

PB 47 of 2015

National Health (Listing of Pharmaceutical Benefits) Amendment Instrument 2015   
(No. 5)

*National Health Act 1953*

I, FELICITY McNEILL, First Assistant Secretary, Pharmaceutical Benefits Division, Department of Health, delegate of the Minister for Health, make this Instrument under sections 84AF, 84AK, 85, 85A, 88 and 101 of the *National Health Act 1953*.

Dated 22 May 2015

**FELICITY McNEILL**

First Assistant Secretary

Pharmaceutical Benefits Division

Department of Health

1 Name of Instrument

(1) This Instrument is the *National Health (Listing of Pharmaceutical Benefits) Amendment Instrument 2015 (No. 5)*.

(2) This Instrument may also be cited as PB 47 of 2015.

2 Commencement

This Instrument commences on 1 June 2015.

3 Amendment of *National Health (Listing of Pharmaceutical Benefits) Instrument 2012* (PB 71 of 2012)

Schedule 1 amends the *National Health (Listing of Pharmaceutical Benefits) Instrument 2012* (PB 71 of 2012).

Schedule 1 Amendments

1. Schedule 1, entry for Abciximab

*omit from the column headed “Circumstances”:* **C1716 C1717 C1718** *substitute:* **C4915 C4942 C4943**

1. **Schedule 1, entry for Aciclovir in the form Tablet 200 mg *[Maximum Quantity: 50; Number of Repeats: 0]***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Aciclovir Sandoz | HX | MP NP | C3632 C3633 | P3632 | 50 | 0 | 25 |  |  |

1. **Schedule 1, entry for Aciclovir in the form Tablet 200 mg *[Maximum Quantity: 90; Number of Repeats: 5]***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Aciclovir Sandoz | HX | MP NP | C3632 C3633 | P3633 | 90 | 5 | 90 |  |  |

1. Schedule 1, entry for Adapalene with benzoyl peroxide in the form Gel 1 mg-25 mg per g, 30 g *[Maximum Quantity: 1;   
   Number of Repeats: 1]*
   * 1. *omit from the column headed “Circumstances”:* **C3689 C3690** *substitute:* **C4898 C4961**
     2. *omit from the column headed “Purposes”:* **P3689** *substitute:* **P4961**
2. Schedule 1, entry for Adapalene with benzoyl peroxide in the form Gel 1 mg-25 mg per g, 30 g *[Maximum Quantity: 1;   
   Number of Repeats: 3]*
   * 1. *omit from the column headed “Circumstances” [Authorised Prescriber “****MP****”]:* **C3689 C3690** *substitute:* **C4898 C4961**
     2. *omit from the column headed “Purposes”:* **P3690** *substitute:* **P4898**
     3. *omit from the column headed “Circumstances” [Authorised Prescriber “****NP****”]:* **C3690** *substitute:* **C4898**
3. Schedule 1, entry for Adrenaline in each of the forms: I.M. injection 150 micrograms in 0.3 mL single dose syringe auto-injector   
   (EpiPen Jr.); I.M. injection 150 micrograms in 0.3 mL single dose syringe auto-injector (Anapen Junior); I.M. injection 300 micrograms   
   in 0.3 mL single dose syringe auto-injector (EpiPen); and I.M. injection 300 micrograms in 0.3 mL single dose syringe auto-injector (Anapen)

*omit from the column headed “Circumstances”:* **C3434 C3435 C3436** *substitute:* **C4909 C4946 C4947**

1. Schedule 1, entry for Alendronic acid with colecalciferol in the form Tablet 70 mg (as alendronate sodium) with 70 micrograms colecalciferol

*omit from the column headed “Brand”:* **FonatPlus** *substitute:* **FonatPLUS**

1. Schedule 1, entry for Alendronic acid with colecalciferol in the form Tablet 70 mg (as alendronate sodium) with 140 micrograms colecalciferol

*omit from the column headed “Brand”:* **Fonat Plus** *substitute:* **FonatPLUS**

1. **Schedule 1, after entry for Amino acid formula with vitamins and minerals without phenylalanine in the form Sachets containing oral powder 34 g, 30 (PKU express 20)**

*insert in the columns in the order indicated:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sachets containing oral powder 36 g, 30 (PKU Anamix Junior) | Oral | PKU Anamix Junior | SB | MP NP | C4964 |  | 4 | 5 | 1 |  |  |

1. **Schedule 1, after entry for Amino acid formula with vitamins and minerals without phenylalanine and tyrosine in the form Sachets containing oral powder 29 g, 30 (TYR Anamix Junior)**

*insert in the columns in the order indicated:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sachets containing oral powder 36 g, 30 (TYR Anamix Junior) | Oral | TYR Anamix Junior | SB | MP NP | C4923 |  | 4 | 5 | 1 |  |  |

1. **Schedule 1, after entry for Amino acid formula with vitamins and minerals without valine, leucine and isoleucine in the form Sachets containing oral powder 34 g, 30 (MSUD express 20)**

*insert in the columns in the order indicated:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sachets containing oral powder 36 g, 30 (MSUD Anamix Junior) | Oral | MSUD Anamix Junior | SB | MP NP | C4954 |  | 4 | 5 | 1 |  |  |

1. **Schedule 1, after entry for Amylopectin, modified long chain**

*insert:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Anakinra | Injection 100 mg in 0.67 mL single use pre-filled syringe | Injection | Kineret | FK | MP | C4920 |  | 28 | 5 | 28 |  | D(100) |

1. Schedule 1, entry for Apraclonidine

*omit from the column headed “Circumstances”:* **C1374** *substitute:* **C4901**

1. **Schedule 1, entry for Atenolol in the form Tablet 50 mg**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Atenolol RBX | RA | MP NP |  |  | 30 | 5 | 30 |  |  |

1. Schedule 1, entry for Azathioprine in the form Tablet 50 mg

*omit from the column headed “Brand”:* **Thioprine** *substitute:* **Thioprine 50**

1. Schedule 1, entry for Betamethasone in the form Cream 500 micrograms (as dipropionate) per g, 15 g

*omit from the column headed “Circumstances” (twice occurring):* **C1422** *substitute:* **C4957**

1. Schedule 1, entry for Betamethasone in the form Cream 200 micrograms (as valerate) per g, 100 g

*omit from the column headed “Circumstances” (all instances):* **C1422** *substitute:* **C4924**

1. Schedule 1, entry for Betamethasone in each of the forms: Ointment 500 micrograms (as dipropionate) per g, 15 g; and   
   Cream 500 micrograms (as valerate) per g, 15 g

*omit from the column headed “Circumstances” (all instances):* **C1422** *substitute:* **C4957**

1. Schedule 1, entry for Bevacizumab in each of the forms: Solution for I.V. infusion 100 mg in 4 mL; and Solution for I.V. infusion 400 mg   
   in 16 mL

*insert in numerical order in the column headed “Circumstances”:* **C4939 C4968**

1. Schedule 1, entry for Bivalirudin

*omit from the column headed “Circumstances”:* **C3075** *substitute:* **C4919**

1. Schedule 1, entry for Buprenorphine in each of the forms: Transdermal patch 5 mg; Transdermal patch 10 mg; and Transdermal patch   
   20 mg

*omit from the column headed “Circumstances”:* **C1062** *substitute:* **C4951**

1. Schedule 1, omit entry for Calcipotriol
2. Schedule 1, entry for Captopril in the form Oral solution 5 mg per mL, 95 mL

*omit from the column headed “Circumstances”:* **C1998** *substitute:* **C4966**

1. Schedule 1, entry for Celecoxib in each of the forms: Capsule 100 mg; and Capsule 200 mg

*omit from the column headed “Circumstances” (all instances):* **C1547 C1848** *substitute:* **C4907 C4962**

1. Schedule 1, entry for Cetuximab in each of the forms: Solution for I.V. infusion 100 mg in 20 mL; and Solution for I.V. infusion 500 mg   
   in 100 mL
   * 1. *omit from the column headed “Circumstances”:* **C4771 C4779**
     2. *insert in numerical order:* **C4908 C4912 C4945 C4965**
2. **Schedule 1, entry for Chloramphenicol**

*omit:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Ear drops (aqueous) 5 mg per mL, 5 mL | Application to the ear | Chloromycetin | PF | MP NP |  |  | 1 | 2 | 1 |  |  |

1. **Schedule 1, entry for Ciprofloxacin in the form Tablet 750 mg (as hydrochloride)**

*omit:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Ciproxin 750 | BN | MP NP | C1431 C1432 C1572 C1573 C3680 |  | 14 | 0 | 14 |  |  |

1. Schedule 1, entry for Clodronic Acid in each of the forms: Capsule containing 400 mg sodium clodronate (as tetrahydrate); and   
   Tablet containing 800 mg sodium clodronate (as tetrahydrate)

*omit from the column headed “Circumstances”:* **C1035 C1205 C1233** *substitute:* **C4933 C4955 C4956**

1. Schedule 1, entry for Codeine with Paracetamol in the form Tablet containing codeine phosphate 30 mg with paracetamol 500 mg *[Maximum Quantity: 60; Number of Repeats: 0]*
2. *omit from the column headed “Purposes” (all instances):* **P2064** *substitute:* **P4903**
3. *omit from the column headed “Maximum Quantity” (all instances):* **60 CN2064** *substitute:* **60 CN4903**
4. *omit from the column headed “Number of Repeats” (all instances):* **0** *substitute:* **0 CN4903**
5. Schedule 1, entry for Dalteparin in the form Injection containing dalteparin sodium 2,500 I.U. (anti-Xa) in 0.2 mL single dose pre-filled syringe *[Maximum Quantity: 20; Number of Repeats: 3]*

*omit from the column headed “Purposes”:* **P1148** *substitute:* **P4910**

1. Schedule 1, entry for Dalteparin in the form Injection containing dalteparin sodium 5,000 I.U. (anti-Xa) in 0.2 mL single dose pre-filled syringe *[Maximum Quantity: 20; Number of Repeats: 3]*

*omit from the column headed “Purposes”:* **P1148** *substitute:* **P4910**

1. Schedule 1, entry for Dalteparin in the form Injection containing dalteparin sodium 7,500 I.U. (anti-Xa) in 0.75 mL single dose pre-filled syringe *[Maximum Quantity: 20; Number of Repeats: 3]*

*omit from the column headed “Purposes”:* **P1148** *substitute:* **P4910**

1. Schedule 1, entry for Dalteparin in the form Injection containing dalteparin sodium 7,500 I.U. (anti-Xa) in 0.75 mL single dose pre-filled syringe *[Maximum Quantity: 30; Number of Repeats: 5]*

*omit from the column headed “Purposes”:* **P3688** *substitute:* **P4967**

1. Schedule 1, entry for Dalteparin in the form Injection containing dalteparin sodium 10,000 I.U. (anti-Xa) in 1 mL single dose pre‑filled syringe *[Maximum Quantity: 20; Number of Repeats: 3]*

*omit from the column headed “Purposes”:* **P1148** *substitute:* **P4910**

1. Schedule 1, entry for Dalteparin in the form Injection containing dalteparin sodium 10,000 I.U. (anti-Xa) in 1 mL single dose pre‑filled syringe *[Maximum Quantity: 30; Number of Repeats: 5]*

*omit from the column headed “Purposes”:* **P3688** *substitute:* **P4967**

1. Schedule 1, entry for Dalteparin in the form Injection containing dalteparin sodium 12,500 I.U. (anti-Xa) in 0.5 mL single dose pre-filled syringe

*omit:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | MP NP |  | P1148 | 20 | 3 | 10 |  |  |
|  |  |  |  |  | MP NP |  | P3688 | 20 | 3 | 10 |  |  |

*substitute:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | MP NP |  | P4910 | 20 | 3 | 10 |  |  |
|  |  |  |  |  | MP NP |  | P4967 | 30 | 5 | 10 |  |  |

1. Schedule 1, entry for Dalteparin in each of the forms: Injection containing dalteparin sodium 15,000 I.U. (anti-Xa) in 0.6 mL single dose pre-filled syringe; and Injection containing dalteparin sodium 18,000 I.U. (anti-Xa) in 0.72 mL single dose pre-filled syringe

*omit from the column headed “Circumstances”:* **C3688** *substitute:* **C4967**

1. Schedule 1, entry for Diphtheria and tetanus vaccine, adsorbed, diluted for adult use in the form Injection 0.5 mL

*omit from the column headed “Section 100/Prescriber Bag only”:* **PB(MP) PB(NP)**

1. **Schedule 1, entry for Dipyridamole with Aspirin**
2. *omit from the column headed “Manner of Administration” for the brand “Asasantin SR”:* **Oral**
3. *insert in the columns in the order indicated, and in alphabetical order for the column headed “Brand”:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Diasp SR | QA | MP NP | C1728 |  | 60 | 5 | 60 |  |  |

1. **Schedule 1, entry for Docetaxel in the form Solution concentrate for I.V. infusion 20 mg in 1 mL**

*omit:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Dotax | RZ | MP |  |  | See Note 3 | See  Note 3 | 1 |  | D(100) |

1. **Schedule 1, entry for Docetaxel in the form Solution concentrate for I.V. infusion 80 mg in 4 mL**

*omit:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Dotax | RZ | MP |  |  | See Note 3 | See  Note 3 | 1 |  | D(100) |

1. **Schedule 1, entry for Duloxetine in the form Capsule 30 mg (as hydrochloride)**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Depreta 30 | DO | MP NP | C1211 |  | 28 | 0 | 28 |  |  |

1. **Schedule 1, entry for Duloxetine in the form Capsule 60 mg (as hydrochloride)**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Depreta 60 | DO | MP NP | C1211 |  | 28 | 5 | 28 |  |  |

1. Schedule 1, entry for Enoxaparin in the form Solution for injection containing enoxaparin sodium 40 mg (4,000 I.U. anti-Xa) in 0.4 mL *[Maximum Quantity: 20; Number of Repeats: 3]*

*omit from the column headed “Purposes”:* **P1148** *substitute:* **P4910**

1. Schedule 1, entry for Eplerenone in each of the forms: Tablet 25 mg; and Tablet 50 mg

*omit from the column headed “Circumstances”:* **C2637** *substitute:* **C4937**

1. Schedule 1, entry for Essential amino acids formula

*omit from the column headed “Circumstances”:* **C1147 C1458** *substitute:* **C4925 C4958**

1. Schedule 1, entry for Essential amino acids formula with minerals and vitamin C

*omit from the column headed “Circumstances”:* **C1147 C1458** *substitute:* **C4925 C4958**

1. Schedule 1, entry for Essential amino acids formula with vitamins and minerals

*omit from the column headed “Circumstances”:* **C1147 C1458** *substitute:* **C4925 C4958**

1. Schedule 1, entry for Ethacrynic Acid

*omit from the column headed “Circumstances”:* **C1261** *substitute:***C4936**

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

*omit from the column headed “Circumstances”:* **C4267** *substitute:* **C4914**

1. Schedule 1, entry for Fentanyl in the form Lozenge 200 micrograms (as citrate) *[Maximum Quantity: 60; Number of Repeats: 0)*
2. *omit from the column headed “Circumstances”:* **C4267** *substitute:* **C4914**
3. *omit from the column headed “Purposes”:* **P4267** *substitute:* **P4914**
4. Schedule 1, entry for Fentanyl in the form Lozenge 400 micrograms (as citrate) *[Maximum Quantity: 9; Number of Repeats: 0)*

*omit from the column headed “Circumstances”:* **C4267** *substitute:* **C4914**

1. Schedule 1, entry for Fentanyl in the form Lozenge 400 micrograms (as citrate) *[Maximum Quantity: 60; Number of Repeats: 0)*
2. *omit from the column headed “Circumstances”:* **C4267** *substitute:* **C4914**
3. *omit from the column headed “Purposes”:* **P4267** *substitute:* **P4914**
4. Schedule 1, entry for Fentanyl in the form Lozenge 600 micrograms (as citrate) *[Maximum Quantity: 9; Number of Repeats: 0)*

*omit from the column headed “Circumstances”:* **C4267** *substitute:* **C4914**

1. Schedule 1, entry for Fentanyl in the form Lozenge 600 micrograms (as citrate) *[Maximum Quantity: 60; Number of Repeats: 0)*
2. *omit from the column headed “Circumstances”:* **C4267** *substitute:* **C4914**
3. *omit from the column headed “Purposes”:* **P4267** *substitute:* **P4914**
4. Schedule 1, entry for Fentanyl in the form Lozenge 800 micrograms (as citrate) *[Maximum Quantity: 9; Number of Repeats: 0)*

*omit from the column headed “Circumstances”:* **C4267** *substitute:* **C4914**

1. Schedule 1, entry for Fentanyl in the form Lozenge 800 micrograms (as citrate) *[Maximum Quantity: 60; Number of Repeats: 0)*
2. *omit from the column headed “Circumstances”:* **C4267** *substitute:* **C4914**
3. *omit from the column headed “Purposes”:* **P4267** *substitute:* **P4914**
4. Schedule 1, entry for Fentanyl in the form Lozenge 1200 micrograms (as citrate) *[Maximum Quantity: 9; Number of Repeats: 0)*

*omit from the column headed “Circumstances”:* **C4267** *substitute:* **C4914**

1. Schedule 1, entry for Fentanyl in the form Lozenge 1200 micrograms (as citrate) *[Maximum Quantity: 60; Number of Repeats: 0)*
2. *omit from the column headed “Circumstances”:* **C4267** *substitute:* **C4914**
3. *omit from the column headed “Purposes”:* **P4267** *substitute:* **P4914**
4. Schedule 1, entry for Fentanyl in the form Lozenge 1600 micrograms (as citrate) *[Maximum Quantity: 9; Number of Repeats: 0)*

*omit from the column headed “Circumstances”:* **C4267** *substitute:* **C4914**

1. Schedule 1, entry for Fentanyl in the form Lozenge 1600 micrograms (as citrate) *[Maximum Quantity: 60; Number of Repeats: 0)*
2. *omit from the column headed “Circumstances”:* **C4267** *substitute:* **C4914**
3. *omit from the column headed “Purposes”:* **P4267** *substitute:* **P4914**
4. Schedule 1, entry for Fentanyl in each of the forms: Transdermal patch 1.28 mg; Transdermal patch 2.063 mg; Transdermal patch 2.1 mg; Transdermal patch 2.55 mg; Transdermal patch 4.125 mg; Transdermal patch 4.2 mg; Transdermal patch 5.10 mg; Transdermal patch 7.65 mg; Transdermal patch 8.25 mg; Transdermal patch 8.4 mg; Transdermal patch 10.20 mg; Transdermal patch 12.375 mg; Transdermal patch 12.6 mg; Transdermal patch 16.5 mg; and Transdermal patch 16.8 mg

*omit from the column headed “Circumstances” (all instances):* **C1062** *substitute:* **C4952**

1. Schedule 1, entry for Fluticasone with Salmeterol in each of the forms: Pressurised inhalation containing fluticasone propionate 50 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation); Pressurised inhalation containing fluticasone propionate 125 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation); Powder for oral inhalation in breath actuated device containing fluticasone propionate 100 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses; and Powder for oral inhalation in breath actuated device containing fluticasone propionate 250 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses

*omit from the column headed “Circumstances”:* **C4408** *substitute:* **C4930**

1. Schedule 1, entry for Fluticasone with Salmeterol in each of the forms: Pressurised inhalation containing fluticasone propionate 250 micrograms with salmeterol 25 micrograms (as xinafoate) per dose, 120 doses (CFC-free formulation); and Powder for oral inhalation in breath actuated device containing fluticasone propionate 500 micrograms with salmeterol 50 micrograms (as xinafoate) per dose, 60 doses
   * 1. *omit from the column headed “Circumstances”:* **C4408**
     2. *insert in numerical order:* **C4930**
2. **Schedule 1, entry for Frusemide in each of the forms: Tablet 20 mg; and Tablet 40 mg**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Frusemide RBX | RA | MP NP |  |  | 100 | 1 | 100 |  |  |

1. Schedule 1, entry for Fusidic Acid

*omit from the column headed “Circumstances”:* **C1130** *substitute:* **C4963**

1. **Schedule 1, entry for Gabapentin in the form Capsule 100 mg**

*omit:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Gabatine 100 | QA | MP NP | C2664 |  | 100 | 5 | 100 |  |  |

1. **Schedule 1, entry for Gabapentin in the form Capsule 300 mg**
   * 1. *insert in the columns in the order indicated, and in alphabetical order for the column headed “Brand”:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Gabapentin GH | GQ | MP NP | C2664 |  | 100 | 5 | 100 |  |  |

* + 1. *omit:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Gabatine 300 | QA | MP NP | C2664 |  | 100 | 5 | 100 |  |  |

1. **Schedule 1, entry for Gabapentin in the form Capsule 400 mg**
2. *insert in the columns in the order indicated, and in alphabetical order for the column headed “Brand”:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Gabapentin GH | GQ | MP NP | C2664 |  | 100 | 5 | 100 |  |  |

1. *omit:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Gabatine 400 | QA | MP NP | C2664 |  | 100 | 5 | 100 |  |  |

1. **Schedule 1, entry for Gabapentin in the form Tablet 600 mg**

*omit:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Gabatine 600 | QA | MP NP | C2664 |  | 100 | 5 | 100 |  |  |

1. **Schedule 1, entry for Gabapentin in the form Tablet 800 mg**

*omit:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Gabatine 800 | QA | MP NP | C2664 |  | 100 | 5 | 100 |  |  |

1. Schedule 1, entry for Hydrocortisone in the form Cream containing hydrocortisone acetate 10 mg per g, 30 g *[Maximum Quantity: 1;   
   Number of Repeats: 0]*
   * 1. *omit from the column headed “Circumstances” (twice occurring):* **C1422** *substitute:* **C4899 C4934**
     2. *insert in the column headed “Purposes” (twice occurring):* **P4934**
2. Schedule 1, entry for Hydrocortisone in the form Cream containing hydrocortisone acetate 10 mg per g, 30 g *[Maximum Quantity: 1;   
   Number of Repeats: 1]*
   * 1. *omit from the column headed “Circumstances” (twice occurring):* **C1422** *substitute:* **C4899 C4934**
     2. *insert in the column headed “Purposes” (twice occurring):* **P4899**
3. Schedule 1, entry for Hydrocortisone in the form Cream containing hydrocortisone acetate 10 mg per g, 50 g *[Maximum Quantity: 1;   
   Number of Repeats: 0]*
   * 1. *omit from the column headed “Circumstances” (twice occurring):* **C1422** *substitute:* **C4899 C4934**
     2. *insert in the column headed “Purposes” (twice occurring):* **P4934**
4. Schedule 1, entry for Hydrocortisone in the form Cream containing hydrocortisone acetate 10 mg per g, 50 g *[Maximum Quantity: 1;   
   Number of Repeats: 1]*
   * 1. *omit from the column headed “Circumstances” (twice occurring):* **C1422** *substitute:* **C4899 C4934**
     2. *insert in the column headed “Purposes” (twice occurring):* **P4899**
5. Schedule 1, entry for Hydrocortisone in the form Ointment containing hydrocortisone acetate 10 mg per g, 30 g *[Maximum Quantity: 1;   
   Number of Repeats: 0]*
   * 1. *omit from the column headed “Circumstances” (twice occurring):* **C1422** *substitute:* **C4899 C4934**
     2. *insert in the column headed “Purposes” (twice occurring):* **P4934**
6. Schedule 1, entry for Hydrocortisone in the form Ointment containing hydrocortisone acetate 10 mg per g, 30 g *[Maximum Quantity: 1;   
   Number of Repeats: 1]*
   * 1. *omit from the column headed “Circumstances” (twice occurring):* **C1422** *substitute:* **C4899 C4934**
     2. *insert in the column headed “Purposes” (twice occurring):* **P4899**
7. Schedule 1, entry for Hydrocortisone in the form Ointment containing hydrocortisone acetate 10 mg per g, 50 g *[Maximum Quantity: 1;   
   Number of Repeats: 0]*
   * 1. *omit from the column headed “Circumstances” (twice occurring):* **C1422** *substitute:* **C4899 C4934**
     2. *insert in the column headed “Purposes” (twice occurring):* **P4934**
8. Schedule 1, entry for Hydrocortisone in the form Ointment containing hydrocortisone acetate 10 mg per g, 50 g *[Maximum Quantity: 1;   
   Number of Repeats: 1]*
   * 1. *omit from the column headed “Circumstances” (twice occurring):* **C1422** *substitute:* **C4899 C4934**
     2. *insert in the column headed “Purposes” (twice occurring):* **P4899**
9. Schedule 1, entry for Hydromorphone in each of the forms: Tablet containing hydromorphone hydrochloride 2 mg; Tablet containing hydromorphone hydrochloride 4 mg; and Tablet containing hydromorphone hydrochloride 8 mg

*omit from the column headed “Circumstances” (all instances):* **C1358** *substitute:* **C4926 C4959**

1. Schedule 1, entry for Hydromorphone in each of the forms: Tablet (modified release) containing hydromorphone hydrochloride 4 mg; Tablet (modified release) containing hydromorphone hydrochloride 8 mg; Tablet (modified release) containing hydromorphone hydrochloride 16 mg; Tablet (modified release) containing hydromorphone hydrochloride 32 mg; and Tablet (modified release) containing hydromorphone hydrochloride 64 mg

*omit from the column headed “Circumstances”:* **C1062** *substitute:* **C4556**

1. Schedule 1, entry for Hydromorphone in the form Oral liquid containing hydromorphone hydrochloride 1 mg per mL, 473 mL

*omit from the column headed “Circumstances”:* **C1358** *substitute:* **C4926 C4959**

1. **Schedule 1, entry for Hydroxychloroquine**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Hydroxychloroquine RBX | RA | MP NP |  |  | 100 | 1 | 100 |  |  |

1. Schedule 1, entry for Ibandronic acid in the form Tablet 50 mg (as ibandronate sodium monohydrate)

*omit from the column headed “Circumstances”:* **C1035** *substitute:* **C4922**

1. Schedule 1, entry for Icatibant

*omit from the column headed “Circumstances”:* **C4055 C4056** *substitute:* **C4917 C4949**

1. **Schedule 1, entry for Lamotrigine in each of the forms: Tablet 25 mg; Tablet 50 mg; Tablet 100 mg; and Tablet 200 mg**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Logem | AL | MP NP | C1426 |  | 56 | 5 | 56 |  |  |

1. **Schedule 1, entry for Lansoprazole in the form Tablet 30 mg (orally disintegrating) *[Maximum Quantity: 28; Number of Repeats: 1]***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | APO-Lansoprazole ODT | TX | MP NP | C1177 C1337 C1533 | P1177 | 28 | 1 | 28 |  |  |

1. **Schedule 1, entry for Lansoprazole in the form Tablet 30 mg (orally disintegrating) *[Maximum Quantity: 28; Number of Repeats: 5]***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | APO-Lansoprazole ODT | TX | MP NP | C1177 C1337 C1533 | P1337 P1533 | 28 | 5 | 28 |  |  |

1. **Schedule 1, entry for Lansoprazole 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”:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | APO-Lansoprazole ODT | TX | MP NP | C1337 C1533 |  | 28 | 5 | 28 |  |  |

1. Schedule 1, entry for Methadone in the form Tablet containing methadone hydrochloride 10 mg

*omit from the column headed “Circumstances”:* **C1358** *substitute:* **C4953**

1. Schedule 1, entry for Methadone in the form Oral liquid containing methadone hydrochloride 25 mg per 5 mL, 200 mL   
   *[Maximum Quantity: 1; Number of Repeats: 0]*
2. *omit from the column headed “Circumstances”:* **C3659 C3660** *substitute:* **C4902 C4941**
3. *omit from the column headed “Purposes”:* **P3660** *substitute:* **P4941**
4. Schedule 1, entry for Methadone in the form Oral liquid containing methadone hydrochloride 25 mg per 5 mL, 200 mL   
   *[Maximum Quantity: 1; Number of Repeats: 2]*
5. *omit from the column headed “Circumstances”:* **C3659 C3660** *substitute:* **C4902 C4941**
6. *omit from the column headed “Purposes”:* **P3659** *substitute:* **P4902**
7. Schedule 1, entry for Methadone in the form Injection containing methadone hydrochloride 10 mg in 1 mL

*omit from the column headed “Circumstances”:* **C1358** *substitute:* **C4953**

1. **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”:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Solu-Medrol | PF | MP NP |  |  | 1 | 0 | 1 |  |  |

1. **Schedule 1, entry for Metoclopramide in the form Tablet containing metoclopramide hydrochloride 10 mg**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Metoclopramide RBX | RA | MP NP MW PDP |  |  | 25 | 0 | 25 |  |  |

1. **Schedule 1, entry for Metoprolol in the form Tablet containing metoprolol tartrate 50 mg**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Metoprolol RBX | RA | MP NP |  |  | 100 | 5 | 100 |  |  |

1. **Schedule 1, entry for Metoprolol in the form Tablet containing metoprolol tartrate 100 mg**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Metoprolol RBX | RA | MP NP |  |  | 60 | 5 | 60 |  |  |

1. Schedule 1, entry for Metronidazole in the form Tablet 400 mg *[Maximum Quantity: 21; Number of Repeats: 0]*

*insert in the column headed “Circumstances” (all instances):* **C1416****C4932**

1. Schedule 1, entry for Metronidazole in the form Tablet 400 *mg [Maximum Quantity: 21; Number of Repeats: 1]*
   * 1. *insert in the column headed “Circumstances” (all instances):* **C1416****C4932**
     2. *omit from the column headed “Purposes”:* **P1416** *substitute:* **P4932**
2. Schedule 1, entry for Minoxidil

*omit from the column headed “Circumstances”:* **C2759** *substitute:* **C4906**

1. Schedule 1, entry for Morphine in the form Tablet containing morphine sulfate 10 mg *[Maximum Quantity: 20; Number of Repeats: 0]*
2. *omit from the column headed “Circumstances”:* **C1789 C3661 C3662** *substitute:* **C4935 C4948 C4960**
3. *omit from the column headed “Purposes”:* **P1789 P3662** *substitute:* **P4935 P4960**
4. Schedule 1, entry for Morphine in the form Tablet containing morphine sulfate 10 mg *[Maximum Quantity: 20; Number of Repeats: 2]*
5. *omit from the column headed “Circumstances”:* **C1789 C3661 C3662** *substitute:* **C4935 C4948 C4960**
6. *omit from the column headed “Purposes”:* **P3661** *substitute:* **P4948**
7. Schedule 1, entry for Morphine in the form Tablet containing morphine sulfate 20 mg *[Maximum Quantity: 20; Number of Repeats: 0]*
8. *omit from the column headed “Circumstances”:* **C1789 C3661 C3662** *substitute:* **C4935 C4948 C4960**
9. *omit from the column headed “Purposes”:* **P1789 P3662** *substitute:* **P4935 P4960**
10. Schedule 1, entry for Morphine in the form Tablet containing morphine sulfate 20 mg *[Maximum Quantity: 20; Number of Repeats: 2]*
11. *omit from the column headed “Circumstances”:* **C1789 C3661 C3662** *substitute:* **C4935 C4948 C4960**
12. *omit from the column headed “Purposes”:* **P3661** *substitute:* **P4948**
13. Schedule 1, entry for Morphine in the form Tablet containing morphine sulfate 30 mg

*omit from the column headed “Circumstances”:* **C1358** *substitute:* **C4926 C4959**

1. Schedule 1, entry for Morphine in each of the forms: Tablet containing morphine sulfate 5 mg (controlled release); Tablet containing morphine sulfate 10 mg (controlled release); Tablet containing morphine sulfate 15 mg (controlled release); Tablet containing morphine sulfate 30 mg (controlled release); Tablet containing morphine sulfate 60 mg (controlled release); and Tablet containing morphine sulfate 100 mg (controlled release)

*omit from the column headed “Circumstances” (all instances):* **C1062** *substitute:* **C4556**

1. Schedule 1, entry for Morphine in the form Tablet containing morphine sulfate 200 mg (controlled release) *[Maximum Quantity: 28; Number of Repeats: 0]*
2. *omit from the column headed “Circumstances”:* **C1499 C3659 C3660** *substitute:* **C4900 C4911 C4927**
3. *omit from the column headed “Purposes”:* **P1499 P3660** *substitute:* **P4900 P4927**
4. Schedule 1, entry for Morphine in the form Tablet containing morphine sulfate 200 mg (controlled release) *[Maximum Quantity: 28; Number of Repeats: 2]*
5. *omit from the column headed “Circumstances”:* **C1499 C3659 C3660** *substitute:* **C4900 C4911 C4927**
6. *omit from the column headed “Purposes”:* **P3659** *substitute:* **P4911**
7. Schedule 1, entry for Morphine in each of the forms: Capsule containing morphine sulfate 10 mg (containing sustained release pellets); Capsule containing morphine sulfate 20 mg (containing sustained release pellets); Capsule containing morphine sulfate 30 mg (controlled release); Capsule containing morphine sulfate 50 mg (containing sustained release pellets); Capsule containing morphine sulfate 60 mg (controlled release); Capsule containing morphine sulfate 90 mg (controlled release); Capsule containing morphine sulfate 100 mg (containing sustained release pellets); Capsule containing morphine sulfate 120 mg (controlled release); Sachet containing controlled release granules for oral suspension, containing morphine sulfate 20 mg per sachet; Sachet containing controlled release granules for oral suspension, containing morphine sulfate 30 mg per sachet; Sachet containing controlled release granules for oral suspension, containing morphine sulfate 60 mg per sachet; and Sachet containing controlled release granules for oral suspension, containing morphine sulfate 100 mg per sachet

*omit from the column headed “Circumstances”:* **C1062** *substitute:* **C4556**

1. Schedule 1, entry for Morphine in the form Sachet containing controlled release granules for oral suspension, containing morphine sulfate 200 mg per sachet

*omit from the column headed “Circumstances”:* **C1499** *substitute:* **C4900**

1. Schedule 1, entry for Morphine in each of the forms: Oral solution containing morphine hydrochloride 2 mg per mL, 200 mL; Oral solution containing morphine hydrochloride 5 mg per mL, 200 mL; and Oral solution containing morphine hydrochloride 10 mg per mL, 200 mL

*omit from the column headed “Circumstances”:* **C1358** *substitute:* **C4926 C4959**

1. Schedule 1, entry for Moxonidine in each of the forms: Tablet 200 micrograms; and Tablet 400 micrograms

*omit from the column headed “Circumstances”:* **C2385** *substitute:* **C4944**

1. **Schedule 1, entry for Ondansetron in the form Tablet (orally disintegrating) 4 mg *[Maximum Quantity: 4; Number of Repeats: 0]***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Ondansetron SZ ODT | HX | MP NP | C3050 C3611 See Note 2 | P3050  See Note 2 | 4 See Note 2 | 0 See  Note 2 | 4 |  |  |

1. **Schedule 1, entry for Ondansetron in the form Tablet (orally disintegrating) 4 mg *[Maximum Quantity: 10; Number of Repeats: 1]***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Ondansetron SZ ODT | HX | MP NP | C3050 C3611 | P3611 | 10 | 1 | 10 |  |  |

1. **Schedule 1, entry for Ondansetron in the form Tablet (orally disintegrating) 8 mg *[Maximum Quantity: 4; Number of Repeats: 0]***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Ondansetron SZ ODT | HX | MP NP | C3050 C3611 See Note 2 | P3050  See Note 2 | 4 See Note 2 | 0 See  Note 2 | 4 |  |  |

1. **Schedule 1, entry for Ondansetron in the form Tablet (orally disintegrating) 8 mg *[Maximum Quantity: 10; Number of Repeats: 1]***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Ondansetron SZ ODT | HX | MP NP | C3050 C3611 | P3611 | 10 | 1 | 10 |  |  |

1. **Schedule 1, entry for Ondansetron in the form Tablet 4 mg (as hydrochloride dihydrate) *[Maximum Quantity: 4; Number of Repeats: 0]***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Ondansetron SZ | HX | MP NP | C3050 C3611 See Note 2 | P3050  See Note 2 | 4 See Note 2 | 0 See  Note 2 | 4 |  |  |

1. **Schedule 1, entry for Ondansetron in the form Tablet 4 mg (as hydrochloride dihydrate) *[Maximum Quantity: 10; Number of Repeats: 1]***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Ondansetron SZ | HX | MP NP | C3050 C3611 | P3611 | 10 | 1 | 10 |  |  |

1. **Schedule 1, entry for Ondansetron in the form Tablet 8 mg (as hydrochloride dihydrate) *[Maximum Quantity: 4; Number of Repeats: 0]***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Ondansetron SZ | HX | MP NP | C3050 C3611 See Note 2 | P3050  See Note 2 | 4 See Note 2 | 0 See  Note 2 | 4 |  |  |

1. **Schedule 1, entry for Ondansetron in the form Tablet 8 mg (as hydrochloride dihydrate) *[Maximum Quantity: 10; Number of Repeats: 1]***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Ondansetron SZ | HX | MP NP | C3050 C3611 | P3611 | 10 | 1 | 10 |  |  |

1. **Schedule 1, entry for Ondansetron in each of the forms: I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL; and I.V. injection 8 mg (as hydrochloride dihydrate) in 4 mL**

*omit:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Ondaz | SZ | MP NP | C3050 C3611 See Note 2 | See Note 2 | 1 See Note 2 | 0 See  Note 2 | 1 |  |  |

1. **Schedule 1, entry for Oxaliplatin** 
   * 1. *omit:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Powder for I.V. infusion 50 mg | Injection | Hospira Pty Limited | HH | MP |  |  | See Note 3 | See  Note 3 | 1 |  | D(100) |

* + 1. *omit:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Powder for I.V. infusion 100 mg | Injection | Hospira Pty Limited | HH | MP |  |  | See Note 3 | See  Note 3 | 1 |  | D(100) |

1. Schedule 1, entry for Oxycodone in each of the forms: Tablet containing oxycodone hydrochloride 5 mg; Capsule containing oxycodone hydrochloride 5 mg; Capsule containing oxycodone hydrochloride 10 mg

*omit from the column headed “Circumstances”:* **C1358** *substitute:* **C4926 C4959**

1. Schedule 1, entry for Oxycodone in the form Capsule containing oxycodone hydrochloride 20 mg

*omit from the column headed “Circumstances”:* **C1358** *substitute:* **C4959**

1. Schedule 1, entry for Oxycodone in the form Oral solution containing oxycodone hydrochloride 5 mg per 5 mL, 250 mL

*omit from the column headed “Circumstances”:* **C1358** *substitute:* **C4926 C4959**

1. Schedule 1, entry for Oxycodone in the form Suppository 30 mg (as pectinate)

*omit from the column headed “Circumstances”:* **C1358** *substitute:* **C4926 C4959**

1. Schedule 1, entry for Oxycodone with naloxone in each of the forms: Tablet (controlled release) containing oxycodone hydrochloride 5 mg with naloxone hydrochloride 2.5 mg; Tablet (controlled release) containing oxycodone hydrochloride 10 mg with naloxone hydrochloride 5 mg; Tablet (controlled release) containing oxycodone hydrochloride 20 mg with naloxone hydrochloride 10 mg; and Tablet (controlled release) containing oxycodone hydrochloride 40 mg with naloxone hydrochloride 20 mg

*omit from the column headed “Circumstances”:* **C1062** *substitute:* **C4951**

1. Schedule 1, entry for Paracetamol in the form Tablet 500 mg

*omit from the column headed “Purposes” (all instances):* **P2046** *substitute:* **P4913**

1. Schedule 1, entry for Paracetamol in the form Tablet 665 mg (modified release) *[Maximum Quantity: 192; Number of Repeats: 0]*
2. *omit from the column headed “Circumstances” for the brands “Osteomol 665 Paracetamol” and “Panadol Osteo”:***C2094 C3649 C3650** *substitute:* **C4940 C4950 C4969**
3. *omit from the column headed “Purposes”:* **P3650** *substitute:* **P4950**
4. Schedule 1, entry for Paracetamol in the form Tablet 665 mg (modified release) *[Maximum Quantity: 192; Number of Repeats: 3]*
5. *omit from the column headed “Circumstances” for the brands “Osteomol 665 Paracetamol” and “Panadol Osteo”:***C2094 C3649 C3650** *substitute:* **C4940 C4950 C4969**
6. *omit from the column headed “Purposes”:* **P3649** *substitute:* **P4940**
7. Schedule 1, entry for Paracetamol in the form Tablet 665 mg (modified release) *[Maximum Quantity: 192; Number of Repeats: 5]*
8. *omit from the column headed “Circumstances” for the brands “Osteomol 665 Paracetamol” and “Panadol Osteo”:***C2094 C3649 C3650** *substitute:* **C4940 C4950 C4969**
9. *omit from the column headed “Purposes”:* **P2094** *substitute:* **P4969**
10. Schedule 1, entry for Paracetamol in the form Suppositories 500 mg, 24 *[Maximum Quantity: 4; Number of Repeats: 0]*
11. *omit from the column headed “Circumstances”:* **C3649 C3650** *substitute:* **C4940 C4950**
12. *omit from the column headed “Purposes”:* **P3650** *substitute:* **P4950**
13. Schedule 1, entry for Paracetamol in the form Suppositories 500 mg, 24 *[Maximum Quantity: 4; Number of Repeats: 3]*
14. *omit from the column headed “Circumstances”:* **C3649 C3650** *substitute:* **C4940 C4950**
15. *omit from the column headed “Purposes”:* **P3649** *substitute:* **P4940**
16. **Schedule 1, entry for Paroxetine in the form Tablet 20 mg (as hydrochloride)**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Paroxetine GH | GQ | MP NP | C1211 C1241 C1862 |  | 30 | 5 | 30 |  |  |

1. Schedule 1, entry for Peginterferon beta-1a in the form Pack containing single use injection pens containing 63 micrograms in 0.5 mL and 94 micrograms in 0.5 mL

*omit from the column headed “Circumstances”:* **C4798** *substitute:* **C4881**

1. Schedule 1, entry for Peginterferon beta-1a in the form Single use injection pen containing 125 micrograms in 0.5 mL   
   *[Maximum Quantity: 2; Number of Repeats: 4]*
2. *omit from the column headed “Circumstances”:* **C4798 C4811** *substitute:* **C4881 C4887**
3. *omit from the column headed “Purposes”:* **P4798** *substitute:* **P4881**
4. Schedule 1, entry for Peginterferon beta-1a in the form Single use injection pen containing 125 micrograms in 0.5 mL   
   *[Maximum Quantity: 2; Number of Repeats: 5]*
5. *omit from the column headed “Circumstances”:* **C4798 C4811** *substitute:* **C4881 C4887**
6. *omit from the column headed “Purposes”:* **P4811** *substitute:* **P4887**
7. **Schedule 1, entry for Rabeprazole in the form Tablet containing rabeprazole sodium 20 mg (enteric coated) *[Maximum Quantity: 30; Number of Repeats: 2]***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Zabep | AL | MP NP | C1177 C1337 C1533 | P1177 | 30 | 2 | 30 |  |  |

1. **Schedule 1, entry for Rabeprazole in the form Tablet containing rabeprazole sodium 20 mg (enteric coated) *[Maximum Quantity: 30; Number of Repeats: 5]***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Zabep | AL | MP NP | C1177 C1337 C1533 | P1337 P1533 | 30 | 5 | 30 |  |  |

1. **Schedule 1, entry for Ranitidine in the form Tablet 150 mg (as hydrochloride)**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Ranitidine GH | GQ | MP NP MW |  |  | 60 | 5 | 60 |  |  |

1. Schedule 1, entry for Rosuvastatin in the form Tablet 20 mg (as calcium) *[Maximum Quantity: 30; Number of Repeats: 5]*

*omit from the column headed “Purposes” for the brand “Terry White Chemists Rosuvastatin” [Authorised Prescriber “****MP****”]:***P4227 P4259** *substitute:* **P4226 P4263**

1. Schedule 1, entry for Salcatonin

*omit from the column headed “Circumstances”:* **C1412 C3256** *substitute:* **C4918 C4938**

1. Schedule 1, entry for Sapropterin in the form Tablet (soluble) containing sapropterin dihydrochloride 100 mg *[Maximum Quantity: 180; Number of Repeats: 0]*
   * 1. *omit from the column headed “Circumstances”:* **C4547**
     2. *insert in numerical order:* **C4921**
     3. *omit from the column headed “Purposes”:* **P4547** *substitute:* **P4921**
2. Schedule 1, entry for Sapropterin in the form Tablet (soluble) containing sapropterin dihydrochloride 100 mg *[Maximum Quantity: 180; Number of Repeats: 5]*
   * 1. *omit from the column headed “Circumstances”:* **C4547**
     2. *insert in numerical order:* **C4921**
3. Schedule 1, entry for Temozolomide in the form Capsule 5 mg *[Maximum Quantity: 5; Number of Repeats: 5]*

*omit from the column headed “Form” for the brand “Temozolomide AN” :* **f**

1. Schedule 1, entry for Tiagabine in each of the forms: Tablet 5 mg (as hydrochloride); Tablet 10 mg (as hydrochloride); and Tablet 15 mg (as hydrochloride)

*omit from the column headed “Circumstances”:* **C2664** *substitute:* **C4928**

1. **Schedule 1, entry for Valsartan with hydrochlorothiazide in the form Tablet 80 mg-12.5 mg**

*omit:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Dilart HCT 80/12.5 | AF | MP NP | C4374 |  | 28 | 5 | 28 |  |  |

1. **Schedule 1, entry for Valsartan with hydrochlorothiazide in the form Tablet 320 mg-12.5 mg**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Dilart HCT 320/12.5 | AF | MP NP | C4361 |  | 28 | 5 | 28 |  |  |

1. Schedule 1, entry for Vigabatrin in each of the forms: Tablet 500 mg; and Oral powder, sachet 500 mg

*omit from the column headed “Circumstances”:* **C1426** *substitute:* **C4929**

1. Schedule 1, entry for Vitamins, minerals and trace elements with carbohydrate in the form Oral powder 200 g (Paediatric Seravit)

*omit from the column headed “Circumstances”:* **C3301** *substitute:* C4916

1. Schedule 1, entry for Whey protein formula supplemented with amino acids, vitamins and minerals, and low in protein, phosphate, potassium and lactose

*omit from the column headed “Circumstances”:* **C1596** *substitute:* **C4322**

1. Schedule 3, details relevant to Responsible Persons Code BD

*omit:*

**Biogen Idec Australia Pty Ltd** *substitute:* **Biogen Australia Pty Ltd**

1. Schedule 4, Part 1, entry for Abciximab

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Abciximab | C4915 |  |  | Coronary artery disease  Patient must be undergoing percutaneous coronary stent placement | Compliance with Authority Required procedures - Streamlined Authority Code 4915 |
|  | C4942 |  |  | Coronary artery disease  Patient must be undergoing percutaneous coronary balloon angioplasty | Compliance with Authority Required procedures - Streamlined Authority Code 4942 |
|  | C4943 |  |  | Coronary artery disease  Patient must be undergoing percutaneous coronary atherectomy | Compliance with Authority Required procedures - Streamlined Authority Code 4943 |

1. Schedule 4, Part 1, entry for Adapalene with benzoyl peroxide

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Adapalene with benzoyl peroxide | C4898 | P4898 |  | Severe acne vulgaris  The treatment must be maintenance therapy |  |
|  | C4961 | P4961 |  | Severe acne vulgaris  Acute treatment  The treatment must in combination with an oral antibiotic |  |

1. Schedule 4, Part 1, entry for Adrenaline

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Adrenaline | C4909 |  |  | Acute allergic reaction with anaphylaxis  Initial sole PBS-subsidised supply for anticipated emergency treatment  Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician  The name of the specialist consulted must be provided at the time of application for initial supply | Compliance with Authority Required procedures |
|  | C4946 |  |  | Acute allergic reaction with anaphylaxis  Initial sole PBS-subsidised supply for anticipated emergency treatment  Patient must have been discharged from hospital or an emergency department after treatment with adrenaline for acute allergic reaction with anaphylaxis | Compliance with Authority Required procedures |
|  | C4947 |  |  | Acute allergic reaction with anaphylaxis  Continuing sole PBS-subsidised supply for anticipated emergency treatment  Patient must have previously been issued with an authority prescription for this drug | Compliance with Authority Required procedures |

1. Schedule 4, Part 1, entry for Amino acid formula with vitamins and minerals without phenylalanine

insert in numerical order:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4964 |  |  | Phenylketonuria |  |

1. Schedule 4, Part 1, entry for Amino acid formula with vitamins and minerals without phenylalanine and tyrosine

insert in numerical order:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4923 |  |  | Tyrosinaemia |  |

1. Schedule 4, Part 1, entry for Amino acid formula with vitamins and minerals without valine, leucine and isoleucine

insert in numerical order:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4954 |  |  | Maple syrup urine disease |  |

1. Schedule 4, Part 1, after entry for Amylopectin, modified long chain

insert:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Anakinra | C4920 |  |  | Moderate to severe cryopyrin associated periodic syndromes (CAPS)  Must be treated by a rheumatologist or in consultation with a rheumatologist  A diagnosis of CAPS must be documented in the patient's medical records | Compliance with Written and Telephone Authority Required procedures - Streamlined Authority Code 4920 |

1. Schedule 4, Part 1, entry for Apraclonidine

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Apraclonidine | C4901 |  |  | Intra-ocular pressure  The treatment must be for short-term reduction of intra-ocular pressure; AND Patient must already be on maximally tolerated anti-glaucoma therapy |  |

1. Schedule 4, Part 1, entry for Betamethasone
2. omit:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C1422 |  |  | Treatment of corticosteroid‑responsive dermatoses |  |

1. insert in numerical order after existing text:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4924 |  |  | Corticosteroid-responsive dermatoses |  |
|  | C4957 |  |  | Corticosteroid-responsive dermatoses |  |

1. Schedule 4, Part 1, entry for Bevacizumab

insert in numerical order:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4939 |  |  | Metastatic colorectal cancer  Initial treatment  Patient must have RAS wild-type metastatic colorectal cancer; AND Patient must be previously treated with PBS-subsidised first-line anti-EGFR antibodies; AND Patient must not have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must have a WHO performance status of 0 or 1; AND The treatment must be in combination with second-line chemotherapy; AND The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks | Compliance with Authority Required procedures - Streamlined Authority Code 4939 |
|  | C4968 |  |  | Metastatic colorectal cancer  Continuing treatment  Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND Patient must not have progressive disease; AND The treatment must be in combination with second-line chemotherapy; AND The treatment must not exceed a dose of 5 mg per kg every 2 weeks; OR The treatment must not exceed a dose of 7.5 mg per kg every 3 weeks | Compliance with Authority Required procedures - Streamlined Authority Code 4968 |

1. Schedule 4, Part 1, entry for Bivalirudin

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bivalirudin | C4919 |  |  | Coronary artery disease  Patient must be undergoing percutaneous coronary intervention | Compliance with Authority Required procedures - Streamlined Authority Code 4919 |

1. Schedule 4, Part 1, entry for Buprenorphine

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4951 |  |  | Chronic severe disabling pain  The condition must be unresponsive to non-narcotic analgesics |  |

1. Schedule 4, Part 1, omit entry for Calcipotriol
2. Schedule 4, Part 1, entry for Captopril

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Captopril | C4966 |  |  | Patients unable to take a solid dose form of an ACE inhibitor  Patient must not be pregnant. Use of ACE inhibitors is contraindicated during pregnancy since these drugs have been associated with foetal death in utero |  |

1. Schedule 4, Part 1, entry for Celecoxib

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Celecoxib | C4907 |  |  | Rheumatoid arthritis  The treatment must be for symptomatic treatment |  |
|  | C4962 |  |  | Osteoarthritis  The treatment must be for symptomatic treatment |  |

1. Schedule 4, Part 1, entry for Cetuximab
2. omit:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4771 |  |  | Metastatic colorectal cancer Continuing treatment  Patient must have received an initial authority prescription for this drug for treatment of RAS wild-type metastatic colorectal cancer after failure of first-line chemotherapy; AND Patient must not have progressive disease; AND The treatment must be as monotherapy; OR The treatment must be in combination with an irinotecan based therapy; AND The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition  Patients who have progressive disease on panitumumab are not eligible to receive PBS-subsidised cetuximab  Patients who have developed intolerance to panitumumab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised cetuximab | Compliance with Authority Required procedures - Streamlined Authority Code 4771 |
|  | C4779 |  |  | Metastatic colorectal cancer Initial treatment  Patient must have RAS wild-type metastatic colorectal cancer; AND Patient must have a WHO performance status of 2 or less; AND The condition must have failed to respond to first-line chemotherapy; AND The treatment must be as monotherapy; OR The treatment must be in combination with an irinotecan based therapy; AND The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition  Patients who have progressive disease on panitumumab are not eligible to receive PBS-subsidised cetuximab  Patients who have developed intolerance to panitumumab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised cetuximab | Compliance with Authority Required procedures - Streamlined Authority Code 4779 |

1. insert in numerical order after existing text:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4908 |  |  | Metastatic colorectal cancer  Initial treatment  Patient must have RAS wild-type metastatic colorectal cancer; AND Patient must have a WHO performance status of 0 or 1; AND The condition must be previously untreated; AND The treatment must be in combination with first-line chemotherapy; AND The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition | Compliance with Authority Required procedures - Streamlined Authority Code 4908 |
|  | C4912 |  |  | Metastatic colorectal cancer  Continuing treatment  Patient must have received an initial authority prescription for this drug for first-line treatment of RAS wild-type metastatic colorectal cancer; AND Patient must not have progressive disease; AND The treatment must be in combination with first-line chemotherapy; AND The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition | Compliance with Authority Required procedures - Streamlined Authority Code 4912 |
|  | C4945 |  |  | Metastatic colorectal cancer  Continuing treatment  Patient must have received an initial authority prescription for this drug for treatment of RAS wild-type metastatic colorectal cancer after failure of first-line chemotherapy; AND Patient must not have progressive disease; AND The treatment must be as monotherapy; OR The treatment must be in combination with chemotherapy; AND The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition  Patients who have progressive disease on panitumumab are not eligible to receive PBS-subsidised cetuximab  Patients who have developed intolerance to panitumumab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised cetuximab | Compliance with Authority Required procedures - Streamlined Authority Code 4945 |
|  | C4965 |  |  | Metastatic colorectal cancer  Initial treatment  Patient must have RAS wild-type metastatic colorectal cancer; AND Patient must have a WHO performance status of 2 or less; AND The condition must have failed to respond to first-line chemotherapy; AND The treatment must be as monotherapy; OR The treatment must be in combination with chemotherapy; AND The treatment must be the sole PBS-subsidised anti-EGFR antibody therapy for this condition  Patients who have progressive disease on panitumumab are not eligible to receive PBS-subsidised cetuximab  Patients who have developed intolerance to panitumumab of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised cetuximab | Compliance with Authority Required procedures - Streamlined Authority Code 4965 |

1. Schedule 4, Part 1, entry for Clodronic Acid

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Clodronic acid | C4933 |  |  | Bone metastases  The condition must be due to breast cancer |  |
|  | C4955 |  |  | Hypercalcaemia of malignancy  Patient must have a malignancy refractory to anti-neoplastic therapy |  |
|  | C4956 |  |  | Multiple myeloma |  |

1. Schedule 4, Part 1, entry for Codeine with Paracetamol

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Codeine with paracetamol |  | P4903 | CN4903 | Severe disabling pain  The condition must be unresponsive to non-narcotic analgesics | Compliance with Authority Required procedures |

1. Schedule 4, Part 1, entry for Dalteparin

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dalteparin |  | P4910 |  | Haemodialysis |  |
|  | C4967 | P4967 |  | Symptomatic venous thromboembolism  Management  Patient must have a solid tumour(s) |  |

1. Schedule 4, Part 1, entry for Enoxaparin

insert in numerical order:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | P4910 |  | Haemodialysis |  |

1. Schedule 4, Part 1, entry for Eplerenone

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Eplerenone | C4937 |  |  | Heart failure with a left ventricular ejection fraction of 40% or less  The condition must occur within 3 to 14 days following an acute myocardial infarction; AND The treatment must be commenced within 14 days of an acute myocardial infarction  The date of the acute myocardial infarction and the date of initiation of treatment with this drug must be documented in the patient's medical records when PBS-subsidised treatment is initiated | Compliance with Authority Required procedures - Streamlined Authority Code 4937 |

1. Schedule 4, Part 1, entry for Essential amino acids formula
   * 1. omit from the column headed “Circumstances Code”: **C1147** substitute: **C4925**
     2. omit from the column headed “Circumstances Code”: **C1458** substitute: **C4958**
2. Schedule 4, Part 1, entry for Essential amino acids formula with minerals and vitamin C
3. omit from the column headed “Circumstances Code”: **C1147** substitute: **C4925**
4. omit from the column headed “Circumstances Code”: **C1458** substitute: **C4958**
5. Schedule 4, Part 1, entry for Essential amino acids formula with vitamins and minerals
6. omit from the column headed “Circumstances Code”: **C1147** substitute: **C4925**
7. omit from the column headed “Circumstances Code”: **C1458** substitute: **C4958**
8. Schedule 4, Part 1, entry for Ethacrynic Acid

omit from the column headed “Circumstances Code”: **C1261** substitute: **C4936**

1. Schedule 4, Part 1, entry for Fentanyl
2. omit:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C1062 |  |  | Chronic severe disabling pain not responding to non‑narcotic analgesics |  |

1. omit:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4267 | P4267 |  | Breakthrough pain  Continuing treatment  Patient must be undergoing palliative care; Patient must have cancer; Patient must be receiving opioids for their persistent pain; Patient must be unable to tolerate further escalation in the dose of morphine for breakthrough pain due to adverse effects | Compliance with Authority Required procedures |

1. insert in numerical order after existing text:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4914 |  |  | Breakthrough pain  Continuing treatment  Patient must have cancer; AND Patient must be receiving opioids for their persistent pain; AND Patient must be unable to tolerate further escalation in the dose of morphine for breakthrough pain due to adverse effects  Patient must be undergoing palliative care | Compliance with Authority Required procedures |
|  | C4952 |  |  | Chronic severe disabling pain  The condition must be unresponsive to non-narcotic analgesics |  |

1. Schedule 4, Part 1, entry for Fluticasone with Salmeterol
2. omit:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4408 |  |  | Asthma  Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; Patient must have been stabilised on concomitant inhaled salmeterol xinafoate and fluticasone propionate if aged less than 12 years |  |

1. insert in numerical order after existing text:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4930 |  |  | Asthma  Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids  Patient must be aged 4 years or older |  |

1. Schedule 4, Part 1, entry for Fusidic Acid

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fusidic acid | C4963 |  |  | Serious staphylococcal infections  The treatment must be used in combination with another antibiotic; AND The condition must be proven to be due to a staphylococcus |  |

1. Schedule 4, Part 1, entry for Hydrocortisone
2. omit:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C1422 |  |  | Treatment of corticosteroid‑responsive dermatoses |  |

1. insert in numerical order after existing text:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4899 | P4899 |  | Corticosteroid-responsive dermatoses |  |
|  | C4934 | P4934 |  | Corticosteroid-responsive dermatoses |  |

1. Schedule 4, Part 1, entry for Hydromorphone

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hydromorphone | C4556 |  |  | Chronic severe disabling pain  The condition must be unresponsive to non-narcotic analgesics |  |
|  | C4926 |  |  | Severe disabling pain  The condition must be unresponsive to non-narcotic analgesics |  |
|  | C4959 |  |  | Severe disabling pain  The condition must be unresponsive to non-narcotic analgesics |  |

1. Schedule 4, Part 1, entry for Ibandronic acid

insert in numerical order:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4922 |  |  | Bone metastases  The condition must be due to breast cancer |  |

1. Schedule 4, Part 1, entry for Icatibant

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Icatibant | C4917 |  |  | Anticipated emergency treatment of an acute attack of hereditary angioedema  Continuing treatment  Patient must have previously been issued with an authority prescription for this drug | Compliance with Authority Required procedures |
|  | C4949 |  |  | Anticipated emergency treatment of an acute attack of hereditary angioedema  Initial treatment  Patient must have confirmed diagnosis of C1-esterase inhibitor deficiency; AND Patient must have been assessed to be at significant risk of an acute attack of hereditary angioedema; AND The condition must be assessed by a clinical immunologist; OR The condition must be assessed by a respiratory physician; OR The condition must be assessed by a specialist allergist; OR The condition must be assessed by a general physician experienced in the management of patients with hereditary angioedema  The name of the specialist consulted must be provided at the time of application for initial supply  The date of the pathology report and name of the Approved Pathology Authority must be provided at the time of application | Compliance with Authority Required procedures |

1. Schedule 4, Part 1, entry for Methadone

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Methadone | C4902 |  |  | Chronic severe disabling pain  Initial treatment, for up to 3 months  Patient must be receiving palliative care; AND The condition must be unresponsive to non-narcotic analgesics | Compliance with Authority Required procedures |
|  | C4941 |  |  | Chronic severe disabling pain  Continuing treatment  Patient must be receiving palliative care; AND The condition must be unresponsive to non-narcotic analgesics | Compliance with Authority Required procedures |
|  | C4953 |  |  | Severe disabling pain  The condition must be unresponsive to non-narcotic analgesics |  |

1. Schedule 4, Part 1, entry for Metronidazole *[Purposes Code P1416]*

insert in the column headed: “Circumstances Code”: **C1416**

1. Schedule 4, Part 1, entry for Metronidazole

insert in numerical order:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4932 | P4932 |  | Infection  The condition must be due to anaerobic bacteria |  |

1. Schedule 4, Part 1, entry for Minoxidil

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Minoxidil | C4906 |  |  | Severe refractory hypertension  The treatment must be initiated by a consultant physician | Compliance with Authority Required procedures - Streamlined Authority Code 4906 |

1. Schedule 4, Part 1, entry for Morphine

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Morphine | C4556 |  |  | Chronic severe disabling pain  The condition must be unresponsive to non-narcotic analgesics |  |
|  | C4900 | P4900 |  | Chronic severe disabling pain  The condition must be due to cancer; AND The condition must be unresponsive to non-narcotic analgesics | Compliance with Authority Required procedures |
|  | C4911 | P4911 |  | Chronic severe disabling pain  Initial treatment, for up to 3 months  Patient must be receiving palliative care; AND The condition must be unresponsive to non-narcotic analgesics | Compliance with Authority Required procedures |
|  | C4926 |  |  | Severe disabling pain  The condition must be unresponsive to non-narcotic analgesics |  |
|  | C4927 | P4927 |  | Chronic severe disabling pain  Continuing treatment  Patient must be receiving palliative care; AND The condition must be unresponsive to non-narcotic analgesics | Compliance with Authority Required procedures |
|  | C4935 | P4935 |  | Severe disabling pain  Continuing treatment  Patient must be receiving palliative care; AND The condition must be unresponsive to non-narcotic analgesics | Compliance with Authority Required procedures |
|  | C4948 | P4948 |  | Severe disabling pain  Initial treatment, for up to 3 months  Patient must be receiving palliative care; AND The condition must be unresponsive to non-narcotic analgesics | Compliance with Authority Required procedures |
|  | C4959 |  |  | Severe disabling pain  The condition must be unresponsive to non-narcotic analgesics |  |
|  | C4960 | P4960 |  | Severe disabling pain  The condition must be due to cancer; AND The condition must be unresponsive to non-narcotic analgesics |  |

1. Schedule 4, Part 1, entry for Moxonidine

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Moxonidine | C4944 |  |  | Hypertension  Patient must be receiving concurrent antihypertensive therapy |  |

1. Schedule 4, Part 1, entry for Oxycodone
2. omit:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C1358 |  |  | Severe disabling pain not responding to non‑narcotic analgesics |  |

1. insert in numerical order after existing text:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4926 |  |  | Severe disabling pain  The condition must be unresponsive to non-narcotic analgesics |  |
|  | C4959 |  |  | Severe disabling pain  The condition must be unresponsive to non-narcotic analgesics |  |

1. Schedule 4, Part 1, entry for Oxycodone with naloxone

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Oxycodone with naloxone | C4951 |  |  | Chronic severe disabling pain  The condition must be unresponsive to non-narcotic analgesics |  |

1. Schedule 4, Part 1, entry for Paracetamol

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Paracetamol |  | P4913 |  | Chronic arthropathies |  |
|  | C4940 | P4940 |  | Analgesia or fever  Initial treatment, for up to 4 months  Patient must be receiving palliative care; AND Patient must be intolerant to alternative therapy | Compliance with Authority Required procedures - Streamlined Authority Code 4940 |
|  | C4950 | P4950 |  | Analgesia or fever  Continuing treatment  Patient must be receiving palliative care; AND Patient must be intolerant to alternative therapy | Compliance with Authority Required procedures - Streamlined Authority Code 4950 |
|  | C4969 | P4969 |  | Persistent pain  The condition must be associated with osteoarthritis |  |

1. Schedule 4, Part 1, entry for Peginterferon beta-1a

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Peginterferon beta-1a | C4881 | P4881 |  | Multiple sclerosis  Initial treatment  The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with 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; AND Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years; AND Patient must be ambulatory (without assistance or support)  Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records | Compliance with Authority Required procedures - Streamlined Authority Code 4881 |
|  | C4887 | P4887 |  | Multiple sclerosis  Continuing treatment  The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis; AND Patient must have previously been issued with an authority prescription for this drug; AND Patient must not show continuing progression of disability while on treatment with this drug; AND Patient must have demonstrated compliance with, and an ability to tolerate this therapy | Compliance with Authority Required procedures - Streamlined Authority Code 4887 |

1. Schedule 4, Part 1, entry for Salcatonin

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Salcatonin | C4918 |  |  | Hypercalcaemia  The treatment must be initiated in a hospital | Compliance with Authority Required procedures - Streamlined Authority Code 4918 |
|  | C4938 |  |  | Symptomatic Paget disease of bone | Compliance with Authority Required procedures - Streamlined Authority Code 4938 |

1. Schedule 4, Part 1, entry for Sapropterin
2. omit:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4547 | P4547 |  | Hyperphenylalaninaemia  Initial treatment  Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency  Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured  The authority application must be made in writing | Compliance with Written Authority Required procedures |

1. insert in numerical order after existing text:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4921 | P4921 |  | Hyperphenylalaninaemia  Initial treatment  Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency  Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured  The authority application must be made in writing | Compliance with Written Authority Required procedures |

1. Schedule 4, Part 1, entry for Tiagabine

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tiagabine | C4928 |  |  | Partial epileptic seizures  The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs | Compliance with Authority Required procedures - Streamlined Authority Code 4928 |

1. Schedule 4, Part 1, entry for Vigabatrin

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vigabatrin | C4929 |  |  | Epileptic seizures  The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs | Compliance with Authority Required procedures - Streamlined Authority Code 4929 |

1. Schedule 4, Part 1, entry for Vitamins, minerals and trace elements with carbohydrate
2. omit:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C3301 |  |  | Infants and children whose vitamin and mineral intake is insufficient due to a specific diagnosis requiring a highly restrictive therapeutic diet, and whose vitamin, mineral and trace element needs cannot be adequately met with other proprietary vitamin and mineral preparations | Compliance with Authority Required procedures |

1. insert in numerical order after existing text:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | C4916 |  |  | Dietary management of conditions requiring a highly restrictive therapeutic diet  Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet; AND Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations  Patient must be an infant or a child | Compliance with Authority Required procedures |

1. Schedule 4, Part 1, entry for Whey protein formula supplemented with amino acids, vitamins and minerals, and low in protein, phosphate, potassium and lactose

substitute:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Whey protein formula supplemented with amino acids, vitamins and minerals, and low in protein, phosphate, potassium and lactose | C4322 |  |  | Chronic renal failure  Patient must require treatment with a low protein and a low phosphorus diet; OR Patient must require treatment with a low protein, low phosphorus and low potassium diet  Patient must be an infant or a young child | Compliance with Authority Required procedures |