PB 111 of 2024

National Health (Listing of Pharmaceutical Benefits) Amendment (November 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 October 2024

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

Contents

1. Name

(1) This instrument is the *National Health (Listing of Pharmaceutical Benefits) Amendment (November Update) Instrument 2024*.

(2) This Instrument may also be cited as PB 111 of 2024.

2. Commencement

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

Commencement Information

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

Note: This table relates only to the provisions of this instrument as originally made.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

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

3. Authority

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

4. Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

National Health (Listing of Pharmaceutical Benefits) Instrument 2024 (PB 26 of 2024)

[1] Schedule 1, Part 1, entries for Amiodarone in the form Tablet containing amiodarone hydrochloride 100 mg

omit from the column headed "Circumstances" (all instances): **C5665** *substitute (all instances):* **C15967**

[2] Schedule 1, Part 1, entries for Amiodarone in the form Tablet containing amiodarone hydrochloride 200 mg

(a) *omit:*

Amiodarone	Tablet containing amiodarone hydrochloride 200 mg	Oral	APO-Amiodarone	TX	MP NP C5665	30	5	30	

(b) *omit from the column headed "Circumstances" (all instances):* **C5665** *substitute (all instances):* **C15967**

[3] Schedule 1, Part 1, entry for Amitriptyline in the form Tablet containing amitriptyline hydrochloride 10 mg

omit:

Amitriptyline	Tablet containing amitriptyline hydrochloride 10 mg	Oral	APO-Amitriptyline 10	TX	MP NP	50	2	50	

[4] Schedule 1, Part 1, entry for Amitriptyline in the form Tablet containing amitriptyline hydrochloride 25 mg

omit:

Amitriptyline	Tablet containing amitriptyline hydrochloride 25 mg	Oral	APO-Amitriptyline 25	TX	MP NP	50	2	50	

[5] Schedule 1, Part 1, entry for Amitriptyline in the form Tablet containing amitriptyline hydrochloride 50 mg

omit:

Amitriptyline	Tablet containing amitriptyline hydrochloride 50 mg	Oral	APO-Amitriptyline 50	TX	MP NP	50	2	50	

[6] 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	30

[7] 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	MP NP		P14238	60	5	30

[8] Schedule 1, Part 1, entries for Anastrozole

substitute:

Anastrozole	Tablet 1 mg	Oral	Anastrozole GH	GQ	MP NP	C5522	P5522	30	5	30
Anastrozole	Tablet 1 mg	Oral	Anastrozole GH	GQ	MP NP	C14895	P14895	60	5	30
Anastrozole	Tablet 1 mg	Oral	Anastrozole Sandoz	SZ	MP NP	C5522	P5522	30	5	30
Anastrozole	Tablet 1 mg	Oral	Anastrozole Sandoz	SZ	MP NP	C14895	P14895	60	5	30
Anastrozole	Tablet 1 mg	Oral	ANASTROZOLE-WGR	WG	MP NP	C5522	P5522	30	5	30
Anastrozole	Tablet 1 mg	Oral	ANASTROZOLE-WGR	WG	MP NP	C14895	P14895	60	5	30
Anastrozole	Tablet 1 mg	Oral	APO-Anastrozole	TX	MP NP	C5522	P5522	30	5	30

Anastrozole	Tablet 1 mg	Oral	APO-Anastrozole	TX	MP NP	C14895	P14895	60	5	30
Anastrozole	Tablet 1 mg	Oral	Arianna 1	AF	MP NP	C5522	P5522	30	5	30
Anastrozole	Tablet 1 mg	Oral	Arianna 1	AF	MP NP	C14895	P14895	60	5	30

[9] Schedule 1, Part 1, entry for Apixaban in the form Tablet 2.5 mg *[Maximum Quantity: 120; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14308**

(b) *insert in numerical order in the column headed "Circumstances":* **C14301**

(c) *omit from the column headed "Purposes":* **P14308**

(d) *insert in numerical order in the column headed "Purposes":* **P14301**

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

(a) *insert in numerical order in the column headed "Circumstances":* **C4268**

(b) *omit from the column headed "Circumstances":* **C5083**

(c) *insert in numerical order in the column headed "Purposes":* **P4268**

(d) *omit from the column headed "Purposes":* **P5083**

[11] Schedule 1, Part 1, entry for Apixaban in the form Tablet 5 mg *[Maximum Quantity: 120; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14302 C14308**

(b) *insert in numerical order in the column headed "Circumstances":* **C14301 C14318**

(c) *omit from the column headed "Purposes":* **P14302 P14308**

(d) *insert in numerical order in the column headed "Purposes":* **P14301 P14318**

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

omit:

Atenolol	Tablet 50 mg	Oral	APO-Atenolol	TX	MP NP			30	5	30
Atenolol	Tablet 50 mg	Oral	APO-Atenolol	TX	MP NP		P14238	60	5	30

[13] 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	30

[14] 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
Atorvastatin	Tablet 20 mg (as calcium)	Oral	Blooms the Chemist Atorvastatin	IB	MP NP	P14238	60	5	30

[15] 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	30

[16] 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	IB	MP	P14238	60	5	30

	Atorvastatin	NP

[17] Schedule 1, Part 1, entries for Atropine in the form Injection containing atropine sulfate monohydrate 600 micrograms in 1 mL

omit from the column headed "Brand" (all instances): **Atropine Injection (Pfizer)** *substitute (all instances):* **Atropine Injection (Bridgewest)**

[18] Schedule 1, Part 1, entry for Auranofin in each of the forms: Capsule 3 mg; and Tablet 3 mg

insert in the column headed "Circumstances": **C15956**

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

(a) *omit from the column headed "Circumstances":* **C8947 C10023**

(b) *insert in numerical order in the column headed "Circumstances":* **C16053 C16085**

[20] Schedule 1, Part 1, entries Azacitidine in each of the forms: Tablet 200 mg; and Tablet 300 mg

omit from the column headed "Responsible Person" (all instances): **CJ** *substitute (all instances):* **BQ**

[21] Schedule 1, Part 1, fourth entry for Bimatoprost with timolol

omit from the column headed "Listed drug": **Bimatoprost with timolol``** *substitute:* **Bimatoprost with timolol**

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

omit:

Bosentan	Tablet 62.5 mg (as monohydrate)	Oral	BOSLEER	RW	MP	See Note 3	See Note 3	See Note 3	See Note 3	60	D(100)

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

omit:

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

[24] Schedule 1, Part 1, entry for Buprenorphine in each of the forms: Injection (modified release) 8 mg in 0.16 mL pre-filled syringe; Injection (modified release) 16 mg in 0.32 mL pre-filled syringe; Injection (modified release) 24 mg in 0.48 mL pre-filled syringe; and Injection (modified release) 32 mg in 0.64 mL pre-filled syringe

omit from the column headed "Circumstances": **C15385** *substitute:* **C16051**

[25] Schedule 1, Part 1, entry for Buprenorphine in each of the forms: Injection (modified release) 64 mg in 0.18 mL pre-filled syringe; and Injection (modified release) 96 mg in 0.27 mL pre-filled syringe

omit from the column headed "Circumstances": **C15356** *substitute:* **C16015**

[26] Schedule 1, Part 1, entry for Buprenorphine in the form Injection (modified release) 100 mg in 0.5 mL pre-filled syringe

omit from the column headed "Circumstances": **C15439** *substitute:* **C16050**

[27] Schedule 1, Part 1, entry for Buprenorphine in each of the forms: Injection (modified release) 128 mg in 0.36 mL pre-filled syringe; and Injection (modified release) 160 mg in 0.45 mL pre-filled syringe

omit from the column headed "Circumstances": **C15356** *substitute:* **C16015**

[28] Schedule 1, Part 1, entry for Buprenorphine in the form Injection (modified release) 300 mg in 1.5 mL pre-filled syringe

omit from the column headed "Circumstances": **C15439** *substitute:* **C16050**

[29] Schedule 1, Part 1, entry for Buprenorphine in each of the forms: Tablet (sublingual) 400 micrograms (as hydrochloride); Tablet (sublingual) 2 mg (as hydrochloride); and Tablet (sublingual) 8 mg (as hydrochloride)

omit from the column headed "Circumstances": **C15355** *substitute:* **C16009**

[30] Schedule 1, Part 1, entry for Buprenorphine with naloxone in each of the forms: Film (soluble) 2 mg (as hydrochloride)-0.5 mg (as hydrochloride); and Film (soluble) 8 mg (as hydrochloride)-2 mg (as hydrochloride)

omit from the column headed "Circumstances": **C15355** *substitute:* **C16009**

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

(a) *omit:*

Calcitriol	Capsule 0.25 microgram	Oral	APO-Calcitriol	TX	MP NP	C5089 C5114 C5255 C5401 C5402	P5089 P5114 P5255 P5401 P5402	100	3	100
Calcitriol	Capsule 0.25 microgram	Oral	APO-Calcitriol	TX	MP NP	C14231 C14259 C14287 C14296 C14322	P14231 P14259 P14287 P14296 P14322	200	3	100

(b) *omit:*

Calcitriol	Capsule 0.25 microgram	Oral	Kosteo	RW	MP NP	C5089 C5114 C5255 C5401 C5402	P5089 P5114 P5255 P5401 P5402	100	3	100

Calcitriol	Capsule 0.25 microgram	Oral	Kosteo	RW	MP NP	C14231 C14259 C14287 C14296 C14322	P14231 P14259 P14287 P14296 P14322	200	3	100

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

(a) *omit from the column headed "Circumstances":* **C5861 C5882**

(b) *omit from the column headed "Circumstances":* **C5891**

(c) *insert in numerical order in the column headed "Circumstances":* **C15964 C16029 C16030**

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

(a) *omit from the column headed "Circumstances":* **C5826**

(b) *omit from the column headed "Circumstances":* **C5881 C5890**

(c) *insert in numerical order in the column headed "Circumstances":* **C15964 C16029 C16030**

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

omit from the column headed "Circumstances": **C5842** *substitute:* **C16067**

[35] Schedule 1, Part 1, entry for Cefotaxime *[Authorised Prescriber: MP NP]*

omit from the column headed "Circumstances": **C5826 C5881 C5890** *substitute:* **C15964 C16029 C16030**

[36] Schedule 1, Part 1, entries for Ceftriaxone

substitute:

Ceftriaxone	Powder for injection 500 mg (as sodium)	Injection	Ceftriaxone-AFT	AE	MP NP	C5855	P5855	1	0	1
Ceftriaxone	Powder for injection 500 mg (as sodium)	Injection	Ceftriaxone-AFT	AE	MP NP	C15964 C16029 C16030	P15964 P16029 P16030	5	0	1
Ceftriaxone	Powder for injection 1 g (as sodium)	Injection	Ceftriaxone Viatris	AL	MP NP	C15964 C16029 C16030		5	0	10
Ceftriaxone	Powder for injection 2 g (as sodium)	Injection	Ceftriaxone Viatris	AL	MP NP	C15964 C16029 C16030		5	0	5
Ceftriaxone	Powder for injection 2 g (as	Injection	Ceftriaxone Viatris	AL	MP	C15964 C16029		5	0	10

	sodium)				NP	C16030						

[37] Schedule 1, Part 1, entry for Ceritinib

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

[38] Schedule 1, Part 1, after entry for Chloramphenicol

insert:

Chlormethine	Gel 160 micrograms (as hydrochloride) per g, 60 g	Application	Ledaga	JZ	MP	C16054 C16145		2	5		1	

[39] Schedule 1, Part 1, entry for Chlorpromazine in each of the forms: Injection containing chlorpromazine hydrochloride 50 mg in 2 mL; Oral solution containing chlorpromazine hydrochloride 25 mg per 5 mL, 100 mL; Tablet containing chlorpromazine hydrochloride 25 mg; and Tablet containing chlorpromazine hydrochloride 100 mg

insert in the column headed "Circumstances": **C15956**

[40] Schedule 1, Part 1, entry for Choriogonadotropin alfa in the form Solution for injection 250 micrograms in 0.5 mL pre-filled pen *[Maximum Quantity: 1; Number of Repeats: 0]*

insert in the column headed "Section 100/ Prescriber Bag only": **C100**

[41] Schedule 1, Part 1, after entry for Choriogonadotropin alfa in the form Solution for injection 250 micrograms in 0.5 mL pre-filled pen *[Maximum Quantity: 4; Number of Repeats: 5]*

insert:

Choriogonadotropin alfa	Solution for injection 250 micrograms in 0.5 mL pre-filled syringe (S19A)	Injection	Ovidrel (USA)	SG	MP	C14124	P14124	1	0	1	C(100)
Choriogonadotropin alfa	Solution for injection 250 micrograms in 0.5 mL pre-filled syringe (S19A)	Injection	Ovidrel (USA)	SG	MP	C14096	P14096	4	5	1	

[42] Schedule 1, Part 1, entry for Ciprofloxacin in the form Tablet 250 mg (as hydrochloride)

omit:

Ciprofloxacin	Tablet 250 mg (as hydrochloride)	Oral	APX-Ciprofloxacin	TY	MP NP	C5614 C5615 C5666 C5687 C5688 C5689		14	0	14

						C5722 C5780				

[43] Schedule 1, Part 1, entry for Ciprofloxacin in the form Tablet 500 mg (as hydrochloride)

omit:

Ciprofloxacin	Tablet 500 mg (as hydrochloride)	Oral	APX-Ciprofloxacin	TY	MP NP	C5614 C5615 C5687 C5688 C5689 C5722 C5780		14	0	14

[44] Schedule 1, Part 1, entry for Ciprofloxacin in the form Tablet 750 mg (as hydrochloride)

omit:

Ciprofloxacin	Tablet 750 mg (as hydrochloride)	Oral	APX-Ciprofloxacin	TY	MP NP	C5614 C5615 C5687 C5688 C5689 C5722 C5780		14	0	14

[45] Schedule 1, Part 1, after entry for Citalopram in the form Tablet 10 mg (as hydrobromide) *[Brand: Celapram; Maximum Quantity: 56; Number of Repeats: 2]*

insert:

Citalopram	Tablet 10 mg (as hydrobromide)	Oral	CITALOPRAM-WGR	WG	MP NP	C4755	P4755	28	5	28
Citalopram	Tablet 10 mg (as hydrobromide)	Oral	CITALOPRAM-WGR	WG	MP NP	C15666	P15666	56	2	28

[46] Schedule 1, Part 1, after entry for Citalopram in the form Tablet 20 mg (as hydrobromide) *[Brand: Citalopram Sandoz; Maximum Quantity: 56; Number of Repeats: 2]*

insert:

Citalopram	Tablet 20 mg (as hydrobromide)	Oral	CITALOPRAM-WGR	WG	MP NP	C4755	P4755	28	5	28
Citalopram	Tablet 20 mg (as hydrobromide)	Oral	CITALOPRAM-WGR	WG	MP NP	C15666	P15666	56	2	28

[47] Schedule 1, Part 1, after entry for Citalopram in the form Tablet 40 mg (as hydrobromide) *[Brand: Citalopram Sandoz; Maximum Quantity: 56; Number of Repeats: 2]*

insert:

Citalopram	Tablet 40 mg (as hydrobromide)	Oral	CITALOPRAM-WGR	WG	MP NP	C4755	P4755	28	5	28
Citalopram	Tablet 40 mg (as hydrobromide)	Oral	CITALOPRAM-WGR	WG	MP NP	C15666	P15666	56	2	28

[48] Schedule 1, Part 1, entry for Dabigatran etexilate in the form Capsule 110 mg (as mesilate) *[Brand: ARX-Dabigatran; Maximum Quantity: 120; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14308** *substitute:* **C14301**

(b) *omit from the column headed "Purposes":* **P14308** *substitute:* **P14301**

[49] Schedule 1, Part 1, entry for Dabigatran etexilate in the form Capsule 110 mg (as mesilate) *[Brand: Dabigatran Sandoz; Maximum Quantity: 120; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14308** *substitute:* **C14301**

(b) *omit from the column headed "Purposes":* **P14308** *substitute:* **P14301**

[50] Schedule 1, Part 1, entry for Dabigatran etexilate in the form Capsule 110 mg (as mesilate) *[Brand: PHARMACOR DABIGATRAN; Maximum Quantity: 120; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14308** *substitute:* **C14301**

(b) *omit from the column headed "Purposes":* **P14308** *substitute:* **P14301**

[51] Schedule 1, Part 1, entry for Dabigatran etexilate in the form Capsule 110 mg (as mesilate) *[Brand: Pradaxa; Maximum Quantity: 120; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14308** *substitute:* **C14301**

(b) *omit from the column headed "Purposes":* **P14308** *substitute:* **P14301**

[52] Schedule 1, Part 1, entry for Dabigatran etexilate in the form Capsule 150 mg (as mesilate) *[Brand: ARX-Dabigatran; Maximum Quantity: 120; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14308** *substitute:* **C14301**

(b) *omit from the column headed "Purposes":* **P14308** *substitute:* **P14301**

[53] **Schedule 1, Part 1, entry for Dabigatran etexilate in the form Capsule 150 mg (as mesilate)** ***[Brand: Dabigatran Sandoz; Maximum Quantity: 120; Number of Repeats: 5]***

(a) *omit from the column headed "Circumstances":* **C14308** *substitute:* **C14301**

(b) *omit from the column headed "Purposes":* **P14308** *substitute:* **P14301**

[54] **Schedule 1, Part 1, entry for Dabigatran etexilate in the form Capsule 150 mg (as mesilate)** ***[Brand: PHARMACOR DABIGATRAN; Maximum Quantity: 120; Number of Repeats: 5]***

(a) *omit from the column headed "Circumstances":* **C14308** *substitute:* **C14301**

(b) *omit from the column headed "Purposes":* **P14308** *substitute:* **P14301**

[55] **Schedule 1, Part 1, entry for Dabigatran etexilate in the form Capsule 150 mg (as mesilate)** ***[Brand: Pradaxa; Maximum Quantity: 120; Number of Repeats: 5]***

(a) *omit from the column headed "Circumstances":* **C14308** *substitute:* **C14301**

(b) *omit from the column headed "Purposes":* **P14308** *substitute:* **P14301**

[56] **Schedule 1, Part 1, after entry for Dapagliflozin with metformin in the form Tablet (modified release) containing 10 mg dapagliflozin (as propanediol monohydrate) with 500 mg metformin hydrochloride** ***[Maximum Quantity: 56; Number of Repeats: 5]***

insert:

Dapagliflozin with sitagliptin	Tablet containing 10 mg dapagliflozin (as propanediol monohydrate) with 100 mg sitagliptin (as phosphate monohydrate)	Oral	Sidapvia 10/100	AP	MP NP	C15269	P15269	28	5	28
Dapagliflozin with sitagliptin	Tablet containing 10 mg dapagliflozin (as propanediol monohydrate) with 100 mg sitagliptin (as phosphate monohydrate)	Oral	Sidapvia 10/100	AP	MP NP	C15270	P15270	56	5	28

[57] **Schedule 1, Part 1, entry for Diazepam in the form Tablet 2 mg**

omit:

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 CN6176	3 CN6176	50

[58] Schedule 1, Part 1, entry for Diazepam in the form Tablet 5 mg

omit:

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

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

omit:

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

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

omit:

Diclofenac	Tablet (enteric coated) containing diclofenac sodium 50 mg	Oral	APO-Diclofenac	TX	PDP		50	0	50
Diclofenac	Tablet (enteric coated) containing diclofenac sodium 50 mg	Oral	APO-Diclofenac	TX	MP NP		50	3	50

[61] Schedule 1, Part 1, entry for Digoxin in each of the forms: Paediatric oral solution 50 micrograms per mL, 60 mL; Tablet 62.5 micrograms; and Tablet 250 micrograms

insert in the column headed "Circumstances" (all instances): **C15956**

[62] Schedule 1, Part 1, entry for Disopyramide in each of the forms: Capsule 100 mg; and Capsule 100 mg (s19A)

insert in the column headed "Circumstances": **C15956**

[63] Schedule 1, Part 1, entries for Electrolyte replacement, oral in the form Oral rehydration salts containing glucose monohydrate 3.56 g, sodium chloride 470 mg, potassium chloride 300 mg and sodium acid citrate 530 mg per sachet, 10

omit from the column headed "Responsible Person" (all instances): **AF** *substitute (all instances):* **XT**

[64] Schedule 1, Part 1, entry for Entecavir in the form Tablet 0.5 mg (as monohydrate)

omit:

Entecavir	Tablet 0.5 mg (as monohydrate)	Oral	ENTECLUDE	RW	MP NP	C4993 C5036	60	5	30	D(100)

[65] Schedule 1, Part 1, entry for Entecavir in the form Tablet 1 mg (as monohydrate)

omit:

Entecavir	Tablet 1 mg (as monohydrate)	Oral	ENTECLUDE	RW	MP NP	C5037 C5044	60	5	30	D(100)

[66] Schedule 1, Part 1, entry for Entrectinib

omit from the column headed "Circumstances": **C13184 C13276** *substitute:* **C13186 C15776**

[67] Schedule 1, Part 1, entry for Eptinezumab *[Maximum Quantity: 1; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C14189** *substitute:* **C16018**

(b) *omit from the column headed "Purposes":* **P14189** *substitute:* **P16018**

[68] Schedule 1, Part 1, entries for Estradiol in the form Tablet 2 mg

omit from the column headed "Responsible Person" (all instances): **GO** *substitute (all instances):* **XT**

[69] Schedule 1, Part 1, after entry for Estradiol in the form Tablet containing estradiol valerate 2 mg *[Maximum Quantity: 112; Number of Repeats: 2]*

insert:

Estradiol	Transdermal gel 500 micrograms in 0.5 g sachet, 28	Transdermal	Sandrena	OX	MP NP		1	5	1	

Estradiol	Transdermal gel 500 micrograms in 0.5 g sachet, 28	Transdermal	Sandrena	OX	MP NP	P14238	2	5	1

[70] Schedule 1, Part 1, after entry for Estradiol in the form Transdermal patches 585 micrograms, 8 *[Brand: Estradot 37.5]*

insert:

Estradiol	Transdermal patches 585 micrograms, 24 (S19A)	Transdermal	Estramon 37.5 (Germany)	DZ	MP NP		1	1	1

[71] Schedule 1, Part 1, after entry for Estradiol in the form Transdermal patches 780 micrograms, 8

insert:

Estradiol	Transdermal patches 780 micrograms, 24 (S19A)	Transdermal	Estramon 50 (Germany)	DZ	MP NP		1	1	1

[72] Schedule 1, Part 1, after entry for Estradiol in the form Transdermal patches 1.17 mg, 8 *[Brand: Estradot 75]*

insert:

Estradiol	Transdermal patches 1.17 mg, 24 (S19A)	Transdermal	Estramon 75 (Germany)	DZ	MP NP		1	1	1

[73] Schedule 1, Part 1, after entry for Estradiol in the form Transdermal patches 1.56 mg, 8 *[Brand: Estradot 100]*

insert:

Estradiol	Transdermal patches 1.56 mg, 24 (S19A)	Transdermal	Estramon 100 (Germany)	DZ	MP NP		1	1	1

[74] Schedule 1, Part 1, entry for Estradiol and estradiol with dydrogesterone in each of the forms: Pack containing 14 tablets estradiol 1 mg and 14 tablets estradiol 1 mg with dydrogesterone 10 mg; and Pack containing 14 tablets estradiol 2 mg and 14 tablets estradiol 2 mg with dydrogesterone 10 mg

omit from the column headed "Responsible Person" (all instances): **GO** *substitute (all instances):* **XT**

[75] Schedule 1, Part 1, entry for Exemestane *[Brand: APO-Exemestane; Authorised Prescriber: MP NP; Maximum Quantity: 60; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14992** *substitute:* **C14895**

(b) *omit from the column headed "Purposes":* **P14992** *substitute:* **P14895**

[76] **Schedule 1, Part 1, entry for Exemestane *[Brand: Aromasin; Authorised Prescriber: MP NP; Maximum Quantity: 60; Number of Repeats: 5]***

(a) *omit from the column headed "Circumstances":* **C14992** *substitute:* **C14895**

(b) *omit from the column headed "Purposes":* **P14992** *substitute:* **P14895**

[77] **Schedule 1, Part 1, entry for Exemestane *[Brand: Exemestane GH; Authorised Prescriber: MP NP; Maximum Quantity: 60; Number of Repeats: 5]***

(a) *omit from the column headed "Circumstances":* **C14992** *substitute:* **C14895**

(b) *omit from the column headed "Purposes":* **P14992** *substitute:* **P14895**

[78] **Schedule 1, Part 1, entry for Exemestane *[Brand: Exemestane Sandoz; Authorised Prescriber: MP NP; Maximum Quantity: 60; Number of Repeats: 5]***

(a) *omit from the column headed "Circumstances":* **C14992** *substitute:* **C14895**

(b) *omit from the column headed "Purposes":* **P14992** *substitute:* **P14895**

[79] **Schedule 1, Part 1, entry for Exemestane *[Brand: EXEMESTANE-WGR; Authorised Prescriber: MP NP; Maximum Quantity: 60; Number of Repeats: 5]***

(a) *omit from the column headed "Circumstances":* **C14992** *substitute:* **C14895**

(b) *omit from the column headed "Purposes":* **P14992** *substitute:* **P14895**

[80] **Schedule 1, Part 1, entries for Ezetimibe**

substitute:

Ezetimibe	Tablet 10 mg	Oral	APO-Ezetimibe	TX	MP NP		30	5	30
Ezetimibe	Tablet 10 mg	Oral	APO-Ezetimibe	TX	MP NP	P14238	60	5	30
Ezetimibe	Tablet 10 mg	Oral	BTC Ezetimibe	BG	MP NP		30	5	30
Ezetimibe	Tablet 10 mg	Oral	BTC Ezetimibe	BG	MP NP	P14238	60	5	30
Ezetimibe	Tablet 10 mg	Oral	EZEMICHOL	RW	MP NP		30	5	30

Ezetimibe	Tablet 10 mg	Oral	EZEMICHOL	RW	MP NP	P14238	60	5	30
Ezetimibe	Tablet 10 mg	Oral	Ezetimibe GH	GQ	MP NP		30	5	30
Ezetimibe	Tablet 10 mg	Oral	Ezetimibe GH	GQ	MP NP	P14238	60	5	30
Ezetimibe	Tablet 10 mg	Oral	Ezetimibe Sandoz	SZ	MP NP		30	5	30
Ezetimibe	Tablet 10 mg	Oral	Ezetimibe Sandoz	SZ	MP NP	P14238	60	5	30
Ezetimibe	Tablet 10 mg	Oral	EZETIMIBE-WGR	WG	MP NP		30	5	30
Ezetimibe	Tablet 10 mg	Oral	EZETIMIBE-WGR	WG	MP NP	P14238	60	5	30
Ezetimibe	Tablet 10 mg	Oral	Ezetrol	AL	MP NP		30	5	30
Ezetimibe	Tablet 10 mg	Oral	Ezetrol	AL	MP NP	P14238	60	5	30
Ezetimibe	Tablet 10 mg	Oral	Pharmacor Ezetimibe 10	CR	MP NP		30	5	30
Ezetimibe	Tablet 10 mg	Oral	Pharmacor Ezetimibe 10	CR	MP NP	P14238	60	5	30
Ezetimibe	Tablet 10 mg	Oral	Zient 10mg	AF	MP NP		30	5	30
Ezetimibe	Tablet 10 mg	Oral	Zient 10mg	AF	MP NP	P14238	60	5	30

[81] Schedule 1, Part 1, entries for Ezetimibe and rosuvastatin

substitute:

Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and	Oral	Ezalo Composite Pack 10mg+10mg	AF	MP NP		1	5	1

	30 tablets rosuvastatin 10 mg (as calcium)								
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 10 mg (as calcium)	Oral	Ezalo Composite Pack 10mg+10mg	AF	MP NP	P14238	2	5	1
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 10 mg (as calcium)	Oral	Pharmacor Ezetimibe Rosuvastatin Composite Pack	CR	MP NP		1	5	1
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 10 mg (as calcium)	Oral	Pharmacor Ezetimibe Rosuvastatin Composite Pack	CR	MP NP	P14238	2	5	1
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 10 mg (as calcium)	Oral	Rosuzet Composite Pack	AL	MP NP		1	5	1
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 10 mg (as calcium)	Oral	Rosuzet Composite Pack	AL	MP NP	P14238	2	5	1
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 20 mg (as calcium)	Oral	Ezalo Composite Pack 10mg+20mg	AF	MP NP		1	5	1
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 20 mg (as calcium)	Oral	Ezalo Composite Pack 10mg+20mg	AF	MP NP	P14238	2	5	1
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 20 mg (as calcium)	Oral	Pharmacor Ezetimibe Rosuvastatin Composite Pack	CR	MP NP		1	5	1
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin	Oral	Pharmacor Ezetimibe Rosuvastatin	CR	MP NP	P14238	2	5	1

	20 mg (as calcium)		Composite Pack							
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 20 mg (as calcium)	Oral	Rosuzet Composite Pack	AL	MP NP		1	5	1	
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 20 mg (as calcium)	Oral	Rosuzet Composite Pack	AL	MP NP	P14238	2	5	1	
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 40 mg (as calcium)	Oral	Ezalo Composite Pack 10mg+40mg	AF	MP NP		1	5	1	
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 40 mg (as calcium)	Oral	Ezalo Composite Pack 10mg+40mg	AF	MP NP	P14238	2	5	1	
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 40 mg (as calcium)	Oral	Pharmacor Ezetimibe Rosuvastatin Composite Pack	CR	MP NP		1	5	1	
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 40 mg (as calcium)	Oral	Pharmacor Ezetimibe Rosuvastatin Composite Pack	CR	MP NP	P14238	2	5	1	
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 40 mg (as calcium)	Oral	Rosuzet Composite Pack	AL	MP NP		1	5	1	
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 40 mg (as calcium)	Oral	Rosuzet Composite Pack	AL	MP NP	P14238	2	5	1	
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 5 mg	Oral	Ezalo Composite Pack 10mg+5mg	AF	MP NP		1	5	1	

	(as calcium)									
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 5 mg (as calcium)	Oral	Ezalo Composite Pack 10mg+5mg	AF	MP NP	P14238	2	5	1	
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 5 mg (as calcium)	Oral	Rosuzet Composite Pack	AL	MP NP		1	5	1	
Ezetimibe and rosuvastatin	Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 5 mg (as calcium)	Oral	Rosuzet Composite Pack	AL	MP NP	P14238	2	5	1	

[82] Schedule 1, Part 1, entries for Ezetimibe with atorvastatin

substitute:

Ezetimibe with atorvastatin	Tablet 10 mg-10 mg	Oral	Atozet	AF	MP NP		30	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-10 mg	Oral	Atozet	AF	MP NP	P14238	60	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-10 mg	Oral	Ezetast	XT	MP NP		30	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-10 mg	Oral	Ezetast	XT	MP NP	P14238	60	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-10 mg	Oral	Ezetimibe/Atorvastatin GH 10/10	GQ	MP NP		30	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-10 mg	Oral	Ezetimibe/Atorvastatin GH 10/10	GQ	MP NP	P14238	60	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-20 mg	Oral	Atozet	AF	MP NP		30	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-20 mg	Oral	Atozet	AF	MP NP	P14238	60	5	30

Ezetimibe with atorvastatin	Tablet 10 mg-20 mg	Oral	Ezetast	XT	MP NP		30	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-20 mg	Oral	Ezetast	XT	MP NP	P14238	60	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-20 mg	Oral	Ezetimibe/Atorvastatin GH 10/20	GQ	MP NP		30	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-20 mg	Oral	Ezetimibe/Atorvastatin GH 10/20	GQ	MP NP	P14238	60	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-40 mg	Oral	Atozet	AF	MP NP		30	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-40 mg	Oral	Atozet	AF	MP NP	P14238	60	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-40 mg	Oral	Ezetast	XT	MP NP		30	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-40 mg	Oral	Ezetast	XT	MP NP	P14238	60	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-40 mg	Oral	Ezetimibe/Atorvastatin GH 10/40	GQ	MP NP		30	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-40 mg	Oral	Ezetimibe/Atorvastatin GH 10/40	GQ	MP NP	P14238	60	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-80 mg	Oral	Atozet	AF	MP NP		30	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-80 mg	Oral	Atozet	AF	MP NP	P14238	60	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-80 mg	Oral	Ezetast	XT	MP NP		30	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-80 mg	Oral	Ezetast	XT	MP NP	P14238	60	5	30
Ezetimibe with atorvastatin	Tablet 10 mg-80 mg	Oral	Ezetimibe/Atorvastatin GH 10/80	GQ	MP NP		30	5	30

Ezetimibe with atorvastatin	Tablet 10 mg-80 mg	Oral	Ezetimibe/Atorvastatin GH 10/80	GQ	MP NP	P14238	60	5	30

[83] Schedule 1, Part 1, entries for Ezetimibe with simvastatin

substitute:

Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	APO-Ezetimibe/Simvastatin 10/10	TX	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	APO-Ezetimibe/Simvastatin 10/10	TX	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	EZETIMIBE/SIMVASTATIN-WGR 10/10	WG	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	EZETIMIBE/SIMVASTATIN-WGR 10/10	WG	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	EZETORIN	RW	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	EZETORIN	RW	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	EzSimva GH 10/10	GQ	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	EzSimva GH 10/10	GQ	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	Pharmacor Ezetimibe Simvastatin 10/10	CR	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	Pharmacor Ezetimibe Simvastatin 10/10	CR	MP NP	P14238	60	5	30

Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	Vytorin	AL	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	Vytorin	AL	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	Zeklen 10/10 mg	AF	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	Zeklen 10/10 mg	AF	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	Zimybe 10/10	MQ	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	Zimybe 10/10	MQ	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	APO-Ezetimibe/Simvastatin 10/20	TX	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	APO-Ezetimibe/Simvastatin 10/20	TX	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	EZETIMIBE/SIMVASTATIN-WGR 10/20	WG	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	EZETIMIBE/SIMVASTATIN-WGR 10/20	WG	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	EZETORIN	RW	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	EZETORIN	RW	MP NP	P14238	60	5	30
Ezetimibe with	Tablet 10 mg-20 mg	Oral	EzSimva GH 10/20	GQ	MP		30	5	30

simvastatin					NP				
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	EzSimva GH 10/20	GQ	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	Pharmacor Ezetimibe Simvastatin 10/20	CR	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	Pharmacor Ezetimibe Simvastatin 10/20	CR	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	Vytorin	AL	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	Vytorin	AL	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	Zeklen 10/20 mg	AF	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	Zeklen 10/20 mg	AF	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	Zimybe 10/20	MQ	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-20 mg	Oral	Zimybe 10/20	MQ	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	APO-Ezetimibe/Simvastatin 10/40	TX	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	APO-Ezetimibe/Simvastatin 10/40	TX	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	EZETIMIBE/SIMVASTATIN-WGR 10/40	WG	MP NP		30	5	30

Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	EZETIMIBE/SIMVASTATIN-WGR 10/40	WG	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	EZETORIN	RW	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	EZETORIN	RW	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	EzSimva GH 10/40	GQ	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	EzSimva GH 10/40	GQ	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	Pharmacor Ezetimibe Simvastatin 10/40	CR	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	Pharmacor Ezetimibe Simvastatin 10/40	CR	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	Vytorin	AL	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	Vytorin	AL	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	Zeklen 10/40 mg	AF	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	Zeklen 10/40 mg	AF	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	Zimybe 10/40	MQ	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-40 mg	Oral	Zimybe 10/40	MQ	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	APO-Ezetimibe/Simvastatin 10/80	TX	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	APO-Ezetimibe/Simvastatin	TX	MP NP	P14238	60	5	30

			10/80						
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	EZETIMIBE/SIMVASTATIN-WGR 10/80	WG	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	EZETIMIBE/SIMVASTATIN-WGR 10/80	WG	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	EZETORIN	RW	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	EZETORIN	RW	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	EzSimva GH 10/80	GQ	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	EzSimva GH 10/80	GQ	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	Pharmacor Ezetimibe Simvastatin 10/80	CR	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	Pharmacor Ezetimibe Simvastatin 10/80	CR	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	Vytorin	AL	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	Vytorin	AL	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	Zeklen 10/80 mg	AF	MP NP		30	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	Zeklen 10/80 mg	AF	MP NP	P14238	60	5	30
Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	Zimybe 10/80	MQ	MP NP		30	5	30

Ezetimibe with simvastatin	Tablet 10 mg-80 mg	Oral	Zimybe 10/80	MQ	MP NP	P14238	60	5		30

[84] Schedule 1, Part 1, entries for Famciclovir in the form Tablet 250 mg *[Brand: Ezovir]*

omit from the column headed "Responsible Person" (all instances): **AF** *substitute (all instances):* **XT**

[85] Schedule 1, Part 1, entries for Famciclovir in the form Tablet 500 mg *[Brand: Ezovir]*

omit from the column headed "Responsible Person": **AF** *substitute:* **XT**

[86] Schedule 1, Part 1, entry for Fentanyl in the form Lozenge 200 micrograms (as citrate) *[Maximum Quantity: 9; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C5915** *substitute:* **C6026**

(b) *omit from the column headed "Purposes":* **P5915** *substitute:* **P6026**

[87] Schedule 1, Part 1, entry for Fentanyl in the form Lozenge 200 micrograms (as citrate) *[Maximum Quantity: 60; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C5904** *substitute:* **C6027**

(b) *omit from the column headed "Purposes":* **P5904** *substitute:* **P6027**

[88] Schedule 1, Part 1, entry for Fentanyl in the form Lozenge 400 micrograms (as citrate) *[Maximum Quantity: 9; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C5915** *substitute:* **C6026**

(b) *omit from the column headed "Purposes":* **P5915** *substitute:* **P6026**

[89] Schedule 1, Part 1, entry for Fentanyl in the form Lozenge 400 micrograms (as citrate) *[Maximum Quantity: 60; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C5904** *substitute:* **C6027**

(b) *omit from the column headed "Purposes":* **P5904** *substitute:* **P6027**

[90] Schedule 1, Part 1, entry for Fentanyl in the form Lozenge 600 micrograms (as citrate)

omit from the column headed "Circumstances": **C5904** *substitute:* **C6027**

[91] Schedule 1, Part 1, entry for Fentanyl in the form Lozenge 800 micrograms (as citrate)

omit from the column headed "Circumstances": **C5904** *substitute:* **C6027**

[92] Schedule 1, Part 1, entry for Fentanyl in the form Tablet (sublingual) 100 micrograms (as citrate) *[Maximum Quantity: 20; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C5915** *substitute:* **C6026**

(b) *omit from the column headed "Purposes":* **P5915** *substitute:* **P6026**

[93] Schedule 1, Part 1, entry for Fentanyl in the form Tablet (sublingual) 100 micrograms (as citrate) ***[Maximum Quantity: 60; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C5904** *substitute:* **C6027**

(b) *omit from the column headed "Purposes":* **P5904** *substitute:* **P6027**

[94] Schedule 1, Part 1, entry for Fentanyl in the form Tablet (sublingual) 200 micrograms (as citrate) ***[Maximum Quantity: 20; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C5915** *substitute:* **C6026**

(b) *omit from the column headed "Purposes":* **P5915** *substitute:* **P6026**

[95] Schedule 1, Part 1, entry for Fentanyl in the form Tablet (sublingual) 200 micrograms (as citrate) ***[Maximum Quantity: 60; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C5904** *substitute:* **C6027**

(b) *omit from the column headed "Purposes":* **P5904** *substitute:* **P6027**

[96] Schedule 1, Part 1, entry for Fentanyl in the form Tablet (sublingual) 300 micrograms (as citrate) ***[Maximum Quantity: 10; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C5915** *substitute:* **C6026**

(b) *omit from the column headed "Purposes":* **P5915** *substitute:* **P6026**

[97] Schedule 1, Part 1, entry for Fentanyl in the form Tablet (sublingual) 300 micrograms (as citrate) ***[Maximum Quantity: 60; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C5904** *substitute:* **C6027**

(b) *omit from the column headed "Purposes":* **P5904** *substitute:* **P6027**

[98] Schedule 1, Part 1, entry for Fentanyl in the form Tablet (sublingual) 400 micrograms (as citrate) ***[Maximum Quantity: 10; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C5915** *substitute:* **C6026**

(b) *omit from the column headed "Purposes":* **P5915** *substitute:* **P6026**

[99] **Schedule 1, Part 1, entry for Fentanyl in the form Tablet (sublingual) 400 micrograms (as citrate)** ***[Maximum Quantity: 60; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C5904** *substitute:* **C6027**

(b) *omit from the column headed "Purposes":* **P5904** *substitute:* **P6027**

[100] **Schedule 1, Part 1, entry for Fentanyl in the form Tablet (sublingual) 600 micrograms (as citrate)** ***[Maximum Quantity: 10; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C5915** *substitute:* **C6026**

(b) *omit from the column headed "Purposes":* **P5915** *substitute:* **P6026**

[101] **Schedule 1, Part 1, entry for Fentanyl in the form Tablet (sublingual) 600 micrograms (as citrate)** ***[Maximum Quantity: 60; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C5904** *substitute:* **C6027**

(b) *omit from the column headed "Purposes":* **P5904** *substitute:* **P6027**

[102] **Schedule 1, Part 1, entry for Fentanyl in the form Tablet (sublingual) 800 micrograms (as citrate)** ***[Maximum Quantity: 10; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C5915** *substitute:* **C6026**

(b) *omit from the column headed "Purposes":* **P5915** *substitute:* **P6026**

[103] **Schedule 1, Part 1, entry for Fentanyl in the form Tablet (sublingual) 800 micrograms (as citrate)** ***[Maximum Quantity: 60; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C5904** *substitute:* **C6027**

(b) *omit from the column headed "Purposes":* **P5904** *substitute:* **P6027**

[104] **Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 1.28 mg** ***[Maximum Quantity: 5; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[105] **Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 2.063 mg** ***[Maximum Quantity: 5; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[106] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 2.1 mg *[Brand: APO-Fentanyl; Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[107] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 2.1 mg *[Brand: Durogesic 12; Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[108] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 2.1 mg *[Brand: Fentanyl Sandoz; Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:***C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[109] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 2.55 mg *[Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[110] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 4.125 mg *[Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[111] **Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 4.2 mg *[Brand: APO-Fentanyl; Maximum Quantity: 5; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[112] **Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 4.2 mg *[Brand: Durogesic 25; Maximum Quantity: 5; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[113] **Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 4.2 mg *[Brand: Fentanyl Sandoz; Maximum Quantity: 5; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[114] **Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 5.10 mg *[Maximum Quantity: 5; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[115] **Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 7.65 mg *[Maximum Quantity: 5; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[116] **Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 8.25 mg *[Maximum Quantity: 5; Number of Repeats: 0]***

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[117] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 8.4 mg *[Brand: APO-Fentanyl; Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[118] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 8.4 mg *[Brand: Durogesic 50; Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[119] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 8.4 mg *[Brand: Fentanyl Sandoz; Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[120] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 10.20 mg *[Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[121] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 12.375 mg *[Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[122] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 12.6 mg *[Brand: APO-Fentanyl; Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[123] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 12.6 mg *[Brand: Durogesic 75; Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[124] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 12.6 mg *[Brand: Fentanyl Sandoz; Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[125] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 16.5 mg *[Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[126] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 16.8 mg *[Brand: APO-Fentanyl; Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[127] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 16.8 mg *[Brand: Durogesic 100; Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[128] Schedule 1, Part 1, entry for Fentanyl in the form Transdermal patch 16.8 mg *[Brand: Fentanyl Sandoz; Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[129] Schedule 1, Part 1, entry for Flecainide in the form Tablet containing flecainide acetate 50 mg

omit from the column headed "Circumstances" (all instances): **C5550 C5584** *substitute (all instances):* **C15965 C15966**

[130] Schedule 1, Part 1, entry for Flecainide in the form Tablet containing flecainide acetate 100 mg

omit from the column headed "Circumstances" (all instances): **C5550 C5584** *substitute (all instances):* **C15965 C15966**

[131] Schedule 1, Part 1, entries for Fluconazole in the form Capsule 50 mg

(a) *omit from the column headed "Circumstances" (all instances):* **C5978**

(b) *omit from the column headed "Circumstances" (all instances):* **C6002**

(c) *omit from the column headed "Circumstances" (all instances):* **C7898**

(d) *insert in numerical order in the column headed "Circumstances" (all instances):* **C15975 C15984 C16034**

[132] Schedule 1, Part 1, entry for Fluconazole in the form Capsule 50 mg *[Brand: Dizole 50]*

omit from the column headed "Responsible Person": **AF** *substitute:* **XT**

[133] Schedule 1, Part 1, entries for Fluconazole in the form Capsule 100 mg

(a) *omit from the column headed "Circumstances" (all instances):* **C5978**

(b) *omit from the column headed "Circumstances" (all instances):* **C6002**

(c) *omit from the column headed "Circumstances" (all instances):* **C7898**

(d) *insert in numerical order in the column headed "Circumstances" (all instances):* **C15975 C15984 C16034**

[134] Schedule 1, Part 1, entry for Fluconazole in the form Capsule 100 mg *[Brand: Dizole 100]*

omit from the column headed "Responsible Person": **AF** *substitute:* **XT**

[135] Schedule 1, Part 1, entries for Fluconazole in the form Capsule 200 mg

(a) *omit from the column headed "Circumstances" (all instances):* **C5978**

(b) *omit from the column headed "Circumstances" (all instances):* **C6002**

(c) *omit from the column headed "Circumstances" (all instances):* **C7898**

(d) *insert in numerical order in the column headed "Circumstances" (all instances):* **C15975 C15984 C16034**

[136] Schedule 1, Part 1, entry for Fluconazole in the form Capsule 200 mg *[Brand: Dizole 200]*

omit from the column headed "Responsible Person": **AF** *substitute:* **XT**

[137] Schedule 1, Part 1, after entry for Fluconazole in the form Capsule 200 mg *[Brand: Fluconazole Sandoz]*

insert:

Fluconazole	Capsule 200 mg	Oral	FLUCONAZOLE-WGR	WG	MP NP	C5989 C6023 C6030 C15975 C15984 C16034	28	5	28

[138] Schedule 1, Part 1, entry for Fluconazole in the form Powder for oral suspension 50 mg in 5 mL, 35 mL

(a) *omit from the column headed "Circumstances":* **C6006**

(b) *omit from the column headed "Circumstances":* **C6045**

(c) *omit from the column headed "Circumstances":* **C7934**

(d) *insert in numerical order in the column headed "Circumstances":* **C16114 C16141 C16148**

[139] Schedule 1, Part 1, entry for Flutamide

omit from the column headed "Circumstances": **C5816** *substitute:* **C5729**

[140] Schedule 1, Part 1, entry for Fremanezumab in the form Solution for injection 225 mg in 1.5 mL single dose pre-filled pen *[Maximum Quantity: 1; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C14472** *substitute:* **C16104**

(b) *omit from the column headed "Purposes":* **P14472** *substitute:* **P16104**

[141] Schedule 1, Part 1, entry for Fremanezumab in the form Solution for injection 225 mg in 1.5 mL single dose pre-filled syringe *[Maximum Quantity: 1; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C14472** *substitute:* **C16104**

(b) *omit from the column headed "Purposes":* **P14472** *substitute:* **P16104**

[142] Schedule 1, Part 1, after entry for Fulvestrant *[Brand: FULVESTRANT ACCORD]*

insert:

Fulvestrant	Injection 250 mg in 5 mL pre-filled syringe	Injection	FULVESTRANT-AFT	AE	MP	C11473		2	5	2

[143] Schedule 1, Part 1, entry for Galcanezumab *[Maximum Quantity: 2; Number of Repeats: 1]*

(a) *omit from the column headed "Circumstances":* **C12064** *substitute:* **C16018**

(b) *omit from the column headed "Purposes":* **P12064** *substitute:* **P16018**

[144] Schedule 1, Part 1, entries for Gliclazide in the form Tablet 80 mg

(a) *omit:*

Gliclazide	Tablet 80 mg	Oral	APO-Gliclazide	TX	MP NP			100	5	100
Gliclazide	Tablet 80 mg	Oral	APO-Gliclazide	TX	MP NP		P14238	200	5	100

(b) *omit:*

Gliclazide	Tablet 80 mg	Oral	Glyade	AF	MP NP			100	5	100
Gliclazide	Tablet 80 mg	Oral	Glyade	AF	MP NP		P14238	200	5	100

[145] Schedule 1, Part 1, after entry for Glycomacropeptide and essential amino acids with vitamins and minerals in the form Sachets containing oral powder 40 g, 30 (Camino Pro Bettermilk)

insert:

Glycomacropeptide formula with amino acids and low phenylalanine	Sachets containing oral powder 12.5 g, 30 (PKU GMPro MIX-IN)	Oral	PKU GMPro MIX-IN	SB	MP NP	C4295		5	5	1
Glycomacropeptide formula with amino acids, vitamins, minerals, trace	Sachets containing oral powder 33.4 g, 30 (PKU GMPro Ultra)	Oral	PKU GMPro ULTRA	SB	MP NP	C4295		4	5	1

elements, carbohydrate, fat and low phenylalanine										

[146] Schedule 1, Part 1, entries for Ibuprofen in the form Tablet 400 mg

omit:

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

[147] Schedule 1, Part 1, entry for Imatinib in the form Capsule 400 mg (as mesilate)

insert as first entries:

Imatinib	Capsule 400 mg (as mesilate)	Oral	ARX-IMATINIB	XT	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	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	30	5	30

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

omit:

Insulin neutral with insulin isophane	Injections (human), cartridges, 30 units-70 units per mL, 3 mL, 5	Injection	Mixtard 30/70 Penfill 3 mL	NO	MP NP			5	1	1

[149] Schedule 1, Part 1, entries for Irbesartan in the form Tablet 75 mg

omit:

Irbesartan	Tablet 75 mg	Oral	Karvea	SW	MP NP		30	5	30
Irbesartan	Tablet 75 mg	Oral	Karvea	SW	MP NP	P14238	60	5	30

[150] Schedule 1, Part 1, entry for Isoniazid

insert in the column headed "Circumstances": **C15956**

[151] Schedule 1, Part 1, entry for Itraconazole in the form Capsule 50 mg

omit from the column headed "Circumstances": **C5988 C6005 C6016 C6022 C6035 C6037 C6057** *substitute:* **C15978 C16035 C16073 C16099 C16101 C16102 C16119**

[152] Schedule 1, Part 1, entry for Itraconazole in the form Capsule 100 mg

omit:

Itraconazole	Capsule 100 mg	Oral	APO-Itraconazole	TX	MP NP	C5988 C6005 C6016 C6022 C6035 C6037 C6057	60	5	60

[153] Schedule 1, Part 1, entries for Itraconazole in the form Capsule 100 mg

omit from the column headed "Circumstances" (all instances): **C5988 C6005 C6016 C6022 C6035 C6037 C6057** *substitute (all instances):* **C15978 C16035 C16073 C16099 C16101 C16102 C16119**

[154] Schedule 1, Part 1, entries for Itraconazole in the form Capsule 100 mg

omit from the column headed "Circumstances" (all instances): **C5988 C6005 C6016 C6022 C6035 C6037 C6057** *substitute (all instances):* **C15978 C16035 C16073 C16099 C16101 C16102 C16119**

[155] Schedule 1, Part 1, entries for Lanreotide in the form Injection 60 mg (as acetate) in single dose pre-filled syringe

(a) *omit from the column headed "Circumstances" (all instances):* **C7509 C7532**

(b) *insert in numerical order in the column headed "Circumstances" (all instances):* **C15955 C16024 C16055 C16057**

[156] Schedule 1, Part 1, entries for Lanreotide in the form Injection 90 mg (as acetate) in single dose pre-filled syringe

(a) *omit from the column headed "Circumstances" (all instances):* **C7509 C7532**

(b) *insert in numerical order in the column headed "Circumstances" (all instances):* **C15955 C16024 C16055 C16057**

[157] Schedule 1, Part 1, entries for Lanreotide in the form Injection 120 mg (as acetate) in single dose pre-filled syringe

(a) *omit from the column headed "Circumstances" (all instances):* **C7509 C7532**

(b) *omit from the column headed "Circumstances" (all instances):* **C10075**

(c) *insert in numerical order in the column headed "Circumstances" (all instances):* **C15955 C16024 C16055 C16056 C16057 C16133**

[158] Schedule 1, Part 1, entries for Lenalidomide in the form Capsule 5 mg *[Brand: Revlimid]*

omit from the column headed "Responsible Person" (all instances): **CJ** *substitute (all instances):* **BQ**

[159] Schedule 1, Part 1, entries for Lenalidomide in the form Capsule 10 mg *[Brand: Revlimid]*

omit from the column headed "Responsible Person" (all instances): **CJ** *substitute(all instances):* **BQ**

[160] Schedule 1, Part 1, entries for Lenalidomide in the form Capsule 15 mg *[Brand: Revlimid]*

omit from the column headed "Responsible Person" (all instances): **CJ** *substitute (all instances):* **BQ**

[161] Schedule 1, Part 1, entries for Lenalidomide in the form Capsule 25 mg *[Brand: Revlimid]*

omit from the column headed "Responsible Person" (all instances): **CJ** *substitute (all instances):* **BQ**

[162] Schedule 1, Part 1, entry for Letrozole *[Brand: ARX-LETROZOLE; Maximum Quantity: 30; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C5464** *substitute:* **C5522**

(b) *omit from the column headed "Purposes":* **P5464** *substitute:* **P5522**

[163] Schedule 1, Part 1, entry for Letrozole *[Brand: ARX-LETROZOLE; Maximum Quantity: 60; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14943** *substitute:* **C14895**

(b) *omit from the column headed "Purposes":* **P14943** *substitute:* **P14895**

[164] Schedule 1, Part 1, entry for Letrozole *[Brand: Femara 2.5 mg; Maximum Quantity: 30; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C5464** *substitute:* **C5522**

(b) *omit from the column headed "Purposes":* **P5464** *substitute:* **P5522**

[165] Schedule 1, Part 1, entry for Letrozole *[Brand: Femara 2.5 mg; Maximum Quantity: 60; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14943** *substitute:* **C14895**

(b) *omit from the column headed "Purposes":* **P14943** *substitute:* **P14895**

[166] Schedule 1, Part 1, entry for Letrozole *[Brand: Femolet; Maximum Quantity: 30; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C5464** *substitute:* **C5522**

(b) *omit from the column headed "Purposes":* **P5464** *substitute:* **P5522**

[167] Schedule 1, Part 1, entry for Letrozole *[Brand: Femolet; Maximum Quantity: 60; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14943** *substitute:* **C14895**

(b) *omit from the column headed "Purposes":* **P14943** *substitute:* **P14895**

[168] Schedule 1, Part 1, entry for Letrozole *[Brand: Gynotril; Maximum Quantity: 30; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C5464** *substitute:* **C5522**

(b) *omit from the column headed "Purposes":* **P5464** *substitute:* **P5522**

[169] Schedule 1, Part 1, entry for Letrozole *[Brand: Gynotril; Maximum Quantity: 60; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14943** *substitute:* **C14895**

(b) *omit from the column headed "Purposes":* **P14943** *substitute:* **P14895**

[170] Schedule 1, Part 1, entry for Letrozole *[Brand: Letrozole APOTEX; Maximum Quantity: 30; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C5464** *substitute:* **C5522**

(b) *omit from the column headed "Purposes":* **P5464** *substitute:* **P5522**

[171] Schedule 1, Part 1, entry for Letrozole *[Brand: Letrozole APOTEX; Maximum Quantity: 60; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14943** *substitute:* **C14895**

(b) *omit from the column headed "Purposes":* **P14943** *substitute:* **P14895**

[172] Schedule 1, Part 1, entry for Letrozole *[Brand: Letrozole GH; Maximum Quantity: 30; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C5464** *substitute:* **C5522**

(b) *omit from the column headed "Purposes":* **P5464** *substitute:* **P5522**

[173] Schedule 1, Part 1, entry for Letrozole *[Brand: Letrozole GH; Maximum Quantity: 60; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14943** *substitute:* **C14895**

(b) *omit from the column headed "Purposes":* **P14943** *substitute:* **P14895**

[174] Schedule 1, Part 1, entry for Letrozole *[Brand: Letrozole Sandoz; Maximum Quantity: 30; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C5464** *substitute:* **C5522**

(b) *omit from the column headed "Purposes":* **P5464** *substitute:* **P5522**

[175] Schedule 1, Part 1, entry for Letrozole *[Brand: Letrozole Sandoz; Maximum Quantity: 60; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14943** *substitute:* **C14895**

(b) *omit from the column headed "Purposes":* **P14943** *substitute:* **P14895**

[176] Schedule 1, Part 1, entry for Letrozole *[Brand: LETROZOLE-WGR; Maximum Quantity: 30; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C5464** *substitute:* **C5522**

(b) *omit from the column headed "Purposes":* **P5464** *substitute:* **P5522**

[177] Schedule 1, Part 1, entry for Letrozole *[Brand: LETROZOLE-WGR; Maximum Quantity: 60; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14943** *substitute:* **C14895**

(b) *omit from the column headed "Purposes":* **P14943** *substitute:* **P14895**

[178] Schedule 1, Part 1, entry for Letrozole *[Brand: Pharmacor Letrozole 2.5; Maximum Quantity: 30; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C5464** *substitute:* **C5522**

(b) *omit from the column headed "Purposes":* **P5464** *substitute:* **P5522**

[179] Schedule 1, Part 1, entry for Letrozole *[Brand: Pharmacor Letrozole 2.5; Maximum Quantity: 60; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14943** *substitute:* **C14895**

(b) *omit from the column headed "Purposes":* **P14943** *substitute:* **P14895**

[180] Schedule 1, Part 1, entry for Lidocaine in the form Infusion containing lidocaine hydrochloride 500 mg in 5 mL

insert in the column headed "Circumstances": **C15956**

[181] Schedule 1, Part 1, entries for Macrogol 3350 in the form Sachets containing powder for oral solution 13.125 g with electrolytes, 30 *[Brand: Molaxole]*

omit from the column headed "Responsible Person" (all instances): **GO** *substitute (all instances):* **XT**

[182] Schedule 1, Part 1, entries for Macrogol 3350 in the form Sachets containing powder for oral solution 13.125 g with electrolytes, 30

omit:

Macrogol 3350	Sachets containing powder for oral solution 13.125 g with electrolytes, 30	Oral	Movicol	NE	MP NP	C4576 C4577 C4580 C4596 C4601	P4576 P4577 P4580 P4596 P4601	1	5	1
Macrogol 3350	Sachets containing powder for oral solution 13.125 g with electrolytes, 30	Oral	Movicol	NE	MP NP	C6171	P6171	2	3	1
Macrogol 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

[183] Schedule 1, Part 1, entry for Methadone in the form Injection containing methadone hydrochloride 10 mg in 1 mL *[Maximum Quantity: 5; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[184] Schedule 1, Part 1, entries for Methadone in the form Oral liquid containing methadone hydrochloride 25 mg per 5 mL in 1 L bottle, 1 mL

omit from the column headed "Circumstances" (all instances): **C15358** *substitute (all instances):* **C16083**

[185] Schedule 1, Part 1, entry for Methadone in the form Oral liquid containing methadone hydrochloride 25 mg per 5 mL in 200 mL bottle, 1 mL *[Brand: Aspen Methadone Syrup; Maximum Quantity: 840; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C15358** *substitute:* **C16083**

(b) *omit from the column headed "Purposes":* **P15358** *substitute:* **P16083**

[186] Schedule 1, Part 1, entry for Methadone in the form Oral liquid containing methadone hydrochloride 25 mg per 5 mL in 200 mL bottle, 1 mL *[Brand: Biodone Forte]*

omit from the column headed "Circumstances": **C15358** *substitute:* **C16083**

[187] Schedule 1, Part 1, entry for Methadone in the form Tablet containing methadone hydrochloride 10 mg *[Maximum Quantity: 20; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C10745 C10747 C10751** *substitute:* **C15994 C15996 C16000**

(b) *omit from the column headed "Purposes":* **P10745 P10747 P10751** *substitute:* **P15994 P15996 P16000**

(c) *omit from the column headed "Variations":* **V10745 V10747 V10751** *substitute:* **V15994 V15996 V16000**

[188] Schedule 1, Part 1, after entry for Methotrexate in the form Tablet 10 mg *[Brand: Chexate; Maximum Quantity: 50; Number of Repeats: 2]*

insert:

Methotrexate	Tablet 10 mg	Oral	Methoblastin	PF	MP NP			10	5	10		

[189] Schedule 1, Part 1, after entry for Methoxsalen *[Maximum Quantity: 12; Number of Repeats: 1]*

insert:

Methoxyflurane	Liquid for inhalation 999 mg per g, 3 mL (with inhaler)	Inhalation by mouth	Penthrox (Combination Pack)	DV	See Note 4	See Note 4	See Note 4	See Note 4	See Note 4	1	1	D(MP)

[190] Schedule 1, Part 1, entry for Methoxyflurane *(after entry for Methoxy polyethylene glycol-epoetin beta in the form Injection 360 micrograms in 0.6 mL pre-filled syringe)*

omit:

Methoxyflurane	Liquid for inhalation 999 mg per g, 3 mL (with inhaler)	Inhalation by mouth	Penthrox	DV	See Note 4	See Note 4	See Note 4	See Note 4	See Note 4	1	1	D(MP)

[191] Schedule 1, Part 1, entries for Metronidazole in the form Tablet 200 mg *[Brand: Metrogyl 200]*

omit from the column headed "Responsible Person" (all instances): **AF** *substitute (all instances):* **XT**

[192] Schedule 1, Part 1, entries for Metronidazole in the form Tablet 400 mg *[Brand: Metrogyl 400]*

omit from the column headed "Responsible Person" (all instances): **AF** *substitute (all instances):* **XT**

[193] Schedule 1, Part 1, after entry for Morphine in the form Tablet containing morphine sulfate pentahydrate 20 mg *[Maximum Quantity: 20; Number of Repeats: 2]*

insert:

Morphine	Tablet containing morphine sulfate pentahydrate 30 mg	Oral	Anamorph	RW	MP NP PDP	C10758	P10758	10	0		20
Morphine	Tablet containing morphine sulfate pentahydrate 30 mg	Oral	Anamorph	RW	PDP	C10859	P10859	20	0		20
Morphine	Tablet containing morphine sulfate pentahydrate 30 mg	Oral	Anamorph	RW	MP NP	C10764 C10770 C10775 C10777 C10837 C10891	P10764 P10770 P10775 P10777 P10837 P10891	20	0	V10764 V10770 V10775 V10777 V10837 V10891	20
Morphine	Tablet containing morphine sulfate pentahydrate 30 mg	Oral	Anamorph	RW	MP NP	C6168	P6168	20	2		20

[194] Schedule 1, Part 1, entries for Naloxone

substitute:

Naloxone	Injection containing naloxone hydrochloride 400 micrograms in 1 mL ampoule	Injection	Naloxone Hydrochloride (DBL)	PF	MP NP PDP		5	0	5
Naloxone	Injection containing naloxone hydrochloride 400 micrograms in 1 mL ampoule	Injection	Naloxone Juno	JU	MP NP PDP		5	0	5
Naloxone	Injection containing naloxone hydrochloride 400 micrograms in 1 mL ampoule	Injection	NALOXONE SXP	XN	MP NP PDP		5	0	5
Naloxone	Injection containing naloxone hydrochloride 2 mg in 2 mL pre-filled syringe	Injection	Prenoxad	FF	MP NP PDP		1	0	1
Naloxone	Nasal spray 1.8 mg (as hydrochloride dihydrate) in 0.1 mL single dose unit, 2	Nasal	Nyxoid	MF	MP NP PDP		1	0	1

[195] Schedule 1, Part 1, entries for Nifedipine in the form Tablet 30 mg (controlled release)

omit:

Nifedipine	Tablet 30 mg (controlled release)	Oral	Addos XR 30	RW	MP NP		30	5	30
Nifedipine	Tablet 30 mg (controlled release)	Oral	Addos XR 30	RW	MP NP	P14238	60	5	30

[196] Schedule 1, Part 1, entries for Nifedipine in the form Tablet 60 mg (controlled release)

omit:

Nifedipine	Tablet 60 mg (controlled release)	Oral	Addos XR 60	RW	MP NP		30	5	30
Nifedipine	Tablet 60 mg (controlled release)	Oral	Addos XR 60	RW	MP NP	P14238	60	5	30

[197] Schedule 1, Part 1, entry for Olanzapine in each of the forms: Powder for injection 210 mg (as pamoate monohydrate) with diluent; Powder for injection 300 mg (as pamoate monohydrate) with diluent; and Powder for injection 405 mg (as pamoate monohydrate) with diluent

omit from the column headed "Circumstances": **C4304** *substitute:* **C4246**

[198] Schedule 1, Part 1, entries for Olanzapine in the form Tablet 2.5 mg

(a) *insert in numerical order in the column headed "Circumstances" (all instances):* **C4246**

(b) *omit from the column headed "Circumstances" (all instances):* **C5856**

[199] Schedule 1, Part 1, entries for Olanzapine in the form Tablet 5 mg

(a) *insert in numerical order in the column headed "Circumstances" (all instances):* **C4246**

(b) *omit from the column headed "Circumstances" (all instances):* **C5856**

[200] Schedule 1, Part 1, entries for Olanzapine in the form Tablet 5 mg (orally disintegrating)

(a) *insert in numerical order in the column headed "Circumstances" (all instances):* **C4246**

(b) *omit from the column headed "Circumstances" (all instances):* **C5856**

[201] Schedule 1, Part 1, entries for Olanzapine in the form Tablet 7.5 mg

(a) *insert in numerical order in the column headed "Circumstances" (all instances):* **C4246**

(b) *omit from the column headed "Circumstances" (all instances):* **C5856**

[202] Schedule 1, Part 1, entries for Olanzapine in the form Tablet 10 mg

(a) *insert in numerical order in the column headed "Circumstances" (all instances):* **C4246**

(b) *omit from the column headed "Circumstances" (all instances):* **C5856**

[203] Schedule 1, Part 1, entries for Olanzapine in the form Tablet 10 mg (orally disintegrating)

(a) *insert in numerical order in the column headed "Circumstances" (all instances):* **C4246**

(b) *omit from the column headed "Circumstances" (all instances):* **C5856**

[204] Schedule 1, Part 1, entries for Olanzapine in the form Tablet 15 mg (orally disintegrating)

(a) *insert in numerical order in the column headed "Circumstances" (all instances):* **C4246**

(b) *omit from the column headed "Circumstances" (all instances):* **C5856**

[205] Schedule 1, Part 1, entries for Olanzapine in the form Tablet 20 mg (orally disintegrating)

(a) *insert in numerical order in the column headed "Circumstances" (all instances):* **C4246**

(b) *omit from the column headed "Circumstances" (all instances):* **C5856**

[206] Schedule 1, Part 1, entry for Olanzapine in each of the forms: Wafer 5 mg; Wafer 10 mg; Wafer 15 mg; and Wafer 20 mg

(a) *insert in numerical order in the column headed "Circumstances":* **C4246**

(b) *omit from the column headed "Circumstances":* **C5856**

[207] Schedule 1, Part 1, entries for Ozanimod

omit from the column headed "Responsible Person" (all instances): **CJ** *substitute (all instances):* **BQ**

[208] Schedule 1, Part 1, after entry for Pantoprazole in the form Tablet (enteric coated) 20 mg (as sodium sesquihydrate) *[Brand: APO-Pantoprazole; Maximum Quantity: 60; Number of Repeats: 5]*

insert:

Pantoprazole	Tablet (enteric coated) 20 mg (as sodium sesquihydrate)	Oral	APX-PANTOPRAZOLE	TW	MP NP	C5444 C5512 C5529	P5444 P5512 P5529	30	5	30
Pantoprazole	Tablet (enteric coated) 20 mg (as sodium	Oral	APX-PANTOPRAZOLE	TW	MP NP	C15574 C15575 C15633	P15574 P15575 P15633	60	5	30

sesquihydrate)

[209] Schedule 1, Part 1, entries for Paracetamol in the form Tablet 665 mg (modified release) *[Brand: Parapane OSTEO]*

omit from the column headed "Responsible Person" (all instances): **AF** *substitute (all instances):* **XT**

[210] Schedule 1, Part 1, entry for Penicillamine in the form Tablet 125 mg *[Maximum Quantity: 100; Number of Repeats: 1]*

(a) *insert in the column headed "Circumstances":* **C15956**

(b) *insert in the column headed "Purposes":* **P15956**

[211] Schedule 1, Part 1, entry for Penicillamine in the form Tablet 125 mg *[Maximum Quantity: 200; Number of Repeats: 1]*

(a) *insert in the column headed "Circumstances":* **C16078**

(b) *omit from the column headed "Purposes":* **C14238** *substitute:* **C16078**

[212] Schedule 1, Part 1, entry for Penicillamine in the form Tablet 250 mg *[Maximum Quantity: 100; Number of Repeats: 1]*

(a) *insert in the column headed "Circumstances":* **C15956**

(b) *insert in the column headed "Purposes":* **P15956**

[213] Schedule 1, Part 1, entry for Penicillamine in the form Tablet 250 mg *[Maximum Quantity: 200; Number of Repeats: 1]*

(a) *insert in the column headed "Circumstances":* **C16078**

(b) *omit from the column headed "Purposes":* **C14238** *substitute:* **C16078**

[214] Schedule 1, Part 1, entry for Perhexiline

omit from the column headed "Circumstances": **C5592** *substitute:* **C16111**

[215] Schedule 1, Part 1, entry for Periciazine in each of the forms: Tablet 2.5 mg; and Tablet 10 mg

insert in the column headed "Circumstances": **C15956**

[216] Schedule 1, Part 1, entries for Pioglitazone in the form Tablet 15 mg (as hydrochloride)

omit:

Pioglitazone	Tablet 15 mg (as hydrochloride)	Oral	Acpio 15	RF	MP NP	C15321	P15321	28	5	28
Pioglitazone	Tablet 15 mg (as hydrochloride)	Oral	Acpio 15	RF	MP NP	C15290	P15290	56	5	28

Pioglitazone	Tablet 15 mg (as hydrochloride)	Oral	Actaze	RW	MP NP	C15321	P15321	28	5	28
Pioglitazone	Tablet 15 mg (as hydrochloride)	Oral	Actaze	RW	MP NP	C15290	P15290	56	5	28

[217] Schedule 1, Part 1, entry for Pioglitazone in the form Tablet 30 mg (as hydrochloride)

omit:

Pioglitazone	Tablet 30 mg (as hydrochloride)	Oral	Acpio 30	RF	MP NP	C15321	P15321	28	5	28
Pioglitazone	Tablet 30 mg (as hydrochloride)	Oral	Acpio 30	RF	MP NP	C15290	P15290	56	5	28
Pioglitazone	Tablet 30 mg (as hydrochloride)	Oral	Actaze	RW	MP NP	C15321	P15321	28	5	28
Pioglitazone	Tablet 30 mg (as hydrochloride)	Oral	Actaze	RW	MP NP	C15290	P15290	56	5	28

[218] Schedule 1, Part 1, after entry for Pioglitazone in the form Tablet 30 mg (as hydrochloride) *[Brand: APOTEX-Pioglitazone; Maximum Quantity: 56; Number of Repeats: 5]*

insert:

Pioglitazone	Tablet 30 mg (as hydrochloride)	Oral	ARX-PIOGLITAZONE	XT	MP NP	C15321	P15321	28	5	28
Pioglitazone	Tablet 30 mg (as hydrochloride)	Oral	ARX-PIOGLITAZONE	XT	MP NP	C15290	P15290	56	5	28

[219] Schedule 1, Part 1, entry for Pioglitazone in the form Tablet 45 mg (as hydrochloride)

omit:

Pioglitazone	Tablet 45 mg (as hydrochloride)	Oral	Acpio 45	RF	MP NP	C15321	P15321	28	5	28
Pioglitazone	Tablet 45 mg (as hydrochloride)	Oral	Acpio 45	RF	MP NP	C15290	P15290	56	5	28
Pioglitazone	Tablet 45 mg (as	Oral	Actaze	RW	MP	C15321	P15321	28	5	28

	hydrochloride)				NP						
Pioglitazone	Tablet 45 mg (as hydrochloride)	Oral	Actaze	RW	MP NP	C15290	P15290	56	5		28

[220] Schedule 1, Part 1, entries for Pomalidomide in the form Capsule 3 mg *[Brand: Pomalyst]*

omit from the column headed "Responsible Person" (all instances): **CJ** *substitute (all instances):* **BQ**

[221] Schedule 1, Part 1, entries for Pomalidomide in the form Capsule 4 mg *[Brand: Pomalyst]*

omit from the column headed "Responsible Person" (all instances): **CJ** *substitute (all instances):* **BQ**

[222] Schedule 1, Part 1, entries for Posaconazole

omit from the column headed "Circumstances" (all instances): **C5169 C5395 C5396** *substitute (all instances):* **C16072 C16096 C16117**

[223] Schedule 1, Part 1, entries for Quetiapine in the form Tablet 25 mg (as fumarate)

(a) *insert in numerical order in the column headed "Circumstances" (all instances):* **C4246 C5869**

(b) *omit from the column headed "Circumstances" (all instances):* **C7893 C7916**

[224] Schedule 1, Part 1, after entry for Quetiapine in the form Tablet 25 mg (as fumarate) *[Brand: Quetiapine Sandoz Pharma]*

insert:

Quetiapine	Tablet 25 mg (as fumarate)	Oral	QUETIAPINE-WGR	WG	MP NP	C4246 C5869 C7927		60	0	60

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

(a) *omit from the column headed "Circumstances" (all instances):* **C5639**

(b) *insert in numerical order in the column headed "Circumstances" (all instances):* **C5869**

[226] Schedule 1, Part 1, after entry for Quetiapine in the form Tablet 100 mg (as fumarate) *[Brand: Quetiapine Sandoz Pharma]*

insert:

Quetiapine	Tablet 100 mg (as fumarate)	Oral	QUETIAPINE-WGR	WG	MP NP	C4246 C5611 C5869		90	5	90

[227] Schedule 1, Part 1, entries for Quetiapine in the form Tablet 200 mg (as fumarate)

(a) *omit from the column headed "Circumstances" (all instances):* **C5639**

(b) *insert in numerical order in the column headed "Circumstances" (all instances):* **C5869**

[228] Schedule 1, Part 1, after entry for Quetiapine in the form Tablet 200 mg (as fumarate) *[Brand: Quetiapine Sandoz Pharma]*

insert:

Quetiapine	Tablet 200 mg (as fumarate)	Oral	QUETIAPINE-WGR	WG	MP NP	C4246 C5611 C5869	60	5	60

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

(a) *omit from the column headed "Circumstances" (all instances):* **C5639**

(b) *insert in numerical order in the column headed "Circumstances" (all instances):* **C5869**

[230] Schedule 1, Part 1, after entry for Quetiapine in the form Tablet 300 mg (as fumarate) *[Brand: Quetiapine Sandoz Pharma]*

insert:

Quetiapine	Tablet 300 mg (as fumarate)	Oral	QUETIAPINE-WGR	WG	MP NP	C4246 C5611 C5869	60	5	60

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

(a) *omit from the column headed "Circumstances" (all instances):* **C5639**

(b) *insert in numerical order in the column headed "Circumstances" (all instances):* **C5869**

[232] Schedule 1, Part 1, entries for Quetiapine in the form Tablet (modified release) 150 mg (as fumarate)

(a) *omit from the column headed "Circumstances" (all instances):* **C5639**

(b) *insert in numerical order in the column headed "Circumstances" (all instances):* **C5869**

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

(a) *omit from the column headed "Circumstances" (all instances):* **C5639**

(b) *insert in numerical order in the column headed "Circumstances" (all instances):* **C5869**

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

(a) *omit from the column headed "Circumstances" (all instances):* **C5639**

(b) *insert in numerical order in the column headed "Circumstances" (all instances):* **C5869**

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

(a) *omit from the column headed "Circumstances" (all instances):* **C5639**

(b) *insert in numerical order in the column headed "Circumstances" (all instances):* **C5869**

[236] Schedule 1, Part 1, entry for Quinapril in the form Tablet 10 mg (as hydrochloride)

omit:

Quinapril	Tablet 10 mg (as hydrochloride)	Oral	Accupril	PF	MP NP	30	5	30
Quinapril	Tablet 10 mg (as hydrochloride)	Oral	ACQUIN	RF	MP NP	30	5	30

[237] Schedule 1, Part 1, entry for Quinapril in the form Tablet 20 mg (as hydrochloride)

omit:

Quinapril	Tablet 20 mg (as hydrochloride)	Oral	Accupril	PF	MP NP	30	5	30
Quinapril	Tablet 20 mg (as hydrochloride)	Oral	ACQUIN	RF	MP NP	30	5	30

[238] Schedule 1, Part 1, omit entry for Ribavirin

[239] Schedule 1, Part 1, entry for Rifampicin in the form Capsule 150 mg *[Maximum Quantity: 10; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C5536 C5585** *substitute:* **C16037 C16075**

(b) *omit from the column headed "Purposes":* **P5536 P5585** *substitute:* **P16037 P16075**

[240] Schedule 1, Part 1, entry for Rifampicin in the form Capsule 150 mg *[Maximum Quantity: 100; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C5552 C11018** *substitute:* **C15973 C16043**

(b) *omit from the column headed "Purposes":* **P5552 P11018** *substitute:* **P15973 P16043**

[241] Schedule 1, Part 1, entry for Rifampicin in the form Capsule 150 mg *[Maximum Quantity: 120; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C11018** *substitute:* **C16043**

(b) *omit from the column headed "Purposes":* **P11018** *substitute:* **P16043**

[242] Schedule 1, Part 1, entry for Rifampicin in the form Capsule 300 mg *[Maximum Quantity: 10; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C5536 C5585** *substitute:* **C16037 C16075**

(b) *omit from the column headed "Purposes":* **P5536 P5585** *substitute:* **P16037 P16075**

[243] Schedule 1, Part 1, entry for Rifampicin in the form Capsule 300 mg *[Maximum Quantity: 100; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C5552 C11018** *substitute:* **C15973 C16043**

(b) *omit from the column headed "Purposes":* **P5552 P11018** *substitute:* **P15973 P16043**

[244] Schedule 1, Part 1, entry for Rifampicin in the form Capsule 300 mg *[Maximum Quantity: 120; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C11018** *substitute:* **C16043**

(b) *omit from the column headed "Purposes":* **P11018** *substitute:* **P16043**

[245] Schedule 1, Part 1, entry for Rifampicin in the form Syrup 100 mg per 5 mL, 60 mL

omit from the column headed "Circumstances": **C5536 C5585** *substitute:* **C16037 C16075**

[246] Schedule 1, Part 1, entries for Riluzole in the form Tablet 50 mg

omit:

Riluzole	Tablet 50 mg	Oral	APO-Riluzole	TX	MP NP	C5341 C8738	P5341 P8738	56	5	56
Riluzole	Tablet 50 mg	Oral	APO-Riluzole	TX	MP NP	C15719	P15719	112	5	56

[247] Schedule 1, Part 1, entry for Risperidone in the form Oral solution 1 mg per mL, 100 mL *[Brand: Risperdal; Maximum Quantity: 1; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6899**

(b) *insert in numerical order in the column headed "Circumstances":* **C16048**

(c) *omit from the column headed "Purposes":* **P6899**

(d) *insert in numerical order in the column headed "Purposes":* **P16048**

[248] Schedule 1, Part 1, entry for Risperidone in the form Oral solution 1 mg per mL, 100 mL *[Brand: Risperidone Lupin; Maximum Quantity: 1; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6899**

(b) *insert in numerical order in the column headed "Circumstances":* **C16048**

(c) *omit from the column headed "Purposes":* **P6899**

(d) *insert in numerical order in the column headed "Purposes":* **P16048**

[249] Schedule 1, Part 1, entry for Risperidone in the form Oral solution 1 mg per mL, 100 mL *[Brand: Rixadone; Maximum Quantity: 1; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6899**

(b) *insert in numerical order in the column headed "Circumstances":* **C16048**

(c) *omit from the column headed "Purposes":* **P6899**

(d) *insert in numerical order in the column headed "Purposes":* **P16048**

[250] Schedule 1, Part 1, entries for Risperidone in the form Tablet 0.5 mg

substitute:

Risperidone	Tablet 0.5 mg	Oral	APO-Risperidone	TX	MP NP	C6898 C10020 C10021 C16048	P6898 P10020 P10021 P16048	60	2	60
Risperidone	Tablet 0.5 mg	Oral	APO-Risperidone	TX	MP NP	C4246	P4246	60	5	60
Risperidone	Tablet 0.5 mg	Oral	NOUMED RISPERIDONE	VO	MP NP	C6898 C10020 C10021 C16048	P6898 P10020 P10021 P16048	60	2	60
Risperidone	Tablet 0.5 mg	Oral	NOUMED RISPERIDONE	VO	MP NP	C4246	P4246	60	5	60
Risperidone	Tablet 0.5 mg	Oral	Ozidal	RA	MP NP	C6898 C10020 C10021 C16048	P6898 P10020 P10021 P16048	60	2	60
Risperidone	Tablet 0.5 mg	Oral	Ozidal	RA	MP NP	C4246	P4246	60	5	60
Risperidone	Tablet 0.5 mg	Oral	Rispa	RW	MP NP	C6898 C10020 C10021 C16048	P6898 P10020 P10021 P16048	60	2	60
Risperidone	Tablet 0.5 mg	Oral	Rispa	RW	MP NP	C4246	P4246	60	5	60
Risperidone	Tablet 0.5 mg	Oral	Risperdal	JC	MP NP	C6898 C10020 C10021 C16048	P6898 P10020 P10021 P16048	60	2	20

Risperidone	Tablet 0.5 mg	Oral	Risperdal	JC	MP NP	C4246	P4246	60	5	20
Risperidone	Tablet 0.5 mg	Oral	Risperidone Sandoz	SZ	MP NP	C6898 C10020 C10021 C16048	P6898 P10020 P10021 P16048	60	2	60
Risperidone	Tablet 0.5 mg	Oral	Risperidone Sandoz	SZ	MP NP	C4246	P4246	60	5	60
Risperidone	Tablet 0.5 mg	Oral	Rispernia	ZS	MP NP	C6898 C10020 C10021 C16048	P6898 P10020 P10021 P16048	60	2	60
Risperidone	Tablet 0.5 mg	Oral	Rispernia	ZS	MP NP	C4246	P4246	60	5	60
Risperidone	Tablet 0.5 mg	Oral	Rixadone	AF	MP NP	C6898 C10020 C10021 C16048	P6898 P10020 P10021 P16048	60	2	60
Risperidone	Tablet 0.5 mg	Oral	Rixadone	AF	MP NP	C4246	P4246	60	5	60

[251] Schedule 1, Part 1, entry for Risperidone in the form Tablet 1 mg *[Brand: APO-Risperidone; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6899**

(b) *insert in numerical order in the column headed "Circumstances":* **C16048**

(c) *omit from the column headed "Purposes":* **P6899**

(d) *insert in numerical order in the column headed "Purposes":* **P16048**

[252] Schedule 1, Part 1, entry for Risperidone in the form Tablet 1 mg *[Brand: NOUMED RISPERIDONE; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6899**

(b) *insert in numerical order in the column headed "Circumstances":* **C16048**

(c) *omit from the column headed "Purposes":* **P6899**

(d) *insert in numerical order in the column headed "Purposes":* **P16048**

[253] Schedule 1, Part 1, entry for Risperidone in the form Tablet 1 mg *[Brand: Ozidal; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6899**

(b) *insert in numerical order in the column headed "Circumstances":* **C16048**

(c) *omit from the column headed "Purposes":* **P6899**

(d) *insert in numerical order in the column headed "Purposes":* **P16048**

[254] Schedule 1, Part 1, entry for Risperidone in the form Tablet 1 mg *[Brand: Rispa; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6899**

(b) *insert in numerical order in the column headed "Circumstances":* **C16048**

(c) *omit from the column headed "Purposes":* **P6899**

(d) *insert in numerical order in the column headed "Purposes":* **P16048**

[255] Schedule 1, Part 1, entry for Risperidone in the form Tablet 1 mg *[Brand: Risperdal; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6899**

(b) *insert in numerical order in the column headed "Circumstances":* **C16048**

(c) *omit from the column headed "Purposes":* **P6899**

(d) *insert in numerical order in the column headed "Purposes":* **P16048**

[256] Schedule 1, Part 1, entry for Risperidone in the form Tablet 1 mg *[Brand: Risperidone Sandoz; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6899**

(b) *insert in numerical order in the column headed "Circumstances":* **C16048**

(c) *omit from the column headed "Purposes":* **P6899**

(d) *insert in numerical order in the column headed "Purposes":* **P16048**

[257] Schedule 1, Part 1, entry for Risperidone in the form Tablet 1 mg *[Brand: Rispernia; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6899**

(b) *insert in numerical order in the column headed "Circumstances":* **C16048**

(c) *omit from the column headed "Purposes":* **P6899**

(d) *insert in numerical order in the column headed "Purposes":* **P16048**

[258] Schedule 1, Part 1, entry for Risperidone in the form Tablet 1 mg *[Brand: Rixadone; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6899**

(b) *insert in numerical order in the column headed "Circumstances":* **C16048**

(c) *omit from the column headed "Purposes":* **P6899**

(d) *insert in numerical order in the column headed "Purposes":* **P16048**

[259] Schedule 1, Part 1, entry for Risperidone in the form Tablet 2 mg *[Brand: APO-Risperidone; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6897 C6938** *substitute:* **C6898 C16048**

(b) *omit from the column headed "Purposes":* **P6897 P6938** *substitute:* **P6898 P16048**

[260] Schedule 1, Part 1, entry for Risperidone in the form Tablet 2 mg *[Brand: NOUMED RISPERIDONE; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6897 C6938** *substitute:* **C6898 C16048**

(b) *omit from the column headed "Purposes":* **P6897 P6938** *substitute:* **P6898 P16048**

[261] Schedule 1, Part 1, entry for Risperidone in the form Tablet 2 mg *[Brand: Ozidal; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6897 C6938** *substitute:* **C6898 C16048**

(b) *omit from the column headed "Purposes":* **P6897 P6938** *substitute:* **P6898 P16048**

[262] Schedule 1, Part 1, entry for Risperidone in the form Tablet 2 mg *[Brand: Rispa; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6897 C6938** *substitute:* **C6898 C16048**

(b) *omit from the column headed "Purposes":* **P6897 P6938** *substitute:* **P6898 P16048**

[263] Schedule 1, Part 1, entry for Risperidone in the form Tablet 2 mg *[Brand: Risperdal; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6897 C6938** *substitute:* **C6898 C16048**

(b) *omit from the column headed "Purposes":* **P6897 P6938** *substitute:* **P6898 P16048**

[264] Schedule 1, Part 1, entry for Risperidone in the form Tablet 2 mg *[Brand: Risperidone Sandoz; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6897 C6938** *substitute:* **C6898 C16048**

(b) *omit from the column headed "Purposes":* **P6897 P6938** *substitute:* **P6898 P16048**

[265] Schedule 1, Part 1, entry for Risperidone in the form Tablet 2 mg *[Brand: Rispernia; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6897 C6938** *substitute:* **C6898 C16048**

(b) *omit from the column headed "Purposes":* **P6897 P6938** *substitute:* **P6898 P16048**

[266] Schedule 1, Part 1, entry for Risperidone in the form Tablet 2 mg *[Brand: Rixadone; Maximum Quantity: 60; Number of Repeats: 2]*

(a) *omit from the column headed "Circumstances":* **C6897 C6938** *substitute:* **C6898 C16048**

(b) *omit from the column headed "Purposes":* **P6897 P6938** *substitute:* **P6898 P16048**

[267] Schedule 1, Part 1, entry for Rivaroxaban in the form Tablet 15 mg *[Brand: Rivaroxaban-Teva; Maximum Quantity: 42; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C4260**

(b) *insert in numerical order in the column headed "Circumstances":* **C5098**

(c) *omit from the column headed "Purposes":* **P4260**

(d) *insert in numerical order in the column headed "Purposes":* **P5098**

[268] Schedule 1, Part 1, entry for Rivaroxaban in the form Tablet 15 mg *[Brand: Xarelto; Maximum Quantity: 42; Number of Repeats: 0]*

(a) *omit from the column headed "Circumstances":* **C4260**

(b) *insert in numerical order in the column headed "Circumstances":* **C5098**

(c) *omit from the column headed "Purposes":* **P4260**

(d) *insert in numerical order in the column headed "Purposes":* **P5098**

[269] Schedule 1, Part 1, entry for Romosozumab

omit from the column headed "Circumstances": **C13819 C13820** *substitute:* **C16021 C16022 C16023 C16087 C16132**

[270] Schedule 1, Part 1, entry for Sevelamer in the form Tablet containing sevelamer carbonate 800 mg *[Brand: ARX-SEVELAMER; Maximum Quantity: 360; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14984** *substitute:* **C14872**

(b) *omit from the column headed "Purposes":* **P14984** *substitute:* **P14872**

[271] Schedule 1, Part 1, entry for Sevelamer in the form Tablet containing sevelamer carbonate 800 mg *[Brand: Sevelamer Apotex; Maximum Quantity: 360; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14984** *substitute:* **C14872**

(b) *omit from the column headed "Purposes":* **P14984** *substitute:* **P14872**

[272] Schedule 1, Part 1, entry for Sevelamer in the form Tablet containing sevelamer carbonate 800 mg *[Brand: Sevelamer Lupin; Maximum Quantity: 360; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14984** *substitute:* **C14872**

(b) *omit from the column headed "Purposes":* **P14984** *substitute:* **P14872**

[273] Schedule 1, Part 1, entry for Sevelamer in the form Tablet containing sevelamer hydrochloride 800 mg *[Brand: Renagel; Maximum Quantity: 360; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C14984** *substitute:* **C14872**

(b) *omit from the column headed "Purposes":* **P14984** *substitute:* **P14872**

[274] Schedule 1, Part 1, entries for Sotalol in the form Tablet containing sotalol hydrochloride 80 mg

omit from the column headed "Circumstances" (all instances): **C5664** *substitute (all instances):* **C15967**

[275] Schedule 1, Part 1, entries for Sotalol in the form Tablet containing sotalol hydrochloride 160 mg

omit from the column headed "Circumstances" (all instances): **C5664** *substitute (all instances):* **C15967**

[276] Schedule 1, Part 1, entry for Tamoxifen *[Brand: Genox 20; Maximum Quantity: 60; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C6381** *substitute:* **C5522**

(b) *omit from the column headed "Purposes":* **P6381** *substitute:* **P5522**

[277] Schedule 1, Part 1, entry for Tamoxifen *[Brand: GenRx Tamoxifen; Maximum Quantity: 60; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C6381** *substitute:* **C5522**

(b) *omit from the column headed "Purposes":* **P6381** *substitute:* **P5522**

[278] Schedule 1, Part 1, entry for Tamoxifen *[Brand: Nolvadex-D; Maximum Quantity: 60; Number of Repeats: 5]*

(a) *insert in numerical order in the column headed "Circumstances":* **C5522**

(b) *omit from the column headed "Circumstances":* **C6449**

(c) *insert in numerical order in the column headed "Purposes":* **P5522**

(d) *omit from the column headed "Purposes":* **P6449**

[279] Schedule 1, Part 1, entry for Tamoxifen *[Brand: Tamosin; Maximum Quantity: 60; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C6381** *substitute:* **C5522**

(b) *omit from the column headed "Purposes":* **P6381** *substitute:* **P5522**

[280] Schedule 1, Part 1, entry for Tamoxifen *[Brand: Tamoxifen Sandoz; Maximum Quantity: 60; Number of Repeats: 5]*

(a) *omit from the column headed "Circumstances":* **C6381** *substitute:* **C5522**

(b) *omit from the column headed "Purposes":* **P6381** *substitute:* **P5522**

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

omit from the column headed "Responsible Person": **CJ** *substitute:* **BQ**

[282] Schedule 1, Part 1, after entry for Timolol in the form Eye drops 5 mg (as maleate) per mL, 5 mL

insert:

Timolol	Eye drops 5 mg (as maleate) per mL, 5 mL (S19A)	Application to the eye	Timolol (Brown & Burk, UK)	LM	MP AO			1	5	1

[283] Schedule 1, Part 1, entries for Tirofiban

omit from the column headed "Circumstances" (all instances): **C5691 C5782 C5809** *substitute (all instances):* **C16063 C16123 C16147**

[284] Schedule 1, Part 1, entries for Valaciclovir in the form Tablet 500 mg (as hydrochloride)

omit:

Valaciclovir	Tablet 500 mg (as hydrochloride)	Oral	Valaciclovir generichealth	GQ	MP NP	C5940 C5961	P5940 P5961	30	5	30
Valaciclovir	Tablet 500 mg (as hydrochloride)	Oral	Valaciclovir generichealth	GQ	MP NP	C5962 C5968	P5962 P5968	42	0	42

[285] Schedule 1, Part 1, entries for Voriconazole

substitute:

Voriconazole	Powder for oral suspension 40 mg per mL, 70 mL	Oral	Vfend	PF	MP NP	C15979 C15981 C16042 C16094 C16115		1	0	1
Voriconazole	Tablet 50 mg	Oral	Voriconazole Sandoz	SZ	MP NP	C16115	P16115	56	0	56
Voriconazole	Tablet 50 mg	Oral	Voriconazole	SZ	MP	C15979 C15981	P15979 P15981	56	2	56

			Sandoz		NP	C16042 C16094	P16042 P16094			
Voriconazole	Tablet 50 mg	Oral	Vttack	AF	MP NP	C16115	P16115	56	0	56
Voriconazole	Tablet 50 mg	Oral	Vttack	AF	MP NP	C15979 C15981 C16042 C16094	P15979 P15981 P16042 P16094	56	2	56
Voriconazole	Tablet 50 mg	Oral	Vzole	RW	MP NP	C16115	P16115	56	0	56
Voriconazole	Tablet 50 mg	Oral	Vzole	RW	MP NP	C15979 C15981 C16042 C16094	P15979 P15981 P16042 P16094	56	2	56
Voriconazole	Tablet 200 mg	Oral	Voriconazole Sandoz	SZ	MP NP	C16115	P16115	56	0	56
Voriconazole	Tablet 200 mg	Oral	Voriconazole Sandoz	SZ	MP NP	C15979 C15981 C16042 C16094	P15979 P15981 P16042 P16094	56	2	56
Voriconazole	Tablet 200 mg	Oral	Vttack	AF	MP NP	C16115	P16115	56	0	56
Voriconazole	Tablet 200 mg	Oral	Vttack	AF	MP NP	C15979 C15981 C16042 C16094	P15979 P15981 P16042 P16094	56	2	56
Voriconazole	Tablet 200 mg	Oral	Vzole	RW	MP NP	C16115	P16115	56	0	56
Voriconazole	Tablet 200 mg	Oral	Vzole	RW	MP NP	C15979 C15981 C16042 C16094	P15979 P15981 P16042 P16094	56	2	56

[286] Schedule 1, Part 1, entry for Zolmitriptan *[Brand: Zomig]*

omit from the column headed "Responsible Person": **AP** *substitute:* **AS**

[287] Schedule 1, Part 1, entry for Zuclopenthixol decanoate

insert in the column headed "Circumstances": **C15956**

[288] Schedule 1, Part 2, omit entry for Carbomer 974

[289] Schedule 1, Part 2, omit entry for Hypromellose with dextran

[290] Schedule 1, Part 2, omit entry for Mepolizumab

[291] Schedule 1, Part 2, omit entry for Risankizumab

[292] Schedule 3,

omit:

CJ	Celgene Pty Limited	42 118 998 771

[293] Schedule 4, Part 1, entry for Circumstances Code "C4246"

insert in alphabetical order in the column headed "Listed Drug": **Olanzapine**

[294] Schedule 4, Part 1, omit entry for Circumstances Code "C4260"

[295] Schedule 4, Part 1, entry for Circumstances Code "C4268"

insert in alphabetical order in the column headed "Listed Drug": **Apixaban**

[296] Schedule 4, Part 1, entry for Circumstances Code "C4295"

(a) *insert in alphabetical order in the column headed "Listed Drug":* **Glycomacropeptide formula with amino acids and low phenylalanine**

(b) *insert in alphabetical order in the column headed "Listed Drug":* **Glycomacropeptide formula with amino acids, vitamins, minerals, trace elements, carbohydrate, fat and low phenylalanine**

[297] Schedule 4, Part 1, omit entry for Circumstances Code "C4304"

[298] Schedule 4, Part 1, omit entry for Circumstances Code "C4683"

[299] Schedule 4, Part 1, omit entry for Circumstances Code "C4685"

[300] Schedule 4, Part 1, omit entry for Circumstances Code "C5083"

[301] Schedule 4, Part 1, entry for Circumstances Code "C5098"

insert in alphabetical order in the column headed "Listed Drug": **Rivaroxaban**

[302] Schedule 4, Part 1, omit entry for Circumstances Code "C5169"

[303] Schedule 4, Part 1, omit entry for Circumstances Code "C5395"

[304] Schedule 4, Part 1, omit entry for Circumstances Code "C5396"

[305] Schedule 4, Part 1, omit entry for Circumstances Code "C5464"

[306] Schedule 4, Part 1, entry for Circumstances Code "C5522"

(a) *insert in alphabetical order in the column headed "Listed Drug":* **Anastrozole**

(b) *insert in alphabetical order in the column headed "Listed Drug":* **Letrozole**

(c) *insert in alphabetical order in the column headed "Listed Drug":* **Tamoxifen**

[307] Schedule 4, Part 1, omit entry for Circumstances Code "C5536"

[308] Schedule 4, Part 1, omit entry for Circumstances Code "C5550"

[309] Schedule 4, Part 1, omit entry for Circumstances Code "C5552"

[310] Schedule 4, Part 1, omit entry for Circumstances Code "C5584"

[311] Schedule 4, Part 1, omit entry for Circumstances Code "C5585"

[312] Schedule 4, Part 1, omit entry for Circumstances Code "C5592"

[313] Schedule 4, Part 1, omit entry for Circumstances Code "C5624"

[314] Schedule 4, Part 1, omit entry for Circumstances Code "C5639"

[315] Schedule 4, Part 1, omit entry for Circumstances Code "C5664"

[316] Schedule 4, Part 1, omit entry for Circumstances Code "C5665"

[317] Schedule 4, Part 1, omit entry for Circumstances Code "C5691"

[318] Schedule 4, Part 1, omit entry for Circumstances Code "C5692"

[319] Schedule 4, Part 1, omit entry for Circumstances Code "C5725"

[320] Schedule 4, Part 1, entry for Circumstances Code "C5729"

insert in alphabetical order in the column headed "Listed Drug": **Flutamide**

[321] Schedule 4, Part 1, omit entry for Circumstances Code "C5734"

[322] Schedule 4, Part 1, omit entry for Circumstances Code "C5748"

[323] Schedule 4, Part 1, omit entry for Circumstances Code "C5782"

[324] Schedule 4, Part 1, omit entry for Circumstances Code "C5809"

[325] Schedule 4, Part 1, omit entry for Circumstances Code "C5813"

[326] Schedule 4, Part 1, omit entry for Circumstances Code "C5814"

[327] Schedule 4, Part 1, omit entry for Circumstances Code "C5816"

[328] Schedule 4, Part 1, omit entry for Circumstances Code "C5826"

[329] Schedule 4, Part 1, omit entry for Circumstances Code "C5830"

[330] Schedule 4, Part 1, omit entry for Circumstances Code "C5842"

[331] Schedule 4, Part 1, omit entry for Circumstances Code "C5856"

[332] Schedule 4, Part 1, omit entry for Circumstances Code "C5861"

[333] Schedule 4, Part 1, omit entry for Circumstances Code "C5862"

[334] Schedule 4, Part 1, omit entry for Circumstances Code "C5868"

[335] Schedule 4, Part 1, entry for Circumstances Code "C5869"

insert in alphabetical order in the column headed "Listed Drug": **Quetiapine**

[336] Schedule 4, Part 1, omit entry for Circumstances Code "C5881"

[337] Schedule 4, Part 1, omit entry for Circumstances Code "C5882"

[338] Schedule 4, Part 1, omit entry for Circumstances Code "C5890"

[339] Schedule 4, Part 1, omit entry for Circumstances Code "C5891"

[340] Schedule 4, Part 1, omit entry for Circumstances Code "C5903"

[341] Schedule 4, Part 1, omit entry for Circumstances Code "C5904"

[342] Schedule 4, Part 1, omit entry for Circumstances Code "C5915"

[343] Schedule 4, Part 1, omit entry for Circumstances Code "C5957"

[344] Schedule 4, Part 1, omit entry for Circumstances Code "C5978"

[345] Schedule 4, Part 1, omit entry for Circumstances Code "C5988"

[346] Schedule 4, Part 1, omit entry for Circumstances Code "C6002"

[347] Schedule 4, Part 1, omit entry for Circumstances Code "C6005"

[348] Schedule 4, Part 1, omit entry for Circumstances Code "C6006"

[349] Schedule 4, Part 1, omit entry for Circumstances Code "C6016"

[350] Schedule 4, Part 1, omit entry for Circumstances Code "C6022"

[351] Schedule 4, Part 1, omit entry for Circumstances Code "C6035"

[352] Schedule 4, Part 1, omit entry for Circumstances Code "C6037"

[353] Schedule 4, Part 1, omit entry for Circumstances Code "C6045"

[354] Schedule 4, Part 1, omit entry for Circumstances Code "C6057"

[355] Schedule 4, Part 1, omit entry for Circumstances Code "C6381"

[356] Schedule 4, Part 1, omit entry for Circumstances Code "C6449"

[357] Schedule 4, Part 1, omit entry for Circumstances Code "C6897"

[358] Schedule 4, Part 1, omit entry for Circumstances Code "C6899"

[359] Schedule 4, Part 1, omit entry for Circumstances Code "C6938"

[360] Schedule 4, Part 1, omit entry for Circumstances Code "C7509"

[361] Schedule 4, Part 1, omit entry for Circumstances Code "C7532"

[362] Schedule 4, Part 1, omit entry for Circumstances Code "C7893"

[363] Schedule 4, Part 1, omit entry for Circumstances Code "C7898"

[364] Schedule 4, Part 1, omit entry for Circumstances Code "C7916"

[365] Schedule 4, Part 1, omit entry for Circumstances Code "C7934"

[366] Schedule 4, Part 1, omit entry for Circumstances Code "C7957"

[367] Schedule 4, Part 1, omit entry for Circumstances Code "C7958"

[368] Schedule 4, Part 1, omit entry for Circumstances Code "C7966"

[369] Schedule 4, Part 1, omit entry for Circumstances Code "C7990"

[370] Schedule 4, Part 1, omit entry for Circumstances Code "C7996"

[371] Schedule 4, Part 1, omit entry for Circumstances Code "C8662"

[372] Schedule 4, Part 1, omit entry for Circumstances Code "C8692"

[373] Schedule 4, Part 1, omit entry for Circumstances Code "C8947"

[374] Schedule 4, Part 1, omit entry for Circumstances Code "C10023"

[375] Schedule 4, Part 1, entry for Circumstances Code "C10075"

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

[376] Schedule 4, Part 1, omit entry for Circumstances Code "C10745"

[377] Schedule 4, Part 1, omit entry for Circumstances Code "C10747"

[378] Schedule 4, Part 1, omit entry for Circumstances Code "C10751"

[379] Schedule 4, Part 1, omit entry for Circumstances Code "C11018"

[380] Schedule 4, Part 1, omit entry for Circumstances Code "C12004"

[381] Schedule 4, Part 1, omit entry for Circumstances Code "C12064"

[382] Schedule 4, Part 1, omit entry for Circumstances Code "C13819"

[383] Schedule 4, Part 1, omit entry for Circumstances Code "C13820"

[384] Schedule 4, Part 1, omit entry for Circumstances Code "C14189"

[385] Schedule 4, Part 1, entry for Circumstances Code "C14238"

(a) *insert in alphabetical order in the column headed "Listed Drug":* **Ezetimibe**

(b) *insert in alphabetical order in the column headed "Listed Drug":* **Ezetimibe and rosuvastatin**

(c) *insert in alphabetical order in the column headed "Listed Drug":* **Ezetimibe with atorvastatin**

(d) *insert in alphabetical order in the column headed "Listed Drug":* **Ezetimibe with simvastatin**

(e) *omit from the column headed "Listed Drug":* **Penicillamine**

[386] Schedule 4, Part 1, omit entry for Circumstances Code "C14249"

[387] Schedule 4, Part 1, omit entry for Circumstances Code "C14269"

[388] Schedule 4, Part 1, omit entry for Circumstances Code "C14283"

[389] Schedule 4, Part 1, omit entry for Circumstances Code "C14284"

[390] Schedule 4, Part 1, entry for Circumstances Code "C14301"

(a) *insert in alphabetical order in the column headed "Listed Drug":* **Apixaban**

(b) *insert in alphabetical order in the column headed "Listed Drug":* **Dabigatran etexilate**

[391] Schedule 4, Part 1, omit entry for Circumstances Code "C14302"

[392] Schedule 4, Part 1, omit entry for Circumstances Code "C14308"

[393] Schedule 4, Part 1, omit entry for Circumstances Code "C14310"

[394] Schedule 4, Part 1, entry for Circumstances Code "C14318"

insert in alphabetical order in the column headed "Listed Drug": **Apixaban**

[395] Schedule 4, Part 1, omit entry for Circumstances Code "C14348"

[396] Schedule 4, Part 1, omit entry for Circumstances Code "C14350"

[397] Schedule 4, Part 1, omit entry for Circumstances Code "C14472"

[398] Schedule 4, Part 1, entry for Circumstances Code "C14872"

insert in alphabetical order in the column headed "Listed Drug": **Sevelamer**

[399] Schedule 4, Part 1, entry for Circumstances Code "C14895"

(a) *insert in alphabetical order in the column headed "Listed Drug":* **Anastrozole**

(b) *insert in alphabetical order in the column headed "Listed Drug":* **Exemestane**

(c) *insert in alphabetical order in the column headed "Listed Drug":* **Letrozole**

[400] Schedule 4, Part 1, omit entry for Circumstances Code "C14943"

[401] Schedule 4, Part 1, omit entry for Circumstances Code "C14984"

[402] Schedule 4, Part 1, omit entry for Circumstances Code "C14992"

[403] Schedule 4, Part 1, entry for Circumstances Code "C15269"

insert in alphabetical order in the column headed "Listed Drug": **Dapagliflozin with sitagliptin**

[404] Schedule 4, Part 1, entry for Circumstances Code "C15270"

insert in alphabetical order in the column headed "Listed Drug": **Dapagliflozin with sitagliptin**

[405] Schedule 4, Part 1, omit entry for Circumstances Code "C15355"

[406] Schedule 4, Part 1, omit entry for Circumstances Code "C15356"

[407] Schedule 4, Part 1, omit entry for Circumstances Code "C15358"

[408] Schedule 4, Part 1, omit entry for Circumstances Code "C15385"

[409] Schedule 4, Part 1, omit entry for Circumstances Code "C15439"

[410] Schedule 4, Part 1, after entry for Circumstances Code "C15952"

insert:

C15955	P15955	CN15955	Lanreotide	Functional carcinoid tumour Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND The condition must be causing intractable symptoms; AND Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents; AND Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate; AND The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 120 mg every 28 days. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.	Compliance with Authority Required procedures - Streamlined Authority Code 15955
C15956	P15956	CN15956	Auranofin	For prescribing by certain health practitioners	

			Chlorpromazine Digoxin Disopyramide Isoniazid Lidocaine Penicillamine Periciazine Zuclopenthixol decanoate	Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	
C15964	P15964	CN15964	Cefazolin Cefotaxime Ceftriaxone	Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	
C15965	P15965	CN15965	Flecainide	Serious supra-ventricular cardiac arrhythmias Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	
C15966	P15966	CN15966	Flecainide	Serious ventricular cardiac arrhythmias The treatment must be initiated in a hospital; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	
C15967	P15967	CN15967	Amiodarone Sotalol	Severe cardiac arrhythmias Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	
C15973	P15973	CN15973	Rifampicin	Leprosy Patient must be an adult; Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures

C15975	P15975	CN15975	Fluconazole	Cryptococcal meningitis The treatment must be maintenance therapy; AND Patient must be immunosuppressed; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures - Streamlined Authority Code 15975
C15978	P15978	CN15978	Itraconazole	Systemic sporotrichosis Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures - Streamlined Authority Code 15978
C15979	P15979	CN15979	Voriconazole	Serious Candida infections Treatment and maintenance therapy The condition must be caused by species not susceptible to fluconazole; or The condition must be resistant to fluconazole; or Patient must be unable to tolerate fluconazole; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures
C15981	P15981	CN15981	Voriconazole	Serious invasive mycosis infections Treatment and maintenance therapy The treatment must be for invasive mycosis infections other than definite or probable invasive aspergillosis; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures
C15984	P15984	CN15984	Fluconazole	Cryptococcal meningitis Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures - Streamlined Authority Code 15984
C15994	P15994	CN15994	Fentanyl	Chronic severe disabling pain Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for	Compliance with Authority Required procedures -

			Methadone	more than 12 months The condition must require daily, continuous, long term opioid treatment; AND Patient must not be opioid naive; AND Patient must have cancer pain; or Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Streamlined Authority Code 15994
C15996	P15996	CN15996	Fentanyl Methadone	Chronic severe disabling pain Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months The condition must require daily, continuous, long term opioid treatment; AND Patient must not be opioid naive; AND Patient must have cancer pain; or Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; or Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures - Streamlined Authority Code 15996
C16000	P16000	CN16000	Fentanyl Methadone	Chronic severe disabling pain Continuing PBS treatment after 1 June 2020 Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures - Streamlined Authority Code 16000
C16009	P16009	CN16009	Buprenorphine Buprenorphine with naloxone	Opioid dependence The treatment must be within a framework of medical, social and psychological treatment.	Compliance with Authority Required procedures - Streamlined Authority Code

				The prescriber must request a quantity sufficient for up to 28 days of supply per dispensing according to the patient's daily dose. Up to 5 repeats will be authorised. The maximum listed quantity or number of repeats must not be prescribed if lesser quantity or repeats are sufficient for the patient's needs.	16009
C16015	P16015	CN16015	Buprenorphine	Opioid dependence Must be treated by a health care professional; AND The treatment must be within a framework of medical, social and psychological treatment; AND Patient must be stabilised on one of the following prior to commencing treatment with this drug for this condition: (i) weekly prolonged release buprenorphine (Buvidal Weekly) (ii) sublingual buprenorphine (iii) buprenorphine/naloxone. The prescriber must not request the maximum listed quantity or number of repeats if lesser quantity or repeats are sufficient for the patient's needs.	Compliance with Authority Required procedures - Streamlined Authority Code 16015
C16018	P16018	CN16018	Eptinezumab Galcanezumab	Chronic migraine Initial treatment Must be treated by a neurologist; or Must be treated by a general practitioner in consultation with a neurologist; AND Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication; AND Patient must have experienced an average of 15 or more headache days per month, with at least 8 days of migraine, over a period of at least 6 months, prior to commencement of treatment with this medicine for this condition; AND Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with this drug for this condition; AND Patient must be appropriately managed by their practitioner for medication overuse headache, prior to initiation of treatment with this drug; Patient must be at least 18 years of age. Prophylactic migraine medications are propranolol, amitriptyline, pizotifen, candesartan, verapamil, nortriptyline, sodium valproate or topiramate. Patient must have the number of migraine days per month documented in their medical records.	Compliance with Authority Required procedures - Streamlined Authority Code 16018
C16021	P16021	CN16021	Romosozumab	Severe established osteoporosis Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements Patient must have received non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 November 2024; AND	Compliance with Authority Required procedures

				Patient must not have received PBS-subsidised treatment with any of the following prior to initiating non-PBS-subsidised treatment with this drug for this condition: (i) anti-resorptive therapy, (ii) teriparatide, (iii) romosozumab; AND Patient must be at very high risk of fracture; AND Patient must have had a Bone Mineral Density (BMD) T-score of -2.5 or less prior to starting non-PBS-subsidised treatment with this drug for this condition; AND Patient must have had a symptomatic fracture due to minimal trauma prior to starting non-PBS-subsidised treatment with this drug for this condition; AND Patient must have had at least 1 hip or symptomatic vertebral fracture in the 24 months prior to starting non-PBS-subsidised treatment with this drug for this condition; or Patient must have had at least 2 fractures including 1 symptomatic new fracture in the 24 months prior to starting non-PBS-subsidised treatment with this drug for this condition; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy; AND Must be treated by a consultant physician. Details of fracture history including the date(s), site(s), the symptoms associated with the fracture(s) and the score of the qualifying BMD measurement must be provided at the time of application. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body. Anti-resorptive therapies for osteoporosis include alendronate sodium, risedronate sodium, raloxifene hydrochloride, denosumab and zoledronic acid.	
C16022	P16022	CN16022	Romosozumab	Severe established osteoporosis Continuing treatment - First-line therapy Patient must have previously received PBS-subsidised treatment with this drug for this condition as first-line therapy; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy; AND Must be treated by a medical practitioner identifying as either: (i) a consultant physician, (ii) a general practitioner.	Compliance with Authority Required procedures
C16023	P16023	CN16023	Romosozumab	Severe established osteoporosis Continuing treatment - Second-line therapy Patient must have previously received PBS-subsidised treatment with this drug for this	Compliance with Authority Required procedures

				condition as second-line therapy; AND The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy; AND Must be treated by a medical practitioner identifying as either: (i) a consultant physician, (ii) a general practitioner.	
C16024	P16024	CN16024	Lanreotide	Acromegaly Initial treatment Must be treated by a specialist practicing in a hospital who is either: (i) an endocrinologist, (ii) an oncologist; or Must be treated by a medical practitioner working under the direct supervision of one of the above mentioned specialist types within a hospital setting; AND The condition must be active; AND Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre; AND The treatment must be after failure of other therapy including dopamine agonists; or The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated; AND The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose); AND The treatment must cease if IGF1 is not lower after 3 months of treatment; AND The treatment must not be given concomitantly with PBS-subsidised pegvisomant. In a patient treated with radiotherapy, lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.	Compliance with Authority Required procedures - Streamlined Authority Code 16024
C16029	P16029	CN16029	Cefazolin Cefotaxime Ceftriaxone	Septicaemia, proven Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	
C16030	P16030	CN16030	Cefazolin Cefotaxime Ceftriaxone	Septicaemia, suspected Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	

C16034	P16034	CN16034	Fluconazole	Fungal infection The condition must be serious or life-threatening; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures - Streamlined Authority Code 16034
C16035	P16035	CN16035	Itraconazole	Systemic histoplasmosis Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures - Streamlined Authority Code 16035
C16037	P16037	CN16037	Rifampicin	Haemophilus influenzae type B The treatment must be for prophylaxis; AND Patient must be in contact with people who have the disease; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	
C16042	P16042	CN16042	Voriconazole	Definite or probable invasive aspergillosis Treatment and maintenance therapy Patient must be immunocompromised; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures
C16043	P16043	CN16043	Rifampicin	Mycobacterium ulcerans infection (Buruli ulcer) The treatment must be used in combination with another antibiotic for the treatment of Buruli ulcer; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures
C16048	P16048	CN16048	Risperidone	Severe behavioural disturbances Continuing treatment Patient must have autism spectrum disorder; AND Patient must have been commenced on PBS-subsidised treatment with risperidone prior	Compliance with Authority Required procedures - Streamlined Authority Code 16048

				to turning 18 years of age; AND The treatment must be under the supervision of a paediatrician or psychiatrist; AND The treatment must be in combination with non-pharmacological measures; Patient must be at least 18 years of age. Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful. The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.	
C16050	P16050	CN16050	Buprenorphine	Opioid dependence Must be treated by a health care professional; AND The treatment must be within a framework of medical, social and psychological treatment; AND Patient must be stabilised on sublingual buprenorphine or buprenorphine/naloxone prior to commencing treatment with this drug for this condition. The prescriber must not request the maximum listed quantity or number of repeats if lesser quantity or repeats are sufficient for the patient's needs.	Compliance with Authority Required procedures - Streamlined Authority Code 16050
C16051	P16051	CN16051	Buprenorphine	Opioid dependence Must be treated by a health care professional; AND The treatment must be within a framework of medical, social and psychological treatment. The prescriber must not request the maximum listed quantity or number of repeats if lesser quantity or repeats are sufficient for the patient's needs.	Compliance with Authority Required procedures - Streamlined Authority Code 16051
C16053	P16053	CN16053	Avelumab	Stage IV (metastatic) Merkel Cell Carcinoma Initial treatment The treatment must be the sole PBS-subsidised therapy for this condition; AND The treatment must not exceed a total of 9 doses at a maximum dose of 10 mg per kg every 2 weeks under this restriction. or The treatment must not exceed a dose of 800 mg every 2 weeks under this restriction. The patient's body weight must be documented in the patient's medical records at the time treatment is initiated.	Compliance with Authority Required procedures - Streamlined Authority Code 16053
C16054	P16054	CN16054	Chlormethine	Mycosis fungoides cutaneous T-cell lymphoma Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND	Compliance with Authority Required procedures

				Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition; AND Patient must be treated by at least one of the following prescriber types (i) dermatologist, (ii) haematologist; AND The treatment must be approved for 1 unit if the condition is no more than 10% of the patient's body surface area to provide 4 weeks of treatment per script. or The treatment must be approved for 2 units if the condition is no more than 25% of the patient's body surface area to provide 4 weeks of treatment per script.	
C16055	P16055	CN16055	Lanreotide	Acromegaly Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND The condition must be active; AND Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre; AND The treatment must be after failure of other therapy including dopamine agonists; or The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated; AND The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose); AND The treatment must cease if IGF1 is not lower after 3 months of treatment; AND The treatment must not be given concomitantly with PBS-subsidised pegvisomant. In a patient treated with radiotherapy, lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.	Compliance with Authority Required procedures - Streamlined Authority Code 16055
C16056	P16056	CN16056	Lanreotide	Non-functional gastroenteropancreatic neuroendocrine tumour (GEP-NET) Initial treatment Must be treated by a specialist practicing in a hospital who is either: (i) an endocrinologist, (ii) an oncologist; or Must be treated by a medical practitioner working under the direct supervision of one of the above mentioned specialist types within a hospital setting; AND The condition must be unresectable locally advanced disease or metastatic disease; AND The condition must be World Health Organisation (WHO) grade 1 or 2; AND The treatment must be the sole PBS-subsidised therapy for this condition;	Compliance with Authority Required procedures - Streamlined Authority Code 16056

				Patient must be at least 18 years of age. WHO grade 1 of GEP-NET is defined as a mitotic count (10HPF) of less than 2 and Ki-67 index (%) of less than or equal to 2. WHO grade 2 of GEP-NET is defined as a mitotic count (10HPF) of 2-20 and Ki-67 index (%) of 3-20.	
C16057	P16057	CN16057	Lanreotide	Functional carcinoid tumour Initial treatment Must be treated by a specialist practicing in a hospital who is either: (i) an endocrinologist, (ii) an oncologist; or Must be treated by a medical practitioner working under the direct supervision of one of the above mentioned specialist types within a hospital setting; AND The condition must be causing intractable symptoms; AND Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents; AND Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate; AND The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 120 mg every 28 days. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.	Compliance with Authority Required procedures - Streamlined Authority Code 16057
C16063	P16063	CN16063	Tirofiban	Non-Q-wave myocardial infarction Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures - Streamlined Authority Code 16063
C16067	P16067	CN16067	Cefepime	Febrile neutropenia Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures
C16072	P16072	CN16072	Posaconazole	Invasive aspergillosis Patient must be unable to tolerate alternative therapy; or Patient must have disease refractory to alternative therapy; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care	Compliance with Authority Required procedures

				of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	
C16073	P16073	CN16073	Itraconazole	Oropharyngeal candidiasis Patient must be immunosuppressed; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures - Streamlined Authority Code 16073
C16075	P16075	CN16075	Rifampicin	Meningococcal disease The treatment must be for prophylaxis; AND Patient must be a carrier of the disease; or Patient must be in close contact with people who have the disease; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	
C16078	P16078	CN16078	Penicillamine	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 health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	
C16083	P16083	CN16083	Methadone	Opioid dependence The treatment must be within a framework of medical, social and psychological treatment. The prescriber must request a quantity (in millilitres) sufficient for up to 28 days of supply per dispensing according to the patient's daily dose. Up to 5 repeats will be authorised. The maximum listed quantity or number of repeats must not be prescribed if lesser quantity or repeats are sufficient for the patient's needs.	Compliance with Authority Required procedures - Streamlined Authority Code 16083
C16085	P16085	CN16085	Avelumab	Stage IV (metastatic) Merkel Cell Carcinoma Continuing treatment The treatment must be the sole PBS-subsidised therapy for this condition; AND Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must not have developed disease progression while being treated with this drug for this condition; AND	Compliance with Authority Required procedures - Streamlined Authority Code 16085

				The treatment must not exceed a maximum dose of 10 mg per kg every 2 weeks under this restriction. or The treatment must not exceed a dose of 800 mg every 2 weeks under this restriction.	
C16087	P16087	CN16087	Romosozumab	Severe established osteoporosis Initial treatment - Second-line therapy Patient must be at very high risk of fracture; AND Patient must have a bone mineral density (BMD) T-score of -3.0 or less; AND Patient must have had 2 or more fractures due to minimal trauma; AND Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy; AND Patient must not have received treatment with PBS-subsidised teriparatide; or Patient must have developed intolerance to teriparatide of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy; AND Must be treated by a consultant physician. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body. If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with this drug is initiated. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy. Details must be documented in the patient's medical record at the time treatment with this drug is initiated. Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum. Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be provided at the time of application.	Compliance with Authority Required procedures

C16094	P16094	CN16094	Voriconazole	Serious fungal infections Treatment and maintenance therapy The condition must be caused by Scedosporium species; or The condition must be caused by Fusarium species; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures
C16096	P16096	CN16096	Posaconazole	Fungal infection The condition must be fusariosis; or The condition must be zygomycosis; or The condition must be coccidioidomycosis; or The condition must be chromoblastomycosis; or The condition must be mycetoma; AND Patient must be unable to tolerate alternative therapy; or Patient must have disease refractory to alternative therapy; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures
C16099	P16099	CN16099	Itraconazole	Disseminated pulmonary histoplasmosis infection Treatment and maintenance therapy Patient must be diagnosed with acquired immunodeficiency syndrome (AIDS); AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures - Streamlined Authority Code 16099
C16101	P16101	CN16101	Itraconazole	Chronic pulmonary histoplasmosis infection Treatment and maintenance therapy Patient must be diagnosed with acquired immunodeficiency syndrome (AIDS); AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures - Streamlined Authority Code 16101
C16102	P16102	CN16102	Itraconazole	Oesophageal candidiasis	Compliance with Authority

				Patient must be immunosuppressed; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Required procedures - Streamlined Authority Code 16102
C16104	P16104	CN16104	Fremanezumab	Treatment-resistant migraine Initial treatment Must be treated by a neurologist; or Must be treated by a general practitioner in consultation with a neurologist; AND Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication; AND Patient must have experienced at least 8 migraine headache days per month, over a period of at least 6 months, prior to commencement of treatment with this medicine for this condition; AND Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with this drug for this condition; AND Patient must be appropriately managed by their practitioner for medication overuse headache, prior to initiation of treatment with this drug; Patient must be at least 18 years of age. Prophylactic migraine medications are propranolol, amitriptyline, pizotifen, candesartan, verapamil, nortriptyline, sodium valproate or topiramate. Patient must have the number of migraine headache days per month documented in their medical records.	Compliance with Authority Required procedures - Streamlined Authority Code 16104
C16111	P16111	CN16111	Perhexiline	Angina The condition must not be responding to other therapy; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures - Streamlined Authority Code 16111
C16114	P16114	CN16114	Fluconazole	Fungal infection The condition must be serious or life-threatening; AND Patient must be unable to take a solid dose form of fluconazole; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the	Compliance with Authority Required procedures - Streamlined Authority Code 16114

				patient with a medical practitioner.	
C16115	P16115	CN16115	Voriconazole	Prophylaxis of invasive fungal infections including both yeasts and moulds Patient must be considered at high risk of developing an invasive fungal infection due to anticipated neutropenia (an absolute neutrophil count less than 500 cells per cubic millimetre) for at least 10 days whilst receiving chemotherapy for acute myeloid leukaemia or myelodysplastic syndrome; or Patient must be considered at high risk of developing an invasive fungal infection due to having acute graft versus host disease (GVHD) grade II, III or IV, or, extensive chronic GVHD, whilst receiving intensive immunosuppressive therapy after allogeneic haematopoietic stem cell transplant; or Patient must be undergoing allogeneic haematopoietic stem cell transplant using either bone marrow from an unrelated donor or umbilical cord blood (related or unrelated), and, be considered to be at high risk of developing an invasive fungal infection during the neutropenic phase prior to engraftment; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures
C16117	P16117	CN16117	Posaconazole	Prophylaxis of invasive fungal infections including both yeasts and moulds Patient must be considered at high risk of developing an invasive fungal infection due to anticipated neutropenia (an absolute neutrophil count less than 500 cells per cubic millimetre), for at least 10 days whilst receiving chemotherapy for acute myeloid leukaemia or myelodysplastic syndrome; or Patient must be considered at high risk of developing an invasive fungal infection due to having acute graft versus host disease (GVHD) grade II, III or IV, or extensive chronic GVHD, and receiving intensive immunosuppressive therapy after allogeneic haematopoietic stem cell transplant; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner. Treatment of neutropenia should continue until recovery of the neutrophil count to at least 500 cells per cubic millimetre. Patients who have had a previous invasive fungal infection should have secondary prophylaxis during subsequent episodes of neutropenia. No more than 6 months therapy per episode will be PBS-subsidised	Compliance with Authority Required procedures
C16119	P16119	CN16119	Itraconazole	Systemic aspergillosis Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care	Compliance with Authority Required procedures - Streamlined Authority Code

				of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	16119
C16123	P16123	CN16123	Tirofiban	High risk of unstable angina Patient must have new transient or persistent ST-T ischaemic changes; AND Patient must have pain lasting longer than 20 minutes; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures - Streamlined Authority Code 16123
C16132	P16132	CN16132	Romosozumab	Severe established osteoporosis Initial treatment - First-line therapy Patient must not have received PBS-subsidised treatment with any of: (i) anti-resorptive therapy, (ii) teriparatide, (iii) romosozumab; AND Patient must be at very high risk of fracture; AND Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less; AND Patient must have had a symptomatic fracture due to minimal trauma; AND Patient must have had at least 1 hip or symptomatic vertebral fracture in the previous 24 months; or Patient must have had at least 2 fractures including 1 symptomatic new fracture in the previous 24 months; AND The treatment must be the sole PBS-subsidised therapy for this condition; AND The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy; AND Must be treated by a consultant physician. Details of fracture history including the date(s), site(s), the symptoms associated with the fracture(s) and the score of the qualifying BMD measurement must be provided at the time of application. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body. Anti-resorptive therapies for osteoporosis include alendronate sodium, risedronate sodium, raloxifene hydrochloride, denosumab and zoledronic acid.	Compliance with Authority Required procedures
C16133	P16133	CN16133	Lanreotide	Non-functional gastroenteropancreatic neuroendocrine tumour (GEP-NET) Continuing treatment Patient must have previously received PBS-subsidised treatment with this drug for this	Compliance with Authority Required procedures - Streamlined Authority Code 16133

				condition; AND The condition must be unresectable locally advanced disease or metastatic disease; AND The condition must be World Health Organisation (WHO) grade 1 or 2; AND The treatment must be the sole PBS-subsidised therapy for this condition; Patient must be at least 18 years of age. WHO grade 1 of GEP-NET is defined as a mitotic count (10HPF) of less than 2 and Ki-67 index (%) of less than or equal to 2. WHO grade 2 of GEP-NET is defined as a mitotic count (10HPF) of 2-20 and Ki-67 index (%) of 3-20.	
C16141	P16141	CN16141	Fluconazole	Cryptococcal meningitis Patient must be unable to take a solid dose form of fluconazole; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures - Streamlined Authority Code 16141
C16145	P16145	CN16145	Chlormethine	Mycosis fungoides cutaneous T-cell lymphoma Initial treatment The condition must be any of: (i) Stage IA, (ii) IIA, (iii) IB mycosis fungoides cutaneous T-cell lymphoma; AND The condition must have been confirmed through a diagnostic lesion biopsy from an Approved Pathology Authority; AND The condition must cover either of which: (i) no more than 10% of the patient's body surface area, (ii) no more than 25% of the patient's body surface area; AND Patient must be treated by at least one of the following prescriber types (i) dermatologist, (ii) haematologist; AND The treatment must be approved for 1 unit if the condition is no more than 10% of the patient's body surface area to provide 4 weeks of treatment per script; or The treatment must be approved for 2 units if the condition is no more than 25% of the patient's body surface area to provide 4 weeks of treatment per script; Patient must be at least 18 years of age. Confirmation of eligibility for treatment with diagnostic reports must be documented in the patient's medical records.	Compliance with Authority Required procedures
C16147	P16147	CN16147	Tirofiban	High risk of unstable angina Patient must have new transient or persistent ST-T ischaemic changes; AND Patient must have repetitive episodes of angina at rest or during minimal exercise in the	Compliance with Authority Required procedures - Streamlined Authority Code 16147

				previous 12 hours; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	
C16148	P16148	CN16148	Fluconazole	Cryptococcal meningitis The treatment must be maintenance therapy; AND Patient must be immunosuppressed; AND Patient must be unable to take a solid dose form of fluconazole; AND Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.	Compliance with Authority Required procedures - Streamlined Authority Code 16148

[411] Schedule 4, Part 2, omit entry for Variation Code "V10745"

[412] Schedule 4, Part 2, omit entry for Variation Code "V10747"

[413] Schedule 4, Part 2, omit entry for Variation Code "V10751"

[414] Schedule 4, Part 2, after entry for Variation Code "V15457"

insert:

V15457	Nivolumab	An increase in repeat prescriptions, up to a value of 11, may only be sought where the prescribed dosing is 240 mg administered fortnightly.

[415] Schedule 4, Part 2, omit second entry for Variation Code "V15818"

[416] Schedule 4, Part 2, after entry for Variation Code "V15832"

insert:

V15994	Fentanyl Methadone	Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment: (i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or (ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or (iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months. Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia. Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

V15996	Fentanyl Methadone	Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months. Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia. Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).
V16000	Fentanyl Methadone	Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment: (i) is less than 12 months; or (ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or (iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or (iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months. Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia. Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

[417] Schedule 5, entry for Amiodarone in the form Tablet containing amiodarone hydrochloride 200 mg

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

[418] Schedule 5, entry for Amitriptyline in the form Tablet containing amitriptyline hydrochloride 25 mg

omit from the column headed "Brand": **APO-Amitriptyline 25**

[419] Schedule 5, entry for Amitriptyline in the form Tablet containing amitriptyline hydrochloride 10 mg

omit from the column headed "Brand": **APO-Amitriptyline 10**

[420] Schedule 5, entry for Amitriptyline in the form Tablet containing amitriptyline hydrochloride 50 mg

omit from the column headed "Brand": **APO-Amitriptyline 50**

[421] Schedule 5, entry for Atenolol

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

[422] Schedule 5, entry for Bosentan in each of the forms: Tablet 125 mg (as monohydrate); and Tablet 62.5 mg (as monohydrate)

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

[423] Schedule 5, entry for Calcitriol

(a) *omit from the column headed "Brand":* **APO-Calcitriol**

(b) *omit from the column headed "Brand":* **Kosteo**

[424] Schedule 5, after entry for Celecoxib in the form Capsule 200 mg *[GRP-19623]*

insert:

Choriogonadotropin alfa	GRP-29227	Solution for injection 250 micrograms in 0.5 mL pre-filled pen	Injection	Ovidrel
Choriogonadotropin alfa	GRP-29227	Solution for injection 250 micrograms in 0.5 mL pre-filled syringe (S19A)	Injection	Ovidrel (USA)

[425] Schedule 5, entry for Ciprofloxacin in each of the forms: Tablet 750 mg (as hydrochloride); Tablet 500 mg (as hydrochloride); and Tablet 250 mg (as hydrochloride)

omit from the column headed "Brand": **APX-Ciprofloxacin**

[426] Schedule 5, entry for Citalopram in each of the forms: Tablet 40 mg (as hydrobromide); Tablet 20 mg (as hydrobromide); and Tablet 10 mg (as hydrobromide)

insert in alphabetical order in the column headed "Brand": **CITALOPRAM-WGR**

[427] Schedule 5, entry for Diazepam in each of the forms: Tablet 5 mg; and Tablet 2 mg

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

[428] Schedule 5, entry for Diclofenac in each of the forms: Tablet (enteric coated) containing diclofenac sodium 50 mg; and Tablet (enteric coated) containing diclofenac sodium 25 mg

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

[429] Schedule 5, entry for Entecavir in each of the forms: Tablet 0.5 mg (as monohydrate); and Tablet 1 mg (as monohydrate)

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

[430] Schedule 5, entry for Fluconazole in the form Capsule 200 mg

insert in alphabetical order in the column headed "Brand": **FLUCONAZOLE-WGR**

[431] Schedule 5, entry for Fulvestrant

insert in alphabetical order in the column headed "Brand": **FULVESTRANT-AFT**

[432] Schedule 5, entry for Gliclazide in the form Tablet 80 mg

(a) *omit from the column headed "Brand":* **APO-Gliclazide**

(b) *omit from the column headed "Brand":* **Glyade**

[433] Schedule 5, entry for Ibuprofen

omit from the column headed "Brand": **MEDICHOICE Ibuprofen 400 mg**

[434] Schedule 5, entry for Imatinib in the form Capsule 400 mg (as mesilate)

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

[435] Schedule 5, entry for Irbesartan in the form Tablet 75 mg

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

[436] Schedule 5, entry for Itraconazole

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

[437] Schedule 5, entry for Macrogol 3350

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

[438] Schedule 5, entries for Naloxone

omit:

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)

[439] Schedule 5, omit entries Nifedipine

[440] Schedule 5, entry for Pantoprazole in the form Tablet (enteric coated) 20 mg (as sodium sesquihydrate)

insert in alphabetical order in the column headed "Brand": **APX-PANTOPRAZOLE**

[441] Schedule 5, entry for Pioglitazone in the form Tablet 45 mg (as hydrochloride)

(a) *omit from the column headed "Brand":* **Acpio 45**

(b) *omit from the column headed "Brand":* **Actaze**

[442] Schedule 5, entry for Pioglitazone in the form Tablet 15 mg (as hydrochloride)

(a) *omit from the column headed "Brand":* **Acpio 15**

(b) *omit from the column headed "Brand":* **Actaze**

[443] Schedule 5, entry for Pioglitazone in the form Tablet 30 mg (as hydrochloride)

(a) *omit from the column headed "Brand":* **Acpio 30**

(b) *omit from the column headed "Brand":* **Actaze**

(c) *insert in alphabetical order in the column headed "Brand":* **ARX-PIOGLITAZONE**

[444] Schedule 5, entry for Quetiapine in each of the forms: Tablet 300 mg (as fumarate); Tablet 200 mg (as fumarate); Tablet 100 mg (as fumarate); and Tablet 25 mg (as fumarate)

insert in alphabetical order in the column headed "Brand": **QUETIAPINE-WGR**

[445] Schedule 5, entry for Quinapril in the form Tablet 20 mg (as hydrochloride)

omit:

Quinapril	GRP-19716	Tablet 20 mg (as hydrochloride)	Oral	Accupril ACQUIN APO-Quinapril

[446] Schedule 5, entry for Quinapril in the form Tablet 10 mg (as hydrochloride)

omit:

Quinapril	GRP-19902	Tablet 10 mg (as hydrochloride)	Oral	Accupril ACQUIN APO-Quinapril

[447] Schedule 5, entry for Riluzole

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

[448] Schedule 5, entries for Timolol

substitute:

Timolol	GRP-29229	Eye drops 5 mg (as maleate) per mL, 5 mL	Application to the eye	Timoptol
Timolol	GRP-29229	Eye drops 5 mg (as maleate) per mL, 5 mL (S19A)	Application to the eye	Timolol (Brown & Burk, UK)
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)
Timolol	GRP-28880	Eye drops (gellan gum solution) 5 mg (as maleate) per mL, 2.5 mL - (Timoptol-LA) (S19A)	Application to the eye	Timoptol-LA 0.5 % (Santen Oy, Finland)

[449] Schedule 5, entry for Valaciclovir

omit from the column headed "Brand": **Valaciclovir generichealth**