



**PB 60 of 2012**

# **National Health (Listing of Pharmaceutical Benefits) Amendment Instrument 2012 (No. 7)<sup>1</sup>**

*National Health Act 1953*

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I, FELICITY McNEILL, First Assistant Secretary, 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 9 August 2012

**FELICITY McNEILL**  
First Assistant Secretary  
Pharmaceutical Benefits Division  
Department of Health and Ageing

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**1 Name of Instrument**

(1) This Instrument is the *National Health (Listing of Pharmaceutical Benefits) Amendment Instrument 2012 (No. 7)*.

(2) This Instrument may also be cited as PB 60 of 2012.

**2 Commencement**

Schedule 1 to this Instrument commences on 1 August 2012, immediately following commencement of PB 44 of 2012.

Schedule 2 to this Instrument commences on 1 September 2012.

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

Schedules 1 and 2 amend the *National Health (Listing of Pharmaceutical Benefits) Instrument 2010 (PB 108 of 2010)*.

## Schedule 1 Amendment

[1] Schedule 4, Part 1, after entry for Ranibizumab

*insert:*

Rasagiline	C4053		Parkinson disease							Compliance with Authority Required procedures – Streamlined Authority Code 4053
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## Schedule 2 Amendments

[1] Schedule 1, entry for Amoxicillin in the form Capsule 250 mg (as trihydrate) [Max Quantity 20; Number of Repeats 0]

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

			Amoxicillin-PS	FZ	PDP				20	0	
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[2] Schedule 1, entry for Amoxicillin in the form Capsule 250 mg (as trihydrate) [Max Quantity 20; Number of Repeats 1]

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

			Amoxicillin-PS	FZ	MP NP MW				20	1	
--	--	--	----------------	----	----------	--	--	--	----	---	--

[3] Schedule 1, entry for Amoxicillin in the form Capsule 500 mg (as trihydrate) [Max Quantity 20; Number of Repeats 0]

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

			Amoxicillin-PS	FZ	PDP				20	0	
--	--	--	----------------	----	-----	--	--	--	----	---	--

[4] Schedule 1, entry for Amoxicillin in the form Capsule 500 mg (as trihydrate) [Max Quantity 20; Number of Repeats 1]

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

			Amoxicillin-PS	FZ	MP NP MW				20	1	
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**[5] Schedule 1, entry for Azathioprine in the form Tablet 50 mg**

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

			Azathioprine-PS	FZ	MP NP			100	5	
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**[6] Schedule 1, entry for Calcipotriol**

*omit:*

	Scalp solution 50 micrograms (as monohydrate) per mL, 30 mL	Application	Daivonex	LO	MP NP	C2963		1	1	
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**[7] Schedule 1, entry for Cefepime**

*omit from the column headed "Form" (twice occurring):*

**(with any determined brand of sodium chloride injection as the required solvent)**

**[8] Schedule 1, entry for Ceftriaxone**

*omit:*

	Powder for injection 500 mg (as sodium)	Injection	Ceftriaxone ICP	PP	MP NP	C1143 C1169 C1846 C1847	P1143	1	0	
					MP NP	C1143 C1169 C1846 C1847	P1169 P1846 P1847	5	0	

*substitute:*

	Powder for injection 500 mg (as sodium)	Injection	Ceftriaxone-AFT	AE	MP NP	C1143 C1169 C1846 C1847	P1143	1	0	
			Ceftriaxone ICP	PP	MP NP	C1143 C1169 C1846 C1847	P1143	1	0	
			Ceftriaxone-AFT	AE	MP NP	C1143 C1169 C1846 C1847	P1169 P1846 P1847	5	0	
			Ceftriaxone ICP	PP	MP NP	C1143 C1169 C1846 C1847	P1169 P1846 P1847	5	0	

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

*omit:*

			A-Citalopram	TA	MP NP	C1211		28	5	
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**[10] Schedule 1, entry for Clarithromycin in the form Tablet 250 mg**

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

			Clarithromycin-PS	FZ	MP NP			14	1	
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**[11] Schedule 1, entry for Clopidogrel in the form Tablet 75 mg (as hydrogen sulfate)**

*omit:*

			Pharmacor Clopidogrel 75	CR	MP NP	C1719 C1720 C1721 C1722 C1723 C1724		28	5	
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**[12] Schedule 1, entry for Cyclosporin in the form Capsule 25 mg [Max Quantity 60; Number of Repeats 3]**

**(a)** *omit:*

			Cicloral	SZ	MP	C2049 C2050 C2051 C2052 C2053		60	3	
--	--	--	----------	----	----	-------------------------------------	--	----	---	--

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

			Cyclosporin Sandoz	SZ	MP	C2049 C2050 C2051 C2052 C2053		60	3	
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**[13] Schedule 1, entry for Cyclosporin in the form Capsule 25 mg [Max Quantity 120; Number of Repeats 5]**

**(a)** *omit:*

			Cicloral	SZ	MP See Note 1	C1654 C1655 C1656 C1657 C1658 C3328 C3329 C3330 C3331 C3332		120	5	C
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(b) insert in the columns in the order indicated, and in alphabetical order for the column headed "Brand":

			Cyclosporin Sandoz	SZ	MP See Note 1	C1654 C1655 C1656 C1657 C1658 C3328 C3329 C3330 C3331 C3332		120	5	C
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[14] Schedule 1, entry for Cyclosporin in the form Capsule 50 mg [Max Quantity 60; Number of Repeats 3]

(a) omit:

			Cicloral	SZ	MP	C2049 C2050 C2051 C2052 C2053		60	3	
--	--	--	----------	----	----	-------------------------------------	--	----	---	--

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

			Cyclosporin Sandoz	SZ	MP	C2049 C2050 C2051 C2052 C2053		60	3	
--	--	--	--------------------	----	----	-------------------------------------	--	----	---	--

[15] Schedule 1, entry for Cyclosporin in the form Capsule 50 mg [Max Quantity 120; Number of Repeats 5]

(a) omit:

			Cicloral	SZ	MP See Note 1	C1654 C1655 C1656 C1657 C1658 C3328 C3329 C3330 C3331 C3332		120	5	C
--	--	--	----------	----	------------------	---	--	-----	---	---

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

			Cyclosporin Sandoz	SZ	MP See Note 1	C1654 C1655 C1656 C1657 C1658 C3328 C3329 C3330 C3331 C3332		120	5	C
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**[16] Schedule 1, entry for Cyclosporin in the form Capsule 100 mg [Max Quantity 60; Number of Repeats 3]**

**(a) omit:**

			Cicloral	SZ	MP	C2049 C2050 C2051 C2052 C2053		60	3	
--	--	--	----------	----	----	-------------------------------------	--	----	---	--

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

			Cyclosporin Sandoz	SZ	MP	C2049 C2050 C2051 C2052 C2053		60	3	
--	--	--	--------------------	----	----	-------------------------------------	--	----	---	--

**[17] Schedule 1, entry for Cyclosporin in the form Capsule 100 mg [Max Quantity 120; Number of Repeats 5]**

**(a) omit:**

			Cicloral	SZ	MP See Note 1	C1654 C1655 C1656 C1657 C1658 C3328 C3329 C3330 C3331 C3332		120	5	C
--	--	--	----------	----	------------------	---	--	-----	---	---

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

			Cyclosporin Sandoz	SZ	MP See Note 1	C1654 C1655 C1656 C1657 C1658 C3328 C3329 C3330 C3331 C3332		120	5	C
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**[18] Schedule 1, entry for Cyproterone in the form Tablet containing cyproterone acetate 50 mg [Max Quantity 20; Number of Repeats 5]**

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

			Cyprocur 50	QA	MP	C1014 C1230 C1404	P1230	20	5	
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**[19] Schedule 1, entry for Cyproterone in the form Tablet containing cyproterone acetate 50 mg [Max Quantity 100; Number of Repeats 5]**

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

			Cyprocur 50	QA	MP	C1014 C1230 C1404	P1014 P1404	100	5	
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**[20] Schedule 1, entry for Dicloxacillin in each of the forms: Capsule 250 mg (as sodium); and Capsule 500 mg (as sodium)**

*omit:*

			Dicloxsig	QA	MP NP MW PDP	C1345		24	0	
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**[21] Schedule 1, omit entry for Dihydroergotamine**

**[22] Schedule 1, entry for Diltiazem in the form Capsule (controlled delivery) containing diltiazem hydrochloride 180 mg**

*omit:*

			Diltahexal CD	HX	MP NP			30	5	
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**[23] Schedule 1, entry for Docetaxel in the form Solution concentrate for I.V. infusion 20 mg in 2 mL [Docetaxel Sandoz]**

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

**C3892**

**[24] Schedule 1, entry for Docetaxel**

*omit:*

	Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL with solvent	Injection	Taxotere	SW	MP	C3186 C3888 C3890 C3892 C3916 C3955 C3956 C7002	See Note 3	See Note 3	See Note 3	D
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**[25] Schedule 1, entry for Docetaxel in the form Solution concentrate for I.V. infusion 80 mg in 8 mL [Docetaxel Sandoz]**

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

**C3892**

[26] Schedule 1, omit entry for Etidronic Acid

[27] Schedule 1, omit entry for Etidronic Acid and Calcium

[28] Schedule 1, entry for Famotidine in the form Tablet 20 mg

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

			Famotidine-PS	FZ	MP NP			60	5	
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[29] Schedule 1, entry for Famotidine in the form Tablet 40 mg

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

			Famotidine-PS	FZ	MP NP			30	5	
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[30] Schedule 1, entry for Fluconazole in the form Solution for I.V. infusion 200 mg in 100 mL

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

			Fluconazole Alphapharm	AF	MP NP	C3613 C3614 C3615 C3616 C3617 C3618		7	0	
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[31] Schedule 1, entry for Fluconazole in the form Solution for I.V. infusion 400 mg in 200 mL

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

			Fluconazole Alphapharm	AF	MP NP	C3613 C3614 C3615 C3616 C3617 C3618		1	0	
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[32] Schedule 1, entry for Glucose Indicator—Blood

*omit:*

	Test strips, 25 (On-Call Plus)	For external use	On-Call Plus	PZ	MP NP			4	5	
					MP		P3035	4	11	

**[33] Schedule 1, entry for Isosorbide Mononitrate in the form Tablet 60 mg (sustained release)**

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

			Isosorbide-PS	FZ	MP NP			30	5	
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**[34] Schedule 1, entry for Lamivudine in the form Tablet 100 mg**

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

			Zetlam	AF	MP See Note 1	C3959 C3960 C3961 C3962		56	5	D
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**[35] Schedule 1, entry for Lamivudine in the form Tablet 150 mg**

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

			Alphapharm Lamivudine	AF	MP See Note 1	C3586 C3587 C3588 C3589		120	5	D
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**[36] Schedule 1, entry for Lamivudine in the form Tablet 300 mg**

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

			Alphapharm Lamivudine	AF	MP See Note 1	C3586 C3587 C3588 C3589		60	5	D
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**[37] Schedule 1, entry for Methoxyflurane**

*omit from the column headed "Responsible Person": NQ substitute: DV*

**[38] Schedule 1, entry for Methylprednisolone in the form Powder for injection 1 g (as sodium succinate)**

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

			Methylprednisolone Alphapharm	AF	MP NP			1	0	
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**[39] Schedule 1, entry for Omeprazole in the form Tablet 20 mg**

**(a) omit:**

			Omeprazole Ranbaxy	RA	MP NP	C1177 C1337 C1476 C1533	P1177	30	1	
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(b) omit:

			Omeprazole Ranbaxy	RA	MP NP	C1177 C1337 C1476 C1533	P1337 P1476 P1533	30	5		
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**[40] 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":*

			STADA Pantoprazole	TD	MP NP	C1177 C1337 C1476 C1533	P1177	30	2		
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**[41] 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":*

			STADA Pantoprazole	TD	MP NP	C1177 C1337 C1476 C1533	P1337 P1476 P1533	30	5		
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**[42] Schedule 1, entry for Paracetamol in the form Tablet 500 mg**

(a) omit:

			Chem mart Paracetamol	XS	PDP			100	0		
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(b) omit:

			Pharmacy Choice Paracetamol	YM	PDP			100	0		
			Terry White Chemists Paracetamol	YS	PDP			100	0		

(c) omit:

			Chem mart Paracetamol	XS	MP NP			100	1		
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(d) omit:

			Pharmacy Choice Paracetamol	YM	MP NP			100	1	
			Terry White Chemists Paracetamol	YS	MP NP			100	1	

(e) omit:

			Chem mart Paracetamol	XS	PDP		P2046	300	0	
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(f) omit:

			Pharmacy Choice Paracetamol	YM	PDP		P2046	300	0	
			Terry White Chemists Paracetamol	YS	PDP		P2046	300	0	

(g) omit:

			Chem mart Paracetamol	XS	MP NP		P2046	300	4	
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(h) omit:

			Pharmacy Choice Paracetamol	YM	MP NP		P2046	300	4	
			Terry White Chemists Paracetamol	YS	MP NP		P2046	300	4	

**[43] Schedule 1, entry for Pioglitazone in the form Tablet 15 mg (as hydrochloride)**

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

			Prioten 15	DO	MP NP	C3540 C3541 C3542		28	5	
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**[44] Schedule 1, entry for Pioglitazone in the form Tablet 30 mg (as hydrochloride)**

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

			Prioten 30	DO	MP NP	C3540 C3541 C3542		28	5		
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**[45] Schedule 1, entry for Pioglitazone in the form Tablet 45 mg (as hydrochloride)**

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

			Prioten 45	DO	MP NP	C3540 C3541 C3542		28	5		
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**[46] Schedule 1, entry for Risperidone in the form Tablet 0.5 mg [Max Quantity 60; Number of Repeats 2]**

**(a) omit:**

			Risperidone Actavis 0.5	TA	MP NP	C1589 C2061 C3083	P2061 P3083	60	2		
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**(b) insert in the columns in the order indicated, and in alphabetical order for the column headed "Brand":**

			Risperidone GH	GQ	MP NP	C1589 C2061 C3083	P2061 P3083	60	2		
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**[47] Schedule 1, entry for Risperidone in the form Tablet 0.5 mg [Max Quantity 60; Number of Repeats 5]**

**(a) omit:**

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

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

			Risperidone GH	GQ	MP NP	C1589 C2061 C3083	P1589	60	5		
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**[48] Schedule 1, entry for Risperidone in the form Tablet 1 mg [Max Quantity 60; Number of Repeats 2]**

*omit:*

			Risperidone Actavis 1	TA	MP NP	C1589 C2061 C2272 C3083	P2061 P3083	60	2		
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**[49] Schedule 1, entry for Risperidone in the form Tablet 1 mg [Max Quantity 60; Number of Repeats 5]**

*omit:*

			Risperidone Actavis 1	TA	MP NP	C1589 C2061 C2272 C3083	P1589 P2272	60	5		
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**[50] Schedule 1, entry for Risperidone in the form Tablet 2 mg [Max Quantity 60; Number of Repeats 2]**

*omit:*

			Risperidone Actavis 2	TA	MP NP	C1589 C2272 C3083	P3083	60	2		
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**[51] Schedule 1, entry for Risperidone in the form Tablet 2 mg [Max Quantity 60; Number of Repeats 5]**

*omit:*

			Risperidone Actavis 2	TA	MP NP	C1589 C2272 C3083	P1589 P2272	60	5		
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**[52] Schedule 1, entry for Risperidone in the form Tablet 3 mg**

*omit:*

			Risperidone Actavis 3	TA	MP NP	C1589 C2272		60	5		
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**[53] Schedule 1, entry for Risperidone in the form Tablet 4 mg**

*omit:*

			Risperidone Actavis 4	TA	MP NP	C1589 C2272		60	5		
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**[54] Schedule 1, entry for Simvastatin in each of the forms: Tablet 5 mg; Tablet 10 mg; and Tablet 20 mg**

**(a)** *omit:*

			Simvahexal	HX	MP NP	C1540 C3047 C1540	P1540	30 30	5 5	
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(b) omit:

			Simvahexal	HX	MP	C1540 C3047	P3047	30	11	
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**[55] Schedule 1, entry for Sodium Chloride**

omit:

	Injection 9 mg per mL, 10 mL	Injection/ solvent for injectables	Pfizer Australia Pty Ltd	PF	PDP  MP NP			5 5	0 1	
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**[56] Schedule 1, entry for Somatropin**

(a) omit:

	Solution for injection 5 mg (15 i.u.) in 1.5 mL cartridge (with preservative)	Injection	Norditropin FlexPro	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D
Norditropin NordiFlex			NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D	
Norditropin SimpleXx			NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D	
Omnitrope			SZ	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D	

substitute:

	Solution for injection 5 mg (15 i.u.) in 1.5 mL cartridge (with preservative)	Injection	Norditropin SimpleXx	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D
Omnitrope			SZ	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D	
	Solution for injection 5 mg (15 i.u.) in 1.5 mL cartridge (with preservative) in pre-filled pen	Injection	Norditropin FlexPro	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D
Norditropin NordiFlex			NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D	

**(b) omit:**

Solution for injection 10 mg (30 i.u.) in 1.5 mL cartridge (with preservative)	Injection	Norditropin FlexPro	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D
		Norditropin NordiFlex	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D
		Norditropin SimpleXx	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D
		Omnitrope	SZ	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D

*substitute:*

Solution for injection 10 mg (30 i.u.) in 1.5 mL cartridge (with preservative)	Injection	Norditropin SimpleXx	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D
		Omnitrope	SZ	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D
Solution for injection 10 mg (30 i.u.) in 1.5 mL cartridge (with preservative) in pre-filled pen	Injection	Norditropin FlexPro	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D
		Norditropin NordiFlex	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D

**(c) omit:**

Solution for injection 15 mg (45 i.u.) in 1.5 mL cartridge (with preservative)	Injection	Norditropin FlexPro	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D
		Norditropin NordiFlex	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D
		Norditropin SimpleXx	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D

*substitute:*

Solution for injection 15 mg (45 i.u.) in 1.5 mL cartridge (with preservative)	Injection	Norditropin SimpleXx	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D
		Norditropin NordiFlex	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D
Solution for injection 15 mg (45 i.u.) in 1.5 mL cartridge (with preservative) in pre-filled pen	Injection	Norditropin FlexPro	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D
		Norditropin NordiFlex	NO	MP See Note 1	See Note 3	See Note 3	See Note 3	See Note 3	D

**[57] Schedule 1, entry for Sumatriptan in the form Tablet 50 mg (as succinate)**

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

			Sumatriptan-PS	FZ	MP NP	C3233		4	5	
--	--	--	----------------	----	-------	-------	--	---	---	--

**[58] Schedule 1, entry for Ticarcillin with Clavulanic Acid**

*omit from the column headed "Form":*

**(with any determined brand of sodium chloride injection as the required solvent)**

**[59] Schedule 1, entry for Timolol in the form Eye drops 2.5 mg (as maleate) per mL, 5 mL**

*omit:*

			Timoptol	FR	MP AO			1	5	
--	--	--	----------	----	-------	--	--	---	---	--

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

**(a) omit:**

			Valaclovir Actavis 500	TA	MP NP	C3622 C3623 C3624 C3631	P3623 P3624	30	5	
--	--	--	------------------------	----	-------	----------------------------	-------------	----	---	--

**(b) omit from the column headed "Responsible Person" for the brand "Valacor 500": QR substitute: CR**

**[61] Schedule 1, entry for Valaciclovir in the form Tablet 500 mg (as hydrochloride) [Max Quantity 42; Number of Repeats 0]**

**(a) omit:**

			Valaciclovir Actavis 500	TA	MP NP	C3622 C3623 C3624 C3631	P3622 P3631	42	0	
--	--	--	--------------------------	----	-------	----------------------------	-------------	----	---	--

**(b) omit from the column headed "Responsible Person" for the brand "Valacor 500": QR substitute: CR**

**[62] Schedule 1, entry for Verapamil**

*omit:*

	Tablet containing verapamil hydrochloride 160 mg	Oral	Isoptin	AB	MP NP			60	5	
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**[63] Schedule 3, after details relevant to Responsible person code DO**

*insert:*

DV	Medical Developments International Limited	14 106 340 667
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**[64] Schedule 3**

*omit:*

PZ	Prohealth Asia Pacific Pty Ltd	25 076 852 769
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**[65] Schedule 3**

*omit:*

QR	Ranbaxy Australia Pty Limited	17 110 871 826
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**[66] Schedule 3**

*omit:*

XS	Symbion Pty Ltd	25 000 875 034
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**[67] Schedule 3**

*omit:*

YM	Symbion Pty Ltd	25 000 875 034
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**[68] Schedule 3**

*omit:*

YS	Symbion Pty Ltd	25 000 875 034
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**[69] Schedule 4, Part 1, entry for Calcipotriol**

*omit:*

	C2963		Chronic stable plaque type psoriasis vulgaris of the scalp	
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- [70] Schedule 4, Part 1, omit entry for Etidronic Acid
- [71] Schedule 4, Part 1, omit entry for Etidronic Acid and Calcium

**<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>.