandoz CD Vasocardol CD
Diltiazem	GRP-19869	Tablet containing diltiazem hydrochloride 60 mg	Oral	Cardizem Vasocardol
Diltiazem	GRP-19894	Capsule (controlled delivery) containing diltiazem hydrochloride 240 mg	Oral	Cardizem CD Diltiazem Sandoz CD Vasocardol CD
Diltiazem	GRP-19934	Capsule (controlled delivery) containing diltiazem hydrochloride 360 mg	Oral	Cardizem CD Diltiazem Sandoz CD Vasocardol CD
Dimethyl fumarate	GRP-26010	Capsule (modified release) 120 mg	Oral	APO-DIMETHYL FUMARATE Dimethyl Fumarate MSN Dimethyl Fumarate Sandoz Pharmacor Dimethyl Fumarate Tecfidera
Dimethyl fumarate	GRP-26012	Capsule (modified release) 240 mg	Oral	APO-DIMETHYL FUMARATE Dimethyl Fumarate MSN Dimethyl Fumarate Sandoz Pharmacor Dimethyl Fumarate Tecfidera

				Trazent
Diphenoxylate with atropine	GRP-19655	Tablet containing diphenoxylate hydrochloride 2.5 mg with atropine sulfate monohydrate 25 micrograms	Oral	Lofenoxal Lomotil
Disopyramide	GRP-27397	Capsule 100 mg	Oral	Rythmodan
Disopyramide	GRP-27397	Capsule 100 mg (s19A)	Oral	Rythmodan (Canada)
Domperidone	GRP-26945	Tablet 10 mg	Oral	APO-DOMPERIDONE Motilium
Donepezil	GRP-20245	Tablet containing donepezil hydrochloride 10 mg	Oral	APO-Donepezil Arazil Aricept Aridon 10 Aridon APN 10 DONEPEZIL-WGR Donepezil GH Donepezil Sandoz NOUMED DONEPEZIL
Donepezil	GRP-20096	Tablet containing donepezil hydrochloride 5 mg	Oral	APO-Donepezil Arazil Aricept Aridon 5 Aridon APN 5 DONEPEZIL-WGR Donepezil GH Donepezil Sandoz NOUMED DONEPEZIL
Dorzolamide	GRP-19989	Eye drops 20 mg (as hydrochloride) per mL, 5 mL	Application to the eye	Trusamide Trusopt
Dorzolamide with timolol	GRP-19979	Eye drops containing dorzolamide 20 mg (as hydrochloride) with timolol 5 mg (as maleate) per mL, 5 mL	Application to the eye	Cosdor Cosopt Vizo-PF Dorzolotim
Dosulepin	GRP-22377	Capsule containing dosulepin hydrochloride 25 mg	Oral	Dosulepin Viatrix Dothep 25
Dosulepin	GRP-22392	Tablet containing dosulepin hydrochloride 75 mg	Oral	Dosulepin Viatrix 75 Dothep 75
Doxorubicin - pegylated liposomal	GRP-19578	Suspension for I.V. infusion containing pegylated liposomal doxorubicin hydrochloride 20 mg in 10 mL	Injection	Caelyx Liposomal Doxorubicin SUN

Doxycycline	GRP-14639	Capsule 100 mg (as hyclate) (containing enteric coated pellets)	Oral	Doryx Mayne Pharma Doxycycline
Doxycycline	GRP-14639	Tablet 100 mg (as hyclate)	Oral	APX-Doxycycline DOXYCYCLINE-WGR Doxsig Doxylin 100
Doxycycline	GRP-14639	Tablet 100 mg (as monohydrate)	Oral	Doxycycline Sandoz
Doxycycline	GRP-15635	Capsule 50 mg (as hyclate) (containing enteric coated pellets)	Oral	Doryx Mayne Pharma Doxycycline
Doxycycline	GRP-15635	Tablet 50 mg (as hyclate)	Oral	APX-Doxycycline DOXYCYCLINE-WGR Doxsig Doxylin 50
Doxycycline	GRP-15635	Tablet 50 mg (as monohydrate)	Oral	Doxycycline Sandoz
Duloxetine	GRP-19918	Capsule 30 mg (as hydrochloride)	Oral	APO-Duloxetine Cymbalta DYTREX 30 Duloxecor Duloxetine Sandoz Duloxetine Sandoz 30 Tixel
Duloxetine	GRP-19957	Capsule 60 mg (as hydrochloride)	Oral	APO-Duloxetine Cymbalta DYTREX 60 Duloxecor Duloxetine Sandoz Duloxetine Sandoz 60 Tixel
Dutasteride	GRP-21860	Capsule 500 micrograms	Oral	APO-Dutasteride Avodart
Dutasteride with tamsulosin	GRP-24027	Capsule containing dutasteride 500 micrograms with tamsulosin hydrochloride 400 micrograms	Oral	Doubluts Duodart 500ug/400ug
Enalapril	GRP-19633	Tablet containing enalapril maleate 20 mg	Oral	APO-Enalapril Acetec ENALAPRIL-WGR Enalapril Sandoz Enalapril generichealth

				Malean Renitec 20
Enalapril	GRP-19752	Tablet containing enalapril maleate 5 mg	Oral	APO-Enalapril Acetec ENALAPRIL-WGR Enalapril Sandoz Malean
Enalapril	GRP-19843	Tablet containing enalapril maleate 10 mg	Oral	APO-Enalapril Acetec ENALAPRIL-WGR Enalapril Sandoz Malean Renitec
Enalapril with hydrochlorothiazide	GRP-19645	Tablet containing enalapril maleate 20 mg with hydrochlorothiazide 6 mg	Oral	Enalapril/HCT Sandoz Renitec Plus 20/6
Enoxaparin	GRP-22367	Injection containing enoxaparin sodium 40 mg (4,000 I.U. anti-Xa) in 0.4 mL pre-filled syringe	Injection	Clexane Safety-Lock Exarane
Enoxaparin	GRP-22371	Injection containing enoxaparin sodium 60 mg (6,000 I.U. anti-Xa) in 0.6 mL pre-filled syringe	Injection	Clexane Safety-Lock Exarane
Enoxaparin	GRP-22357	Injection containing enoxaparin sodium 100 mg (10,000 I.U. anti-Xa) in 1 mL pre-filled syringe	Injection	Clexane Safety-Lock Exarane
Enoxaparin	GRP-22378	Injection containing enoxaparin sodium 80 mg (8,000 I.U. anti-Xa) in 0.8 mL pre-filled syringe	Injection	Clexane Safety-Lock Exarane
Enoxaparin	GRP-22387	Injection containing enoxaparin sodium 20 mg (2,000 I.U. anti-Xa) in 0.2 mL pre-filled syringe	Injection	Clexane Safety-Lock Exarane
Enoxaparin	GRP-28012	Injection containing enoxaparin sodium 120 mg (12,000 I.U. anti-Xa) in 0.8 mL pre-filled syringe	Injection	Clexane Forte Safety-Lock Exarane Forte
Enoxaparin	GRP-28013	Injection containing enoxaparin sodium 150 mg (15,000 I.U. anti-Xa) in 1 mL pre-filled syringe	Injection	Clexane Forte Safety-Lock Exarane Forte
Entecavir	GRP-21166	Tablet 0.5 mg (as monohydrate)	Oral	ENTAC ENTECAVIR APO ENTECAVIR RBX ENTECAVIR-WGR ENTECLUDE Entecavir GH Entecavir Mylan

				Entecavir Sandoz Entecavir Viatris
Entecavir	GRP-21170	Tablet 1 mg (as monohydrate)	Oral	ENTECAVIR APO ENTECAVIR RBX ENTECAVIR-WGR ENTECLUDE Entecavir Mylan Entecavir Sandoz Entecavir Viatris
Eplerenone	GRP-20704	Tablet 50 mg	Oral	APO-Eplerenone ESPLER Inpler Inspra
Eplerenone	GRP-20711	Tablet 25 mg	Oral	APO-Eplerenone ESPLER Inpler Inspra
Epoprostenol	GRP-28614	Powder for I.V. infusion 1.5 mg (as sodium)	Injection	Veletri
Epoprostenol	GRP-28614	Powder for I.V. infusion 1.5 mg (as sodium) with 2 vials diluent 50 mL	Injection	Flolan
Epoprostenol	GRP-28616	Powder for I.V. infusion 500 micrograms (as sodium)	Injection	Veletri
Epoprostenol	GRP-28616	Powder for I.V. infusion 500 micrograms (as sodium) with 2 vials diluent 50 mL	Injection	Flolan
Erlotinib	GRP-24881	Tablet 100 mg (as hydrochloride)	Oral	Erlotinib APOTEX Erlotinib Sandoz
Erlotinib	GRP-24895	Tablet 25 mg (as hydrochloride)	Oral	Erlotinib APOTEX Erlotinib Sandoz
Erlotinib	GRP-24897	Tablet 150 mg (as hydrochloride)	Oral	Erlotinib APOTEX Erlotinib Sandoz
Escitalopram	GRP-19665	Tablet 20 mg (as oxalate)	Oral	APO-Escitalopram APX-Escitalopram Blooms Escitalopram Cilopam-S Escitalopram GH Escitalopram Sandoz Esipram Lexam 20 Lexapro

				LoxaLate NOUMED ESCITALOPRAM
Escitalopram	GRP-19817	Tablet 10 mg (as oxalate)	Oral	APO-Escitalopram APX-Escitalopram Blooms Escitalopram Cilopam-S Escitalopram GH Escitalopram Sandoz Esipram Lexam 10 Lexapro LoxaLate NOUMED ESCITALOPRAM
Esomeprazole	GRP-17061	Capsule (enteric) 40 mg (as magnesium)	Oral	Noxicid Caps
Esomeprazole	GRP-17061	Tablet (enteric coated) 40 mg (as magnesium trihydrate)	Oral	APO-Esomeprazole ESOMEPRAZOLE-WGR Esomeprazole GH Esomeprazole GxP Esomeprazole Mylan Esomeprazole RBX Esomeprazole Viatrix Esopreze NOUMED ESOMEPRAZOLE Nexazole Nexium Nexole
Esomeprazole	GRP-17188	Capsule (enteric) 20 mg (as magnesium)	Oral	Noxicid Caps
Esomeprazole	GRP-17188	Tablet (enteric coated) 20 mg (as magnesium trihydrate)	Oral	APO-Esomeprazole ESOMEPRAZOLE-WGR Esomeprazole GH Esomeprazole GxP Esomeprazole Mylan Esomeprazole RBX Esomeprazole Viatrix Esopreze NOUMED ESOMEPRAZOLE Nexazole Nexium Nexole
Esomeprazole and clarithromycin and amoxicillin	GRP-20639	Pack containing 14 tablets (enteric coated) containing esomeprazole 20 mg (as magnesium trihydrate), 14 tablets clarithromycin 500 mg and 28 capsules	Oral	Nexium Hp7

		amoxicillin 500 mg (as trihydrate)		
Esomeprazole and clarithromycin and amoxicillin	GRP-20639	Pack containing 14 tablets (enteric coated) containing esomeprazole 20 mg (as magnesium), 14 tablets clarithromycin 500 mg and 28 capsules amoxicillin 500 mg (as trihydrate)	Oral	ESOMEPRAZOLE SANDOZ Hp7
Estradiol	GRP-28649	Transdermal patches 585 micrograms, 8	Transdermal	Estradiol Transdermal System (Sandoz, USA) Estradot 37.5
Estradiol	GRP-28651	Transdermal patches 1.17 mg, 8	Transdermal	Estradiol Transdermal System (Sandoz, USA) Estradot 75
Estradiol	GRP-28652	Transdermal patches 1.56 mg, 8	Transdermal	Estradiol Transdermal System (Sandoz, USA) Estradot 100
Estradiol	GRP-27217	Pessary (modified release) 10 micrograms (as hemihydrate)	Vaginal	Estro-Pess Vagifem Low
Etanercept	GRP- 26053	Injection 50 mg in 1 mL single use auto-injector, 4	Injection	Brenzys Enbrel
Etanercept	GRP- 26053	Injections 50 mg in 1 mL single use pre-filled syringes, 4	Injection	Brenzys Enbrel
Ethosuximide	GRP-23067	Capsule 250 mg	Oral	Zarontin
Ethosuximide	GRP-23067	Capsule 250 mg (s19A)	Oral	Ethosuximide Essential Generics (UK)
Everolimus	GRP-25323	Tablet 1 mg	Oral	Certican Everocan
Everolimus	GRP-25324	Tablet 0.25 mg	Oral	Certican Everocan
Everolimus	GRP-25326	Tablet 0.5 mg	Oral	Certican Everocan
Everolimus	GRP-25328	Tablet 0.75 mg	Oral	Certican Everocan
Exemestane	GRP-20304	Tablet 25 mg	Oral	APO-Exemestane Aromasin EXEMESTANE-WGR Exemestane GH

				Exemestane Sandoz
Ezetimibe	GRP-22396	Tablet 10 mg	Oral	APO-Ezetimibe BTC Ezetimibe EZEMICHOL EZETIMIBE-WGR Ezetimibe GH Ezetimibe Sandoz Ezetrol Pharmacor Ezetimibe 10 Zient 10mg
Ezetimibe and rosuvastatin	GRP-22369	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 40 mg (as calcium)	Oral	Ezalo Composite Pack 10mg+40mg Pharmacor Ezetimibe Rosuvastatin Composite Pack Rosuzet Composite Pack
Ezetimibe and rosuvastatin	GRP-22388	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 10 mg (as calcium)	Oral	Ezalo Composite Pack 10mg+10mg Pharmacor Ezetimibe Rosuvastatin Composite Pack Rosuzet Composite Pack
Ezetimibe and rosuvastatin	GRP-22395	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 20 mg (as calcium)	Oral	Ezalo Composite Pack 10mg+20mg Pharmacor Ezetimibe Rosuvastatin Composite Pack Rosuzet Composite Pack
Ezetimibe and rosuvastatin	GRP-22399	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 5 mg (as calcium)	Oral	Ezalo Composite Pack 10mg+5mg Rosuzet Composite Pack
Ezetimibe with atorvastatin	GRP-23702	Tablet 10 mg-40 mg	Oral	Atozet Ezetast Ezetimibe/Atorvastatin GH 10/40
Ezetimibe with atorvastatin	GRP-23705	Tablet 10 mg-80 mg	Oral	Atozet Ezetast Ezetimibe/Atorvastatin GH 10/80
Ezetimibe with atorvastatin	GRP-23706	Tablet 10 mg-20 mg	Oral	Atozet Ezetast Ezetimibe/Atorvastatin GH 10/20
Ezetimibe with atorvastatin	GRP-23708	Tablet 10 mg-10 mg	Oral	Atozet Ezetast Ezetimibe/Atorvastatin GH 10/10
Ezetimibe with simvastatin	GRP-22376	Tablet 10 mg-40 mg	Oral	APO-Ezetimibe/Simvastatin 10/40

				EZETIMIBE/SIMVASTATIN SANDOZ EZETIMIBE/SIMVASTATIN-WGR 10/40 EZETORIN EzSimva GH 10/40 Pharmacor Ezetimibe Simvastatin 10/40 Vytorin Zeklen 10/40 mg Zimybe 10/40
Ezetimibe with simvastatin	GRP-22381	Tablet 10 mg-10 mg	Oral	APO-Ezetimibe/Simvastatin 10/10 EZETIMIBE/SIMVASTATIN SANDOZ EZETIMIBE/SIMVASTATIN-WGR 10/10 EZETORIN EzSimva GH 10/10 Pharmacor Ezetimibe Simvastatin 10/10 Vytorin Zeklen 10/10 mg Zimybe 10/10
Ezetimibe with simvastatin	GRP-22383	Tablet 10 mg-20 mg	Oral	APO-Ezetimibe/Simvastatin 10/20 EZETIMIBE/SIMVASTATIN SANDOZ EZETIMIBE/SIMVASTATIN-WGR 10/20 EZETORIN EzSimva GH 10/20 Pharmacor Ezetimibe Simvastatin 10/20 Vytorin Zeklen 10/20 mg Zimybe 10/20
Ezetimibe with simvastatin	GRP-22393	Tablet 10 mg-80 mg	Oral	APO-Ezetimibe/Simvastatin 10/80 EZETIMIBE/SIMVASTATIN SANDOZ EZETIMIBE/SIMVASTATIN-WGR 10/80 EZETORIN EzSimva GH 10/80 Pharmacor Ezetimibe Simvastatin 10/80 Vytorin Zeklen 10/80 mg Zimybe 10/80

Famciclovir	GRP-19771	Tablet 125 mg	Oral	APO-Famciclovir Famvir Favic 125
Famciclovir	GRP-19828	Tablet 250 mg	Oral	APO-Famciclovir Ezovir FAMCICLOVIR-WGR Famvir Favic 250
Famciclovir	GRP-19913	Tablet 500 mg	Oral	APO-Famciclovir Ezovir FAMCICLOVIR-WGR Famvir Favic 500
Felodipine	GRP-19647	Tablet 10 mg (extended release)	Oral	Felodil XR 10 Felodur ER 10 mg Fendex ER Plendil ER
Felodipine	GRP-19691	Tablet 2.5 mg (extended release)	Oral	Felodur ER 2.5 mg Fendex ER Plendil ER
Felodipine	GRP-19853	Tablet 5 mg (extended release)	Oral	Felodil XR 5 Felodur ER 5 mg Fendex ER Plendil ER
Fenofibrate	GRP-20716	Tablet 145 mg	Oral	APO-Fenofibrate BTC Fenofibrate FENOFIBRATE RBX FENOFIBRATE-WGR Fenocol Fenofibrate Cipla Fenofibrate Sandoz Fenofibrate Viatris Lipidil
Fenofibrate	GRP-20725	Tablet 48 mg	Oral	APO-Fenofibrate FENOFIBRATE RBX FENOFIBRATE-WGR Fenofibrate Cipla Fenofibrate Viatris Lipidil

Fentanyl	GRP-15510	Transdermal patch 7.65 mg	Transdermal	Denpax
Fentanyl	GRP-15510	Transdermal patch 12.375 mg	Transdermal	Fenpatch 75
Fentanyl	GRP-15510	Transdermal patch 12.6 mg	Transdermal	APO-Fentanyl Durogesic 75 Fentanyl Sandoz
Fentanyl	GRP-15577	Transdermal patch 2.55 mg	Transdermal	Denpax
Fentanyl	GRP-15577	Transdermal patch 4.125 mg	Transdermal	Fenpatch 25
Fentanyl	GRP-15577	Transdermal patch 4.2 mg	Transdermal	APO-Fentanyl Durogesic 25 Fentanyl Sandoz
Fentanyl	GRP-15659	Transdermal patch 5.10 mg	Transdermal	Denpax
Fentanyl	GRP-15659	Transdermal patch 8.25 mg	Transdermal	Fenpatch 50
Fentanyl	GRP-15659	Transdermal patch 8.4 mg	Transdermal	APO-Fentanyl Durogesic 50 Fentanyl Sandoz
Fentanyl	GRP-15747	Transdermal patch 10.20 mg	Transdermal	Denpax
Fentanyl	GRP-15747	Transdermal patch 16.5 mg	Transdermal	Fenpatch 100
Fentanyl	GRP-15747	Transdermal patch 16.8 mg	Transdermal	APO-Fentanyl Durogesic 100 Fentanyl Sandoz
Fentanyl	GRP-15898	Transdermal patch 1.28 mg	Transdermal	Denpax
Fentanyl	GRP-15898	Transdermal patch 2.063 mg	Transdermal	Fenpatch 12
Fentanyl	GRP-15898	Transdermal patch 2.1 mg	Transdermal	APO-Fentanyl Durogesic 12 Fentanyl Sandoz
Filgrastim	GRP-23379	Injection 300 micrograms in 0.5 mL single-use pre-filled syringe	Injection	Nivestim Zarzio
Filgrastim	GRP-23385	Injection 480 micrograms in 0.5 mL single-use pre-filled syringe	Injection	Nivestim Zarzio
Fingolimod	GRP-26766	Capsule 500 micrograms (as hydrochloride)	Oral	AKM Fingolimod

				FINGOLIS Fingolimod SUN Fingolimod Sandoz Fingolimod-Teva Fynod Gilenya Pharmacor Fingolimod
Flecainide	GRP-19776	Tablet containing flecainide acetate 100 mg	Oral	APO-Flecainide Flecainide Sandoz Flecatub Tambocor
Flecainide	GRP-21022	Tablet containing flecainide acetate 50 mg	Oral	APO-Flecainide Flecainide Sandoz Flecatub Tambocor
Flucloxacillin	GRP-23238	Capsule 250 mg (as sodium monohydrate)	Oral	Flopen Flopen Viatris Staphylex 250
Flucloxacillin	GRP-23239	Capsule 500 mg (as sodium monohydrate)	Oral	Flopen Flopen Viatris Staphylex 500
Fluconazole	GRP-19858	Capsule 200 mg	Oral	Diflucan Dizole 200 Fluconazole APOTEX Fluconazole Sandoz Fluzole 200 Ozole
Fluconazole	GRP-19877	Capsule 50 mg	Oral	Diflucan Dizole 50 Fluconazole Sandoz Ozole
Fluconazole	GRP-19878	Capsule 100 mg	Oral	Diflucan Dizole 100 Fluconazole Sandoz Ozole
Fludrocortisone	GRP-25994	Tablet containing fludrocortisone acetate 100 micrograms	Oral	FLUDROCORTISONE MEDSURGE Florinef
Fluoxetine	GRP-24550	Capsule 20 mg (as hydrochloride)	Oral	APO-Fluoxetine

				Blooms the Chemist Fluoxetine FLUOTEX Fluoxetine APOTEX Fluoxetine Sandoz Fluoxetine generichealth NOUMED FLUOXETINE Prozac 20 Zactin
Fluticasone propionate	GRP-21526	Pressurised inhalation containing fluticasone propionate 125 micrograms per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Axotide Flixotide Fluticasone Cipla Inhaler
Fluticasone propionate	GRP-21532	Pressurised inhalation containing fluticasone propionate 250 micrograms per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Axotide Flixotide Fluticasone Cipla Inhaler
Fluticasone propionate	GRP-24883	Powder for oral inhalation in breath actuated device containing fluticasone propionate 100 micrograms per dose, 60 doses	Inhalation by mouth	Axotide Junior Accuhaler Flixotide Junior Accuhaler
Fluticasone propionate	GRP-24884	Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms per dose, 60 doses	Inhalation by mouth	Axotide Accuhaler Flixotide Accuhaler
Fluticasone propionate	GRP-24885	Pressurised inhalation containing fluticasone propionate 50 micrograms per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Axotide Junior Flixotide Junior
Fluticasone propionate with salmeterol	GRP-21522	Pressurised inhalation containing fluticasone propionate 250 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Evocair MDI Fluticasone + Salmeterol Cipla 250/25 Pavtide SalplusF Inhaler 250/25 Seretide MDI 250/25
Fluticasone propionate with salmeterol	GRP-21527	Pressurised inhalation containing fluticasone propionate 125 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	Evocair MDI Fluticasone + Salmeterol Cipla 125/25 Pavtide SalplusF Inhaler 125/25 Seretide MDI 125/25
Fluticasone propionate with salmeterol	GRP-24889	Powder for oral inhalation in breath actuated device containing fluticasone propionate 100 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	PAVTIDE ACCUHALER 100/50 Seretide Accuhaler 100/50
Fluticasone propionate with salmeterol	GRP-24890	Pressurised inhalation containing fluticasone propionate 50 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation)	Inhalation by mouth	PAVTIDE MDI 50/25 Seretide MDI 50/25
Fluticasone propionate with salmeterol	GRP-24904	Powder for oral inhalation in breath actuated device containing fluticasone	Inhalation by	Fluticasone Salmeterol Ciphaler 250/50

		propionate 250 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	mouth	PAVTIDE ACCUHALER 250/50 Salfumix Easyhaler 250/50 SalplusF DPI 250/50 Seretide Accuhaler 250/50
Fluticasone propionate with salmeterol	GRP-24913	Powder for oral inhalation in breath actuated device containing fluticasone propionate 500 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses	Inhalation by mouth	Fluticasone Salmeterol Ciplhaler 500/50 PAVTIDE ACCUHALER 500/50 Salfumix Easyhaler 500/50 SalplusF DPI 500/50 Seretide Accuhaler 500/50
Fluvoxamine	GRP-19729	Tablet containing fluvoxamine maleate 50 mg	Oral	APO-Fluvoxamine FLUVOXAMINE-WGR Faverin 50 Luvox Movox 50
Fluvoxamine	GRP-19862	Tablet containing fluvoxamine maleate 100 mg	Oral	APO-Fluvoxamine FLUVOXAMINE-WGR Faverin 100 Luvox Movox 100
Folic acid	GRP-20411	Tablet 500 micrograms	Oral	Foltabs 500 Megafol 0.5
Follitropin alfa	GRP-25866	Injection 300 I.U. in 0.5 mL multi-dose cartridge	Injection	Gonal-f Pen Ovaleap
Follitropin alfa	GRP-25867	Injection 450 I.U. in 0.75 mL multi-dose cartridge	Injection	Gonal-f Pen Ovaleap
Follitropin alfa	GRP-25879	Injection 900 I.U. in 1.5 mL multi-dose cartridge	Injection	Gonal-f Pen Ovaleap
Follitropin beta	GRP-27212	Solution for injection 600 I.U. in 0.72 mL multi-dose cartridge	Injection	Puregon 600 IU/0.72 mL Recagon
Follitropin beta	GRP-27211	Solution for injection 900 I.U. in 1.08 mL multi-dose cartridge	Injection	Puregon 900 IU/1.08 mL Recagon
Follitropin beta	GRP-27207	Solution for injection 300 I.U. in 0.36 mL multi-dose cartridge	Injection	Puregon 300 IU/0.36 mL Recagon
Fosaprepitant	GRP-27398	Powder for I.V. infusion 150 mg	Injection	Emend IV FOSAPREPITANT MEDSURGE FOSAPREPITANT MSN

				FOSAPREPITANT-AFT
Fosinopril	GRP-19769	Tablet containing fosinopril sodium 20 mg	Oral	APO-Fosinopril Monace 20
Fosinopril	GRP-19785	Tablet containing fosinopril sodium 10 mg	Oral	APO-Fosinopril Monace 10
Fremanezumab	GRP-26651	Solution for injection 225 mg in 1.5 mL single dose pre-filled pen	Injection	Ajovy
Fremanezumab	GRP-26651	Solution for injection 225 mg in 1.5 mL single dose pre-filled syringe	Injection	Ajovy
Fulvestrant	GRP-25877	Injection 250 mg in 5 mL pre-filled syringe	Injection	FULVESTRANT ACCORD FULVESTRANT EVER PHARMA Fulvestrant Sandoz
Furosemide	GRP-15441	Tablet 20 mg	Oral	APO-Frusemide FUROSEMIDE-WGR Frusemix-M UREMIDE 20
Furosemide	GRP-19673	Tablet 40 mg	Oral	APO-Frusemide FUROSEMIDE-WGR Frusax Frusemix NOUMED FUROSEMIDE Uremide
Gabapentin	GRP-19792	Capsule 400 mg	Oral	APX-Gabapentin GAPENTIN Gabacor Gabapentin Sandoz Gabapentin generichealth Neurontin Nupentin 400
Gabapentin	GRP-19876	Tablet 600 mg	Oral	GAPENTIN Gabapentin APOTEX Neurontin Pharmacor Gabapentin 600
Gabapentin	GRP-20038	Capsule 100 mg	Oral	APX-Gabapentin GAPENTIN Gabacor Neurontin Nupentin 100

Gabapentin	GRP-20089	Tablet 800 mg	Oral	GAPENTIN Gabapentin APOTEX Neurontin Pharmacor Gabapentin 800
Gabapentin	GRP-20136	Capsule 300 mg	Oral	APX-Gabapentin GABAPENTIN-WGR GAPENTIN Gabacor Gabapentin Sandoz Gabapentin generichealth Neurontin Nupentin 300
Galantamine	GRP-19984	Capsule (prolonged release) 24 mg (as hydrobromide)	Oral	APO-Galantamine MR Galantyl Gamine XR Reminyl
Galantamine	GRP-20010	Capsule (prolonged release) 8 mg (as hydrobromide)	Oral	APO-Galantamine MR Galantyl Gamine XR Reminyl
Galantamine	GRP-20219	Capsule (prolonged release) 16 mg (as hydrobromide)	Oral	APO-Galantamine MR Galantyl Gamine XR Reminyl
Ganciclovir	GRP-22142	Powder for I.V. infusion 500 mg (as sodium)	Injection	Cymevene GANCICLOVIR SXP
Ganirelix	GRP-24916	Injection 250 micrograms (as acetate) in 0.5 mL pre-filled syringe	Injection	GANIRELIX SUN Ganirelix Theramex Orgalutran
Gemfibrozil	GRP-20148	Tablet 600 mg	Oral	Ausgem Lipigem
Glatiramer	GRP-26552	Injection containing glatiramer acetate 40 mg in 1 mL single dose pre-filled pen	Injection	Copaxone
Glatiramer	GRP-26552	Injection containing glatiramer acetate 40 mg in 1 mL single dose pre-filled syringe	Injection	Copaxone GLATIRAMER ACETATE-TEVA Glatira
Gliclazide	GRP-19611	Tablet 60 mg (modified release)	Oral	ARDIX GLICLAZIDE 60mg MR

				Diamicron 60mg MR Gliclazide Lupin MR Pharmacor Gliclazide MR
Gliclazide	GRP-19637	Tablet 30 mg (modified release)	Oral	APO-Gliclazide MR Gliclazide MR Viatrix Glyade MR Pharmacor Gliclazide MR
Gliclazide	GRP-19933	Tablet 80 mg	Oral	APO-Gliclazide APX-Gliclazide Glyade Nidem
Glimepiride	GRP-19711	Tablet 2 mg	Oral	ARX-GLIMEPIRIDE GLIMEPIRIDE-WGR Glimepiride APOTEX Glimepiride Sandoz
Glimepiride	GRP-19770	Tablet 3 mg	Oral	ARX-GLIMEPIRIDE GLIMEPIRIDE-WGR Glimepiride APOTEX Glimepiride Sandoz
Glimepiride	GRP-19855	Tablet 4 mg	Oral	ARX-GLIMEPIRIDE GLIMEPIRIDE-WGR Glimepiride APOTEX Glimepiride Sandoz
Glimepiride	GRP-19887	Tablet 1 mg	Oral	ARX-GLIMEPIRIDE GLIMEPIRIDE-WGR Glimepiride APOTEX Glimepiride Sandoz
Glipizide	GRP-19686	Tablet 5 mg	Oral	Melizide Minidiab
Granisetron	GRP-20012	Concentrated injection 3 mg (as hydrochloride) in 3 mL	Injection	Granisetron-AFT Kytril
Hydrocortisone	GRP-20005	Ointment containing hydrocortisone acetate 10 mg per g, 50 g	Application	Cortic-DS 1% Sigmacort
Hydrocortisone	GRP-20194	Cream containing hydrocortisone acetate 10 mg per g, 50 g	Application	Cortic-DS 1% Sigmacort
Hydrocortisone	GRP-22370	Tablet 4 mg	Oral	Hydrocortisone Viatrix 4

				Hysone 4
Hydrocortisone	GRP-22397	Tablet 20 mg	Oral	Hydrocortisone Viatris 20 Hysone 20
Hydromorphone	GRP-23240	Injection containing hydromorphone hydrochloride 10 mg in 1 mL	Injection	Dilaudid-HP HYDROMORPHONE JUNO-HP Hydromorphone-hameln-HP MEDSURGE HYDROMORPHONE HP 10 mg/1 mL
Hydromorphone	GRP-23244	Injection containing hydromorphone hydrochloride 2 mg in 1 mL	Injection	Dilaudid HYDROMORPHONE JUNO Hydromorphone-hameln MEDSURGE HYDROMORPHONE 2 mg/1 mL
Hydromorphone	GRP-28212	Oral solution containing hydromorphone hydrochloride 1mg per mL, 1mL (S19A)	Oral	Hydromorphone hydrochloride oral solution, USP (Medsurge)
Hydromorphone	GRP-28212	Oral solution containing hydromorphone hydrochloride 1 mg per mL, 1 mL	Oral	Hikma
Hydroxocobalamin	GRP-17689	Injection 1 mg (as acetate) in 1 mL	Injection	Cobal-B12 Vita-B12
Hydroxocobalamin	GRP-17689	Injection 1 mg (as chloride) in 1 mL	Injection	Hydroxo-B12 Neo-B12
Hydroxycarbamide	GRP-24269	Capsule 500 mg	Oral	HYDROXYCARBAMIDE MEDSURGE Hydrea
Hydroxychloroquine	GRP-19846	Tablet containing hydroxychloroquine sulfate 200 mg	Oral	APO- Hydroxychloroquine Hequinel Hydroxychloroquine GH Plaquenil
Hyoscine	GRP-21879	Injection containing hyoscine butylbromide 20 mg in 1 mL	Injection	Buscopan HYOSCINE BUTYLBROMIDE MEDSURGE HYOSCINE BUTYLBROMIDE SXP HYOSCINE BUTYLBROMIDE-AFT
Hypromellose	GRP-22878	Eye drops 3 mg per mL, 10 mL	Application to the eye	Gentel In a Wink Moisturising Revive Tears
Hypromellose with carbomer 980	GRP-20137	Ocular lubricating gel 3 mg-2 mg per g, 10 g	Application to	Gentel gel

			the eye	HPMC PAA
Hypromellose with dextran	GRP-20049	Eye drops containing 3 mg hypromellose 4500 with 1 mg dextran 70 per mL, 15 mL	Application to the eye	Poly-Tears Tears Naturale
Ibuprofen	GRP-21741	Tablet 400 mg	Oral	APO-Ibuprofen 400 Brufen MEDICHOICE Ibuprofen 400 mg
Icatibant	GRP-24276	Injection 30 mg (as acetate) in 3 mL single use pre-filled syringe	Injection	Cipla Icatibant Fyzant Icatibant Lupin
Imatinib	GRP-21074	Capsule 100 mg (as mesilate)	Oral	ARX-IMATINIB IMATINIB-DRLA Imatinib-APOTEX
Imatinib	GRP-21074	Tablet 100 mg (as mesilate)	Oral	Gilmat Glivec IMATINIB RBX Imatinib Sandoz Imatinib-Teva
Imatinib	GRP- 21079	Capsule 400 mg (as mesilate)	Oral	IMATINIB-DRLA Imatinib GH Imatinib-APOTEX
Imatinib	GRP- 21079	Tablet 400 mg (as mesilate)	Oral	Gilmat Glivec IMATINIB RBX Imatinib Sandoz Imatinib-Teva
Imipramine	GRP-24222	Tablet containing imipramine hydrochloride 25 mg	Oral	Tofranil 25
Imipramine	GRP-24222	Tablet containing imipramine hydrochloride 25 mg (s19A)	Oral	Imipramine (Leading)
Imiquimod	GRP-17129	Cream 50 mg per g, 2 g, 2	Application	Aldara Pump
Imiquimod	GRP-17129	Cream 50 mg per g, 250 mg single use sachets, 12	Application	APO-Imiquimod Aldara Aldiq
Indapamide	GRP-19607	Tablet containing indapamide hemihydrate 1.5 mg (sustained release)	Oral	APO-Indapamide SR Natlirix SR Odaplix SR Tenaxil SR

Indapamide	GRP-19781	Tablet containing indapamide hemihydrate 2.5 mg	Oral	Dapa-Tabs Insig
Indometacin	GRP-20071	Capsule 25 mg	Oral	Arthrexin Indocid
Infliximab	GRP-20382	Powder for I.V. infusion 100 mg	Injection	Inflectra Remicade Renflexis
Ipratropium	GRP-19679	Nebuliser solution containing ipratropium bromide 500 micrograms (as monohydrate) in 1 mL single dose units, 30	Inhalation	Atrovent Adult Ipratrin Adult
Ipratropium	GRP-19908	Nebuliser solution containing ipratropium bromide 250 micrograms (as monohydrate) in 1 mL single dose units, 30	Inhalation	Atrovent Ipratrin
Irbesartan	GRP-19646	Tablet 75 mg	Oral	APO-Irbesartan AVSARTAN Abisart 75 Blooms Irbesartan IRBESARTAN-WGR Irbesartan GH Irbesartan Sandoz Karvea Noumed Irbesartan
Irbesartan	GRP-19659	Tablet 150 mg	Oral	APO-Irbesartan AVSARTAN Abisart 150 Avapro Blooms Irbesartan IRBESARTAN-WGR Irbesartan GH Irbesartan Sandoz Karvea Noumed Irbesartan
Irbesartan	GRP-19742	Tablet 300 mg	Oral	APO-Irbesartan AVSARTAN Abisart 300 Avapro Blooms Irbesartan Blooms the Chemist Irbesartan IRBESARTAN-WGR Irbesartan GH Irbesartan Sandoz Karvea

				Noumed Irbesartan
Irbesartan with hydrochlorothiazide	GRP-19699	Tablet 300 mg-25 mg	Oral	APO-Irbesartan HCTZ AVSARTAN HCT 300/25 Abisart HCTZ 300/25 Avapro HCT 300/25 Blooms the Chemist Irbesartan HCTZ 300/25 IRBESARTAN HCTZ-WGR 300/25 Irbesartan/HCT Sandoz Karvezide 300/25
Irbesartan with hydrochlorothiazide	GRP-19743	Tablet 300 mg-12.5 mg	Oral	APO-Irbesartan HCTZ AVSARTAN HCT 300/12.5 Abisart HCTZ 300/12.5 Avapro HCT 300/12.5 Blooms the Chemist Irbesartan HCTZ 300/12.5 IRBESARTAN HCTZ-WGR 300/12.5 Irbesartan/HCT Sandoz Karvezide 300/12.5
Irbesartan with hydrochlorothiazide	GRP-19958	Tablet 150 mg-12.5 mg	Oral	APO-Irbesartan HCTZ AVSARTAN HCT 150/12.5 Abisart HCTZ 150/12.5 Avapro HCT 150/12.5 Blooms the Chemist Irbesartan HCTZ 150/12.5 IRBESARTAN HCTZ-WGR 150/12.5 Irbesartan/HCT Sandoz Karvezide 150/12.5
Isosorbide mononitrate	GRP-19675	Tablet 120 mg (sustained release)	Oral	Imdur 120 mg Monodur 120 mg
Isosorbide mononitrate	GRP-19856	Tablet 60 mg (sustained release)	Oral	APO-Isosorbide Mononitrate Duride ISOBIDE MR ISOSORBIDE MR-WGR Imdur Durule
Isotretinoin	GRP-19603	Capsule 40 mg	Oral	Dermatane Oratane
Isotretinoin	GRP-19867	Capsule 10 mg	Oral	APO-Isotretinoin Dermatane ISOTRETINOIN-WGR

				Isotretinoin GX Isotretinoin Lupin Oratane
Isotretinoin	GRP-22820	Capsule 20 mg	Oral	APO-Isotretinoin Dermatane ISOTRETINOIN-WGR Isotretinoin GX Isotretinoin Lupin Oratane Pharmacor Isotretinoin Roaccutane
Itraconazole	GRP-21159	Capsule 100 mg	Oral	APO-Itraconazole ITRANOX Itracap
Ivabradine	GRP-22577	Tablet 5 mg (as hydrochloride)	Oral	APO-Ivabradine Coralan IVABRADINE-WGR
Ivabradine	GRP-22578	Tablet 7.5 mg (as hydrochloride)	Oral	APO-Ivabradine Coralan
Ketoprofen	GRP-20014	Capsule 200 mg (sustained release)	Oral	Orudis SR 200 Oruvail SR
Lacosamide	GRP-26166	Tablet 100 mg	Oral	Lacoress Lacosam Lacosamide ARX Lacosamide Lupin Lacosamide Sandoz Vimcosa Vimpat
Lacosamide	GRP-26170	Tablet 150 mg	Oral	Lacoress Lacosam Lacosamide ARX Lacosamide Lupin Lacosamide Sandoz Vimcosa Vimpat
Lacosamide	GRP-26173	Tablet 200 mg	Oral	Lacoress Lacosam Lacosamide ARX Lacosamide Lupin

				Lacosamide Sandoz Vimcosa Vimpat
Lacosamide	GRP-26169	Tablet 50 mg	Oral	Lacoress Lacosam Lacosamide ARX Lacosamide Lupin Lacosamide Sandoz Vimcosa Vimpat
Lamivudine	GRP-19748	Tablet 300 mg	Oral	3TC Lamivudine Alphapharm
Lamivudine	GRP-19806	Tablet 100 mg	Oral	Zeffix Zetlam
Lamivudine	GRP-19929	Tablet 150 mg	Oral	3TC Lamivudine Alphapharm
Lamivudine with zidovudine	GRP-19570	Tablet 150 mg-300 mg	Oral	Combivir Lamivudine/Zidovudine Viatris 150/300
Lamotrigine	GRP-19640	Tablet 200 mg	Oral	APX-Lamotrigine LAMITAN LAMOTRIGINE-WGR Lamictal Lamotrigine GH Logem NOUMED LAMOTRIGINE Reedos 200 Sandoz Lamotrigine
Lamotrigine	GRP-19706	Tablet 100 mg	Oral	APX-Lamotrigine LAMITAN LAMOTRIGINE-WGR Lamictal Lamotrigine GH Logem NOUMED LAMOTRIGINE Reedos 100 Sandoz Lamotrigine
Lamotrigine	GRP-19758	Tablet 50 mg	Oral	APX-Lamotrigine LAMITAN LAMOTRIGINE-WGR

				Lamictal Lamotrigine GH Logem NOUMED LAMOTRIGINE Reedos 50 Sandoz Lamotrigine
Lamotrigine	GRP-19807	Tablet 25 mg	Oral	APX-Lamotrigine LAMITAN LAMOTRIGINE-WGR Lamictal Lamotrigine GH Logem NOUMED LAMOTRIGINE Reedos 25 Sandoz Lamotrigine
Lanreotide	GRP-27570	Injection 90 mg (as acetate) in single dose pre-filled syringe	Injection	Mytolac Somatuline Autogel
Lanreotide	GRP-27567	Injection 120 mg (as acetate) in single dose pre-filled syringe	Injection	Mytolac Somatuline Autogel
Lanreotide	GRP-27569	Injection 60 mg (as acetate) in single dose pre-filled syringe	Injection	Mytolac Somatuline Autogel
Lansoprazole	GRP-14641	Capsule 30 mg	Oral	APO-Lansoprazole Lanzopran NOUMED LANSOPRAZOLE Zopral
Lansoprazole	GRP-14641	Tablet 30 mg (orally disintegrating)	Oral	APO-Lansoprazole ODT Lansoprazole ODT GH Zopral ODT Zoton FasTabs
Lansoprazole	GRP-19832	Tablet 15 mg (orally disintegrating)	Oral	APO-Lansoprazole ODT Lansoprazole ODT GH Zopral ODT Zoton FasTabs
Latanoprost	GRP-20084	Eye drops 50 micrograms per mL, 2.5 mL	Application to the eye	APO-Latanoprost LATANOPROST-WGR Latanoprost Sandoz Xalaprost Xalatan

Latanoprost with timolol	GRP-20063	Eye drops 50 micrograms latanoprost with timolol 5 mg (as maleate) per mL, 2.5 mL	Application to the eye	APO-Latanoprost/Timolol 0.05/5 Xalacom Xalamol 50/5
Leflunomide	GRP-19639	Tablet 20 mg	Oral	APO-LEFLUNOMIDE Arava Ataris 20 LEFLUNOMIDE-WGR Leflunomide APOTEX Leflunomide Sandoz Leflunomide generichealth Lunava 20
Leflunomide	GRP-19866	Tablet 10 mg	Oral	APO-LEFLUNOMIDE Arava Ataris 10 LEFLUNOMIDE-WGR Leflunomide APOTEX Leflunomide Sandoz Leflunomide generichealth Lunava 10
Lercanidipine	GRP-19829	Tablet containing lercanidipine hydrochloride 20 mg	Oral	ARX-LERCANIDIPINE LERCANIDIPINE-WGR Lercan Lercanidipine APOTEX Zanidip Zircol 20
Lercanidipine	GRP-19911	Tablet containing lercanidipine hydrochloride 10 mg	Oral	ARX-LERCANIDIPINE LERCANIDIPINE-WGR Lercan Lercanidipine APOTEX Zanidip Zircol 10
Letrozole	GRP-19884	Tablet 2.5 mg	Oral	ARX-LETROZOLE Femara 2.5 mg Femolet Gynotril LETROZOLE-WGR Letrozole APOTEX Letrozole GH Letrozole Sandoz Pharmacor Letrozole 2.5
Levetiracetam	GRP-19643	Tablet 500 mg	Oral	APO-Levetiracetam

				Keppra Kevtam 500 LEVETIRACETAM-WGR Levactam Levetiracetam GH Levetiracetam Mylan Levetiracetam SZ Levi 500 NOUMED LEVETIRACETAM
Levetiracetam	GRP-19648	Tablet 250 mg	Oral	APO-Levetiracetam Keppra Kevtam 250 LEVETIRACETAM-WGR Levactam Levetiracetam GH Levetiracetam Mylan Levetiracetam SZ Levetiracetam Viatris Levi 250 NOUMED LEVETIRACETAM
Levetiracetam	GRP-19680	Tablet 1 g	Oral	APO-Levetiracetam Keppra Kevtam 1000 LEVETIRACETAM-WGR Levactam Levetiracetam GH Levetiracetam Mylan Levetiracetam SZ Levetiracetam Viatris Levi 1000 NOUMED LEVETIRACETAM
Levetiracetam	GRP-20362	Oral solution 100 mg per mL, 300 mL	Oral	APO-Levetiracetam Keppra Kerron Levetiracetam GH Levetiracetam-AFT
Levodopa with carbidopa	GRP-19870	Tablet 100 mg-25 mg (as monohydrate)	Oral	APO-Levodopa/Carbidopa Kinson SINADOPA 100/25 Sinemet 100/25
Levodopa with carbidopa	GRP-22958	Tablet 250 mg-25 mg (as monohydrate)	Oral	APO-Levodopa/Carbidopa SINADOPA 250/25

				Sinemet
Levodopa with carbidopa and entacapone	GRP-24192	Tablet 50 mg-12.5 mg (as monohydrate)-200 mg	Oral	Carlevent L.C.E. Sandoz Lecteva Stalevo 50/12.5/200mg
Levodopa with carbidopa and entacapone	GRP-24193	Tablet 125 mg-31.25 mg (as monohydrate)-200 mg	Oral	Carlevent L.C.E. Sandoz Lecteva Stalevo 125/31.25/200mg
Levodopa with carbidopa and entacapone	GRP-24197	Tablet 150 mg-37.5 mg (as monohydrate)-200 mg	Oral	Carlevent L.C.E. Sandoz Lecteva Stalevo 150/37.5/200mg
Levodopa with carbidopa and entacapone	GRP-24198	Tablet 75 mg-18.75 mg (as monohydrate)-200 mg	Oral	Carlevent L.C.E. Sandoz Lecteva Stalevo 75/18.75/200mg
Levodopa with carbidopa and entacapone	GRP-24201	Tablet 100 mg-25 mg (as monohydrate)-200 mg	Oral	Carlevent L.C.E. Sandoz Lecteva Stalevo 100/25/200mg
Levodopa with carbidopa and entacapone	GRP-24203	Tablet 200 mg-50 mg (as monohydrate)-200 mg	Oral	Carlevent L.C.E. Sandoz Lecteva Stalevo 200/50/200mg
Levonorgestrel with ethinylestradiol	GRP-19824	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets	Oral	Logynon ED Triquilar ED
Levonorgestrel with ethinylestradiol	GRP-19827	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	Oral	Eleanor 150/30 ED Evelyn 150/30 ED Femme-Tab ED 30/150 LEVETH 150/30 ED Lenest 30 ED Levlen ED Micronelle 30 ED
Levothyroxine	GRP-27400	Tablet containing 200 micrograms anhydrous levothyroxine sodium	Oral	Eltroxin Levothox

Levothyroxine	GRP-26246	Tablet containing 200 micrograms anhydrous levothyroxine sodium	Oral	APO-Levothyroxine Eutroxsig LEVOXINE Levothyroxine Lup Levothyroxine Sandoz Oroxine Thyrox
Levothyroxine	GRP 27402	Tablet containing 50 micrograms anhydrous levothyroxine sodium	Oral	Eltroxin Levothox
Levothyroxine	GRP-26247	Tablet containing 50 micrograms anhydrous levothyroxine sodium	Oral	APO-Levothyroxine Eutroxsig LEVOXINE Levothyroxine Lup Levothyroxine Sandoz Oroxine Thyrox
Levothyroxine	GRP-27411	Tablet containing 100 micrograms anhydrous levothyroxine sodium	Oral	Eltroxin Levothox
Levothyroxine	GRP-26248	Tablet containing 100 micrograms anhydrous levothyroxine sodium	Oral	APO-Levothyroxine Eutroxsig LEVOXINE Levothyroxine Lup Levothyroxine Sandoz Oroxine Thyrox
Levothyroxine	GRP-27401	Tablet containing 75 micrograms anhydrous levothyroxine sodium	Oral	Eltroxin Levothox
Levothyroxine	GRP-26249	Tablet containing 75 micrograms anhydrous levothyroxine sodium	Oral	APO-Levothyroxine Eutroxsig LEVOXINE Levothyroxine Lup Levothyroxine Sandoz Oroxine Thyrox
Lincomycin	GRP-22364	Injection 600 mg (as hydrochloride monohydrate) in 2 mL	Injection	LINCOMYCIN SXP Lincocin
Lisinopril	GRP-19761	Tablet 20 mg	Oral	APO-Lisinopril Fibsol 20 LISINOPRIL-WGR

				Lisinopril Sandoz Lisinopril generichealth Zestril Zinopril 20
Lisinopril	GRP-19764	Tablet 10 mg	Oral	APO-Lisinopril Fibsol 10 LISINOPRIL-WGR Lisinopril Sandoz Zestril Zinopril 10
Lisinopril	GRP-19823	Tablet 5 mg	Oral	APO-Lisinopril Fibsol 5 LISINOPRIL-WGR Lisinopril Sandoz Zestril Zinopril 5
Loperamide	GRP-20401	Capsule containing loperamide hydrochloride 2 mg	Oral	Gastrex Gastro-Stop
Lurasidone	GRP-24194	Tablet containing lurasidone hydrochloride 80 mg	Oral	APO-Lurasidone LURASIDONE SUN LURASIDONE-WGR Latuda Lavione Lurasidone Lupin Lurasidone Sandoz Pharmacor Lurasidone
Lurasidone	GRP-24195	Tablet containing lurasidone hydrochloride 40 mg	Oral	APO-Lurasidone LURASIDONE SUN LURASIDONE-WGR Latuda Lavione Lurasidone Lupin Lurasidone Sandoz Pharmacor Lurasidone
Macrogol 3350	GRP-20122	Sachets containing powder for oral solution 13.125 g with electrolytes, 30	Oral	APO-MACROGOL plus ELECTROLYTES APOHEALTH Macrogol with Electrolytes Chemists' Own Macrogol with Electrolytes Macrovic

				Molaxole Movicol
Medroxyprogesterone	GRP-28650	Injection containing medroxyprogesterone acetate 150 mg in 1 mL	Injection	Depo-Provera
Medroxyprogesterone	GRP-28650	Injection containing medroxyprogesterone acetate 150 mg in 1 mL pre-filled syringe	Injection	Depo-Provera
Medroxyprogesterone	GRP-19676	Tablet containing medroxyprogesterone acetate 10 mg	Oral	Provera Ralovera
Medroxyprogesterone	GRP-19872	Tablet containing medroxyprogesterone acetate 5 mg	Oral	Provera Ralovera
Mefenamic acid	GRP-25998	Capsule 250 mg	Oral	FEMIN Ponstan
Meloxicam	GRP-15468	Capsule 15 mg	Oral	APO-Meloxicam MELOBIC MELOXICAM-WGR Meloxicam Sandoz Mobic Movalis 15 Moxicam
Meloxicam	GRP-15468	Tablet 15 mg	Oral	APX-Meloxicam CIPLA MELOXICAM 15 MELOBIC MELOXICAM-WGR Meloxibell Meloxicam Sandoz Meloxicam Viatrix Mobic Movalis 15 Moxicam 15 Pharmacor Meloxicam 15
Meloxicam	GRP-15658	Capsule 7.5 mg	Oral	APO-Meloxicam MELOBIC MELOXICAM-WGR Meloxicam Sandoz Mobic Movalis 7.5 Moxicam
Meloxicam	GRP-15658	Tablet 7.5 mg	Oral	APX-Meloxicam CIPLA MELOXICAM 7.5

				MELOBIC MELOXICAM-WGR Meloxicbell Meloxicam Sandoz Meloxicam Viatris Mobic Movalis 7.5 Moxicam 7.5 Pharmacor Meloxicam 7.5
Memantine	GRP- 19971	Tablet containing memantine hydrochloride 20 mg	Oral	APO-Memantine Ebixa Memantine generichealth
Memantine	GRP- 20090	Tablet containing memantine hydrochloride 10 mg	Oral	APO-Memantine Ebixa Memantine generichealth Memanxa
Mercaptopurine	GRP-23857	Tablet containing mercaptopurine monohydrate 50 mg	Oral	MERCAPTOPURINE-LINK Purinethol
Mesalazine	GRP-27214	Tablet 1.2 g (prolonged release)	Oral	MESALZ Mesalazine 1.2 TAKEDA Mezavant
Metformin	GRP-19608	Tablet (extended release) containing metformin hydrochloride 1 g	Oral	APO-Metformin XR 1000 Diabex XR 1000 Diaformin XR 1000 METEX XR METFORMIN-WGR XR Pharmacor Metformin XR
Metformin	GRP-19682	Tablet containing metformin hydrochloride 850 mg	Oral	APX-Metformin Blooms The Chemist Metformin 850 mg Diabex 850 Diaformin 850 Diaformin Viatris FORMET 850 Glucobete 850 METFORMIN-WGR Metformin Sandoz
Metformin	GRP-19880	Tablet containing metformin hydrochloride 500 mg	Oral	APX-Metformin Blooms The Chemist Metformin 500 mg Diabex Diaformin

				FORMET 500 Glucobete 500 METFORMIN-WGR Metformin GH Metformin Sandoz
Metformin	GRP-19944	Tablet containing metformin hydrochloride 1 g	Oral	APX-Metformin Blooms The Chemist Metformin 1000 mg Diabex 1000 Diaformin 1000 Diaformin Viatris Formet 1000 Glucobete 1000 Metformin GH Metformin Sandoz
Metformin	GRP-24200	Tablet (extended release) containing metformin hydrochloride 500 mg	Oral	APO-Metformin XR 500 Diabex XR 500 METFORMIN-WGR XR Metex XR Pharmacor Metformin XR
Methadone	GRP-27510	Oral liquid containing methadone hydrochloride 25 mg per 5 mL in 200 mL bottle, 1 mL	Oral	Aspen Methadone Syrup Biodone Forte
Methadone	GRP-27523	Oral liquid containing methadone hydrochloride 25 mg per 5 mL in 1 L bottle, 1 mL	Oral	Aspen Methadone Syrup Biodone Forte
Methenamine	GRP-24551	Tablet containing methenamine hippurate 1 g	Oral	Hiprex Uramet
Methotrexate	GRP-19736	Tablet 2.5 mg	Oral	ARX-Methotrexate Chexate Methoblastin
Methotrexate	GRP- 27896	Tablet 10 mg	Oral	ARX-Methotrexate Chexate Methoblastin
Methyldopa	GRP-19840	Tablet 250 mg (as sesquihydrate)	Oral	Aldomet Hydopa
Methylphenidate	GRP-21745	Tablet containing methylphenidate hydrochloride 10 mg	Oral	Artige Ritalin 10
Methylphenidate	GRP-25859	Tablet containing methylphenidate hydrochloride 27 mg (extended release)	Oral	Concerta

				METHYLPHENIDATE-TEVA XR Methylphenidate XR ARX
Methylphenidate	GRP-25885	Tablet containing methylphenidate hydrochloride 18 mg (extended release)	Oral	Concerta METHYLPHENIDATE-TEVA XR Methylphenidate XR ARX
Methylphenidate	GRP-25891	Tablet containing methylphenidate hydrochloride 36 mg (extended release)	Oral	Concerta METHYLPHENIDATE-TEVA XR Methylphenidate XR ARX
Methylphenidate	GRP-25892	Tablet containing methylphenidate hydrochloride 54 mg (extended release)	Oral	Concerta METHYLPHENIDATE-TEVA XR Methylphenidate XR ARX
Methylphenidate	GRP-27206	Capsule containing methylphenidate hydrochloride 40 mg (modified release)	Oral	Ritalin LA Rubifen LA
Methylphenidate	GRP-27208	Capsule containing methylphenidate hydrochloride 60 mg (modified release)	Oral	Ritalin LA Rubifen LA
Methylphenidate	GRP-27209	Capsule containing methylphenidate hydrochloride 30 mg (modified release)	Oral	Ritalin LA Rubifen LA
Methylphenidate	GRP-27210	Capsule containing methylphenidate hydrochloride 10 mg (modified release)	Oral	Ritalin LA Rubifen LA
Methylphenidate	GRP-27215	Capsule containing methylphenidate hydrochloride 20 mg (modified release)	Oral	Ritalin LA Rubifen LA
Methylprednisolone	GRP-27888	Fatty ointment containing methylprednisolone aceponate 1 mg per g, 15 g	Application	Advantan (Fatty) Supriad Fatty Ointment Tanilone (Fatty)
Methylprednisolone	GRP-27997	Cream containing methylprednisolone aceponate 1 mg per g, 15 g	Application	Advantan Supriad Cream
Methylprednisolone	GRP-27999	Ointment containing methylprednisolone aceponate 1 mg per g, 15 g	Application	Advantan Supriad Ointment
Methylprednisolone	GRP-19893	Powder for injection 1 g (as sodium succinate)	Injection	Methylpred Solu-Medrol
Methylprednisolone	GRP-20006	Injection containing methylprednisolone acetate 40 mg in 1 mL	Injection	Depo-Medrol Depo-Nisolone
Metoclopramide	GRP-28223	Injection containing 10 mg metoclopramide hydrochloride (as monohydrate) in	Injection	METOCLOPRAMIDE INJECTION BP

		2 mL		Metoclopramide HCl Medsurge
Metoclopramide	GRP-20027	Tablet containing 10 mg metoclopramide hydrochloride (as monohydrate)	Oral	APO-Metoclopramide EMEXLON METOCLOPRAMIDE-WGR Maxolon Pramin
Metoprolol	GRP-19759	Tablet containing metoprolol tartrate 50 mg	Oral	APO-Metoprolol Betaloc METOPROLOL-WGR Metoprolol Sandoz Metrol 50 Minax 50 NOUMED METOPROLOL
Metoprolol	GRP-19804	Tablet containing metoprolol tartrate 100 mg	Oral	APO-Metoprolol Betaloc METOPROLOL-WGR Metoprolol Sandoz Metrol 100 Minax 100 NOUMED METOPROLOL
Metoprolol succinate	GRP-19592	Tablet 47.5 mg (controlled release)	Oral	Metrol-XL 47.5 Minax XL Topreloc-XL Toprol-XL 47.5
Metoprolol succinate	GRP-19594	Tablet 190 mg (controlled release)	Oral	Metrol-XL 190 Minax XL Topreloc-XL Toprol-XL 190
Metoprolol succinate	GRP-19595	Tablet 95 mg (controlled release)	Oral	Metrol-XL 95 Minax XL Topreloc-XL Toprol-XL 95
Metoprolol succinate	GRP-19596	Tablet 23.75 mg (controlled release)	Oral	Metrol-XL 23.75 Minax XL Topreloc-XL
Metronidazole	GRP-20212	Tablet 400 mg	Oral	Flagyl Metrogyl 400
Minocycline	GRP-19899	Tablet 50 mg (as hydrochloride)	Oral	Akamin 50

				Minomycin-50
Mirtazapine	GRP-19628	Tablet 30 mg	Oral	APX-Mirtazapine Avanza Axit 30 Blooms The Chemist Mirtazapine MIRTANZA MIRTAZAPINE-WGR Mirtazapine Sandoz NOUMED MIRTAZAPINE
Mirtazapine	GRP-19718	Tablet 15 mg	Oral	APX-Mirtazapine Axit 15 Blooms The Chemist Mirtazapine MIRTANZA MIRTAZAPINE-WGR Mirtazapine Sandoz
Mirtazapine	GRP-19763	Tablet 45 mg	Oral	APX-Mirtazapine Axit 45 Blooms The Chemist Mirtazapine MIRTANZA MIRTAZAPINE-WGR Mirtazapine Sandoz NOUMED MIRTAZAPINE
Moclobemide	GRP-19630	Tablet 150 mg	Oral	Amira 150 Aurorix Clobemix MOCLOBEMIDE-WGR Moclobemide Sandoz
Moclobemide	GRP-19932	Tablet 300 mg	Oral	Amira 300 Aurorix 300 mg Clobemix MOCLOBEMIDE-WGR Moclobemide Sandoz
Modafinil	GRP-20604	Tablet 100 mg	Oral	APO-Modafinil MODAFINIL-WGR Modafin Modafinil GH Modafinil Mylan Modafinil Sandoz Modafinil Viartis Modavigil

Mometasone	GRP-19629	Lotion containing mometasone furoate 1 mg per g, 30 mL	Application	Elocon Novasone Zatamil
Mometasone	GRP-19755	Ointment containing mometasone furoate 1 mg per g, 15 g	Application	Elocon Momasone Novasone Zatamil
Mometasone	GRP-19924	Cream containing mometasone furoate 1 mg per g, 15 g	Application	Elocon Alcohol Free Momasone Alcohol Free Novasone
Montelukast	GRP-19556	Tablet, chewable, 4 mg (as sodium)	Oral	MONTELAIR 4 Montelukast APOTEX Montelukast Lupin Montelukast Mylan Montelukast Sandoz 4 Montelukast Viartis
Montelukast	GRP-19572	Tablet, chewable, 5 mg (as sodium)	Oral	MONTELAIR 5 Montelukast APOTEX Montelukast Lupin Montelukast Mylan Montelukast Sandoz 5 Montelukast Viartis
Morphine	GRP-20890	Injection containing morphine hydrochloride trihydrate 10 mg in 1 mL	Injection	Morphine Juno
Morphine	GRP-20890	Injection containing morphine sulfate pentahydrate 10 mg in 1 mL	Injection	MORPHINE SULFATE 10 mg/1 mL MEDSURGE
Morphine	GRP-19707	Tablet containing morphine sulfate pentahydrate 60 mg (controlled release)	Oral	MORPHINE MR APOTEX MS Contin Morphine MR Mylan
Morphine	GRP-19730	Tablet containing morphine sulfate pentahydrate 100 mg (controlled release)	Oral	MORPHINE MR APOTEX MS Contin Morphine MR Mylan
Morphine	GRP-19885	Tablet containing morphine sulfate pentahydrate 10 mg (controlled release)	Oral	MORPHINE MR APOTEX MS Contin Morphine MR Mylan
Morphine	GRP-19923	Tablet containing morphine sulfate pentahydrate 30 mg (controlled release)	Oral	MORPHINE MR APOTEX MS Contin Morphine MR Mylan

Morphine	GRP-28109	Oral solution containing morphine hydrochloride trihydrate 2 mg per mL, 1 mL	Oral	Ordine 2
Morphine	GRP-28109	Oral solution containing morphine sulfate 2 mg per mL in 100 mL bottle, 1 mL (S19A)	Oral	Morphine Sulfate (Hikma) 10 mg/5 mL (2 mg/mL)
Morphine	GRP-28109	Oral solution containing morphine sulfate 10 mg per 5 mL in 100 mL bottle, 1 mL (S19A)	Oral	Morphine Oral Solution (Martindale Pharma) 10 mg/5 mL
Morphine	GRP-28109	Oral solution containing morphine sulfate 2 mg per mL in 500 mL bottle, 1 mL (S19A)	Oral	Morphine Sulfate (Hikma) 10 mg/5 mL (2 mg/mL)
Morphine	GRP-28109	Oral solution containing morphine sulfate 10 mg per 5 mL in 300 mL bottle, 1 mL (S19A)	Oral	Morphine Oral Solution (Martindale Pharma) 10 mg/5 mL
Morphine	GRP-28497	Oral solution containing morphine hydrochloride trihydrate 10 mg per mL, 1 mL	Oral	Ordine 10
Morphine	GRP-28497	Oral solution containing morphine hydrochloride trihydrate 10 mg per mL, 1 mL (RA-Morph)(S19A)	Oral	RA-Morph (NZ)
Morphine	GRP-28497	Oral solution containing morphine hydrochloride trihydrate 10 mg per mL, 1 mL (S19A)	Oral	Morphini HCl Streuli
Morphine	GRP-28763	Oral solution containing morphine hydrochloride trihydrate 5 mg per mL, 1 mL	Oral	Ordine 5
Morphine	GRP-28763	Oral solution containing morphine hydrochloride trihydrate 5 mg per mL, 1 mL (S19A)	Oral	RA-Morph (NZ)
Moxonidine	GRP-22366	Tablet 200 micrograms	Oral	APO-Moxonidine MOXONIDINE-WGR Moxonidine GH Moxonidine GX Moxonidine Viatris Moxotens Physiotens
Moxonidine	GRP-22375	Tablet 400 micrograms	Oral	APO-Moxonidine MOXONIDINE-WGR Moxonidine GH Moxonidine GX Moxonidine Viatris Moxotens Physiotens
Mycophenolic acid	GRP-17217	Capsule containing mycophenolate mofetil 250 mg	Oral	APO-Mycophenolate Ceptolate Mycophenolate Sandoz

				Pharmacor Mycophenolate 250
Mycophenolic acid	GRP-20011	Tablet containing mycophenolate mofetil 500 mg	Oral	ARX-MYCOPHENOLATE Ceptolate MycCoCept Mycophenolate APOTEX Mycophenolate GH Mycophenolate Sandoz Pharmacor Mycophenolate 500
Mycophenolic acid	GRP-26876	Powder for oral suspension containing mycophenolate mofetil 1 g per 5 mL, 165 mL	Oral	CellCept Pharmacor Mycophenolate
Mycophenolic acid	GRP-28115	Tablet (enteric coated) containing mycophenolate sodium equivalent to 360 mg mycophenolic acid	Oral	MYCOTEX Mycophenolic Acid ARX Myfortic
Mycophenolic acid	GRP-28293	Tablet (enteric coated) containing mycophenolate sodium equivalent to 180 mg mycophenolic acid	Oral	Mycophenolic Acid ARX Myfortic
Naloxone	GRP-21362	Injection containing naloxone hydrochloride 400 micrograms in 1 mL ampoule	Injection	NALOXONE SXP Naloxone Hydrochloride (DBL) Naloxone Juno
Naloxone	GRP-27818	Nasal spray 1.8 mg (as hydrochloride dihydrate) in 0.1 mL single dose unit, 2	Nasal	Nyxoid
Naloxone	GRP-27818	Nasal spray 1.8 mg (as hydrochloride dihydrate) in 0.1 mL single dose unit, 2 (s19A)	Nasal	Nyxoid (UK)
Naltrexone	GRP-19914	Tablet containing naltrexone hydrochloride 50 mg	Oral	ARX-NALTREXONE Naltrexone GH
Naproxen	GRP-20035	Tablet 1 g (sustained release)	Oral	Naprosyn SR1000 Proxen SR 1000
Naproxen	GRP-20020	Tablet containing naproxen sodium 550 mg	Oral	Anaprox 550 Crysanal
Naproxen	GRP-20009	Tablet 750 mg (sustained release)	Oral	Naprosyn SR750 Proxen SR 750
Nebivolol	GRP-22506	Tablet 1.25 mg (as hydrochloride)	Oral	APO-Nebivolol Nebilet Nebivolol Lupin Nebivolol Sandoz Nepiten

Nebivolol	GRP-22511	Tablet 5 mg (as hydrochloride)	Oral	APO-Nebivolol Nebilet Nebivolol Lupin Nebivolol Sandoz Nepiten
Nebivolol	GRP-22512	Tablet 10 mg (as hydrochloride)	Oral	APO-Nebivolol Nebilet Nebivolol Lupin Nebivolol Sandoz Nepiten
Nevirapine	GRP-19845	Tablet 200 mg	Oral	Nevirapine Alphapharm Nevirapine Viatrix
Nicorandil	GRP-19963	Tablets 20 mg, 60	Oral	APO-Nicorandil Ikotab
Nicorandil	GRP-19964	Tablets 10 mg, 60	Oral	APO-Nicorandil Ikotab
Nifedipine	GRP-19687	Tablet 30 mg (controlled release)	Oral	APO-Nifedipine XR Addos XR 30
Nifedipine	GRP-19801	Tablet 60 mg (controlled release)	Oral	APO-Nifedipine XR Addos XR 60
Niraparib	GRP-28761	Capsule 100 mg (as tosilate monohydrate)	Oral	Zejula
Niraparib	GRP-28761	Tablet 100 mg (as tosilate monohydrate)	Oral	Zejula
Nitrazepam	GRP-20002	Tablet 5 mg	Oral	Alodorm Mogadon
Nitrofurantoin	GRP-24202	Capsule 100 mg	Oral	ARX-Nitrofurantoin Nitrofurantoin BNM
Nitrofurantoin	GRP-25565	Capsule 50 mg	Oral	ARX-Nitrofurantoin Nitrofurantoin BNM
Nizatidine	GRP-19651	Capsule 300 mg	Oral	Nizac Tacidine Tazac
Nizatidine	GRP-19784	Capsule 150 mg	Oral	Nizac Tacidine Tazac

Norfloxacin	GRP-19724	Tablet 400 mg	Oral	APO-Norfloxacin Nufloxib Roxin
Nortriptyline	GRP-21633	Tablet 25 mg (as hydrochloride)	Oral	Allegron NortriTABS 25 mg
Nortriptyline	GRP-21641	Tablet 10 mg (as hydrochloride)	Oral	Allegron NortriTABS 10 mg
Octreotide	GRP-17613	Injection (modified release) 10 mg (as acetate), vial and diluent syringe	Injection	Octreotide Depot Sandostatin LAR
Octreotide	GRP-17622	Injection (modified release) 20 mg (as acetate), vial and diluent syringe	Injection	Octreotide Depot Sandostatin LAR
Octreotide	GRP-17615	Injection (modified release) 30 mg (as acetate), vial and diluent syringe	Injection	Octreotide Depot Sandostatin LAR
Octreotide	GRP-28766	Injection 50 micrograms (as acetate) in 1 mL (S19A)	Injection	Octreotide Acetate Omega (Canada)
Octreotide	GRP-28766	Injection 50 micrograms (as acetate) in 1 mL	Injection	Octreotide (SUN) Octreotide GH Sandostatin 0.05
Octreotide	GRP-28775	Injection 100 micrograms (as acetate) in 1 mL	Injection	Octreotide (SUN) Octreotide GH Sandostatin 0.1
Octreotide	GRP-28775	Injection 100 micrograms (as acetate) in 1 mL (S19A)	Injection	Octreotide Acetate Omega (Canada)
Octreotide	GRP-28781	Injection 500 micrograms (as acetate) in 1 mL	Injection	Octreotide (SUN) Octreotide Acetate Omega (Canada) Octreotide GH Sandostatin 0.5
Olanzapine	GRP-15492	Tablet 2.5 mg	Oral	APO-OLANZAPINE Olanzapine APOTEX Olanzapine RBX Olanzapine Sandoz Ozin 2.5 PRYZEX Zypine Zyprexa
Olanzapine	GRP-15513	Tablet 10 mg	Oral	APO-OLANZAPINE Olanzapine APOTEX

				Olanzapine RBX Olanzapine Sandoz Ozin 10 PRYZEX Zypine Zyprexa
Olanzapine	GRP-15643	Tablet 20 mg (orally disintegrating)	Oral	APO-Olanzapine ODT OLANZAPINE ODT-WGR Olanzapine Sandoz ODT 20 PRYZEX ODT Zypine ODT
Olanzapine	GRP-15643	Wafer 20 mg	Oral	Zyprexa Zydis
Olanzapine	GRP-15723	Tablet 10 mg (orally disintegrating)	Oral	APO-Olanzapine ODT OLANZAPINE ODT-WGR Olanzapine ODT generichealth 10 Olanzapine Sandoz ODT 10 PRYZEX ODT Zypine ODT
Olanzapine	GRP-15723	Wafer 10 mg	Oral	Zyprexa Zydis
Olanzapine	GRP-15797	Tablet 5 mg (orally disintegrating)	Oral	APO-Olanzapine ODT OLANZAPINE ODT-WGR Olanzapine Sandoz ODT 5 PRYZEX ODT Zypine ODT
Olanzapine	GRP-15797	Wafer 5 mg	Oral	Zyprexa Zydis
Olanzapine	GRP-15884	Tablet 7.5 mg	Oral	APO-OLANZAPINE Olanzapine APOTEX Olanzapine RBX Olanzapine Sandoz Ozin 7.5 PRYZEX Zypine Zyprexa
Olanzapine	GRP-15921	Tablet 5 mg	Oral	Olanzapine APOTEX Olanzapine RBX Olanzapine Sandoz Ozin 5 PRYZEX Zypine

				Zyprexa
Olanzapine	GRP-15953	Tablet 15 mg (orally disintegrating)	Oral	APO-Olanzapine ODT OLANZAPINE ODT-WGR Olanzapine Sandoz ODT 15 PRYZEX ODT Zypine ODT
Olanzapine	GRP-15953	Wafer 15 mg	Oral	Zyprexa Zydis
Olmesartan	GRP-21158	Tablet containing olmesartan medoxomil 20 mg	Oral	APO-Olmesartan APX-Olmesartan Blooms The Chemist Olmesartan OLMERTAN OLMESARTAN-WGR Olmesartan - MYL Olmesartan Sandoz Olmotec Olsetan Pharmacor Olmesartan 20
Olmesartan	GRP-21168	Tablet containing olmesartan medoxomil 40 mg	Oral	APO-Olmesartan APX-Olmesartan Blooms The Chemist Olmesartan OLMERTAN OLMESARTAN-WGR Olmesartan - MYL Olmesartan Sandoz Olmotec Olsetan Pharmacor Olmesartan 40
Olmesartan with amlodipine	GRP-21156	Tablet containing olmesartan medoxomil 20 mg with amlodipine 5 mg (as besilate)	Oral	APO-OLMESARTAN/AMLODIPINE 20/5 OLMEKAR OLMESARTAN AMLODIPINE-WGR 20/5 Olmesartan/Amlodipine - MYL 20/5 Olmesartan/Amlodipine 20/5 APOTEX Olmesartan/Amlodipine Sandoz Pharmacor Olmesartan Amlodipine 20/5 Sevikar 20/5
Olmesartan with amlodipine	GRP-21157	Tablet containing olmesartan medoxomil 40 mg with amlodipine 10 mg (as besilate)	Oral	OLMEKAR OLMESARTAN AMLODIPINE-WGR 40/10

				Olmesartan/Amlodipine - MYL 40/10 Olmesartan/Amlodipine 40/10 APOTEX Olmesartan/Amlodipine Sandoz Pharmacor Olmesartan Amlodipine 40/10 Sevikar 40/10
Olmesartan with amlodipine	GRP-21160	Tablet containing olmesartan medoxomil 40 mg with amlodipine 5 mg (as besilate)	Oral	OLMEKAR OLMESARTAN AMLODIPINE-WGR 40/5 Olmesartan/Amlodipine - MYL 40/5 Olmesartan/Amlodipine 40/5 APOTEX Olmesartan/Amlodipine Sandoz Pharmacor Olmesartan Amlodipine 40/5 Sevikar 40/5
Olmesartan with amlodipine and hydrochlorothiazide	GRP-23699	Tablet containing olmesartan medoxomil 40 mg with amlodipine 5 mg (as besilate) and hydrochlorothiazide 25 mg	Oral	APO-Olmesartan/Amlodipine/HCTZ 40/5/25 tablet Olamlo HCT 40/5/25 Olmekar HCT 40/5/25 Sevikar HCT 40/5/25
Olmesartan with amlodipine and hydrochlorothiazide	GRP-23700	Tablet containing olmesartan medoxomil 40 mg with amlodipine 10 mg (as besilate) and hydrochlorothiazide 12.5 mg	Oral	APO-Olmesartan/Amlodipine/HCTZ 40/10/12.5 Olamlo HCT 40/10/12.5 Olmekar HCT 40/10/12.5 Sevikar HCT 40/10/12.5
Olmesartan with amlodipine and hydrochlorothiazide	GRP-23701	Tablet containing olmesartan medoxomil 20 mg with amlodipine 5 mg (as besilate) and hydrochlorothiazide 12.5 mg	Oral	APO-Olmesartan/Amlodipine/HCTZ 20/5/12.5 Olamlo HCT 20/5/12.5 Olmekar HCT 20/5/12.5 Sevikar HCT 20/5/12.5
Olmesartan with amlodipine and hydrochlorothiazide	GRP-23703	Tablet containing olmesartan medoxomil 40 mg with amlodipine 5 mg (as besilate) and hydrochlorothiazide 12.5 mg	Oral	APO-Olmesartan/Amlodipine/HCTZ 40/5/12.5 tablet Olamlo HCT 40/5/12.5 Olmekar HCT 40/5/12.5 Sevikar HCT 40/5/12.5
Olmesartan with amlodipine and hydrochlorothiazide	GRP-23710	Tablet containing olmesartan medoxomil 40 mg with amlodipine 10 mg (as besilate) and hydrochlorothiazide 25 mg	Oral	APO-Olmesartan/Amlodipine/HCTZ 40/10/25 Olamlo HCT 40/10/25 Olmekar HCT 40/10/25 Sevikar HCT 40/10/25

Olmesartan with hydrochlorothiazide	GRP-21154	Tablet containing olmesartan medoxomil 40 mg with hydrochlorothiazide 12.5 mg	Oral	APO-Olmesartan/HCTZ 40/12.5 APX-Olmesartan/HCTZ OLMERTAN COMBI 40/12.5 OLMESARTAN HCTZ-WGR 40/12.5 Olmesartan HCT - MYL 40/12.5 Olmesartan/HCT Sandoz Olmotec Plus Pharmacor Olmesartan HCTZ 40/12.5
Olmesartan with hydrochlorothiazide	GRP-21155	Tablet containing olmesartan medoxomil 20 mg with hydrochlorothiazide 12.5 mg	Oral	APO-Olmesartan/HCTZ 20/12.5 APX-Olmesartan/HCTZ OLMERTAN COMBI 20/12.5 OLMESARTAN HCTZ-WGR 20/12.5 Olmesartan HCT - MYL 20/12.5 Olmesartan/HCT Sandoz Olmotec Plus Pharmacor Olmesartan HCTZ 20/12.5
Olmesartan with hydrochlorothiazide	GRP-21161	Tablet containing olmesartan medoxomil 40 mg with hydrochlorothiazide 25 mg	Oral	APO-Olmesartan/HCTZ 40/25 APX-Olmesartan/HCTZ OLMERTAN COMBI 40/25 OLMESARTAN HCTZ-WGR 40/25 Olmesartan HCT - MYL 40/25 Olmesartan/HCT Sandoz Olmotec Plus Pharmacor Olmesartan HCTZ 40/25
Omeprazole	GRP-14650	Capsule 20 mg	Oral	APO-Omeprazole Maxor Omeprazole Sandoz Pemzo Pharmacor Omeprazole 20 Probitor
Omeprazole	GRP-14650	Tablet 20 mg	Oral	APO-Omeprazole Maxor EC Tabs Ozmep
Omeprazole	GRP-14650	Tablet 20 mg (as magnesium)	Oral	Acimax Tablets Losec Tablets Omepral Omeprazole Sandoz
Ondansetron	GRP-15402	Wafer 8 mg	Oral	Zofran Zydys
Ondansetron	GRP-15983	Wafer 4 mg	Oral	Zofran Zydys

Ondansetron	GRP-15983	Tablet (orally disintegrating) 4 mg	Oral	APX-Ondansetron ODT ONDANSETRON ODT-WGR Ondansetron Mylan ODT Ondansetron ODT Lupin Ondansetron ODT-DRLA Ondansetron SZ ODT Zotren ODT
Ondansetron	GRP-15402	Tablet (orally disintegrating) 8 mg	Oral	APX-Ondansetron ODT ONDANSETRON ODT-WGR Ondansetron Mylan ODT Ondansetron ODT Lupin Ondansetron ODT Viatriis Ondansetron ODT-DRLA Ondansetron SZ ODT Zotren ODT
Ondansetron	GRP-19791	Tablet 4 mg (as hydrochloride dihydrate)	Oral	APO-Ondansetron APX-Ondansetron ONDANSETRON-WGR Ondansetron Mylan Tablets Ondansetron SZ Ondansetron Tablets Viatriis Ondansetron-DRLA Zofran Zotren 4
Ondansetron	GRP-19626	Tablet 8 mg (as hydrochloride dihydrate)	Oral	APO-Ondansetron APX-Ondansetron ONDANSETRON-WGR Ondansetron Mylan Tablets Ondansetron SZ Ondansetron Tablets Viatriis Ondansetron-DRLA Zofran Zotren 8
Oxazepam	GRP-20046	Tablet 15 mg	Oral	Alepam 15 Serepax
Oxazepam	GRP-19993	Tablet 30 mg	Oral	APO-Oxazepam Alepam 30 Murelax OXAZEPAM-WGR Serepax
Oxycodone	GRP-19609	Tablet containing oxycodone hydrochloride 80 mg (controlled release)	Oral	OxyContin

				Oxycodone Sandoz
Oxycodone	GRP-19610	Tablet containing oxycodone hydrochloride 10 mg (controlled release)	Oral	OxyContin Oxycodone Sandoz
Oxycodone	GRP-19617	Tablet containing oxycodone hydrochloride 40 mg (controlled release)	Oral	OxyContin Oxycodone Sandoz
Oxycodone	GRP-19619	Tablet containing oxycodone hydrochloride 20 mg (controlled release)	Oral	OxyContin Oxycodone Sandoz
Oxycodone	GRP-22722	Capsule containing oxycodone hydrochloride 5 mg	Oral	OxyNorm Oxycodone BNM
Oxycodone	GRP-23065	Capsule containing oxycodone hydrochloride 20 mg	Oral	OxyNorm Oxycodone BNM
Oxycodone	GRP- 23063	Capsule containing oxycodone hydrochloride 10 mg	Oral	OxyNorm Oxycodone BNM
Oxycodone	GRP-22722	Tablet containing oxycodone hydrochloride 5 mg	Oral	ENDONE Mayne Pharma Oxycodone IR Oxycodone Viatris Oxyndone
Palonosetron	GRP-26174	Injection 250 micrograms (as hydrochloride) in 5 mL	Injection	Aloxi PALONOSETRON Medsurge Palonosetron Dr.Reddy's
Pantoprazole	GRP-19833	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	APO-Pantoprazole BTC Pantoprazole NOUMED PANTOPRAZOLE Ozpan PANTOPRAZOLE-WGR Panthron Pantoprazole APOTEX Pantoprazole Sandoz Pantoprazole generichealth Salpraz Somac Sozol
Pantoprazole	GRP-20087	Tablet (enteric coated) 40 mg (as sodium sesquihydrate)	Oral	APO-Pantoprazole APX-PANTOPRAZOLE BTC Pantoprazole I-Pantoprazole NOUMED PANTOPRAZOLE

				Ozpan PANTOPRAZOLE-WGR Panthron Pantoprazole APOTEX Pantoprazole Sandoz Pantoprazole generichealth Salpraz Somac Sozol
Paracetamol	GRP-20015	Tablet 500 mg	Oral	APO-Paracetamol Febridol PHARMACY CARE PARACETAMOL Panamax Paracetamol (Sandoz) Paracetamol Sandoz Pharma Paralgin Parapane Wagner Health Paracetamol
Paracetamol	GRP-20761	Tablet 665 mg (modified release)	Oral	APOHEALTH Osteo Relief Paracetamol 665 mg Osteomol 665 Paracetamol Parapane OSTEO
Paroxetine	GRP-15790	Tablet 20 mg (as hydrochloride)	Oral	APO-Paroxetine APX-Paroxetine Aropax Blooms The Chemist Paroxetine Extine 20 Noumed Paroxetine PAROXETINE-WGR Paroxetine GH Paroxetine Sandoz Paxtine
Pegfilgrastim	GRP-21364	Injection 6 mg in 0.6 mL single use pre-filled syringe	Injection	Pelgraz Ziextenzo
Perindopril	GRP-15442	Tablet containing perindopril arginine 5 mg	Oral	APO-Perindopril Arginine APX-Perindopril Arginine Coversyl 5mg PREXUM 5 Perindopril Arginine Sandoz Perindopril Arginine-WGR
Perindopril	GRP-15442	Tablet containing perindopril erbumine 4 mg	Oral	APO-Perindopril

				Blooms the Chemist Perindopril Idaprex 4 Indosyl Mono 4 PERINDOPRIL-WGR PERISYL Perindo
Perindopril	GRP-15525	Tablet containing perindopril arginine 10 mg	Oral	APO-Perindopril Arginine APX-Perindopril Arginine Coversyl 10mg PREXUM 10 Perindopril Arginine Sandoz Perindopril Arginine-WGR
Perindopril	GRP-15525	Tablet containing perindopril erbumine 8 mg	Oral	APO-Perindopril Blooms the Chemist Perindopril Idaprex 8 Indosyl Mono 8 PERINDOPRIL-WGR PERISYL Perindo
Perindopril	GRP-15965	Tablet containing perindopril arginine 2.5 mg	Oral	APO-Perindopril Arginine APX-Perindopril Arginine Coversyl 2.5mg PREXUM 2.5 Perindopril Arginine Sandoz Perindopril Arginine-WGR
Perindopril	GRP-15965	Tablet containing perindopril erbumine 2 mg	Oral	APO-Perindopril Blooms the Chemist Perindopril Idaprex 2 Indosyl Mono 2 PERINDOPRIL-WGR PERISYL Perindo
Perindopril with amlodipine	GRP-19627	Tablet containing 10 mg perindopril arginine with 10 mg amlodipine (as besilate)	Oral	APO-Perindopril Arginine/Amlodipine 10/10 APX-Perindopril Arginine/Amlodipine 10/10 Coveram 10/10 Reaptan 10/10
Perindopril with amlodipine	GRP-19798	Tablet containing 10 mg perindopril arginine with 5 mg amlodipine (as besilate)	Oral	APO-Perindopril Arginine/Amlodipine 10/5 APX-Perindopril Arginine/Amlodipine

				10/5 Coveram 10/5 Reaptan 10/5
Perindopril with amlodipine	GRP-19886	Tablet containing 5 mg perindopril arginine with 10 mg amlodipine (as besilate)	Oral	APO-Perindopril Arginine/Amlodipine 5/10 APX-Perindopril Arginine/Amlodipine 5/10 Coveram 5/10 Reaptan 5/10
Perindopril with amlodipine	GRP-19936	Tablet containing 5 mg perindopril arginine with 5 mg amlodipine (as besilate)	Oral	APO-Perindopril Arginine/Amlodipine 5/5 APX-Perindopril Arginine/Amlodipine 5/5 Coveram 5/5 Reaptan 5/5
Perindopril with indapamide	GRP-15765	Tablet containing perindopril arginine 5 mg with indapamide hemihydrate 1.25 mg	Oral	Coversyl Plus 5mg/1.25mg Prexum Combi 5/1.25
Perindopril with indapamide	GRP-15765	Tablet containing perindopril erbumine 4 mg with indapamide hemihydrate 1.25 mg	Oral	APO-Perindopril/Indapamide GenRx Perindopril/ Indapamide 4/1.25 Idaprex Combi 4/1.25 Indosyl Combi 4/1.25 PERINDOPRIL/INDAPAMIDE-WGR 4/1.25 PERISYL COMBI 4/1.25 Perindo Combi 4/1.25
Perindopril with indapamide	GRP-21205	Tablet containing perindopril arginine 2.5 mg with indapamide hemihydrate 0.625 mg	Oral	Coversyl Plus LD 2.5mg/0.625mg PREXUM Combi LD 2.5/0.625
Pioglitazone	GRP-19790	Tablet 45 mg (as hydrochloride)	Oral	APOTEX-Pioglitazone Acpio 45 Actaze Actos Vexazone
Pioglitazone	GRP-19814	Tablet 15 mg (as hydrochloride)	Oral	APOTEX-Pioglitazone ARX-PIOGLITAZONE Acpio 15 Actaze Actos Vexazone
Pioglitazone	GRP-19943	Tablet 30 mg (as hydrochloride)	Oral	APOTEX-Pioglitazone

				Acpio 30 Actaze Actos Vexazone
Pirfenidone	GRP-27890	Tablet 267 mg	Oral	Pirfenidet Pirfenidone Ameda Pirfenidone Dr.Reddy's Pirfenidone Sandoz
Pirfenidone	GRP-27892	Tablet 801mg	Oral	Pirfenidet Pirfenidone Ameda Pirfenidone Dr.Reddy's Pirfenidone Sandoz
Plerixafor	GRP-26646	Injection 24 mg in 1.2 mL	Injection	Mozobil PLERIXAFOR EUGIA Plerixafor ARX
Polyethylene glycol 400 with propylene glycol	GRP-26947	Eye drops 4 mg-3 mg per mL, 15 mL	Application to the eye	Optix Systane
Posaconazole	GRP-24439	Tablet (modified release) 100 mg	Oral	POSACONAZOLE DR.REDDY'S POSACONAZOLE-WGR Pharmacor Posaconazole Posaconazole ARX Posaconazole Juno Posaconazole Sandoz
Pramipexole	GRP-19734	Tablet containing pramipexole dihydrochloride monohydrate 1 mg	Oral	APO-Pramipexole Sifrol Simipex 1 Simpral
Pramipexole	GRP-19836	Tablet containing pramipexole dihydrochloride monohydrate 125 micrograms	Oral	APO-Pramipexole Sifrol Simipex 0.125 Simpral
Pramipexole	GRP-19688	Tablet containing pramipexole dihydrochloride monohydrate 250 micrograms	Oral	APO-Pramipexole Sifrol Simipex 0.25 Simpral
Pramipexole	GRP-20529	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 375 micrograms	Oral	APO-Pramipexole ER SIMIPEX XR Sifrol ER

Pramipexole	GRP-20530	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 2.25 mg	Oral	APO-Pramipexole ER SIMIPEX XR Sifrol ER
Pramipexole	GRP-20531	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 750 micrograms	Oral	APO-Pramipexole ER SIMIPEX XR Sifrol ER
Pramipexole	GRP-20532	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 4.5 mg	Oral	APO-Pramipexole ER SIMIPEX XR Sifrol ER
Pramipexole	GRP-20533	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3 mg	Oral	APO-Pramipexole ER SIMIPEX XR Sifrol ER
Pramipexole	GRP-20534	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 1.5 mg	Oral	APO-Pramipexole ER SIMIPEX XR Sifrol ER
Pramipexole	GRP-20535	Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3.75 mg	Oral	APO-Pramipexole ER SIMIPEX XR Sifrol ER
Pravastatin	GRP-20082	Tablet containing pravastatin sodium 80 mg	Oral	APX-Pravastatin Lipostat 80 Pravachol
Pravastatin	GRP-20142	Tablet containing pravastatin sodium 40 mg	Oral	APX-Pravastatin Cholstat 40 Lipostat 40 PRAVASTATIN-WGR Pravachol Pravastatin Sandoz
Pravastatin	GRP-20150	Tablet containing pravastatin sodium 20 mg	Oral	APX-Pravastatin Cholstat 20 Lipostat 20 PRAVASTATIN-WGR Pravachol Pravastatin Sandoz
Pravastatin	GRP-20171	Tablet containing pravastatin sodium 10 mg	Oral	APX-Pravastatin Cholstat 10 Lipostat 10 PRAVASTATIN-WGR Pravachol

				Pravastatin Sandoz
Prazosin	GRP-19831	Tablet 2 mg (as hydrochloride)	Oral	APO-Prazosin Minipress
Prazosin	GRP-19871	Tablet 5 mg (as hydrochloride)	Oral	APO-Prazosin Minipress
Prazosin	GRP-19942	Tablet 1 mg (as hydrochloride)	Oral	APO-Prazosin Minipress
Prednisolone	GRP-19757	Tablet 1 mg	Oral	Panafcortelone Predsolone
Prednisolone	GRP-19768	Oral solution 5 mg (as sodium phosphate) per mL, 30 mL	Oral	PredMix Redipred
Prednisone	GRP-19658	Tablet 1 mg	Oral	Panafcort Predsone
Pregabalin	GRP-21628	Capsule 300 mg	Oral	APO-Pregabalin BTC Pregabalin Blooms The Chemist Pregabalin Lyrica Lyzalon NOUMED PREGABALIN Neuroccord PREGABALIN-DRLA PREGABALIN-WGR Prebalin Pregabalin Lupin Pregabalin Sandoz
Pregabalin	GRP-21634	Capsule 75 mg	Oral	APO-Pregabalin BTC Pregabalin Lyrica Lyzalon NOUMED PREGABALIN Neuroccord PREGABALIN-DRLA PREGABALIN-WGR Prebalin Pregabalin Lupin Pregabalin Sandoz
Pregabalin	GRP-21640	Capsule 150 mg	Oral	APO-Pregabalin BTC Pregabalin

				Blooms The Chemist Pregabalin Cipla Pregabalin Lyrica Lyzalon NOUMED PREGABALIN Neuroccord PREGABALIN-DRLA PREGABALIN-WGR Prebalin Pregabalin Lupin Pregabalin Sandoz
Pregabalin	GRP-21642	Capsule 25 mg	Oral	APO-Pregabalin BTC Pregabalin Blooms The Chemist Pregabalin Lyrica Lyzalon NOUMED PREGABALIN Neuroccord PREGABALIN-DRLA PREGABALIN-WGR Prebalin Pregabalin Lupin Pregabalin Sandoz
Prochlorperazine	GRP-28600	Tablet containing prochlorperazine maleate 5 mg (S19A)	Oral	Stemetil (Ireland)
Prochlorperazine	GRP-28600	Tablet containing prochlorperazine maleate 5 mg	Oral	APO-Prochlorperazine PROCHLORPERAZINE-WGR ProCalm Prochlorperazine GH Stemetil
Propranolol	GRP-20367	Tablet containing propranolol hydrochloride 40 mg	Oral	APO-Propranolol Deralin 40 Inderal PROPRANOLOL-WGR
Propranolol	GRP-20376	Tablet containing propranolol hydrochloride 10 mg	Oral	APO-Propranolol Deralin 10 Inderal PROPRANOLOL-WGR
Quetiapine	GRP-19663	Tablet 300 mg (as fumarate)	Oral	APX-QUETIAPINE Blooms The Chemist Quetiapine Kaptan Pharmacor Quetiapine 300

				Quetia 300 Quetiapine APOTEX Quetiapine RBX Quetiapine Sandoz Pharma Seroquel Syquet
Quetiapine	GRP-19709	Tablet 200 mg (as fumarate)	Oral	APX-QUETIAPINE Blooms The Chemist Quetiapine Kaptan Pharmacor Quetiapine 200 Quetia 200 Quetiapine APOTEX Quetiapine RBX Quetiapine Sandoz Pharma Seroquel Syquet
Quetiapine	GRP-19767	Tablet 100 mg (as fumarate)	Oral	APX-QUETIAPINE Blooms The Chemist Quetiapine Kaptan Pharmacor Quetiapine 100 Quetia 100 Quetiapine APOTEX Quetiapine RBX Quetiapine Sandoz Pharma Seroquel Syquet
Quetiapine	GRP-19935	Tablet 25 mg (as fumarate)	Oral	APX-QUETIAPINE Blooms The Chemist Quetiapine Kaptan Pharmacor Quetiapine 25 Quetia 25 Quetiapine APOTEX Quetiapine RBX Quetiapine Sandoz Pharma Seroquel Syquet
Quetiapine	GRP-20702	Tablet (modified release) 200 mg (as fumarate)	Oral	APX-Quetiapine XR QUETIAPINE-AS XR Quetia XR Quetiapine Sandoz XR Seroquel XR Tevatiapine XR

Quetiapine	GRP-20713	Tablet (modified release) 300 mg (as fumarate)	Oral	APX-Quetiapine XR QUETIAPINE-AS XR Quetia XR Quetiapine Sandoz XR Seroquel XR Tevatiapine XR
Quetiapine	GRP-20726	Tablet (modified release) 400 mg (as fumarate)	Oral	APX-Quetiapine XR QUETIAPINE-AS XR Quetia XR Quetiapine Sandoz XR Seroquel XR Tevatiapine XR
Quetiapine	GRP-20779	Tablet (modified release) 50 mg (as fumarate)	Oral	APX-Quetiapine XR QUETIAPINE-AS XR Quetia XR Quetiapine Sandoz XR Seroquel XR Tevatiapine XR
Quetiapine	GRP-21163	Tablet (modified release) 150 mg (as fumarate)	Oral	APX-Quetiapine XR Quetia XR Quetiapine Sandoz XR Seroquel XR Tevatiapine XR
Quinapril	GRP-19716	Tablet 20 mg (as hydrochloride)	Oral	ACQUIN APO-Quinapril Accupril
Quinapril	GRP-19789	Tablet 5 mg (as hydrochloride)	Oral	ACQUIN Accupril
Quinapril	GRP-19902	Tablet 10 mg (as hydrochloride)	Oral	ACQUIN APO-Quinapril Accupril
Rabeprazole	GRP-19921	Tablet containing rabeprazole sodium 10 mg (enteric coated)	Oral	APO-Rabeprazole Parbezol Pariet RABEPRAZOLE-WGR Rabeprazole Sandoz
Rabeprazole	GRP-20107	Tablet containing rabeprazole sodium 20 mg (enteric coated)	Oral	APO-Rabeprazole Noumed Rabeprazole Parbezol

				Pariet RABEPRAZOLE-WGR Rabeprazole Mylan Rabeprazole SUN Rabeprazole Sandoz Zabep
Raloxifene	GRP-19622	Tablet containing raloxifene hydrochloride 60 mg	Oral	Evista Fixta 60 RALOVISTA Raloxifene GH
Ramipril	GRP-15424	Capsule 5 mg	Oral	APO-Ramipril Tryzan Caps 5
Ramipril	GRP-15424	Tablet 5 mg	Oral	APO-Ramipril Prilace RAMIPRIL-WGR Ramipril Sandoz Ramipril Viatris Ramipril Winthrop Tritace 5 mg Tryzan Tabs 5
Ramipril	GRP-15431	Capsule 10 mg	Oral	APO-Ramipril APX-Ramipril Prilace RAMIPRIL-WGR Ramipril Sandoz Ramipril Winthrop Tritace 10 mg Tryzan Caps 10
Ramipril	GRP-15431	Tablet 10 mg	Oral	APO-Ramipril RAMIPRIL TABS-WGR Ramipril Sandoz Ramipril Viatris Tritace Tryzan Tabs 10
Ramipril	GRP-15640	Capsule 1.25 mg	Oral	Tryzan Caps 1.25
Ramipril	GRP-15640	Tablet 1.25 mg	Oral	Prilace RAMIPRIL-WGR Ramipril Sandoz Ramipril Viatris Ramipril Winthrop

				Tritace 1.25 mg Tryzan Tabs 1.25
Ramipril	GRP-15769	Capsule 2.5 mg	Oral	APO-Ramipril Tryzan Caps 2.5
Ramipril	GRP-15769	Tablet 2.5 mg	Oral	APO-Ramipril Prilace RAMIPRIL-WGR Ramipril Sandoz Ramipril Viatris Ramipril Winthrop Tritace 2.5 mg Tryzan Tabs 2.5
Ranibizumab	GRP-17312	Solution for intravitreal injection 1.65 mg in 0.165 mL pre-filled syringe	Injection	Lucentis
Ranibizumab	GRP-17312	Solution for intravitreal injection 2.3 mg in 0.23 mL	Injection	Lucentis
Rasagiline	GRP-22819	Tablet 1 mg (as mesilate)	Oral	Alziras Azilect Pharmacor Rasagiline RASAGILINE-WGR Rasagiline Lupin Rasagiline Sandoz Rasagiline-Teva
Riluzole	GRP-19669	Tablet 50 mg	Oral	APO-Riluzole Pharmacor Riluzole Rilutek Riluzole Sandoz
Risedronic acid	GRP-19671	Tablet containing risedronate sodium 150 mg	Oral	APO-Risedronate Actonel Once-a-Month
Risedronic acid	GRP-19999	Tablet containing risedronate sodium 35 mg	Oral	APO-Risedronate RISEDRONATE-WGR Risedronate Sandoz
Risperidone	GRP-14646	Tablet 0.5 mg	Oral	APO-Risperidone NOUMED RISPERIDONE Ozidal Rispa Risperdal Risperidone Sandoz Rispernia

				Rixadone
Risperidone	GRP-19844	Tablet 4 mg	Oral	APO-Risperidone NOUMED RISPERIDONE Rispa Rispedal Risperidone Sandoz Rispernia Rixadone
Risperidone	GRP-19938	Tablet 3 mg	Oral	APO-Risperidone NOUMED RISPERIDONE Ozidal Rispa Rispedal Risperidone Sandoz Rispernia Rixadone
Risperidone	GRP-20017	Tablet 2 mg	Oral	APO-Risperidone NOUMED RISPERIDONE Ozidal Rispa Rispedal Risperidone Sandoz Rispernia Rixadone
Risperidone	GRP-20120	Tablet 1 mg	Oral	APO-Risperidone NOUMED RISPERIDONE Ozidal Rispa Rispedal Risperidone Sandoz Rispernia Rixadone
Risperidone	GRP-24014	Oral solution 1 mg per mL, 100 mL	Oral	Rispedal Risperidone Lupin Rixadone
Rituximab	GRP-26546	Solution for I.V. infusion 500 mg in 50 mL	Injection	Riximyo Ruxience Truxima
Rituximab	GRP-26547	Solution for I.V. infusion 100 mg in 10 mL	Injection	Riximyo Ruxience

				Truxima
Rizatriptan	GRP-17623	Tablet (orally disintegrating) 10 mg (as benzoate)	Oral	APO-Rizatriptan RIXALT RIZATRIPTAN ODT-WGR Rizatriptan ODT APOTEX Rizatriptan ODT GH
Rizatriptan	GRP-17623	Wafer 10 mg (as benzoate)	Oral	Maxalt Rizatriptan Wafers-10mg
Rosuvastatin	GRP-19557	Tablet 20 mg (as calcium)	Oral	APO-ROSUVASTATIN APX-Rosuvastatin Blooms Rosuvastatin Cavstat Crestor Crosva 20 Pharmacor Rosuvastatin 20 ROSUVASTATIN-WGR Rosuvastatin APOTEX Rosuvastatin Lupin Rosuvastatin RBX Rosuvastatin Sandoz
Rosuvastatin	GRP-19558	Tablet 10 mg (as calcium)	Oral	APO-ROSUVASTATIN APX-Rosuvastatin Blooms Rosuvastatin Cavstat Crestor Crosva 10 Pharmacor Rosuvastatin 10 ROSUVASTATIN-WGR Rosuvastatin APOTEX Rosuvastatin Lupin Rosuvastatin RBX Rosuvastatin Sandoz
Rosuvastatin	GRP-19562	Tablet 40 mg (as calcium)	Oral	APO-ROSUVASTATIN APX-Rosuvastatin Blooms Rosuvastatin Cavstat Crestor Crosva 40 Pharmacor Rosuvastatin 40 ROSUVASTATIN-WGR Rosuvastatin APOTEX Rosuvastatin Lupin

				Rosuvastatin RBX Rosuvastatin Sandoz
Rosuvastatin	GRP-19569	Tablet 5 mg (as calcium)	Oral	APO-ROSUVASTATIN APX-Rosuvastatin Blooms Rosuvastatin Cavstat Crestor Crosva 5 Pharmacor Rosuvastatin 5 ROSUVASTATIN-WGR Rosuvastatin APOTEX Rosuvastatin Lupin Rosuvastatin RBX Rosuvastatin Sandoz
Roxithromycin	GRP-20052	Tablet 150 mg	Oral	APO-Roxithromycin APX-Roxithromycin ROXITHROMYCIN-WGR Roxar 150 Roxithromycin Sandoz
Roxithromycin	GRP-20144	Tablet 300 mg	Oral	APO-Roxithromycin APX-Roxithromycin ROXITHROMYCIN-WGR Roxar 300 Roxithromycin Sandoz
Salbutamol	GRP-21361	Nebuliser solution 5 mg (as sulfate) in 2.5 mL single dose units, 20	Inhalation	Ventolin Nebules
Salbutamol	GRP-21361	Nebuliser solution 5 mg (as sulfate) in 2.5 mL single dose units, 30	Inhalation	Salbutamol Cipla
Salbutamol	GRP-21535	Nebuliser solution 2.5 mg (as sulfate) in 2.5 mL single dose units, 20	Inhalation	Ventolin Nebules
Salbutamol	GRP-21535	Nebuliser solution 2.5 mg (as sulfate) in 2.5 mL single dose units, 20 (S19A)	Inhalation	pms-SALBUTAMOL
Salbutamol	GRP-21535	Nebuliser solution 2.5 mg (as sulfate) in 2.5 mL single dose units, 30	Inhalation	Salbutamol Cipla
Salbutamol	GRP-24211	Pressurised inhalation 100 micrograms (as sulfate) per dose with dose counter, 200 doses (CFC-free formulation)	Inhalation by mouth	Asmol CFC-Free with dose counter Ventolin CFC-Free with dose counter Zempreon CFC-Free with dose counter
Sertraline	GRP-24879	Tablet 50 mg (as hydrochloride)	Oral	APO-Sertraline Blooms The Chemist Sertraline Eleva 50 NOUMED SERTRALINE SERTRALINE-WGR

				Sertra 50 Sertraline Sandoz Sertraline generichealth Setrona Zoloft
Sertraline	GRP-24880	Tablet 100 mg (as hydrochloride)	Oral	APO-Sertraline Blooms The Chemist Sertraline Eleva 100 NOUMED SERTRALINE SERTRALINE-WGR Sertra 100 Sertraline Sandoz Sertraline generichealth Setrona Zoloft
Sevelamer	GRP-23578	Tablet containing sevelamer carbonate 800 mg	Oral	ARX-SEVELAMER Sevelamer Apotex Sevelamer Lupin
Sevelamer	GRP-23578	Tablet containing sevelamer hydrochloride 800 mg	Oral	Renagel
Sildenafil	GRP-20013	Tablet 20 mg (as citrate)	Oral	Revatio SILDATIO PHT Sildenafil PHT APOTEX Sildenafil Sandoz PHT 20
Simvastatin	GRP-20109	Tablet 80 mg	Oral	APO-Simvastatin Simvar 80 Simvastatin Sandoz Zimstat
Simvastatin	GRP-20174	Tablet 20 mg	Oral	APO-Simvastatin Lipex 20 NOUMED SIMVASTATIN Simvar 20 Simvastatin Sandoz Zimstat Zocor
Simvastatin	GRP-20182	Tablet 40 mg	Oral	APO-Simvastatin Lipex 40 NOUMED SIMVASTATIN Simvar 40 Simvastatin Sandoz Zimstat

				Zocor
Simvastatin	GRP-20328	Tablet 10 mg	Oral	APO-Simvastatin NOUMED SIMVASTATIN Simvar 10 Simvastatin Sandoz Zimstat
Simvastatin	GRP-20357	Tablet 5 mg	Oral	Simvastatin Sandoz Zimstat
Sitagliptin	GRP-26493	Tablet 50 mg	Oral	Januvia Sitagliptin Lupin Sitagliptin Mylan Sitagliptin SUN Sitagliptin Sandoz Pharma Sitaglo Xelevia
Sitagliptin	GRP-26495	Tablet 25 mg	Oral	Januvia Sitagliptin Lupin Sitagliptin Mylan Sitagliptin SUN Sitagliptin Sandoz Pharma Sitaglo Xelevia
Sitagliptin	GRP-26496	Tablet 100 mg	Oral	Januvia Sitagliptin Lupin Sitagliptin Mylan Sitagliptin SUN Sitagliptin Sandoz Pharma Sitaglo Xelevia
Sitagliptin with metformin	GRP-26448	Tablet containing 50 mg sitagliptin with 850 mg metformin hydrochloride	Oral	Janumet SITAGLIPTIN/METFORMIN 50/850 SUN Sitagliptin/Metformin Mylan 50/850 Sitagliptin/Metformin Sandoz Velmetia
Sitagliptin with metformin	GRP-26451	Tablet containing 50 mg sitagliptin with 500 mg metformin hydrochloride	Oral	Janumet SITAGLIPTIN/METFORMIN 50/500 SUN Sitagliptin/Metformin Mylan 50/500 Sitagliptin/Metformin Sandoz

				Velmetia
Sitagliptin with metformin	GRP-26455	Tablet containing 50 mg sitagliptin with 1000 mg metformin hydrochloride	Oral	Janumet SITAGLIPTIN/METFORMIN 50/1000 SUN Sitagliptin/Metformin Mylan 50/1000 Sitagliptin/Metformin Sandoz Velmetia
Sitagliptin with metformin	GRP-28124	Tablet (modified release) containing 50 mg sitagliptin with 1000 mg metformin hydrochloride	Oral	Janumet XR Sitagliptin/Metformin Sandoz XR
Sitagliptin with metformin	GRP-28131	Tablet (modified release) containing 100 mg sitagliptin with 1000 mg metformin hydrochloride	Oral	Janumet XR Sitagliptin/Metformin Sandoz XR
Sotalol	GRP-19704	Tablet containing sotalol hydrochloride 160 mg	Oral	APX-Sotalol Cardol SOTALOL-WGR Solavert Sotacor Sotalol Sandoz
Sotalol	GRP-19874	Tablet containing sotalol hydrochloride 80 mg	Oral	APX-Sotalol Cardol SOTALOL-WGR Solavert Sotacor Sotalol Sandoz
Spiro lactone	GRP-19653	Tablet 100 mg	Oral	Aldactone Spiractin 100 Spiro lactone Viatris 100
Spiro lactone	GRP-19873	Tablet 25 mg	Oral	Aldactone Spiractin 25 Spiro lactone Viatris 25
Sulfasalazine	GRP-20249	Tablet 500 mg (enteric coated)	Oral	Pyralin EN Salazopyrin-EN
Sumatriptan	GRP-15928	Tablet 50 mg (as succinate)	Oral	APO-Sumatriptan IMIGRAN MIGRAINE Imigran Iptam Pharmacor Sumatriptan 50 SUMATRIPTAN-WGR Sumagrain Migraine Relief

				Sumatran Sumatriptan Sandoz Sumatriptan generichealth
Sumatriptan	GRP-15928	Tablet (fast disintegrating) 50 mg (as succinate)	Oral	Imigran FDT
Sunitinib	GRP-25556	Capsule 37.5 mg	Oral	ARX-Sunitinib Sunitinib MSN Sunitinib Sandoz Sutent
Sunitinib	GRP-25554	Capsule 25 mg	Oral	ARX-Sunitinib Sunitinib MSN Sunitinib Sandoz Sutent
Sunitinib	GRP-25561	Capsule 12.5 mg	Oral	Sunitinib MSN Sunitinib Sandoz Sutent
Sunitinib	GRP-25553	Capsule 50 mg	Oral	ARX-Sunitinib Sunitinib MSN Sunitinib Sandoz Sutent
Tacrolimus	GRP-19985	Capsule 1 mg	Oral	Pacrolim Pharmacor Tacrolimus 1 Prograf Tacrograf Tacrolimus Sandoz
Tacrolimus	GRP-20056	Capsule 5 mg	Oral	Pharmacor Tacrolimus 5 Prograf Tacrograf Tacrolimus Sandoz
Tacrolimus	GRP-20053	Capsule 0.5 mg	Oral	Pacrolim Pharmacor Tacrolimus 0.5 Prograf Tacrograf Tacrolimus Sandoz
Tacrolimus	GRP-20887	Capsule 5 mg (once daily prolonged release)	Oral	ADVAGRAF XL Tacrolimus XR Sandoz
Tacrolimus	GRP-20891	Capsule 1 mg (once daily prolonged release)	Oral	ADVAGRAF XL Tacrolimus XR Sandoz

Tacrolimus	GRP- 20892	Capsule 0.5 mg (once daily prolonged release)	Oral	ADVAGRAF XL Tacrolimus XR Sandoz
Tacrolimus	GRP-28602	Capsule 3 mg (once daily prolonged release)	Oral	ADVAGRAF XL Tacrolimus XR Sandoz
Tadalafil	GRP-24271	Tablet 20 mg	Oral	Adcirca TADALIS 20 Tadalca
Tamoxifen	GRP-15405	Tablet 20 mg (as citrate)	Oral	GenRx Tamoxifen Genox 20 Nolvadex-D Tamosin Tamoxifen Sandoz
Telmisartan	GRP-19601	Tablet 80 mg	Oral	APO-Telmisartan Micardis Mizart NOUMED TELMISARTAN Pharmacor Telmisartan 80 TELMISARTAN-WGR Telmisartan Sandoz Teltartan
Telmisartan	GRP-19604	Tablet 40 mg	Oral	APO-Telmisartan Micardis Mizart NOUMED TELMISARTAN Pharmacor Telmisartan 40 TELMISARTAN-WGR Telmisartan Sandoz Teltartan
Telmisartan with amlodipine	GRP-19587	Tablet 40 mg-5 mg (as besilate)	Oral	Pritor/Amlodipine Twynsta
Telmisartan with amlodipine	GRP-19588	Tablet 40 mg-10 mg (as besilate)	Oral	Pritor/Amlodipine Twynsta
Telmisartan with amlodipine	GRP-19589	Tablet 80 mg-10 mg (as besilate)	Oral	Pritor/Amlodipine Twynsta
Telmisartan with amlodipine	GRP-19590	Tablet 80 mg-5 mg (as besilate)	Oral	Pritor/Amlodipine Twynsta
Telmisartan with hydrochlorothiazide	GRP-19555	Tablet 40 mg-12.5 mg	Oral	APO-Telmisartan HCTZ 40/12.5

				Micardis Plus 40/12.5 mg Mizart HCT 40/12.5 mg TELMISARTAN HCTZ-WGR 40/12.5 Telmisartan/HCT Sandoz Teltartan HCT 40/12.5
Telmisartan with hydrochlorothiazide	GRP-19561	Tablet 80 mg-12.5 mg	Oral	APO-Telmisartan HCTZ 80/12.5 Micardis Plus 80/12.5 mg Mizart HCT 80/12.5 mg TELMISARTAN HCTZ-WGR 80/12.5 Telmisartan/HCT Sandoz Teltartan HCT 80/12.5
Telmisartan with hydrochlorothiazide	GRP-19571	Tablet 80 mg-25 mg	Oral	APO-Telmisartan HCTZ 80/25 Micardis Plus 80/25 mg Mizart HCT 80/25 mg TELMISARTAN HCTZ-WGR 80/25 Telmisartan/HCT Sandoz Teltartan HCT 80/25
Temazepam	GRP-19980	Tablet 10 mg	Oral	APO-Temazepam Normison TEMAZEPAM-WGR Temaze Temtabs
Temozolomide	GRP-19803	Capsule 250 mg	Oral	APO-Temozolomide Temizole 250 Temozolomide Juno
Temozolomide	GRP-19977	Capsule 20 mg	Oral	APO-Temozolomide Temizole 20 Temozolomide Juno
Temozolomide	GRP-19997	Capsule 5 mg	Oral	APO-Temozolomide Temizole 5 Temozolomide Juno
Temozolomide	GRP-20004	Capsule 180 mg	Oral	APO-Temozolomide Temozolomide Juno
Temozolomide	GRP-20068	Capsule 140 mg	Oral	APO-Temozolomide Temizole 140 Temodal Temozolomide Juno
Temozolomide	GRP-20268	Capsule 100 mg	Oral	APO-Temozolomide

				Temizole 100 Temodal Temozolomide Juno
Tenecteplase	GRP-26656	Powder for injection 50 mg with solvent	Injection	Metalyse
Tenecteplase	GRP-26656	Powder for injection 50 mg with solvent (s19A)	Injection	TNKase (Canada) TNKase (Canada) Medsurge Healthcare Pty Ltd
Tenofovir	GRP-21636	Tablet containing tenofovir disoproxil fumarate 300 mg	Oral	TENOFOVIR ARX Tenofovir APOTEX Tenofovir Sandoz Viread
Tenofovir	GRP-21636	Tablet containing tenofovir disoproxil maleate 300 mg	Oral	Tenofovir Disoproxil Mylan Tenofovir Disoproxil Viatris
Tenofovir	GRP-21636	Tablet containing tenofovir disoproxil phosphate 291 mg	Oral	Tenofovir GH
Tenofovir with emtricitabine	GRP- 21638	Tablet containing tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg	Oral	CIPLA TENOFOVIR + EMTRICITABINE 300/200 TENOFOVIR/EMTRICITABINE 300/200 ARX Tenofovir/Emtricitabine 300/200 APOTEX
Tenofovir with emtricitabine	GRP-21638	Tablet containing tenofovir disoproxil maleate 300 mg with emtricitabine 200 mg	Oral	Tenofovir Disoproxil Emtricitabine Viatris 300/200
Tenofovir with emtricitabine	GRP-21638	Tablet containing tenofovir disoproxil phosphate 291 mg with emtricitabine 200 mg	Oral	Tenofovir EMT GH
Tenofovir with emtricitabine	GRP- 21638	Tablet containing tenofovir disoproxil succinate 301 mg with emtricitabine 200 mg	Oral	Tenofovir/Emtricitabine Sandoz 301/200
Terbinafine	GRP-20256	Tablet 250 mg (as hydrochloride)	Oral	APO-Terbinafine Lamisil (Novartis Pharmaceuticals Australia Pty Limited) NOUMED TERBINAFINE TERBINAFINE-WGR Tamsil Terbinafine Sandoz Terbinafine-DRLA Tinasil
Teriflunomide	GRP-23068	Tablet 14 mg	Oral	APO-TERIFLUNOMIDE

				Pharmacor Teriflunomide TERIFLAGIO Teriflunomide Dr.Reddy's Teriflunomide GH Teriflunomide Sandoz Terimide
Teriparatide	GRP-25564	Injection 250 micrograms per mL, 2.4 mL in multi-dose pre-filled pen	Injection	Teriparatide Lupin Terrosa
Testosterone	GRP-28648	I.M. injection containing testosterone undecanoate 1,000 mg in 4 mL	Injection	Gonadron REJUNON 1000 Reandron 1000 Testosterone ADVZ 1000
Tetrabenazine	GRP-26950	Tablet 25 mg	Oral	Tetrabenazine SUN iNova Pharmaceuticals (Australia) Pty Ltd
Timolol	GRP-28880	Eye drops (gellan gum solution) 5 mg (as maleate) per mL, 2.5 mL	Application to the eye	Timoptol XE
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)
Tiotropium	GRP-23704	Capsule containing powder for oral inhalation 13 micrograms (as bromide) (for use in Zonda device)	Inhalation by mouth	Braltus
Tiotropium	GRP-23704	Capsule containing powder for oral inhalation 18 micrograms (as bromide monohydrate) (for use in HandiHaler)	Inhalation by mouth	Spiriva
Tiotropium	GRP-23704	Capsule containing powder for oral inhalation 18 micrograms (as bromide monohydrate) (for use in LupinHaler)	Inhalation by mouth	Tiotropium Lupin
Tirofiban	GRP-19593	Solution concentrate for I.V. infusion 12.5 mg (as hydrochloride) in 50 mL	Injection	Aggrastat Tirofiban Juno
Tobramycin	GRP-20899	Solution for inhalation 300 mg in 5 mL	Inhalation	TOBRAMYCIN SUN Tobi Tobramycin WKT
Topiramate	GRP-19668	Tablet 200 mg	Oral	APO-Topiramate Epiramax 200 RBX Topiramate TOPIRAMATE-WGR Tamate Topiramate Sandoz

Topiramate	GRP-19765	Tablet 50 mg	Oral	APO-Topiramate Epiramax 50 RBX Topiramate TOPIRAMATE-WGR Tamate Topiramate Sandoz
Topiramate	GRP-19766	Tablet 100 mg	Oral	APO-Topiramate Epiramax 100 RBX Topiramate TOPIRAMATE-WGR Tamate Topiramate Sandoz
Topiramate	GRP-19896	Tablet 25 mg	Oral	APO-Topiramate Epiramax 25 RBX Topiramate TOPIRAMATE-WGR Tamate Topiramate Sandoz
Tramadol	GRP-20129	Injection containing tramadol hydrochloride 100 mg in 2 mL	Injection	Tramadol AN Tramadol Sandoz Tramal 100
Tramadol	GRP-19670	Tablet (sustained release) containing tramadol hydrochloride 100 mg	Oral	APO-Tramadol SR TRAMADOL-WGR SR Tramadol SR generichealth Tramadol Sandoz SR Tramal SR 100 Tramedo SR Zydol SR 100
Tramadol	GRP-19805	Tablet (sustained release) containing tramadol hydrochloride 200 mg	Oral	APO-Tramadol SR TRAMADOL-WGR SR Tramadol SR generichealth Tramadol Sandoz SR Tramal SR 200 Tramedo SR Zydol SR 200
Tramadol	GRP-19815	Tablet (sustained release) containing tramadol hydrochloride 150 mg	Oral	APO-Tramadol SR TRAMADOL-WGR SR Tramadol SR generichealth Tramadol Sandoz SR Tramal SR 150 Tramedo SR

				Zydol SR 150
Tramadol	GRP-20030	Capsule containing tramadol hydrochloride 50 mg	Oral	APO-Tramadol TRAMADOL-WGR Tramadol Sandoz Tramal Tramedo Zydol
Trandolapril	GRP-19654	Capsule 2 mg	Oral	Dolapril 2 Gopten Tranalpha
Trandolapril	GRP-19735	Capsule 500 micrograms	Oral	Dolapril 0.5 Gopten Tranalpha
Trandolapril	GRP-19830	Capsule 1 mg	Oral	Dolapril 1 Gopten Tranalpha
Trandolapril	GRP-19912	Capsule 4 mg	Oral	Dolapril 4 Gopten Tranalpha
Tranexamic acid	GRP-21497	Tablet 500 mg	Oral	APO-Tranexamic Acid Cyklokapron Tranexamic Acid Lupin
Triamcinolone	GRP-19701	Ointment containing triamcinolone acetonide 200 micrograms per g, 100 g	Application	Aristocort 0.02% Tricortone
Triamcinolone	GRP-19745	Cream containing triamcinolone acetonide 200 micrograms per g, 100 g	Application	Aristocort 0.02% Tricortone
Triamcinolone with neomycin, gramicidin and nystatin	GRP-19681	Ear ointment containing triamcinolone acetonide 1 mg with neomycin 2.5 mg (as sulfate), gramicidin 250 micrograms and nystatin 100,000 units per g, 5 g	Application to the ear	Kenacomb Otic Otocomb Otic
Triamcinolone with neomycin, gramicidin and nystatin	GRP-19728	Ear drops containing triamcinolone acetonide 0.9 mg with neomycin 2.25 mg (as sulfate), gramicidin 225 micrograms and nystatin 90,000 units per mL, 7.5 mL	Application to the ear	Kenacomb Otic Otocomb Otic
Trientine	GRP-28298	Capsule containing trientine dihydrochloride 250 mg (equivalent to 166.7 mg trientine)	Oral	Trientine Dr. Reddy's Trientine Waymade
Trimethoprim	GRP-20308	Tablet 300 mg	Oral	Alprim TRIMETHOPRIM-WGR

				Trimethoprim Viatriis Triprim
Trimethoprim with sulfamethoxazole	GRP-20094	Tablet 160 mg-800 mg	Oral	Bactrim DS Resprim Forte Septrin Forte
Ursodeoxycholic acid	GRP-19961	Capsule 250 mg	Oral	APO-Ursodeoxycholic acid Ursodox GH Ursofalk Ursosan
Valaciclovir	GRP-19634	Tablet 500 mg (as hydrochloride)	Oral	APX-Valaciclovir Shilova 500 VALACICLOVIR-WGR Vaclovir Valaciclovir APOTEX Valaciclovir RBX Valaciclovir SZ Valaciclovir Sandoz Valaciclovir generichealth Valacor 500 Valtrex Zelitrex
Valganciclovir	GRP-21630	Tablet 450 mg (as hydrochloride)	Oral	Valganciclovir Sandoz Valganciclovir Viatriis
Valproic acid	GRP-19751	Tablet (enteric coated) containing sodium valproate 200 mg	Oral	APO-Sodium Valproate Epilim EC Sodium Valproate Sandoz Valprease 200 Valpro EC 200 Valproate Winthrop EC 200
Valproic acid	GRP-19922	Tablet (enteric coated) containing sodium valproate 500 mg	Oral	APO-Sodium Valproate Epilim EC Sodium Valproate Sandoz Valprease 500 Valpro EC 500 Valproate Winthrop EC 500
Valsartan	GRP-19598	Tablet 40 mg	Oral	Dilart Diovan
Valsartan	GRP-19599	Tablet 160 mg	Oral	Dilart Diovan

Valsartan	GRP-19600	Tablet 320 mg	Oral	Dilart Diovan
Valsartan	GRP-19602	Tablet 80 mg	Oral	Dilart Diovan
Valsartan with hydrochlorothiazide	GRP-19612	Tablet 160 mg-12.5 mg	Oral	Co-Diovan 160/12.5 Dilart HCT 160/12.5
Valsartan with hydrochlorothiazide	GRP-19614	Tablet 320 mg-12.5 mg	Oral	Co-Diovan 320/12.5 Dilart HCT 320/12.5
Valsartan with hydrochlorothiazide	GRP-19615	Tablet 320 mg-25 mg	Oral	Co-Diovan 320/25 Dilart HCT 320/25
Valsartan with hydrochlorothiazide	GRP-19965	Tablet 80 mg-12.5 mg	Oral	Co-Diovan 80/12.5 Dilart HCT 80/12.5
Valsartan with hydrochlorothiazide	GRP-19966	Tablet 160 mg-25 mg	Oral	Co-Diovan 160/25 Dilart HCT 160/25
Vancomycin	GRP-26946	Capsule 125 mg (125,000 I.U.) (as hydrochloride)	Oral	Vancocin Vancomycin BNM 125mg
Vancomycin	GRP-26952	Capsule 250 mg (250,000 I.U.) (as hydrochloride)	Oral	Vancocin Vancomycin BNM 250mg
Varenicline	GRP-26245	Tablet 1 mg (as tartrate)	Oral	Champix PHARMACOR VARENICLINE VARENAPIX Varenicline Viatris
Varenicline	GRP-27996	Box containing 11 tablets 0.5 mg (as tartrate) and 14 tablets 1 mg (as tartrate) in the first pack and 28 tablets 1 mg (as tartrate) in the second pack	Oral	Champix PHARMACOR VARENICLINE VARENAPIX
Venlafaxine	GRP-19721	Capsule (modified release) 37.5 mg (as hydrochloride)	Oral	Efexor-XR Elaxine SR 37.5 VENLAFAXINE XR-WGR
Venlafaxine	GRP-19796	Capsule (modified release) 150 mg (as hydrochloride)	Oral	APO-Venlafaxine XR Efexor-XR Elaxine SR 150 Enlafax-XR Sandoz Venlafaxine XR VENLAFAXINE XR-WGR Venlafaxine generichealth XR

Venlafaxine	GRP-19797	Capsule (modified release) 75 mg (as hydrochloride)	Oral	APO-Venlafaxine XR Efexor-XR Elaxine SR 75 Enlafax-XR Sandoz Venlafaxine XR VENLAFAXINE XR-WGR Venlafaxine generichealth XR
Verapamil	GRP-19760	Tablet containing verapamil hydrochloride 180 mg (sustained release)	Oral	Cordilox 180 SR Isoptin 180 SR
Verapamil	GRP-19780	Tablet containing verapamil hydrochloride 240 mg (sustained release)	Oral	Cordilox SR Isoptin SR
Verapamil	GRP-19898	Tablet containing verapamil hydrochloride 80 mg	Oral	Anpec 80 Isoptin
Vinorelbine	GRP-27399	Capsule 30 mg (as tartrate)	Oral	Navelbine Velabine
Vinorelbine	GRP-27405	Capsule 20 mg (as tartrate)	Oral	Navelbine Velabine
Voriconazole	GRP-20447	Tablet 200 mg	Oral	Voriconazole Sandoz Vttack Vzole
Voriconazole	GRP-20450	Tablet 50 mg	Oral	Voriconazole Sandoz Vttack Vzole
Ziprasidone	GRP-19574	Capsule 20 mg (as hydrochloride)	Oral	ZIPROX Zeldox Ziprasidone GH
Ziprasidone	GRP-19575	Capsule 40 mg (as hydrochloride)	Oral	ZIPROX Zeldox Ziprasidone GH
Ziprasidone	GRP-19576	Capsule 80 mg (as hydrochloride)	Oral	ZIPROX Zeldox Ziprasidone GH
Ziprasidone	GRP-19577	Capsule 60 mg (as hydrochloride)	Oral	ZIPROX Zeldox Ziprasidone GH

Zoledronic acid	GRP-17612	Solution for I.V. infusion 5 mg (as monohydrate) in 100 mL	Injection	Aclasta Osteovan Zoledasta Zoledronate-RDY 5 Zoledronic Acid SUN
Zoledronic acid	GRP-17614	Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL	Injection	APO-Zoledronic Acid DEZTRON Zoledronate-DRLA 4 Zoledronic Acid Accord Zometa
Zolmitriptan	GRP-19573	Tablet 2.5 mg	Oral	APO-Zolmitriptan Zoltrip Zomig