



**PB 27 of 2012**

# **National Health (Listing of Pharmaceutical Benefits) Amendment Instrument 2012 (No.3)<sup>1</sup>**

*National Health Act 1953*

---

I, KIM BESSELL, First Assistant Secretary (Acting), Pharmaceutical Benefits Division, Department of Health and Ageing, delegate of the Minister for Health, make this Instrument under sections 84AF, 85, 85A, 88 and 101 of the *National Health Act 1953*.

Dated 18 April 2012

**KIM BESSELL**

First Assistant Secretary (Acting)  
Pharmaceutical Benefits Division  
Department of Health and Ageing

---

---

**1 Name of Instrument**

(1) This Instrument is the *National Health (Listing of Pharmaceutical Benefits) Amendment Instrument 2012 (No. 3)*.

(2) This Instrument may also be cited as PB 27 of 2012.

**2 Commencement**

This Instrument commences on 1 May 2012.

**3 Amendment of the *National Health (Listing of Pharmaceutical Benefits) Instrument 2010 (PB 108 of 2010)***

Schedule 1 amends the *National Health (Listing of Pharmaceutical Benefits) Instrument 2010 (PB 108 of 2010)*.

## Schedule 1 Amendments

**[1] Schedule 1, entry for Alendronic Acid in the form Tablet 70 mg (as alendronate sodium)**

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

			Densate 70	DO	MP NP	C2646 C3070 C3933		4	5	
--	--	--	------------	----	-------	----------------------	--	---	---	--

**[2] Schedule 1, entry for Anastrozole**

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

			Anastrozole Synthon	ZT	MP NP	C2213		30	5	
--	--	--	---------------------	----	-------	-------	--	----	---	--

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

			Arianna	AF	MP NP	C2213		30	5	
--	--	--	---------	----	-------	-------	--	----	---	--

**[3] Schedule 1, entry for Bicalutamide**

*omit from the column headed "Responsible Person" for the brand "Cosudex":*                    **AP**    *substitute:*                    **SZ**

**[4] Schedule 1, entry for Bisoprolol in the form Tablet containing bisoprolol fumarate 2.5 mg**

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

			Beprol 2.5	DO	MP NP	C3234		28	5	
--	--	--	------------	----	-------	-------	--	----	---	--

**[5] Schedule 1, entry for Bisoprolol in the form Tablet containing bisoprolol fumarate 5 mg**

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

			Beprol 5	DO	MP NP	C3234		28	5	
--	--	--	----------	----	-------	-------	--	----	---	--

**[6] Schedule 1, entry for Bisoprolol in the form Tablet containing bisoprolol fumarate 10 mg**

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

			Beprol 10	DO	MP NP	C3234		28	5	
--	--	--	-----------	----	-------	-------	--	----	---	--

**[7] Schedule 1, entry for Bivalirudin**

*omit from the column headed "Responsible Person": CS substitute: XM*

**[8] Schedule 1, entry for Carboplatin in the form Solution for I.V. injection 50 mg in 5 mL**

*omit:*

			Pfizer Australia Pty Ltd	PF	MP			See Note 3	See Note 3	D
--	--	--	--------------------------	----	----	--	--	------------	------------	---

**[9] Schedule 1, entry for Carvedilol in the form Tablet 3.125 mg**

*omit:*

			Kredex	MD	MP NP	C1735 C3234		30	0	
--	--	--	--------	----	-------	-------------	--	----	---	--

**[10] Schedule 1, entry for Cisplatin**

*omit:*

	I.V. injection 10 mg in 10 mL	Injection	Pfizer Australia Pty Ltd	PF	MP			See Note 3	See Note 3	D
--	-------------------------------	-----------	--------------------------	----	----	--	--	------------	------------	---

**[11] Schedule 1, entry for Darunavir**

*omit:*

	Tablet 300 mg (as ethanolate)	Oral	Prezista	JC	MP See Note 1	C3594 C3595		240	5	D
--	-------------------------------	------	----------	----	------------------	-------------	--	-----	---	---

**[12] Schedule 1, entry for Doxorubicin in the form Solution for I.V. injection or intravesical administration containing doxorubicin hydrochloride 10 mg in 5 mL single dose vial**

*omit:*

			Adriamycin Solution	PF	MP			See Note 3	See Note 3	D
--	--	--	---------------------	----	----	--	--	------------	------------	---

**[13] Schedule 1, entry for Doxorubicin**

*omit:*

	Solution for I.V. injection or intravesical administration containing doxorubicin hydrochloride 20 mg in 10 mL single dose vial	Injection/ intravesical	Adriamycin Solution	PF	MP			See Note 3	See Note 3	D
--	---	----------------------------	---------------------	----	----	--	--	------------	------------	---

**[14] Schedule 1, entry for Doxorubicin – Pegylated Liposomal in the form Suspension for I.V. infusion containing pegylated liposomal doxorubicin hydrochloride 20 mg in 10 mL**

*insert in the columns in the order indicated, and in alphabetical order for the column headed “Brand”:*

			Lipodox	ZF	MP	C1568 C1795 C1796 C3905 C3910 C3911		See Note 3	See Note 3	D
					MP See Note 1	C1828 C1829 C3348 C3349		4	5	D

**[15] Schedule 1, entry for Doxorubicin – Pegylated Liposomal in the form Suspension for I.V. infusion containing pegylated liposomal doxorubicin hydrochloride 50 mg in 25 mL**

*insert in the columns in the order indicated, and in alphabetical order for the column headed “Brand”:*

			Lipodox 50	ZF	MP	C1568 C1795 C1796 C3905 C3910 C3911		See Note 3	See Note 3	D
--	--	--	------------	----	----	---	--	------------	------------	---

**[16] Schedule 1, entry for Enalapril in each of the forms: Tablet containing enalapril maleate 5 mg; and Tablet containing enalapril maleate 10 mg**

*omit:*

			Enalapril Winthrop	WA	MP NP			30	5	
--	--	--	--------------------	----	-------	--	--	----	---	--

**[17] Schedule 1, entry for Epirubicin in each of the forms: Solution for injection containing epirubicin hydrochloride 10 mg in 5 mL; and Solution for injection containing epirubicin hydrochloride 20 mg in 10 mL**

*omit:*

			Pharmorubicin Solution	PF	MP			See Note 3	See Note 3	D
--	--	--	------------------------	----	----	--	--	------------	------------	---

**[18] Schedule 1, entry for Etravirine**

*omit:*

	Tablet 100 mg	Oral	Intelligence	JC	MP See Note 1	C3596 C3597		240	5	D
--	---------------	------	--------------	----	------------------	-------------	--	-----	---	---

**[19] Schedule 1, entry for Glucose Indicator—Blood**

*omit:*

	Test strips, 50 (Advantage II)	For external use	Advantage II	RD	MP NP			2	5	
					MP		P3035	2	11	

**[20] Schedule 1, entry for Irinotecan in the form I.V. injection containing irinotecan hydrochloride trihydrate 40 mg in 2 mL**

*omit:*

			Camptosar	PF	MP	C3184		See Note 3	See Note 3	D
--	--	--	-----------	----	----	-------	--	------------	------------	---

**[21] Schedule 1, entry for Letrozole in the form Tablet 2.5 mg**

*insert in the columns in the order indicated, and in alphabetical order for the column headed “Brand”:*

			Letrozole-Synthon	ZT	MP NP	C1608 C2691 C2692		30	5	
--	--	--	-------------------	----	-------	----------------------	--	----	---	--

**[22] Schedule 1, entry for Lisinopril in each of the forms: Tablet 5 mg; Tablet 10 mg; and Tablet 20 mg**

*omit:*

			Lisinopril Winthrop	WA	MP NP			30	5	
--	--	--	---------------------	----	-------	--	--	----	---	--

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

*insert in the columns in the order indicated, and in alphabetical order for the column headed “Brand”:*

			Glucobete 500	DO	MP NP			100	5	
--	--	--	---------------	----	-------	--	--	-----	---	--

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

*insert in the columns in the order indicated, and in alphabetical order for the column headed “Brand”:*

			Glucobete 850	DO	MP NP			60	5	
--	--	--	---------------	----	-------	--	--	----	---	--

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

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

			Glucobete 1000	DO	MP NP			90	5	
--	--	--	----------------	----	-------	--	--	----	---	--

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

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

			Milivin OD 15	DO	MP NP	C1211		30	5	
--	--	--	---------------	----	-------	-------	--	----	---	--

**[27] Schedule 1, entry for Mirtazapine in the form Tablet 30 mg**

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

			Aurozapine 30	DO	MP NP	C1211		30	5	
--	--	--	---------------	----	-------	-------	--	----	---	--

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

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

			Milivin OD 30	DO	MP NP	C1211		30	5	
--	--	--	---------------	----	-------	-------	--	----	---	--

**[29] Schedule 1, entry for Mirtazapine in the form Tablet 45 mg**

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

			Aurozapine 45	DO	MP NP	C1211		30	5	
--	--	--	---------------	----	-------	-------	--	----	---	--

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

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

			Milivin OD 45	DO	MP NP	C1211		30	5	
--	--	--	---------------	----	-------	-------	--	----	---	--

**[31] Schedule 1, entry for Mitozantrone**

*omit:*

	Injection 10 mg (as hydrochloride) in 5 mL	Injection	Pfizer Australia Pty Ltd	PF	MP			See Note 3	See Note 3	D
--	--	-----------	--------------------------	----	----	--	--	------------	------------	---

**[32] Schedule 1, entry for Mitozantrone in the form Injection 25 mg (as hydrochloride) in 12.5 mL**

*omit:*

			Pfizer Australia Pty Ltd	PF	MP			See Note 3	See Note 3	D
--	--	--	--------------------------	----	----	--	--	------------	------------	---

**[33] Schedule 1, entry for Mycophenolic Acid in the form Tablet containing mycophenolate mofetil 500 mg [Max Quantity 150; Number of Repeats 3]**

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

			Pharmacor Mycophenolate 500	CR	MP	C1765 C1766		150	3	
--	--	--	-----------------------------	----	----	-------------	--	-----	---	--

**[34] Schedule 1, entry for Mycophenolic Acid in the form Tablet containing mycophenolate mofetil 500 mg [Max Quantity 300; Number of Repeats 5]**

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

			Pharmacor Mycophenolate 500	CR	MP See Note 1	C1650 C1651 C3355 C3356		300	5	C
--	--	--	-----------------------------	----	------------------	----------------------------	--	-----	---	---

**[35] Schedule 1, entry for Naproxen**

*omit:*

	Oral suspension 125 mg per 5 mL, 474 mL	Oral	Naprosyn	RO	MP NP MP NP	C2270 C2271 C3647 C3648 C2270 C2271 C3647 C3648	P3648 P2270 P2271 P3647	1 1	0 3	
--	---	------	----------	----	----------------	--	-------------------------------	--------	--------	--

**[36] Schedule 1, entry for Natalizumab**

*substitute:*

Natalizumab	Solution concentrate for I.V. infusion 300 mg in 15 mL	Injection	Tysabri	BD	MP See Note 1	C3423 C3424 C3425		1	5	D
-------------	--	-----------	---------	----	------------------	----------------------	--	---	---	---

**[37] Schedule 1, entry for Olanzapine in each of the forms: Tablet 2.5 mg (as benzoate); Tablet 5 mg (as benzoate); Tablet 7.5 mg (as benzoate); and Tablet 10 mg (as benzoate)**

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

			Olanzapine-Synthon	ZT	MP NP	C1589 C2044		28	5	
--	--	--	--------------------	----	-------	-------------	--	----	---	--

**[38] Schedule 1, entry for Olanzapine in the form Tablet 5 mg (orally disintegrating)**

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

			Olanzapine ODT generichealth 5	GQ	MP NP	C1589 C2044		28	5	
--	--	--	-----------------------------------	----	-------	-------------	--	----	---	--

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

			Olanzapine Sandoz ODT 5	SZ	MP NP	C1589 C2044		28	5	
--	--	--	-------------------------	----	-------	-------------	--	----	---	--

**[39] Schedule 1, entry for Olanzapine in the form Tablet 10 mg (orally disintegrating)**

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

			Olanzapine ODT generichealth 10	GQ	MP NP	C1589 C2044		28	5	
--	--	--	------------------------------------	----	-------	-------------	--	----	---	--

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

			Olanzapine Sandoz ODT 10	SZ	MP NP	C1589 C2044		28	5	
--	--	--	-----------------------------	----	-------	-------------	--	----	---	--

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

**(a)** *omit:*

			Ondansetron-DRLA	RZ	MP NP	C3050 C3611	P3611	10	1	
			Ondansetron Tabs Pfizer	FZ	MP NP	C3611	P3611	10	1	

substitute:

			Ondansetron-DRLA	RZ	MP NP	C3050 C3611	P3611	10	1	
			Ondansetron Tabs Pfizer	FZ	MP NP	C3050 C3611	P3611	10	1	

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

			Zilfojim 4	DO	MP NP	C3050 C3611	P3611	10	1	
--	--	--	------------	----	-------	-------------	-------	----	---	--

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

(a) omit:

			Ondansetron Tabs Pfizer	FZ	MP NP	C3611	P3611	10	1	
--	--	--	-------------------------	----	-------	-------	-------	----	---	--

substitute:

			Ondansetron Tabs Pfizer	FZ	MP NP	C3050 C3611	P3611	10	1	
--	--	--	-------------------------	----	-------	-------------	-------	----	---	--

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

			Zilfojim 8	DO	MP NP	C3050 C3611	P3611	10	1	
--	--	--	------------	----	-------	-------------	-------	----	---	--

[42] Schedule 1, entry for Ondansetron in the form I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL

omit:

			Pfizer Australia Pty Ltd	PF	MP NP See Note 1	C3050 C3611 See Note 2	See Note 2	1 See Note 2	0 See Note 2	
--	--	--	--------------------------	----	---------------------	---------------------------	------------	-----------------	-----------------	--

[43] Schedule 1, entry for Ondansetron in the form I.V. injection 8 mg (as hydrochloride dihydrate) in 4 mL

omit:

			Pfizer Australia Pty Ltd	PF	MP NP See Note 1	C3050 C3611 See Note 2	See Note 2	1 See Note 2	0 See Note 2	
--	--	--	--------------------------	----	---------------------	---------------------------	------------	-----------------	-----------------	--

**[44] Schedule 1, entry for Oxaliplatin in the form Powder for I.V. infusion 100 mg**

*omit:*

			Winthrop Oxaliplatin	WA	MP	C3900 C3901 C3930 C3939		See Note 3	See Note 3	D
--	--	--	----------------------	----	----	----------------------------	--	------------	------------	---

**[45] Schedule 1, entry for Pantoprazole in the form Tablet (enteric coated) 40 mg (as sodium sesquihydrate) [Max Quantity 30; Number of Repeats 2]**

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

			Torzole 40	TA	MP NP	C1177 C1337 C1476 C1533	P1177	30	2	
--	--	--	------------	----	-------	----------------------------	-------	----	---	--

**[46] Schedule 1, entry for Pantoprazole in the form Tablet (enteric coated) 40 mg (as sodium sesquihydrate) [Max Quantity 30; Number of Repeats 5]**

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

			Torzole 40	TA	MP NP	C1177 C1337 C1476 C1533	P1337 P1476 P1533	30	5	
--	--	--	------------	----	-------	----------------------------	----------------------	----	---	--

**[47] Schedule 1, entry for Pantoprazole in the form Tablet (enteric coated) 20 mg (as sodium sesquihydrate)**

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

			Torzole 20	TA	MP NP	C1337 C1476 C1533		30	5	
--	--	--	------------	----	-------	----------------------	--	----	---	--

**[48] Schedule 1, entry for Pimecrolimus**

*omit from the column headed "Responsible Person":* **NV** *substitute:* **HM**

**[49] Schedule 1, entry for Pravastatin in the form Tablet containing pravastatin sodium 10 mg [Max Quantity 30; Number of Repeats 5]**

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

			Pravastatin Actavis 10	TA	MP NP	C1540 C3047 C1540	P1540	30 30	5 5	
--	--	--	------------------------	----	----------	----------------------	-------	----------	--------	--

**[50] Schedule 1, entry for Pravastatin in the form Tablet containing pravastatin sodium 10 mg [Max Quantity 30; Number of Repeats 11]**

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

			Pravastatin Actavis 10	TA	MP	C1540 C3047	P3047	30	11	
--	--	--	------------------------	----	----	-------------	-------	----	----	--

**[51] Schedule 1, entry for Pravastatin in the form Tablet containing pravastatin sodium 20 mg [Max Quantity 30; Number of Repeats 5]**

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

			Pravastatin Actavis 20	TA	MP	C1540 C3047	P1540	30	5	
					NP	C1540		30	5	

**[52] Schedule 1, entry for Pravastatin in the form Tablet containing pravastatin sodium 20 mg [Max Quantity 30; Number of Repeats 11]**

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

			Pravastatin Actavis 20	TA	MP	C1540 C3047	P3047	30	11	
--	--	--	------------------------	----	----	-------------	-------	----	----	--

**[53] Schedule 1, entry for Pravastatin in the form Tablet containing pravastatin sodium 40 mg [Max Quantity 30; Number of Repeats 5]**

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

			Pravastatin Actavis 40	TA	MP	C1540 C3047	P1540	30	5	
					NP	C1540		30	5	

**[54] Schedule 1, entry for Pravastatin in the form Tablet containing pravastatin sodium 40 mg [Max Quantity 30; Number of Repeats 11]**

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

			Pravastatin Actavis 40	TA	MP	C1540 C3047	P3047	30	11	
--	--	--	------------------------	----	----	-------------	-------	----	----	--

**[55] Schedule 1, entry for Promethazine**

*omit:*

	Tablet containing promethazine hydrochloride 10 mg	Oral	Phenergan	SW	MP NP	C3640 C3641	P3641	50	0	
					MP NP	C3640 C3641	P3640	50	3	
	Tablet containing promethazine hydrochloride 25 mg	Oral	Phenergan	SW	MP NP	C3640 C3641	P3641	50	0	
					MP NP	C3640 C3641	P3640	50	3	
	Oral liquid containing promethazine hydrochloride 5 mg per 5 mL, 100 mL	Oral	Phenergan	SW	MP NP	C3640 C3641	P3641	1	0	
					MP NP	C3640 C3641	P3640	1	3	

**[56] Schedule 1, entry for Quetiapine in the form Tablet 25 mg (as fumarate)**

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

			Seronia 25	QA	MP NP	C1589 C2044 C2765		60	5	
--	--	--	------------	----	-------	----------------------	--	----	---	--

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

			Syquet	AF	MP NP	C1589 C2044 C2765		60	5	
--	--	--	--------	----	-------	----------------------	--	----	---	--

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

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

			Seronia 100	QA	MP NP	C1589 C2044 C2765		90	5	
--	--	--	-------------	----	-------	----------------------	--	----	---	--

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

			Syquet	AF	MP NP	C1589 C2044 C2765		90	5	
--	--	--	--------	----	-------	----------------------	--	----	---	--

**[58] Schedule 1, entry for Quetiapine in the form Tablet 200 mg (as fumarate)**

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

			Seronia 200	QA	MP NP	C1589 C2044 C2765		60	5	
--	--	--	-------------	----	-------	----------------------	--	----	---	--

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

			Syquet	AF	MP NP	C1589 C2044 C2765		60	5	
--	--	--	--------	----	-------	----------------------	--	----	---	--

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

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

			Seronia 300	QA	MP NP	C1589 C2044 C2765		60	5	
--	--	--	-------------	----	-------	----------------------	--	----	---	--

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

			Syquet	AF	MP NP	C1589 C2044 C2765		60	5	
--	--	--	--------	----	-------	----------------------	--	----	---	--

**[60] Schedule 1, entry for Quinapril in each of the forms: Tablet 5 mg (as hydrochloride); Tablet 10 mg (as hydrochloride); and Tablet 20 mg (as hydrochloride)**

**(a)** *omit:*

			Filpril	FZ	MP NP			30	5	
--	--	--	---------	----	-------	--	--	----	---	--

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

			Quinapril Pfizer	FZ	MP NP			30	5	
--	--	--	------------------	----	-------	--	--	----	---	--

**[61] Schedule 1, entry for Ramipril in the form Tablet 1.25 mg**

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

			Ramipril Tabs Pfizer	FZ	MP NP			30	5	
--	--	--	----------------------	----	-------	--	--	----	---	--

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

			Vascalace 1.25	DO	MP NP			30	5	
--	--	--	----------------	----	-------	--	--	----	---	--

**[62] Schedule 1, entry for Ramipril in the form Tablet 2.5 mg**

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

			Ramipril Tabs Pfizer	FZ	MP NP			30	5	
--	--	--	----------------------	----	-------	--	--	----	---	--

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

			Vascalace 2.5	DO	MP NP			30	5	
--	--	--	---------------	----	-------	--	--	----	---	--

**[63] Schedule 1, entry for Ramipril in the form Tablet 5 mg**

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

			Ramipril Tabs Pfizer	FZ	MP NP			30	5	
--	--	--	----------------------	----	-------	--	--	----	---	--

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

			Vascalace 5	DO	MP NP			30	5	
--	--	--	-------------	----	-------	--	--	----	---	--

**[64] Schedule 1, entry for Ramipril in the form Tablet 10 mg**

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

			Ramipril Tabs Pfizer	FZ	MP NP			30	5	
--	--	--	----------------------	----	-------	--	--	----	---	--

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

			Vascalace 10	DO	MP NP			30	5	
--	--	--	--------------	----	-------	--	--	----	---	--

[65] Schedule 1, entry for Risperidone in the form Tablet 0.5 mg [Max Quantity 60; Number of Repeats 2]

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

			Risperidone Actavis 0.5	TA	MP NP	C1589 C2061 C3083	P2061 P3083	60	2	
--	--	--	-------------------------	----	-------	----------------------	-------------	----	---	--

[66] Schedule 1, entry for Risperidone in the form Tablet 0.5 mg [Max Quantity 60; Number of Repeats 5]

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

			Risperidone Actavis 0.5	TA	MP NP	C1589 C2061 C3083	P1589	60	5	
--	--	--	-------------------------	----	-------	----------------------	-------	----	---	--

[67] Schedule 1, entry for Risperidone in the form Tablet 1 mg [Max Quantity 60; Number of Repeats 2]

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

			Risperidone Actavis 1	TA	MP NP	C1589 C2061 C2272 C3083	P2061 P3083	60	2	
--	--	--	-----------------------	----	-------	----------------------------	-------------	----	---	--

[68] Schedule 1, entry for Risperidone in the form Tablet 1 mg [Max Quantity 60; Number of Repeats 5]

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

			Risperidone Actavis 1	TA	MP NP	C1589 C2061 C2272 C3083	P1589 P2272	60	5	
--	--	--	-----------------------	----	-------	----------------------------	-------------	----	---	--

[69] Schedule 1, entry for Risperidone in the form Tablet 2 mg [Max Quantity 60; Number of Repeats 2]

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

			Risperidone Actavis 2	TA	MP NP	C1589 C2272 C3083	P3083	60	2	
--	--	--	-----------------------	----	-------	----------------------	-------	----	---	--

**[70] Schedule 1, entry for Risperidone in the form Tablet 2 mg [Max Quantity 60; Number of Repeats 5]**

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

			Risperidone Actavis 2	TA	MP NP	C1589 C2272 C3083	P1589 P2272	60	5	
--	--	--	-----------------------	----	-------	----------------------	-------------	----	---	--

**[71] Schedule 1, entry for Risperidone in the form Tablet 3 mg**

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

			Risperidone Actavis 3	TA	MP NP	C1589 C2272		60	5	
--	--	--	-----------------------	----	-------	-------------	--	----	---	--

**[72] Schedule 1, entry for Risperidone in the form Tablet 4 mg**

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

			Risperidone Actavis 4	TA	MP NP	C1589 C2272		60	5	
--	--	--	-----------------------	----	-------	-------------	--	----	---	--

**[73] Schedule 1, entry for Sertraline in the form Tablet 50 mg (as hydrochloride)**

*omit:*

			Sertraline Winthrop	WA	MP NP	C1211		30	5	
--	--	--	---------------------	----	-------	-------	--	----	---	--

**[74] Schedule 1, entry for Simvastatin in the form Tablet 10 mg [Max Quantity 30; Number of Repeats 5]**

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

			Synthon Simvastatin	ZT	MP	C1540 C3047	P1540	30	5	
					NP	C1540		30	5	

**[75] Schedule 1, entry for Simvastatin in the form Tablet 10 mg [Max Quantity 30; Number of Repeats 11]**

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

			Synthon Simvastatin	ZT	MP	C1540 C3047	P3047	30	11	
--	--	--	---------------------	----	----	-------------	-------	----	----	--

**[76] Schedule 1, entry for Simvastatin in the form Tablet 20 mg [Max Quantity 30; Number of Repeats 5]**

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

			Synthon Simvastatin	ZT	MP	C1540 C3047	P1540	30	5	
					NP	C1540		30	5	

**[77] Schedule 1, entry for Simvastatin in the form Tablet 20 mg [Max Quantity 30; Number of Repeats 11]**

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

			Synthon Simvastatin	ZT	MP	C1540 C3047	P3047	30	11	
--	--	--	---------------------	----	----	-------------	-------	----	----	--

**[78] Schedule 1, entry for Simvastatin in the form Tablet 40 mg [Max Quantity 30; Number of Repeats 5]**

**(a)** *omit from the column headed "Responsible Person" for the brand "Simvahexal":* **SZ** *substitute:* **HX**

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

			Simvastatin Sandoz	SZ	MP	C1540 C3047	P1540	30	5	
					NP	C1540		30	5	

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

			Synthon Simvastatin	ZT	MP	C1540 C3047	P1540	30	5	
					NP	C1540		30	5	

**[79] Schedule 1, entry for Simvastatin in the form Tablet 40 mg [Max Quantity 30; Number of Repeats 11]**

**(a)** *omit from the column headed "Responsible Person" for the brand "Simvahexal":* **SZ** *substitute:* **HX**

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

			Simvastatin Sandoz	SZ	MP	C1540 C3047	P3047	30	11	
--	--	--	--------------------	----	----	-------------	-------	----	----	--

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

			Synthon Simvastatin	ZT	MP	C1540 C3047	P3047	30	11	
--	--	--	---------------------	----	----	-------------	-------	----	----	--

**[80] Schedule 1, entry for Simvastatin in the form Tablet 80 mg [Max Quantity 30; Number of Repeats 5]**

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

			Synthon Simvastatin	ZT	MP	C1540 C3047	P1540	30	5	
					NP	C1540		30	5	

**[81] Schedule 1, entry for Simvastatin in the form Tablet 80 mg [Max Quantity 30; Number of Repeats 11]**

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

			Synthon Simvastatin	ZT	MP	C1540 C3047	P3047	30	11	
--	--	--	---------------------	----	----	-------------	-------	----	----	--

**[82] Schedule 1, entry for Topiramate in each of the forms: Tablet 25 mg; and Tablet 50 mg**

*omit:*

			Topiramate generichealth	GQ	MP NP	C2797 C2799		60	5	
--	--	--	--------------------------	----	-------	-------------	--	----	---	--

**[83] Schedule 1, entry for Topiramate in each of the forms: Tablet 100 mg; and Tablet 200 mg**

*omit:*

			Topiramate generichealth	GQ	MP NP	C2797		60	5	
--	--	--	--------------------------	----	-------	-------	--	----	---	--

**[84] Schedule 1, entry for Valaciclovir in the form Tablet 500 mg (as hydrochloride) [Max Quantity 30; Number of Repeats 5]**

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

			Shilova 500	DO	MP NP	C3622 C3623 C3624 C3631 C3632	P3623 P3624	30	5	
--	--	--	-------------	----	-------	-------------------------------------	-------------	----	---	--

**[85] Schedule 1, entry for Venlafaxine in the form Capsule (modified release) 37.5 mg (as hydrochloride)**

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

			Altven	FZ	MP NP	C1211		28	0	
--	--	--	--------	----	-------	-------	--	----	---	--

**[86] Schedule 1, entry for Venlafaxine in each of the forms: Capsule (modified release) 75 mg (as hydrochloride); and Capsule (modified release) 150 mg (as hydrochloride)**

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

			Altven	FZ	MP NP	C1211		28	5	
--	--	--	--------	----	-------	-------	--	----	---	--

**[87] Schedule 1, entry for Vincristine in the form I.V. injection containing vincristine sulfate 1 mg in 1 mL**

*omit:*

			Pfizer Australia Pty Ltd	PF	MP			See Note 3	See Note 3	D
--	--	--	--------------------------	----	----	--	--	------------	------------	---

**[88] Schedule 3, details relevant to Responsible person code GZ**

*omit:*

	Genzyme Australasia Pty Ltd	24 083 420 526
--	-----------------------------	----------------

*substitute:*

	sanofi-aventis Australia Pty Ltd	31 008 558 807
--	----------------------------------	----------------

**[89] Schedule 3, after details relevant to Responsible person code HL**

*insert:*

HM	Meda Pharmaceuticals Pty Ltd	59 155 308 679
----	------------------------------	----------------

**[90] Schedule 3, after details relevant to Responsible person code XF**

*insert:*

XM	The Medicines Company (Australia) Pty Limited	74 138 555 021
----	---	----------------

**[91] Schedule 3, after details relevant to Responsible person code ZP**

*insert:*

ZT	Synthon A.U. Pty Ltd	58 080 948 698
----	----------------------	----------------

**[92] Schedule 4, Part 1, entry for Clopidogrel [Circumstances Code C3879]**

*omit all text from the column headed "Authority Requirements – Part of Circumstances" and substitute:*

Compliance with  
Authority Required  
procedures –  
Streamlined Authority  
Code 3879

**[93] Schedule 4, Part 1, entry for Clopidogrel with aspirin [Circumstances Code C3880]**

*omit all text from the column headed "Authority Requirements – Part of Circumstances" and substitute:*

Compliance with  
Authority Required  
procedures –  
Streamlined Authority  
Code 3880

**[94] Schedule 4, Part 1, entry for Deferasirox [Circumstances Code C3828]**

*omit all text from the column headed "Authority Requirements – Part of Circumstances" and substitute:*

Compliance with  
Written or Telephone  
Authority Required  
procedures –  
Streamlined Authority  
Code 3828

**[95] Schedule 4, Part 1, entry for Filgrastim [Circumstances Code C3834]**

*omit all text from the column headed "Authority Requirements – Part of Circumstances" and substitute:*

Compliance with  
Written or Telephone  
Authority Required  
procedures –  
Streamlined Authority  
Code 3834

**[96] Schedule 4, Part 1, after entry for Naratriptan**

*insert:*

Natalizumab	C3423	<p>Where the patient is receiving treatment at/from a private hospital</p> <p>Initial treatment, as monotherapy, by a neurologist, of clinically definite relapsing-remitting multiple sclerosis in an ambulatory (without assistance or support) patient 18 years of age or older who has experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years, and where the diagnosis is confirmed by magnetic resonance imaging of the brain and/or spinal cord and the date of the scan is included in the authority application, unless the authority application is accompanied by written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient</p>	Compliance with Written or Telephone Authority Required procedures
	C3424	<p>Where the patient is receiving treatment at/from a private hospital</p> <p>Continuing treatment, as monotherapy, of clinically definite relapsing-remitting multiple sclerosis in a patient previously issued with an authority prescription for this drug who does not show continuing progression of disability while on treatment with this drug, and who has demonstrated compliance with, and an ability to tolerate, this therapy.</p>	Compliance with Written or Telephone Authority Required procedures
	C3425	<p>Where the patient is receiving treatment at/from a public hospital</p> <p>Treatment, as monotherapy, by a neurologist, of clinically definite relapsing-remitting multiple sclerosis in an ambulatory (without assistance or support) patient 18 years of age or older who has experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years, and where:</p> <p>the diagnosis is confirmed by magnetic resonance imaging of the brain and/or spinal cord and the date of the scan is included in the patient's medical notes, unless written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient is included in the patient's medical notes;</p> <p>natalizumab must be ceased if there is continuing progression of disability while on treatment with natalizumab;</p> <p>for continued treatment the patient must demonstrate compliance with, and an ability to tolerate, natalizumab</p>	Compliance with Written or Telephone Authority Required procedures - Streamlined Authority Code 3425

**[97] Schedule 4, Part 1, entry for Pegfilgrastim [Circumstances Code C3834]**

*omit all text from the column headed "Authority Requirements – Part of Circumstances" and substitute:*

Compliance with Written or Telephone Authority Required procedures – Streamlined Authority Code 3834
---

**[98] Schedule 4, Part 1, omit entry for Promethazine**

**[99] Schedule 4, Part 1, entry for Risperidone [Circumstances Code C3841]**

*omit from the column headed "Authority Requirements – Part of Circumstances":*    **C3841**    *substitute:*    **3841**

**[100] Schedule 4, Part 1, entry for Tipranavir [Circumstances Codes C3601; C3602; and C3603]**

*omit from the column headed "Authority Requirements – Part of Circumstances":*    **Authority Authority**    *substitute:*    **Authority**

**<sup>1</sup>Note**

All legislative instruments and compilations are registered on the Federal Register of Legislative Instruments kept under the *Legislative Instruments Act 2003*.

See <http://www.frli.gov.au>.