PB 57 of 2023

National Health Legislation Amendment (Opioid Dependence Treatment and Maximum Dispensed Quantities) Instrument 2023

I, Adriana Platona, as delegate of the Minister for Health and Aged Care, make the following instrument.

Dated 23 June 2023

Adriana Platona
First Assistant Secretary
Technology Assessment and Access Division
Department of Health and Aged Care

OPC66461 - A

Contents

1 Name

(1) This instrument is the *National Health Legislation Amendment (Opioid Dependence Treatment and Maximum Dispensed Quantities) Instrument 2023*.

(2) This instrument may also be cited as PB 57 of 2023.

2 Commencement

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

Commencement information

Column 1	Column 2	Column 3
Provisions	**Commencement**	**Date/Details**
1. Sections 1 to 4 and anything in this instrument not elsewhere covered by this table	1 July 2023.	1 July 2023
2. Schedule 1	1 July 2023.	1 July 2023
3. Schedule 2	1 September 2023.	1 September 2023

Note: This table relates only to the provisions of this instrument as originally made.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

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

3 Authority

This instrument is made under sections 84AF, 84AK, 85, 85A, 88, 99 and 100 of the *National Health Act 1953*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Opioid dependence treatment

National Health (Highly Specialised Drugs Program) Special Arrangement 2021

1 Section 6

Insert:

Approved Pharmacists Commonwealth Price Determination means the *Commonwealth price (Pharmaceutical benefits supplied by approved pharmacists) Determination 2020*.

Approved Pharmacists Conditions Determination means the *National Health (Pharmaceutical Benefits) (Conditions for approved pharmacists) Determination 2017*.

2 Section 6 (after paragraph (b) of the definition of *community access medication*)

Insert:

(ba) medication for the treatment of opioid dependence;

3 Section 6

Insert:

dangerous drug has the same meaning as in the Approved Pharmacists Commonwealth Price Determination.

dangerous drug fee has the same meaning as in the Approved Pharmacists Commonwealth Price Determination.

medication for the treatment of opioid dependence means any of the following:

(a) buprenorphine;

(b) buprenorphine with naloxone;

(c) methadone.

ODT pharmaceutical benefit means an HSD pharmaceutical benefit that has a drug that is a medication for the treatment of opioid dependence.

4 Section 6 (definition of *shelf life*)

Repeal the definition.

5 Section 6 (definition of *special arrangement supply*)

Omit "section 13", substitute "sections 13 and 41".

6 Paragraph 7(4)(a)

Before "a medication", insert "a benefit that has a drug that is".

7 Paragraph 7(4)(b)

Before "lanreotide", insert "a benefit that has the drug".

8 Paragraph 7(4)(c)

Before "octreotide", insert "a benefit that has the drug".

9 Subsection 7(5)

Repeal the subsection, substitute:

Accredited prescribers—HSD pharmaceutical benefits for the treatment of hepatitis B, hepatitis C, HIV or AIDS, and schizophrenia

(5) The following table has effect.

Authorised prescribers for certain HSD pharmaceutical benefits

Item	Column 1 The following person …	Column 2 is an *authorised prescriber* for an HSD pharmaceutical benefit that has a drug that is …
1	An accredited prescriber of medication for the treatment of hepatitis B	a medication for the treatment of hepatitis B.
2	An accredited prescriber of medication for the treatment of hepatitis C	a medication for the treatment of hepatitis C.
3	An accredited prescriber of medication for the treatment of HIV or AIDS	a medication for the treatment of HIV or AIDS.
4	An accredited prescriber of medication for the treatment of schizophrenia	a medication for the treatment of schizophrenia.

10 At the end of section 7

Add:

Authorised nurse practitioners and medical practitioners—ODT pharmaceutical benefits

(6) Each of the following is an ***authorised prescriber*** for an ODT pharmaceutical benefit:

(a) an authorised nurse practitioner;

(b) a medical practitioner.

11 Subsection 8(2)

Before "is a medication", insert "has a drug that".

12 Subsection 8(3)

Omit "contains", substitute "has the drug".

13 Subsection 8(5)

Before "is a medication", insert "has a drug that".

14 Subsection 8(6) (heading)

Before "*are*", insert "*have drugs that*".

15 Paragraph 8(6)(a)

After "benefit", insert "has a drug that".

16 Paragraph 13(3)(a)

After "benefit", insert "has a drug that".

17 Subsection 14(2)

Repeal the subsection, substitute:

(2) Subsection 9(1A) of the Listing Instrument (which provides for the pharmaceutical benefits for which medical practitioners are authorised to write prescriptions) does not apply to an HSD pharmaceutical benefit other than the following:

(a) a benefit that has a drug that is a medication for the treatment of hepatitis C;

(b) a benefit that has the drug methadone.

18 At the end of section 14

Add:

(4) Subsection 9(4) of the Listing Instrument (which provides for the pharmaceutical benefits for which authorised nurse practitioners are authorised to write prescriptions) does not apply to an HSD pharmaceutical benefit other than the following:

(a) a benefit that has a drug that is a medication for the treatment of hepatitis C;

(b) a benefit that has the drug methadone.

19 Before subsection 20(5)

Insert:

Application of this section

20 Before subsection 21(5)

Insert:

Application of this section

21 Section 23 (heading)

Omit "**contain**", substitute "**have**".

22 Subsection 23(1)

Omit "contains", substitute "has the drug".

23 Sections 25 and 26

Repeal the sections, substitute:

25 Conditions for approved pharmacists

Special arrangement supplies of certain HSD pharmaceutical benefits

(1) The Approved Pharmacists Conditions Determination does not apply to the dispensing or supply of an HSD pharmaceutical benefit if:

(a) the manner of administration of the benefit is injection or extracorporeal circulation; and
(b) the benefit does not have a drug that is a community access medication; and
(c) the supply is a special arrangement supply of the benefit.

ODT pharmaceutical benefits—special arrangement supplies through agents

(2) If a supply of an ODT pharmaceutical benefit is a special arrangement supply of the benefit mentioned in subsection 26(2) of this instrument, the Approved Pharmacists Conditions Determination applies to the dispensing and supply of the benefit as if paragraph 6(e), subsection 9(1), section 10, paragraphs 14(a) and (b) and section 15 of that Determination were omitted.

ODT pharmaceutical benefits—special arrangement supplies other than through agents

(3) If a supply of an ODT pharmaceutical benefit is a special arrangement supply of the benefit other than a special arrangement supply of the benefit mentioned in subsection 26(2) of this instrument, the Approved Pharmacists Conditions Determination applies to the dispensing and supply of the benefit as if paragraph (c) of the definition of ***dispensing step*** in section 5 of that Determination were omitted.

26 Supplies need not be directly to persons

Supplies of HSD pharmaceutical benefits by HSD hospital authorities

(1) An HSD hospital authority may make a special arrangement supply of an HSD pharmaceutical benefit to a person:
(a) other than directly to the person; or
(b) through an agent.

Supplies of ODT pharmaceutical benefits by approved pharmacists and approved hospital authorities

(2) An approved pharmacist or an approved hospital authority may make a special arrangement supply of an ODT pharmaceutical benefit to a person through a person or organisation:
(a) that has premises in a State or Territory; and
(b) that is authorised (however described) by an authority of the State or Territory for the purposes of supplying medication for the treatment of opioid dependence.

Application of this section

(3) This section applies in addition to section 94 of the Act.

24 At the end of subsection 28(1)

Add:

Note: Section 87 of the Act limits the amounts that approved hospital authorities can charge patients for the supply of pharmaceutical benefits.

25 At the end of subsection 30(2)

Add:

Note: Section 87 of the Act limits the amounts that approved pharmacists and approved medical practitioners can charge patients for the supply of pharmaceutical benefits.

26 At the end of subsection 31(1)

Add:

Note: Section 87 of the Act limits the amounts that approved hospital authorities can charge patients for the supply of pharmaceutical benefits.

27 At the end of paragraph 32(1)(a)

Add:

and (iv) if the benefit is a ready-prepared pharmaceutical benefit and a dangerous drug—the dangerous drug fee;

28 At the end of paragraph 32(1)(b)

Add:

and (iii) if the benefit is a ready-prepared pharmaceutical benefit and a dangerous drug—the dangerous drug fee;

29 At the end of subsection 32(1)

Add:

and (v) if the benefit is a ready-prepared pharmaceutical benefit and a dangerous drug—the dangerous drug fee.

30 Subparagraph 34(1)(a)(i)

Omit "*Commonwealth price (Pharmaceutical benefits supplied by approved pharmacists) Determination 2020* (PB 66 of 2020)", substitute "Approved Pharmacists Commonwealth Price Determination".

31 Subparagraph 34(1)(a)(ii)

Omit "determination", substitute "Determination".

32 Paragraph 34(1)(b)

Repeal the paragraph, substitute:

(b) if the authorised prescriber who prescribed the benefit, instead of directing a repeated supply of the benefit, directed the supply on one occasion of a quantity or number of units of the benefit, not exceeding the total quantity or number of units that could be prescribed if the authorised prescriber directed a repeated supply, the dispensed price for the supply of the benefit includes:

(i) only one dispensing fee; and

(ii) only one dangerous drug fee.

33 Subsection 35(1)

Omit "*National Health (Claims and under co-payment data) Rules 2012* (PB 19 of 2012)", substitute "*National Health (Supply of Pharmaceutical Benefits—Under Co-payment Data and Claims for Payment) Rules 2022*".

34 Before subsection 37(3)

Insert:

Application of this section

35 At the end of Part 6

Add:

Division 2—Provisions relating to the National Health Legislation Amendment (Opioid Dependence Treatment and Maximum Dispensed Quantities) Instrument 2023

39 Purpose of this Division

This Division makes provision in relation to certain pre-commencement prescriptions for the purpose of the application of Part VII of the Act, and regulations and other instruments made for the purposes of that Part, to those prescriptions.

40 Definitions

In this Division:

Claims Rules means the *National Health (Supply of Pharmaceutical Benefits—Under Co-payment Data and Claims for Payment) Rules 2022*.

pre-commencement benefit: see section 50.

pre-commencement prescription: a prescription is a ***pre-commencement prescription*** if:

(a) the prescription was written:
  (i) before 1 July 2023; and
  (ii) by an authorised nurse practitioner or a medical practitioner; and
  (iii) for the supply to a person of a drug that is a medication for the treatment of opioid dependence; and
  (iv) in the circumstance that the prescription was for the treatment of opiate dependence, including for detoxification (withdrawal) and maintenance of withdrawal; and

(b) immediately before 1 July 2023, a pre-commencement benefit could have been supplied to the person on the basis of the prescription.

41 Definition of *special arrangement supply*

A supply of an ODT pharmaceutical benefit is a ***special arrangement supply*** of the benefit if the benefit is supplied:

(a) on or after 1 July 2023; and
(b) to a person who is, or is to be treated as, an eligible person; and
(c) by an approved supplier; and
(d) on the basis of a pre-commencement prescription (as affected by this Division, if applicable); and
(e) in accordance with this Division.

42 Prescriptions directing supply for dispensing over time

(1) This section applies if a pre-commencement prescription directed the supply of a specified quantity or number of units (whether expressed as a total or as a dose) to be dispensed over a specified period of time (the ***directed dispensing period***).

Deemed variation of application of determination of maximum number or quantity of units

(2) If the specified quantity or number of units, or the quantity or number of units required for the doses over the directed dispensing period, is more than the maximum quantity or number of units mentioned in Schedule 1 for the pharmaceutical benefit to be supplied on the basis of the prescription:

(a) the application of the determination of the maximum quantity or number of units under paragraph 85A(2)(a) of the Act for the benefit is taken to have been varied under section 30 of the Regulations; and

(b) the prescription is taken to have been authorised in accordance with subsection 30(4) of the Regulations; and

(c) the number P2023OD is taken to have been allotted to, and marked on, the prescription as mentioned in subsection 30(5) of the Regulations.

Deemed modification of prescription—remaining period of up to 28 days

(3) If, when the prescription is first presented to an approved supplier on or after 1 July 2023, the period remaining in the directed dispensing period (the ***remaining period***) is not more than 28 days, the prescription is taken to direct the supply on one occasion of the total quantity or number of units required for the remaining period.

Deemed modification of prescription—remaining period of 29 to 55 days

(4) If, when the prescription is first presented to an approved supplier on or after 1 July 2023, the remaining period is more than 28 days but not more than 55 days, the prescription is taken to direct the supply on one occasion of the total quantity or number of units required for 28 days.

Deemed modification of prescription—remaining period of 56 to 83 days

(5) If, when the prescription is first presented to an approved supplier on or after 1 July 2023, the remaining period is more than 55 days but not more than 83 days, the prescription is taken to direct:

(a) the supply on any one occasion of the total quantity or number of units required for 28 days; and

(b) that the supply be repeated once.

Deemed modification of prescription—remaining period of 84 days or more

(6) If, when the prescription is first presented to an approved supplier on or after 1 July 2023, the remaining period is 84 days or more, the prescription is taken to direct:

(a) the supply on any one occasion of the total quantity or number of units required for 28 days; and

(b) that the supply be repeated twice.

43 Prescriptions directing supply of buprenorphine for injection

(1) This section applies if:

(a) a pre-commencement prescription is for the supply of the drug buprenorphine with the manner of administration injection (the ***medication***); and

(b) the prescription directed the supply of a specified quantity or number of units of the medication (the ***directed quantity***) that is more than the quantity of the medication mentioned in subsection (2) (the ***standard quantity*** for the medication).

(2) For the purposes of paragraph (1)(b), the standard quantity for the medication is:

(a) if the brand of the medication is Buvidal Weekly—4; or

(b) if the brand of the medication is Buvidal Monthly or Sublocade—1.

Deemed modification of prescription—remaining quantity of not more than standard quantity

(3) If, when the prescription is first presented to an approved supplier on or after 1 July 2023, the quantity or number of units of the medication that remains to be supplied (the ***remaining quantity***) is not more than the standard quantity for the medication, the prescription is taken to direct the supply on one occasion of the remaining quantity.

Deemed modification of prescription—remaining quantity of more than standard quantity but less than twice standard quantity

(4) If, when the prescription is first presented to an approved supplier on or after 1 July 2023, the remaining quantity is more than the standard quantity for the medication but is less than twice the standard quantity for the medication, the prescription is taken to direct the supply on one occasion of the standard quantity for the medication.

Deemed modification of prescription—remaining quantity of more than twice standard quantity but less than 3 times standard quantity

(5) If, when the prescription is first presented to an approved supplier on or after 1 July 2023, the remaining quantity is more than twice the standard quantity for the medication but is less than 3 times the standard quantity for the medication, the prescription is taken to direct:

(a) the supply on any one occasion of the standard quantity for the medication; and

(b) that the supply be repeated once.

Deemed modification of prescription—remaining quantity of 3 times standard quantity or more

(6) If, when the prescription is first presented to an approved supplier on or after 1 July 2023, the remaining quantity is 3 times the standard quantity for the medication or more, the prescription is taken to direct:

(a) the supply on any one occasion of the standard quantity for the medication; and

(b) that the supply be repeated twice.

44 Prescriptions directing supply of methadone

(1) This section applies if a pre-commencement prescription is for the supply of the drug methadone.

(2) On the basis of the prescription, the person for whom the prescription was written is entitled to receive, and an approved supplier may supply to the person, any ODT pharmaceutical benefit that has the drug methadone.

(3) This section applies despite section 89 and paragraph 103(2)(a) of the Act.

45 First supply on or after 1 July 2023 deemed to be supply on first presentation

If the first supply of an ODT pharmaceutical benefit by an approved supplier on the basis of a pre-commencement prescription on or after 1 July 2023 is not a supply of that benefit on first presentation of the prescription, it is taken to be a supply of that benefit on first presentation of the prescription.

46 Supply on first presentation of prescription (Regulations s 44)

Subparagraphs 44(2)(a)(i) and (3)(a)(i) of the Regulations do not apply to a special arrangement supply of an ODT pharmaceutical benefit on the basis of a pre-commencement prescription.

47 Repeat authorisations (Regulations s 52)

(1) Section 52 of the Regulations applies to the supply of an ODT pharmaceutical benefit on the basis of a pre-commencement prescription to which subsection 42(5) or (6) or 43(5) or (6) of this instrument applies as if the benefit were supplied in the circumstances set out in subsection 52(2) of the Regulations.

(2) Subsection 52(3) of the Regulations applies in relation to a pre-commencement prescription as if the prescription had been authorised in accordance with authority required procedures that are part of the circumstances determined by the Minister under paragraph 85(7)(b) of the Act for the pharmaceutical benefit to be supplied on the basis of the prescription.

48 Prescriptions written in electronic form—additional procedures for giving information (Claims Rules s 7) and keeping documents

Additional procedures for giving information

(1) Section 7 of the Claims Rules applies in relation to a pre-commencement prescription written in electronic form as if a reference in that section to the prescription were a reference to a print-out of the prescription.

Keeping print-outs of prescriptions

(2) If an approved supplier supplies a pharmaceutical benefit on the basis of a pre-commencement prescription written in electronic form, the approved supplier must keep a print-out of the prescription for at least 2 years from the date the pharmaceutical benefit was supplied by the approved supplier.

49 Information to be given using Claims Transmission System (Claims Rules Sch 1)

General

(1) The table in clause 1 of Schedule 1 to the Claims Rules applies to a pre-commencement prescription as follows:

(a) as if, for the purposes of item 2 of the table, the Authority Prescription Number for the prescription were 00000641;

(b) as if, for the purposes of item 8 of the table, the prescription were signed on 1 July 2023;

(c) if the authorised nurse practitioner or medical practitioner who wrote the prescription did not write their PBS prescriber number on the prescription—as if, for the purposes of item 28 of the table, that number were written on the prescription;

(d) if the authorised nurse practitioner or medical practitioner who wrote the prescription did not write their prescriber ID on the prescription—as if, for the purposes of item 31 of the table, that number were written on the prescription;

(e) if the prescription was written in electronic form—as if, for the purposes of item 32 of the table, the prescription were a paper-based prescription;

(f) as if, for the purposes of item 40 of the table, the authorised nurse practitioner or medical practitioner who wrote the prescription had written on the prescription:

(i) the words "Streamlined Authority Code"; and

(ii) the relevant streamlined authority code included in any circumstances mentioned in an item of the table in Part 1 of Schedule 4 to the Listing Instrument for the writing of a prescription for a pharmaceutical benefit for the treatment of opioid dependence.

Pre-commencement prescriptions written in electronic form

(2) Clause 2 of Schedule 1 to the Claims Rules does not apply to a pre-commencement prescription written in electronic form.

50 Pre-commencement benefits

Each pharmaceutical benefit specified in the following table is a ***pre-commencement benefit***.

Pre-commencement benefits

Item	Listed drug	Form	Manner of administration	Brand
1	Buprenorphine	Injection (modified release) 8 mg in 0.16 mL pre-filled syringe	Injection	Buvidal Weekly
2	Buprenorphine	Injection (modified release) 16 mg in 0.32 mL pre-filled syringe	Injection	Buvidal Weekly
3	Buprenorphine	Injection (modified release) 24 mg in 0.48 mL pre-filled syringe	Injection	Buvidal Weekly
4	Buprenorphine	Injection (modified release) 32 mg in 0.64 mL pre-filled syringe	Injection	Buvidal Weekly

Pre-commencement benefits				
Item	**Listed drug**	**Form**	**Manner of administration**	**Brand**
5	Buprenorphine	Injection (modified release) 64 mg in 0.18 mL pre-filled syringe	Injection	Buvidal Monthly
6	Buprenorphine	Injection (modified release) 96 mg in 0.27 mL pre-filled syringe	Injection	Buvidal Monthly
7	Buprenorphine	Injection (modified release) 128 mg in 0.36 mL pre-filled syringe	Injection	Buvidal Monthly
8	Buprenorphine	Injection (modified release) 160 mg in 0.45 mL pre-filled syringe	Injection	Buvidal Monthly
9	Buprenorphine	Injection (modified release) 100 mg in 0.50 mL pre-filled syringe	Injection	Sublocade
10	Buprenorphine	Injection (modified release) 300 mg in 1.50 mL pre-filled syringe	Injection	Sublocade
11	Buprenorphine	Tablet (sublingual) 400 micrograms (as hydrochloride)	Sublingual	Subutex
12	Buprenorphine	Tablet (sublingual) 2 mg (as hydrochloride)	Sublingual	Subutex
13	Buprenorphine	Tablet (sublingual) 8 mg (as hydrochloride)	Sublingual	Subutex
14	Buprenorphine with naloxone	Film (soluble) 2 mg (as hydrochloride)-0.5 mg (as hydrochloride)	Sublingual	Suboxone Film 2/0.5
15	Buprenorphine with naloxone	Film (soluble) 8 mg (as hydrochloride)-2 mg (as hydrochloride)	Sublingual	Suboxone Film 8/2
16	Methadone	Oral liquid containing methadone hydrochloride 25 mg per 5 mL, 200 mL	Oral	Biodone Forte
17	Methadone	Oral liquid containing methadone hydrochloride 25 mg per 5 mL, 200 mL	Oral	Aspen Methadone Syrup
18	Methadone	Oral liquid containing methadone hydrochloride 25 mg per 5 mL, 1 L	Oral	Biodone Forte
19	Methadone	Oral liquid containing methadone hydrochloride 25 mg per 5 mL, 1 L	Oral	Aspen Methadone Syrup

Note: The drugs mentioned in the table were declared by the Minister under subsection 85(2) of the Act, and the forms, manners of administration and brands mentioned in the table were determined by the Minister under subsections 85(3), (5) and (6) of the Act respectively—see the Listing Instrument as in force before 1 July 2023.

Schedule 2—Maximum dispensed quantities

National Health (Listing of Pharmaceutical Benefits) Instrument 2012

[1] Schedule 1, Part 1, entry for Adapalene with benzoyl peroxide

substitute:

Adapalene with benzoyl peroxide	Gel 1 mg-25 mg per g, 30 g	Application		Epiduo	GA	MP	C4898 C4961 C14133	P4961	1	1	1
						MP	C4898 C4961 C14133	P4898	1	3	1
						NP	C4898 C14133	P4898	1	3	1
						MP	C4898 C4961 C14133	P14133	2	3	1
						NP	C4898 C14133	P14133	2	3	1

[2] Schedule 1, Part 1, entry for Alendronic acid

substitute:

Alendronic acid	Tablet 70 mg (as alendronate sodium)	Oral	a	Alendronate Sandoz	SZ	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P6310 P6323 P6327	4	5	4
			a	APO-Alendronate	TX	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P6310 P6323 P6327	4	5	4
			a	Fonat	AL	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P6310 P6323 P6327	4	5	4
			a	Alendronate Sandoz	SZ	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P14027 P14028 P14089	8	5	4

			a	APO-Alendronate	TX	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P14027 P14028 P14089	8	5	4
			a	Fonat	AL	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P14027 P14028 P14089	8	5	4

[3] Schedule 1, Part 1, entry for Allopurinol

substitute:

Allopurinol	Tablet 100 mg	Oral	a	Allopurinol APOTEX	GX	MP NP			200	2	200
			a	Allopurinol Sandoz	SZ	MP NP			200	2	200
			a	Allosig	RF	MP NP			200	2	200
			a	NOUMED ALLOPURINOL	VO	MP NP			200	2	200
			a	Progout 100	AF	MP NP			200	2	200
			a	Zyloprim	RW	MP NP			200	2	200
			a	Allopurinol APOTEX	GX	MP NP		P14141	400	2	200
			a	Allopurinol Sandoz	SZ	MP NP		P14141	400	2	200
			a	Allosig	RF	MP NP		P14141	400	2	200
			a	NOUMED ALLOPURINOL	VO	MP NP		P14141	400	2	200
			a	Progout 100	AF	MP NP		P14141	400	2	200
			a	Zyloprim	RW	MP NP		P14141	400	2	200
	Tablet 300 mg	Oral	a	Allopurinol APOTEX	GX	MP NP			60	2	60
			a	Allopurinol Sandoz	SZ	MP NP			60	2	60
			a	Allosig	RF	MP NP			60	2	60

			a	NOUMED ALLOPURINOL	VO	MP NP		60	2	60
			a	Progout 300	AF	MP NP		60	2	60
			a	Zyloprim	RW	MP NP		60	2	60
			a	Allopurinol APOTEX	GX	MP NP	P14141	120	2	60
			a	Allopurinol Sandoz	SZ	MP NP	P14141	120	2	60
			a	Allosig	RF	MP NP	P14141	120	2	60
			a	NOUMED ALLOPURINOL	VO	MP NP	P14141	120	2	60
			a	Progout 300	AF	MP NP	P14141	120	2	60
			a	Zyloprim	RW	MP NP	P14141	120	2	60

[4] Schedule 1, Part 1, entry for Amlodipine

substitute:

Amlodipine	Tablet 5 mg (as besilate)	Oral	a	Amlo 5	RW	MP NP		30	5	30
			a	Amlodipine Amneal	EF	MP NP		30	5	30
			a	Amlodipine APOTEX	GX	MP NP		30	5	30
			a	Amlodipine GH	GQ	MP NP		30	5	30
			a	Amlodipine Sandoz	SZ	MP NP		30	5	30
			a	APO-Amlodipine	TX	MP NP		30	5	30
			a	Blooms Amlodipine	BG	MP NP		30	5	30
			a	Blooms the Chemist Amlodipine	IB	MP NP		30	5	30
			a	BTC Amlodipine	JB	MP NP		30	5	30

a	Nordip	AF	MP NP			30	5	30
a	Norvapine	ED	MP NP			30	5	30
a	Norvasc	AS	MP NP			30	5	30
a	NOUMED AMLODIPINE	VO	MP NP			30	5	30
a	Pharmacor Amlodipine	CR	MP NP			30	5	30
a	Amlo 5	RW	MP NP		P14141	60	5	30
a	Amlodipine Amneal	EF	MP NP		P14141	60	5	30
a	Amlodipine APOTEX	GX	MP NP		P14141	60	5	30
a	Amlodipine GH	GQ	MP NP		P14141	60	5	30
a	Amlodipine Sandoz	SZ	MP NP		P14141	60	5	30
a	APO-Amlodipine	TX	MP NP		P14141	60	5	30
a	Blooms Amlodipine	BG	MP NP		P14141	60	5	30
a	Blooms the Chemist Amlodipine	IB	MP NP		P14141	60	5	30
a	BTC Amlodipine	JB	MP NP		P14141	60	5	30
a	Nordip	AF	MP NP		P14141	60	5	30
a	Norvapine	ED	MP NP		P14141	60	5	30
a	Norvasc	AS	MP NP		P14141	60	5	30
a	NOUMED AMLODIPINE	VO	MP NP		P14141	60	5	30
a	Pharmacor Amlodipine	CR	MP NP		P14141	60	5	30

Tablet 10 mg (as besilate)	Oral	a	Amlo 10	RW	MP NP		30	5	30
		a	Amlodipine Amneal	EF	MP NP		30	5	30
		a	Amlodipine APOTEX	GX	MP NP		30	5	30
		a	Amlodipine GH	GQ	MP NP		30	5	30
		a	Amlodipine Sandoz	SZ	MP NP		30	5	30
		a	APO-Amlodipine	TX	MP NP		30	5	30
		a	Blooms Amlodipine	BG	MP NP		30	5	30
		a	Blooms the Chemist Amlodipine	IB	MP NP		30	5	30
		a	BTC Amlodipine	JB	MP NP		30	5	30
		a	Nordip	AF	MP NP		30	5	30
		a	Norvapine	ED	MP NP		30	5	30
		a	Norvasc	AS	MP NP		30	5	30
		a	NOUMED AMLODIPINE	VO	MP NP		30	5	30
		a	Pharmacor Amlodipine	CR	MP NP		30	5	30
		a	Amlo 10	RW	MP NP	P14141	60	5	30
		a	Amlodipine Amneal	EF	MP NP	P14141	60	5	30
		a	Amlodipine APOTEX	GX	MP NP	P14141	60	5	30
		a	Amlodipine GH	GQ	MP NP	P14141	60	5	30
		a	Amlodipine Sandoz	SZ	MP NP	P14141	60	5	30
		a	APO-Amlodipine	TX	MP NP	P14141	60	5	30

			a	Blooms Amlodipine	BG	MP NP	P14141	60	5	30
			a	Blooms the Chemist Amlodipine	IB	MP NP	P14141	60	5	30
			a	BTC Amlodipine	JB	MP NP	P14141	60	5	30
			a	Nordip	AF	MP NP	P14141	60	5	30
			a	Norvapine	ED	MP NP	P14141	60	5	30
			a	Norvasc	AS	MP NP	P14141	60	5	30
			a	NOUMED AMLODIPINE	VO	MP NP	P14141	60	5	30
			a	Pharmacor Amlodipine	CR	MP NP	P14141	60	5	30

[5] Schedule 1, Part 1, entry for Amlodipine with atorvastatin

substitute:

Amlodipine with atorvastatin	Tablet 5 mg amlodipine (as besilate) with 10 mg atorvastatin (as calcium)	Oral		Cadivast 5/10	AF	MP NP		30	5	30
						MP NP	P14141	60	5	30
	Tablet 5 mg amlodipine (as besilate) with 20 mg atorvastatin (as calcium)	Oral		Cadivast 5/20	AF	MP NP		30	5	30
						MP NP	P14141	60	5	30
	Tablet 5 mg amlodipine (as besilate) with 40 mg atorvastatin (as calcium)	Oral	a	Cadivast 5/40	AF	MP NP		30	5	30
			a	Caduet 5/40	AS	MP NP		30	5	30
			a	Cadivast 5/40	AF	MP NP	P14141	60	5	30
			a	Caduet 5/40	AS	MP NP	P14141	60	5	30
	Tablet 5 mg amlodipine (as besilate) with 80 mg atorvastatin (as calcium)	Oral	a	Cadivast 5/80	AF	MP NP		30	5	30
			a	Caduet 5/80	AS	MP NP		30	5	30
			a	Cadivast 5/80	AF	MP NP	P14141	60	5	30

			a	Caduet 5/80	AS	MP NP		P14141	60	5	30
	Tablet 10 mg amlodipine (as besilate) with 10 mg atorvastatin (as calcium)	Oral	a	Cadivast 10/10	AF	MP NP			30	5	30
			a	Caduet 10/10	AS	MP NP			30	5	30
			a	Cadivast 10/10	AF	MP NP		P14141	60	5	30
			a	Caduet 10/10	AS	MP NP		P14141	60	5	30
	Tablet 10 mg amlodipine (as besilate) with 20 mg atorvastatin (as calcium)	Oral	a	Cadivast 10/20	AF	MP NP			30	5	30
			a	Caduet 10/20	AS	MP NP			30	5	30
			a	Cadivast 10/20	AF	MP NP		P14141	60	5	30
			a	Caduet 10/20	AS	MP NP		P14141	60	5	30
	Tablet 10 mg amlodipine (as besilate) with 40 mg atorvastatin (as calcium)	Oral	a	Cadivast 10/40	AF	MP NP			30	5	30
			a	Caduet 10/40	AS	MP NP			30	5	30
			a	Cadivast 10/40	AF	MP NP		P14141	60	5	30
			a	Caduet 10/40	AS	MP NP		P14141	60	5	30
	Tablet 10 mg amlodipine (as besilate) with 80 mg atorvastatin (as calcium)	Oral	a	Cadivast 10/80	AF	MP NP			30	5	30
			a	Caduet 10/80	AS	MP NP			30	5	30
			a	Cadivast 10/80	AF	MP NP		P14141	60	5	30
			a	Caduet 10/80	AS	MP NP		P14141	60	5	30

[6] Schedule 1, Part 1, entry for Amlodipine with valsartan

substitute:

Amlodipine with valsartan	Tablet 5 mg (as besilate)-80 mg	Oral	a	Exforge 5/80	NV	MP NP	C4373 C14043	P4373	28	5	28
			a	Valsartan/Amlodipine Novartis 80/5	NM	MP NP	C4373 C14043	P4373	28	5	28
			a	Exforge 5/80	NV	MP NP	C4373 C14043	P14043	56	5	28

		a	Valsartan/Amlodipine Novartis 80/5	NM	MP NP	C4373 C14043	P14043	56	5	28
Tablet 5 mg (as besilate)-160 mg	Oral	a	Exforge 5/160	NV	MP NP	C4373 C14043	P4373	28	5	28
		a	Valsartan/Amlodipine Novartis 160/5	NM	MP NP	C4373 C14043	P4373	28	5	28
		a	Exforge 5/160	NV	MP NP	C4373 C14043	P14043	56	5	28
		a	Valsartan/Amlodipine Novartis 160/5	NM	MP NP	C4373 C14043	P14043	56	5	28
Tablet 5 mg (as besilate)-320 mg	Oral	a	Exforge 5/320	NV	MP NP	C4373 C14043	P4373	28	5	28
		a	Valsartan/Amlodipine Novartis 320/5	NM	MP NP	C4373 C14043	P4373	28	5	28
		a	Exforge 5/320	NV	MP NP	C4373 C14043	P14043	56	5	28
		a	Valsartan/Amlodipine Novartis 320/5	NM	MP NP	C4373 C14043	P14043	56	5	28
Tablet 10 mg (as besilate)-160 mg	Oral	a	Exforge 10/160	NV	MP NP	C4373 C14043	P4373	28	5	28
		a	Valsartan/Amlodipine Novartis 160/10	NM	MP NP	C4373 C14043	P4373	28	5	28
		a	Exforge 10/160	NV	MP NP	C4373 C14043	P14043	56	5	28
		a	Valsartan/Amlodipine Novartis 160/10	NM	MP NP	C4373 C14043	P14043	56	5	28
Tablet 10 mg (as besilate)-320 mg	Oral	a	Exforge 10/320	NV	MP NP	C4373 C14043	P4373	28	5	28
		a	Valsartan/Amlodipine Novartis 320/10	NM	MP NP	C4373 C14043	P4373	28	5	28
		a	Exforge 10/320	NV	MP NP	C4373 C14043	P14043	56	5	28
		a	Valsartan/Amlodipine Novartis 320/10	NM	MP NP	C4373 C14043	P14043	56	5	28

[7] Schedule 1, Part 1, entry for Amlodipine with valsartan and hydrochlorothiazide

substitute:

Amlodipine with valsartan and hydrochlorothiazide	Tablet 5 mg (as besilate)-160 mg-12.5 mg	Oral	a	Exforge HCT 5/160/12.5	NV	MP NP	C4311 C14062	P4311	28	5	28
			a	Valsartan/Amlodipine/HCT Novartis 160/5/12.5	NM	MP NP	C4311 C14062	P4311	28	5	28
			a	Exforge HCT 5/160/12.5	NV	MP NP	C4311 C14062	P14062	56	5	28
			a	Valsartan/Amlodipine/HCT Novartis 160/5/12.5	NM	MP NP	C4311 C14062	P14062	56	5	28
	Tablet 5 mg (as besilate)-160 mg-25 mg	Oral	a	Exforge HCT 5/160/25	NV	MP NP	C4311 C14062	P4311	28	5	28
			a	Valsartan/Amlodipine/HCT Novartis 160/5/25	NM	MP NP	C4311 C14062	P4311	28	5	28
			a	Exforge HCT 5/160/25	NV	MP NP	C4311 C14062	P14062	56	5	28
			a	Valsartan/Amlodipine/HCT Novartis 160/5/25	NM	MP NP	C4311 C14062	P14062	56	5	28
	Tablet 10 mg (as besilate)-160 mg-12.5 mg	Oral	a	Exforge HCT 10/160/12.5	NV	MP NP	C4311 C14062	P4311	28	5	28
			a	Valsartan/Amlodipine/HCT Novartis 160/10/12.5	NM	MP NP	C4311 C14062	P4311	28	5	28
			a	Exforge HCT 10/160/12.5	NV	MP NP	C4311 C14062	P14062	56	5	28
			a	Valsartan/Amlodipine/HCT Novartis 160/10/12.5	NM	MP NP	C4311 C14062	P14062	56	5	28

	Tablet 10 mg (as besilate)-160 mg-25 mg	Oral	a	Exforge HCT 10/160/25	NV	MP NP	C4311 C14062	P4311	28	5	28
			a	Valsartan/Amlodipine/HCT Novartis 160/10/25	NM	MP NP	C4311 C14062	P4311	28	5	28
			a	Exforge HCT 10/160/25	NV	MP NP	C4311 C14062	P14062	56	5	28
			a	Valsartan/Amlodipine/HCT Novartis 160/10/25	NM	MP NP	C4311 C14062	P14062	56	5	28
	Tablet 10 mg (as besilate)-320 mg-25 mg	Oral	a	Exforge HCT 10/320/25	NV	MP NP	C4311 C14062	P4311	28	5	28
			a	Valsartan/Amlodipine/HCT Novartis 320/10/25	NM	MP NP	C4311 C14062	P4311	28	5	28
			a	Exforge HCT 10/320/25	NV	MP NP	C4311 C14062	P14062	56	5	28
			a	Valsartan/Amlodipine/HCT Novartis 320/10/25	NM	MP NP	C4311 C14062	P14062	56	5	28

[8] Schedule 1, Part 1, entry for Apixaban

substitute:

Apixaban	Tablet 2.5 mg	Oral		Eliquis	BQ	MP NP	C4132 C4269 C4359 C4381 C4382 C4402 C4409 C14078 C14139	P4359 P4381	20	0	20
						MP NP	C4132 C4269 C4359 C4381 C4382 C4402 C4409 C14078 C14139	P4382 P4409	30	0	30

						MP NP	C4132 C4269 C4359 C4381 C4382 C4402 C4409 C14078 C14139	P4402	60	0	60
						MP NP	C4132 C4269 C4359 C4381 C4382 C4402 C4409 C14078 C14139	P4132 P4269	60	5	60
						MP NP	C4132 C4269 C4359 C4381 C4382 C4402 C4409 C14078 C14139	P14078 P14139	120	5	60
	Tablet 5 mg	Oral		Eliquis	BQ	MP NP	C4098 C4099 C4269 C5083 C5098 C14078 C14095 C14129	P4098 P5098	28	0	28
						MP NP	C4098 C4099 C4269 C5083 C5098 C14078 C14095 C14129	P4099 P4269 P5083	60	5	60
						MP NP	C4098 C4099 C4269 C5083 C5098 C14078 C14095 C14129	P14078 P14095 P14129	120	5	60

[9] Schedule 1, Part 1, entry for Atenolol

substitute:

Atenolol	Oral solution 50 mg in 10 mL, 300 mL	Oral		Atenolol-AFT	AE	MP NP	C4076 C14039	P4076	1	5	1
						MP NP	C4076 C14039	P14039	2	5	1
	Tablet 50 mg	Oral	a	APO-Atenolol	TX	MP NP			30	5	30
			a	APX-Atenolol	TY	MP NP			30	5	30

			a	Atenolol Amneal	EF	MP NP		30	5	30
			a	Atenolol GH	GQ	MP NP		30	5	30
			a	Atenolol Sandoz	SZ	MP NP		30	5	30
			a	Noten	AF	MP NP		30	5	30
			a	Tenormin	IX	MP NP		30	5	30
			a	Tensig	RW	MP NP		30	5	30
			a	APO-Atenolol	TX	MP NP	P14141	60	5	30
			a	APX-Atenolol	TY	MP NP	P14141	60	5	30
			a	Atenolol Amneal	EF	MP NP	P14141	60	5	30
			a	Atenolol GH	GQ	MP NP	P14141	60	5	30
			a	Atenolol Sandoz	SZ	MP NP	P14141	60	5	30
			a	Noten	AF	MP NP	P14141	60	5	30
			a	Tenormin	IX	MP NP	P14141	60	5	30
			a	Tensig	RW	MP NP	P14141	60	5	30

[10] Schedule 1, Part 1, entry for Atorvastatin

substitute:

Atorvastatin	Tablet 10 mg (as calcium)	Oral	a	APO-Atorvastatin	TX	MP NP		30	5	30
			a	Atorvachol	RF	MP NP		30	5	30
			a	Atorvastatin GH	GQ	MP NP		30	5	30
			a	Atorvastatin SZ	HX	MP NP		30	5	30
			a	Blooms the Chemist Atorvastatin	IB	MP NP		30	5	30
			a	Lipitor	AS	MP NP		30	5	30

a	Lorstat 10	AF	MP NP		30	5	30
a	NOUMED ATORVASTATIN	VO	MP NP		30	5	30
a	Pharmacor Atorvastatin	CR	MP NP		30	5	30
a	Trovas	RA	MP NP		30	5	30
a	APO-Atorvastatin	TX	MP	P7598	30	11	30
a	Atorvachol	RF	MP	P7598	30	11	30
a	Atorvastatin GH	GQ	MP	P7598	30	11	30
a	Atorvastatin SZ	HX	MP	P7598	30	11	30
a	Blooms the Chemist Atorvastatin	IB	MP	P7598	30	11	30
a	Lipitor	AS	MP	P7598	30	11	30
a	Lorstat 10	AF	MP	P7598	30	11	30
a	NOUMED ATORVASTATIN	VO	MP	P7598	30	11	30
a	Pharmacor Atorvastatin	CR	MP	P7598	30	11	30
a	Trovas	RA	MP	P7598	30	11	30
a	APO-Atorvastatin	TX	MP	P14141	60	5	30
a	Atorvachol	RF	MP	P14141	60	5	30
a	Atorvastatin GH	GQ	MP	P14141	60	5	30
a	Atorvastatin SZ	HX	MP	P14141	60	5	30
a	Blooms the Chemist Atorvastatin	IB	MP	P14141	60	5	30

		a	Lipitor	AS	MP	P14141	60	5	30
		a	Lorstat 10	AF	MP	P14141	60	5	30
		a	NOUMED ATORVASTATIN	VO	MP	P14141	60	5	30
		a	Pharmacor Atorvastatin	CR	MP	P14141	60	5	30
		a	Trovas	RA	MP	P14141	60	5	30
Tablet 20 mg (as calcium)	Oral	a	APO-Atorvastatin	TX	MP NP		30	5	30
		a	Atorvachol	RF	MP NP		30	5	30
		a	Atorvastatin GH	GQ	MP NP		30	5	30
		a	Atorvastatin SZ	HX	MP NP		30	5	30
		a	Blooms the Chemist Atorvastatin	IB	MP NP		30	5	30
		a	Lipitor	AS	MP NP		30	5	30
		a	Lorstat 20	AF	MP NP		30	5	30
		a	NOUMED ATORVASTATIN	VO	MP NP		30	5	30
		a	Pharmacor Atorvastatin	CR	MP NP		30	5	30
		a	Trovas	RA	MP NP		30	5	30
		a	APO-Atorvastatin	TX	MP	P7598	30	11	30
		a	Atorvachol	RF	MP	P7598	30	11	30
		a	Atorvastatin GH	GQ	MP	P7598	30	11	30
		a	Atorvastatin SZ	HX	MP	P7598	30	11	30
		a	Blooms the Chemist	IB	MP	P7598	30	11	30

			Atorvastatin						
		a	Lipitor	AS	MP	P7598	30	11	30
		a	Lorstat 20	AF	MP	P7598	30	11	30
		a	NOUMED ATORVASTATIN	VO	MP	P7598	30	11	30
		a	Pharmacor Atorvastatin	CR	MP	P7598	30	11	30
		a	Trovas	RA	MP	P7598	30	11	30
		a	APO-Atorvastatin	TX	MP	P14141	60	5	30
		a	Atorvachol	RF	MP	P14141	60	5	30
		a	Atorvastatin GH	GQ	MP	P14141	60	5	30
		a	Atorvastatin SZ	HX	MP	P14141	60	5	30
		a	Blooms the Chemist Atorvastatin	IB	MP	P14141	60	5	30
		a	Lipitor	AS	MP	P14141	60	5	30
		a	Lorstat 20	AF	MP	P14141	60	5	30
		a	NOUMED ATORVASTATIN	VO	MP	P14141	60	5	30
		a	Pharmacor Atorvastatin	CR	MP	P14141	60	5	30
		a	Trovas	RA	MP	P14141	60	5	30
Tablet 40 mg (as calcium)	Oral	a	APO-Atorvastatin	TX	MP NP		30	5	30
		a	Atorvachol	RF	MP NP		30	5	30
		a	Atorvastatin GH	GQ	MP NP		30	5	30
		a	Atorvastatin SZ	HX	MP NP		30	5	30

a	Blooms the Chemist Atorvastatin	IB	MP NP		30	5	30
a	Lipitor	AS	MP NP		30	5	30
a	Lorstat 40	AF	MP NP		30	5	30
a	NOUMED ATORVASTATIN	VO	MP NP		30	5	30
a	Pharmacor Atorvastatin	CR	MP NP		30	5	30
a	Trovas	RA	MP NP		30	5	30
a	APO-Atorvastatin	TX	MP	P7598	30	11	30
a	Atorvachol	RF	MP	P7598	30	11	30
a	Atorvastatin GH	GQ	MP	P7598	30	11	30
a	Atorvastatin SZ	HX	MP	P7598	30	11	30
a	Blooms the Chemist Atorvastatin	IB	MP	P7598	30	11	30
a	Lipitor	AS	MP	P7598	30	11	30
a	Lorstat 40	AF	MP	P7598	30	11	30
a	NOUMED ATORVASTATIN	VO	MP	P7598	30	11	30
a	Pharmacor Atorvastatin	CR	MP	P7598	30	11	30
a	Trovas	RA	MP	P7598	30	11	30
a	APO-Atorvastatin	TX	MP	P14141	60	5	30
a	Atorvachol	RF	MP	P14141	60	5	30
a	Atorvastatin GH	GQ	MP	P14141	60	5	30

		a	Atorvastatin SZ	HX	MP	P14141	60	5	30
		a	Blooms the Chemist Atorvastatin	IB	MP	P14141	60	5	30
		a	Lipitor	AS	MP	P14141	60	5	30
		a	Lorstat 40	AF	MP	P14141	60	5	30
		a	NOUMED ATORVASTATIN	VO	MP	P14141	60	5	30
		a	Pharmacor Atorvastatin	CR	MP	P14141	60	5	30
		a	Trovas	RA	MP	P14141	60	5	30
Tablet 80 mg (as calcium)	Oral	a	APO-Atorvastatin	TX	MP NP		30	5	30
		a	Atorvachol	RF	MP NP		30	5	30
		a	Atorvastatin GH	GQ	MP NP		30	5	30
		a	Atorvastatin SZ	HX	MP NP		30	5	30
		a	Blooms the Chemist Atorvastatin	IB	MP NP		30	5	30
		a	Lipitor	AS	MP NP		30	5	30
		a	Lorstat 80	AF	MP NP		30	5	30
		a	NOUMED ATORVASTATIN	VO	MP NP		30	5	30
		a	Pharmacor Atorvastatin	CR	MP NP		30	5	30
		a	Trovas	RA	MP NP		30	5	30
		a	APO-Atorvastatin	TX	MP	P7598	30	11	30
		a	Atorvachol	RF	MP	P7598	30	11	30

a	Atorvastatin GH	GQ	MP	P7598	30	11	30
a	Atorvastatin SZ	HX	MP	P7598	30	11	30
a	Blooms the Chemist Atorvastatin	IB	MP	P7598	30	11	30
a	Lipitor	AS	MP	P7598	30	11	30
a	Lorstat 80	AF	MP	P7598	30	11	30
a	NOUMED ATORVASTATIN	VO	MP	P7598	30	11	30
a	Pharmacor Atorvastatin	CR	MP	P7598	30	11	30
a	Trovas	RA	MP	P7598	30	11	30
a	APO-Atorvastatin	TX	MP	P14141	60	5	30
a	Atorvachol	RF	MP	P14141	60	5	30
a	Atorvastatin GH	GQ	MP	P14141	60	5	30
a	Atorvastatin SZ	HX	MP	P14141	60	5	30
a	Blooms the Chemist Atorvastatin	IB	MP	P14141	60	5	30
a	Lipitor	AS	MP	P14141	60	5	30
a	Lorstat 80	AF	MP	P14141	60	5	30
a	NOUMED ATORVASTATIN	VO	MP	P14141	60	5	30
a	Pharmacor Atorvastatin	CR	MP	P14141	60	5	30
a	Trovas	RA	MP	P14141	60	5	30

[11] Schedule 1, Part 1, entry for Baclofen in the form Tablet 10 mg

substitute:

	Tablet 10 mg	Oral	a	APO-Baclofen	TX	MP NP			100	5	100
			a	Clofen 10	AF	MP NP			100	5	100
			a	Lioresal 10	NV	MP NP			100	5	100
			a	Stelax 10	RW	MP NP			100	5	100
			a	APO-Baclofen	TX	MP NP		P14141	200	5	100
			a	Clofen 10	AF	MP NP		P14141	200	5	100
			a	Lioresal 10	NV	MP NP		P14141	200	5	100
			a	Stelax 10	RW	MP NP		P14141	200	5	100

[12] Schedule 1, Part 1, entry for Baclofen in the form Tablet 25 mg

substitute:

	Tablet 25 mg	Oral	a	APO-Baclofen	TX	MP NP			100	5	100
			a	Clofen 25	AF	MP NP			100	5	100
			a	Lioresal 25	NV	MP NP			100	5	100
			a	Stelax 25	RW	MP NP			100	5	100
			a	APO-Baclofen	TX	MP NP		P14141	200	5	100
			a	Clofen 25	AF	MP NP		P14141	200	5	100
			a	Lioresal 25	NV	MP NP		P14141	200	5	100
			a	Stelax 25	RW	MP NP		P14141	200	5	100

[13] Schedule 1, Part 1, entry for Balsalazide

substitute:

Balsalazide	Capsule containing balsalazide sodium 750 mg	Oral		Colazide	PK	MP NP	C7621 C14084	P7621	280	5	280
						MP NP	C7621 C14084	P14084	560	5	280

[14] Schedule 1, Part 1, entry for Bisoprolol

substitute:

Bisoprolol	Tablet containing bisoprolol fumarate 2.5 mg	Oral	a	APO-Bisoprolol	TX	MP NP	C5324 C14033	P5324	28	5	28
			a	Bicard 2.5	RW	MP NP	C5324 C14033	P5324	28	5	28
			a	Bicor	AL	MP NP	C5324 C14033	P5324	28	5	28
			a	Bisoprolol Dr.Reddy's	RI	MP NP	C5324 C14033	P5324	28	5	28
			a	Bisoprolol generichealth	GQ	MP NP	C5324 C14033	P5324	28	5	28
			a	Bisoprolol Sandoz	SZ	MP NP	C5324 C14033	P5324	28	5	28
			a	Bispro 2.5	AF	MP NP	C5324 C14033	P5324	28	5	28
			a	Cipla Bisoprolol	LR	MP NP	C5324 C14033	P5324	28	5	28
			a	NOUMED BISOPROLOL	VO	MP NP	C5324 C14033	P5324	28	5	28
			a	APO-Bisoprolol	TX	MP NP	C5324 C14033	P14033	56	5	28
			a	Bicard 2.5	RW	MP NP	C5324 C14033	P14033	56	5	28
			a	Bicor	AL	MP NP	C5324 C14033	P14033	56	5	28
			a	Bisoprolol Dr.Reddy's	RI	MP NP	C5324 C14033	P14033	56	5	28
			a	Bisoprolol generichealth	GQ	MP NP	C5324 C14033	P14033	56	5	28
			a	Bisoprolol Sandoz	SZ	MP NP	C5324 C14033	P14033	56	5	28
			a	Bispro 2.5	AF	MP NP	C5324 C14033	P14033	56	5	28
			a	Cipla Bisoprolol	LR	MP NP	C5324 C14033	P14033	56	5	28
			a	NOUMED BISOPROLOL	VO	MP NP	C5324 C14033	P14033	56	5	28

Tablet containing bisoprolol fumarate 5 mg	Oral	a	APO-Bisoprolol	TX	MP NP	C5324 C14033	P5324	28	5	28
		a	Bicard 5	RW	MP NP	C5324 C14033	P5324	28	5	28
		a	Bicor	AL	MP NP	C5324 C14033	P5324	28	5	28
		a	Bisoprolol Dr.Reddy's	RI	MP NP	C5324 C14033	P5324	28	5	28
		a	Bisoprolol generichealth	GQ	MP NP	C5324 C14033	P5324	28	5	28
		a	Bisoprolol Sandoz	SZ	MP NP	C5324 C14033	P5324	28	5	28
		a	Bispro 5	AF	MP NP	C5324 C14033	P5324	28	5	28
		a	Cipla Bisoprolol	LR	MP NP	C5324 C14033	P5324	28	5	28
		a	NOUMED BISOPROLOL	VO	MP NP	C5324 C14033	P5324	28	5	28
		a	APO-Bisoprolol	TX	MP NP	C5324 C14033	P14033	56	5	28
		a	Bicard 5	RW	MP NP	C5324 C14033	P14033	56	5	28
		a	Bicor	AL	MP NP	C5324 C14033	P14033	56	5	28
		a	Bisoprolol Dr.Reddy's	RI	MP NP	C5324 C14033	P14033	56	5	28
		a	Bisoprolol generichealth	GQ	MP NP	C5324 C14033	P14033	56	5	28
		a	Bisoprolol Sandoz	SZ	MP NP	C5324 C14033	P14033	56	5	28
		a	Bispro 5	AF	MP NP	C5324 C14033	P14033	56	5	28
		a	Cipla Bisoprolol	LR	MP NP	C5324 C14033	P14033	56	5	28
		a	NOUMED BISOPROLOL	VO	MP NP	C5324 C14033	P14033	56	5	28
Tablet containing bisoprolol	Oral	a	APO-Bisoprolol	TX	MP NP	C5324 C14033	P5324	28	5	28

fumarate 10 mg	a	Bicard 10	RW	MP NP	C5324 C14033	P5324	28	5	28
	a	Bicor	AL	MP NP	C5324 C14033	P5324	28	5	28
	a	Bisoprolol Dr.Reddy's	RI	MP NP	C5324 C14033	P5324	28	5	28
	a	Bisoprolol generichealth	GQ	MP NP	C5324 C14033	P5324	28	5	28
	a	Bisoprolol Sandoz	SZ	MP NP	C5324 C14033	P5324	28	5	28
	a	Bispro 10	AF	MP NP	C5324 C14033	P5324	28	5	28
	a	Cipla Bisoprolol	LR	MP NP	C5324 C14033	P5324	28	5	28
	a	NOUMED BISOPROLOL	VO	MP NP	C5324 C14033	P5324	28	5	28
	a	APO-Bisoprolol	TX	MP NP	C5324 C14033	P14033	56	5	28
	a	Bicard 10	RW	MP NP	C5324 C14033	P14033	56	5	28
	a	Bicor	AL	MP NP	C5324 C14033	P14033	56	5	28
	a	Bisoprolol Dr.Reddy's	RI	MP NP	C5324 C14033	P14033	56	5	28
	a	Bisoprolol generichealth	GQ	MP NP	C5324 C14033	P14033	56	5	28
	a	Bisoprolol Sandoz	SZ	MP NP	C5324 C14033	P14033	56	5	28
	a	Bispro 10	AF	MP NP	C5324 C14033	P14033	56	5	28
	a	Cipla Bisoprolol	LR	MP NP	C5324 C14033	P14033	56	5	28
	a	NOUMED BISOPROLOL	VO	MP NP	C5324 C14033	P14033	56	5	28

[15] Schedule 1, Part 1, entry for Calcipotriol with betamethasone

substitute:

Calcipotriol with betamethasone	Foam containing calcipotriol 50 micrograms with betamethasone 500 micrograms (as dipropionate) per g, 60 g	Application		Enstilar	LO	MP NP	C6809 C14091	P6809	1	1	1
						MP NP	C6809 C14091	P14091	2	1	1
	Ointment containing calcipotriol 50 micrograms with betamethasone 500 micrograms (as dipropionate) per g, 30 g	Application	a	Calcipotriol/Betamethasone Sandoz 50/500	SZ	MP NP	C6809 C14091	P6809	1	1	1
			a	Daivobet	LO	MP NP	C6809 C14091	P6809	1	1	1
			a	Calcipotriol/Betamethasone Sandoz 50/500	SZ	MP NP	C6809 C14091	P14091	2	1	1
			a	Daivobet	LO	MP NP	C6809 C14091	P14091	2	1	1

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

substitute:

Calcitriol	Capsule 0.25 microgram	Oral	a	APO-Calcitriol	TX	MP NP	C5089 C5114 C5255 C5401 C5402 C14071 C14087 C14088 C14100 C14111	P5089 P5114 P5255 P5401 P5402	100	3	100
			a	Calciprox	ZS	MP NP	C5089 C5114 C5255 C5401 C5402 C14071 C14087 C14088 C14100 C14111	P5089 P5114 P5255 P5401 P5402	100	3	100
			a	Calcitriol AN	EA	MP NP	C5089 C5114 C5255 C5401 C5402 C14071 C14087 C14088 C14100 C14111	P5089 P5114 P5255 P5401 P5402	100	3	100
			a	CALITROL	ED	MP NP	C5089 C5114 C5255 C5401 C5402 C14071 C14087 C14088 C14100 C14111	P5089 P5114 P5255 P5401 P5402	100	3	100

	a	Kosteo	RW	MP NP	C5089 C5114 C5255 C5401 C5402 C14071 C14087 C14088 C14100 C14111	P5089 P5114 P5255 P5401 P5402	100	3	100
	a	Rocaltrol	IX	MP NP	C5089 C5114 C5255 C5401 C5402 C14071 C14087 C14088 C14100 C14111	P5089 P5114 P5255 P5401 P5402	100	3	100
	a	Sical	AF	MP NP	C5089 C5114 C5255 C5401 C5402 C14071 C14087 C14088 C14100 C14111	P5089 P5114 P5255 P5401 P5402	100	3	100
	a	APO-Calcitriol	TX	MP NP	C5089 C5114 C5255 C5401 C5402 C14071 C14087 C14088 C14100 C14111	P14071 P14087 P14088 P14100 P14111	200	3	100
	a	Calciprox	ZS	MP NP	C5089 C5114 C5255 C5401 C5402 C14071 C14087 C14088 C14100 C14111	P14071 P14087 P14088 P14100 P14111	200	3	100
	a	Calcitriol AN	EA	MP NP	C5089 C5114 C5255 C5401 C5402 C14071 C14087 C14088 C14100 C14111	P14071 P14087 P14088 P14100 P14111	200	3	100
	a	CALITROL	ED	MP NP	C5089 C5114 C5255 C5401 C5402 C14071 C14087 C14088 C14100 C14111	P14071 P14087 P14088 P14100 P14111	200	3	100
	a	Kosteo	RW	MP NP	C5089 C5114 C5255 C5401	P14071 P14087 P14088 P14100	200	3	100

							C5402 C14071 C14087 C14088 C14100 C14111	P14111			
			a	Rocaltrol	IX	MP NP	C5089 C5114 C5255 C5401 C5402 C14071 C14087 C14088 C14100 C14111	P14071 P14087 P14088 P14100 P14111	200	3	100
			a	Sical	AF	MP NP	C5089 C5114 C5255 C5401 C5402 C14071 C14087 C14088 C14100 C14111	P14071 P14087 P14088 P14100 P14111	200	3	100

[17] Schedule 1, Part 1, entry for Calcium

substitute:

Calcium	Tablet, chewable, 500 mg (as carbonate)	Oral		Cal-500	PP	MP NP	C4586 C14054	P4586	240	1	120
						MP NP	C4586 C14054	P14054	480	1	120
	Tablet 600 mg (as carbonate)	Oral		Calci-Tab 600	AE	MP NP	C4586 C14054	P4586	240	1	240
						MP NP	C4586 C14054	P14054	480	1	240

[18] Schedule 1, Part 1, entry for Candesartan

substitute:

Candesartan	Tablet containing candesartan cilexetil 4 mg	Oral	a	Adesan	AF	MP NP			30	5	30
			a	APO-Candesartan	TX	MP NP			30	5	30
			a	Atacand	AP	MP NP			30	5	30
			a	Blooms the Chemist Candesartan	IB	MP NP			30	5	30
			a	BTC Candesartan	BG	MP NP			30	5	30
			a	CANDESAN	RF	MP NP			30	5	30

		a	Candesartan Sandoz	SZ	MP NP		30	5	30
		a	NOUMED CANDESARTAN	VO	MP NP		30	5	30
		a	Adesan	AF	MP NP	P14141	60	5	30
		a	APO-Candesartan	TX	MP NP	P14141	60	5	30
		a	Atacand	AP	MP NP	P14141	60	5	30
		a	Blooms the Chemist Candesartan	IB	MP NP	P14141	60	5	30
		a	BTC Candesartan	BG	MP NP	P14141	60	5	30
		a	CANDESAN	RF	MP NP	P14141	60	5	30
		a	Candesartan Sandoz	SZ	MP NP	P14141	60	5	30
		a	NOUMED CANDESARTAN	VO	MP NP	P14141	60	5	30
Tablet containing candesartan cilexetil 8 mg	Oral	a	Adesan	AF	MP NP		30	5	30
		a	APO-Candesartan	TX	MP NP		30	5	30
		a	Atacand	AP	MP NP		30	5	30
		a	Blooms the Chemist Candesartan	IB	MP NP		30	5	30
		a	BTC Candesartan	BG	MP NP		30	5	30
		a	CANDESAN	RF	MP NP		30	5	30
		a	Candesartan Sandoz	SZ	MP NP		30	5	30
		a	NOUMED CANDESARTAN	VO	MP NP		30	5	30

		a	Adesan	AF	MP NP	P14141	60	5	30
		a	APO-Candesartan	TX	MP NP	P14141	60	5	30
		a	Atacand	AP	MP NP	P14141	60	5	30
		a	Blooms the Chemist Candesartan	IB	MP NP	P14141	60	5	30
		a	BTC Candesartan	BG	MP NP	P14141	60	5	30
		a	CANDESAN	RF	MP NP	P14141	60	5	30
		a	Candesartan Sandoz	SZ	MP NP	P14141	60	5	30
		a	NOUMED CANDESARTAN	VO	MP NP	P14141	60	5	30
Tablet containing candesartan cilexetil 16 mg	Oral	a	Adesan	AF	MP NP		30	5	30
		a	APO-Candesartan	TX	MP NP		30	5	30
		a	Atacand	AP	MP NP		30	5	30
		a	Blooms the Chemist Candesartan	IB	MP NP		30	5	30
		a	BTC Candesartan	BG	MP NP		30	5	30
		a	CANDESAN	RF	MP NP		30	5	30
		a	Candesartan Sandoz	SZ	MP NP		30	5	30
		a	NOUMED CANDESARTAN	VO	MP NP		30	5	30
		a	Adesan	AF	MP NP	P14141	60	5	30
		a	APO-Candesartan	TX	MP NP	P14141	60	5	30
		a	Atacand	AP	MP NP	P14141	60	5	30

		a	Blooms the Chemist Candesartan	IB	MP NP	P14141	60	5	30
		a	BTC Candesartan	BG	MP NP	P14141	60	5	30
		a	CANDESAN	RF	MP NP	P14141	60	5	30
		a	Candesartan Sandoz	SZ	MP NP	P14141	60	5	30
		a	NOUMED CANDESARTAN	VO	MP NP	P14141	60	5	30
Tablet containing candesartan cilexetil 32 mg	Oral	a	Adesan	AF	MP NP		30	5	30
		a	APO-Candesartan	TX	MP NP		30	5	30
		a	Atacand	AP	MP NP		30	5	30
		a	Blooms the Chemist Candesartan	IB	MP NP		30	5	30
		a	BTC Candesartan	BG	MP NP		30	5	30
		a	CANDESAN	RF	MP NP		30	5	30
		a	Candesartan Sandoz	SZ	MP NP		30	5	30
		a	NOUMED CANDESARTAN	VO	MP NP		30	5	30
		a	Adesan	AF	MP NP	P14141	60	5	30
		a	APO-Candesartan	TX	MP NP	P14141	60	5	30
		a	Atacand	AP	MP NP	P14141	60	5	30
		a	Blooms the Chemist Candesartan	IB	MP NP	P14141	60	5	30
		a	BTC Candesartan	BG	MP NP	P14141	60	5	30
		a	CANDESAN	RF	MP NP	P14141	60	5	30

			a	Candesartan Sandoz	SZ	MP NP		P14141	60	5	30
			a	NOUMED CANDESARTAN	VO	MP NP		P14141	60	5	30

[19] Schedule 1, Part 1, entry for Candesartan with hydrochlorothiazide

substitute:

Candesartan with hydrochlorothiazide	Tablet containing candesartan cilexetil 16 mg with hydrochlorothiazide 12.5 mg	Oral	a	Adesan HCT 16/12.5	AF	MP NP	C4374 C14061	P4374	30	5	30
			a	APO-Candesartan HCTZ 16/12.5	TX	MP NP	C4374 C14061	P4374	30	5	30
			a	Atacand Plus 16/12.5	AP	MP NP	C4374 C14061	P4374	30	5	30
			a	Blooms the Chemist Candesartan HCTZ 16/12.5	IB	MP NP	C4374 C14061	P4374	30	5	30
			a	CANDESAN COMBI 16/12.5	RF	MP NP	C4374 C14061	P4374	30	5	30
			a	Candesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P4374	30	5	30
			a	NOUMED CANDESARTAN/HCT	VO	MP NP	C4374 C14061	P4374	30	5	30
			a	Adesan HCT 16/12.5	AF	MP NP	C4374 C14061	P14061	60	5	30
			a	APO-Candesartan HCTZ 16/12.5	TX	MP NP	C4374 C14061	P14061	60	5	30
			a	Atacand Plus 16/12.5	AP	MP NP	C4374 C14061	P14061	60	5	30
			a	Blooms the Chemist Candesartan HCTZ	IB	MP NP	C4374 C14061	P14061	60	5	30

			16/12.5							
		a	CANDESAN COMBI 16/12.5	RF	MP NP	C4374 C14061	P14061	60	5	30
		a	Candesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P14061	60	5	30
		a	NOUMED CANDESARTAN/HCT	VO	MP NP	C4374 C14061	P14061	60	5	30
Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 12.5 mg	Oral	a	Adesan HCT 32/12.5	AF	MP NP	C4374 C14061	P4374	30	5	30
		a	APO-Candesartan HCTZ 32/12.5	TX	MP NP	C4374 C14061	P4374	30	5	30
		a	Atacand Plus 32/12.5	AP	MP NP	C4374 C14061	P4374	30	5	30
		a	Blooms the Chemist Candesartan HCTZ 32/12.5	IB	MP NP	C4374 C14061	P4374	30	5	30
		a	CANDESAN COMBI 32/12.5	RF	MP NP	C4374 C14061	P4374	30	5	30
		a	Candesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P4374	30	5	30
		a	NOUMED CANDESARTAN/HCT	VO	MP NP	C4374 C14061	P4374	30	5	30
		a	Adesan HCT 32/12.5	AF	MP NP	C4374 C14061	P14061	60	5	30
		a	APO-Candesartan HCTZ 32/12.5	TX	MP NP	C4374 C14061	P14061	60	5	30
		a	Atacand Plus 32/12.5	AP	MP NP	C4374 C14061	P14061	60	5	30
		a	Blooms the Chemist	IB	MP NP	C4374 C14061	P14061	60	5	30

			Candesartan HCTZ 32/12.5							
		a	CANDESAN COMBI 32/12.5	RF	MP NP	C4374 C14061	P14061	60	5	30
		a	Candesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P14061	60	5	30
		a	NOUMED CANDESARTAN/HCT	VO	MP NP	C4374 C14061	P14061	60	5	30
Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 25 mg	Oral	a	Adesan HCT 32/25	AF	MP NP	C4374 C14061	P4374	30	5	30
		a	APO-Candesartan HCTZ 32/25	TX	MP NP	C4374 C14061	P4374	30	5	30
		a	Atacand Plus 32/25	AP	MP NP	C4374 C14061	P4374	30	5	30
		a	Blooms the Chemist Candesartan HCTZ 32/25	IB	MP NP	C4374 C14061	P4374	30	5	30
		a	CANDESAN COMBI 32/25	RF	MP NP	C4374 C14061	P4374	30	5	30
		a	Candesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P4374	30	5	30
		a	NOUMED CANDESARTAN/HCT	VO	MP NP	C4374 C14061	P4374	30	5	30
		a	Adesan HCT 32/25	AF	MP NP	C4374 C14061	P14061	60	5	30
		a	APO-Candesartan HCTZ 32/25	TX	MP NP	C4374 C14061	P14061	60	5	30
		a	Atacand Plus 32/25	AP	MP NP	C4374 C14061	P14061	60	5	30
		a	Blooms the Chemist Candesartan HCTZ 32/25	IB	MP NP	C4374 C14061	P14061	60	5	30

		a	CANDESAN COMBI 32/25	RF	MP NP	C4374 C14061	P14061	60	5	30
		a	Candesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P14061	60	5	30
		a	NOUMED CANDESARTAN/HCT	VO	MP NP	C4374 C14061	P14061	60	5	30

[20] Schedule 1, Part 1, entry for Carvedilol in the form Tablet 6.25 mg

substitute:

Tablet 6.25 mg	Oral	a	APO-Carvedilol	TX	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Carvedilol Sandoz	SZ	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Carvidol	RF	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Dicarz	AF	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Dilatrend 6.25	PB	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Vedilol 6.25	RW	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Volirop 6.25	ZS	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	APO-Carvedilol	TX	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60
		a	Carvedilol Sandoz	SZ	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60
		a	Carvidol	RF	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60

			a	Dicarz	AF	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60
			a	Dilatrend 6.25	PB	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60
			a	Vedilol 6.25	RW	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60
			a	Volirop 6.25	ZS	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60

[21] Schedule 1, Part 1, entry for Carvedilol in the form Tablet 12.5 mg

substitute:

Tablet 12.5 mg	Oral	a	APO-Carvedilol	TX	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Carvedilol Sandoz	SZ	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Carvidol	RF	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Dicarz	AF	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Dilatrend 12.5	PB	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Vedilol 12.5	RW	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Volirop 12.5	ZS	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	APO-Carvedilol	TX	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60
		a	Carvedilol Sandoz	SZ	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60
		a	Carvidol	RF	MP NP	C5324 C5394	P14033 P14115	120	5	60

						C14033 C14115				
		a	Dicarz	AF	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60
		a	Dilatrend 12.5	PB	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60
		a	Vedilol 12.5	RW	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60
		a	Volirop 12.5	ZS	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60

[22] Schedule 1, Part 1, entry for Carvedilol in the form Tablet 25 mg

substitute:

Tablet 25 mg	Oral	a	APO-Carvedilol	TX	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Carvedilol Sandoz	SZ	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Carvidol	RF	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Dicarz	AF	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Dilatrend 25	PB	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Vedilol 25	RW	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	Volirop 25	ZS	MP NP	C5324 C5394 C14033 C14115	P5324 P5394	60	5	60
		a	APO-Carvedilol	TX	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60
		a	Carvedilol Sandoz	SZ	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60

			a	Carvidol	RF	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60
			a	Dicarz	AF	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60
			a	Dilatrend 25	PB	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60
			a	Vedilol 25	RW	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60
			a	Volirop 25	ZS	MP NP	C5324 C5394 C14033 C14115	P14033 P14115	120	5	60

[23] Schedule 1, Part 1, entry for Chlortalidone

substitute:

Chlortalidone	Tablet 25 mg	Oral		Hygroton 25	GH	MP NP			100	1	50
						MP NP		P14141	200	1	50

[24] Schedule 1, Part 1, entry for Clonidine

substitute:

Clonidine	Tablet containing clonidine hydrochloride 100 micrograms	Oral	a	APO-Clonidine	TX	MP NP			100	5	100
			a	Catapres 100	IX	MP NP			100	5	100
			a	APO-Clonidine	TX	MP NP		P14141	200	5	100
			a	Catapres 100	IX	MP NP		P14141	200	5	100
	Tablet containing clonidine hydrochloride 150 micrograms	Oral		Catapres	IX	MP NP			100	5	100
						MP NP		P14141	200	5	100

[25] Schedule 1, Part 1, entry for Clopidogrel

substitute:

Clopidogrel	Tablet 75 mg (as besilate)	Oral	BTC Clopidogrel	JB	MP NP		28	5	28
			Clopidogrel GH	GQ	MP NP		28	5	28
			Clovix 75	RW	MP NP		28	5	28
			Plidogrel	RF	MP NP		28	5	28
			BTC Clopidogrel	JB	MP NP	P14141	56	5	28
			Clopidogrel GH	GQ	MP NP	P14141	56	5	28
			Clovix 75	RW	MP NP	P14141	56	5	28
			Plidogrel	RF	MP NP	P14141	56	5	28
	Tablet 75 mg (as hydrogen sulfate)	Oral	Clopidogrel Lupin	GQ	MP NP		28	5	28
			Clopidogrel Sandoz Pharma	HX	MP NP		28	5	28
			Clopidogrel Winthrop	WA	MP NP		28	5	28
			Iscover	AV	MP NP		28	5	28
			Piax	AF	MP NP		28	5	28
			Plavicor 75	CR	MP NP		28	5	28
			Clopidogrel Lupin	GQ	MP NP	P14141	56	5	28
			Clopidogrel Sandoz Pharma	HX	MP NP	P14141	56	5	28
			Clopidogrel Winthrop	WA	MP NP	P14141	56	5	28
			Iscover	AV	MP NP	P14141	56	5	28
			Piax	AF	MP NP	P14141	56	5	28
			Plavicor 75	CR	MP NP	P14141	56	5	28

[26] Schedule 1, Part 1, entry for Clopidogrel with aspirin

substitute:

Clopidogrel with aspirin	Tablet 75 mg (as hydrogen sulfate)-100 mg	Oral	a	APX-Clopidogrel/Aspirin 75/100	TY	MP NP			30	5	30
			a	Clopidogrel Winthrop plus aspirin	WA	MP NP			30	5	30
			a	CLOPIDOGREL/ASPIRIN AN 75/100	ED	MP NP			30	5	30
			a	DuoCover	AV	MP NP			30	5	30
			a	DuoPlidogrel	GZ	MP NP			30	5	30
			a	Piax Plus Aspirin	AF	MP NP			30	5	30
			a	APX-Clopidogrel/Aspirin 75/100	TY	MP NP		P14141	60	5	30
			a	Clopidogrel Winthrop plus aspirin	WA	MP NP		P14141	60	5	30
			a	CLOPIDOGREL/ASPIRIN AN 75/100	ED	MP NP		P14141	60	5	30
			a	DuoCover	AV	MP NP		P14141	60	5	30
			a	DuoPlidogrel	GZ	MP NP		P14141	60	5	30
			a	Piax Plus Aspirin	AF	MP NP		P14141	60	5	30

[27] Schedule 1, Part 1, entry for Dabigatran etexilate in the form Capsule 110 mg (as mesilate)

substitute:

	Capsule 110 mg (as mesilate)	Oral		Pradaxa	BY	MP NP	C4269 C4369 C4381 C4402 C14078	P4381	20	0	10

						MP NP	C4269 C4369 C4381 C4402 C14078	P4369	20	1	10
						MP NP	C4269 C4369 C4381 C4402 C14078	P4402	60	0	60
						MP NP	C4269 C4369 C4381 C4402 C14078	P4269	60	5	60
						MP NP	C4269 C4369 C4381 C4402 C14078	P14078	120	5	60

[28] Schedule 1, Part 1, entry for Dabigatran etexilate in the form Capsule 150 mg (as mesilate)

substitute:

	Capsule 150 mg (as mesilate)	Oral		Pradaxa	BY	MP NP	C4269 C14078	P4269	60	5	60
						MP NP	C4269 C14078	P14078	120	5	60

[29] Schedule 1, Part 1, entry for Enalapril

substitute:

Enalapril	Tablet containing enalapril maleate 5 mg	Oral	a	Acetec	AL	MP NP			30	5	30
			a	APO-Enalapril	TX	MP NP			30	5	30
			a	Enalapril generichealth	GQ	MP NP			30	5	30
			a	Enalapril Sandoz	SZ	MP NP			30	5	30
			a	Malean	RW	MP NP			30	5	30
			a	Acetec	AL	MP NP		P14141	60	5	30
			a	APO-Enalapril	TX	MP NP		P14141	60	5	30
			a	Enalapril	GQ	MP NP		P14141	60	5	30

			generichealth						
		a	Enalapril Sandoz	SZ	MP NP	P14141	60	5	30
		a	Malean	RW	MP NP	P14141	60	5	30
Tablet containing enalapril maleate 10 mg	Oral	a	Acetec	AL	MP NP		30	5	30
		a	APO-Enalapril	TX	MP NP		30	5	30
		a	Enalapril generichealth	GQ	MP NP		30	5	30
		a	Enalapril Sandoz	SZ	MP NP		30	5	30
		a	Malean	RW	MP NP		30	5	30
		a	Renitec	AF	MP NP		30	5	30
		a	Acetec	AL	MP NP	P14141	60	5	30
		a	APO-Enalapril	TX	MP NP	P14141	60	5	30
		a	Enalapril generichealth	GQ	MP NP	P14141	60	5	30
		a	Enalapril Sandoz	SZ	MP NP	P14141	60	5	30
		a	Malean	RW	MP NP	P14141	60	5	30
		a	Renitec	AF	MP NP	P14141	60	5	30
Tablet containing enalapril maleate 20 mg	Oral	a	Acetec	AL	MP NP		30	5	30
		a	APO-Enalapril	TX	MP NP		30	5	30
		a	Enalapril generichealth	GQ	MP NP		30	5	30
		a	Enalapril Sandoz	SZ	MP NP		30	5	30
		a	Malean	RW	MP NP		30	5	30
		a	Renitec 20	AF	MP NP		30	5	30

			a	Acetec	AL	MP NP		P14141	60	5	30
			a	APO-Enalapril	TX	MP NP		P14141	60	5	30
			a	Enalapril generichealth	GQ	MP NP		P14141	60	5	30
			a	Enalapril Sandoz	SZ	MP NP		P14141	60	5	30
			a	Malean	RW	MP NP		P14141	60	5	30
			a	Renitec 20	AF	MP NP		P14141	60	5	30

[30] Schedule 1, Part 1, entry for Enalapril with hydrochlorothiazide

substitute:

Enalapril with hydrochlorothiazide	Tablet containing enalapril maleate 20 mg with hydrochlorothiazide 6 mg	Oral	a	Enalapril/HCT Sandoz	SZ	MP NP	C4389 C14107	P4389	30	5	30
			a	Renitec Plus 20/6	AF	MP NP	C4389 C14107	P4389	30	5	30
			a	Enalapril/HCT Sandoz	SZ	MP NP	C4389 C14107	P14107	60	5	30
			a	Renitec Plus 20/6	AF	MP NP	C4389 C14107	P14107	60	5	30

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

substitute:

Eplerenone	Tablet 25 mg	Oral	a	APO-Eplerenone	TX	MP NP	C4937 C14035	P4937	30	5	30
			a	ESPLER	RW	MP NP	C4937 C14035	P4937	30	5	30
			a	Inpler	AF	MP NP	C4937 C14035	P4937	30	5	30
			a	Inspra	UJ	MP NP	C4937 C14035	P4937	30	5	30
			a	APO-Eplerenone	TX	MP NP	C4937 C14035	P14035	60	5	30
			a	ESPLER	RW	MP NP	C4937 C14035	P14035	60	5	30
			a	Inpler	AF	MP NP	C4937 C14035	P14035	60	5	30

			a	Inspra	UJ	MP NP	C4937 C14035	P14035	60	5	30
	Tablet 50 mg	Oral	a	APO-Eplerenone	TX	MP NP	C4937 C14035	P4937	30	5	30
			a	ESPLER	RW	MP NP	C4937 C14035	P4937	30	5	30
			a	Inpler	AF	MP NP	C4937 C14035	P4937	30	5	30
			a	Inspra	UJ	MP NP	C4937 C14035	P4937	30	5	30
			a	APO-Eplerenone	TX	MP NP	C4937 C14035	P14035	60	5	30
			a	ESPLER	RW	MP NP	C4937 C14035	P14035	60	5	30
			a	Inpler	AF	MP NP	C4937 C14035	P14035	60	5	30
			a	Inspra	UJ	MP NP	C4937 C14035	P14035	60	5	30

[32] Schedule 1, Part 1, entry for Ezetimibe

substitute:

Ezetimibe	Tablet 10 mg	Oral	a	APO-Ezetimibe	TX	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P7966 P7990 P7996	30	5	30
			a	Blooms The Chemist Ezetimibe	IB	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P7966 P7990 P7996	30	5	30
			a	BTC Ezetimibe	BG	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P7966 P7990 P7996	30	5	30
			a	EZEMICHOL	RW	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P7966 P7990 P7996	30	5	30
			a	Ezetimibe GH	GQ	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P7966 P7990 P7996	30	5	30
			a	Ezetimibe Sandoz	SZ	MP NP	C7966 C7990 C7996 C14135	P7966 P7990 P7996	30	5	30

					C14136 C14137				
	a	Ezetrol	AL	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P7966 P7990 P7996	30	5	30
	a	Pharmacor Ezetimibe 10	CR	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P7966 P7990 P7996	30	5	30
	a	Zient 10mg	AF	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P7966 P7990 P7996	30	5	30
	a	APO-Ezetimibe	TX	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P14135 P14136 P14137	60	5	30
	a	Blooms The Chemist Ezetimibe	IB	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P14135 P14136 P14137	60	5	30
	a	BTC Ezetimibe	BG	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P14135 P14136 P14137	60	5	30
	a	EZEMICHOL	RW	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P14135 P14136 P14137	60	5	30
	a	Ezetimibe GH	GQ	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P14135 P14136 P14137	60	5	30
	a	Ezetimibe Sandoz	SZ	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P14135 P14136 P14137	60	5	30
	a	Ezetrol	AL	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P14135 P14136 P14137	60	5	30
	a	Pharmacor Ezetimibe 10	CR	MP NP	C7966 C7990 C7996 C14135	P14135 P14136 P14137	60	5	30

							C14136 C14137				
			a	Zient 10mg	AF	MP NP	C7966 C7990 C7996 C14135 C14136 C14137	P14135 P14136 P14137	60	5	30

[33] Schedule 1, Part 1, entry for Ezetimibe and rosuvastatin in the form Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 10 mg (as calcium)

substitute:

Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 10 mg (as calcium)	Oral	a	Ezalo Composite Pack 10mg+10mg	AF	MP NP	C7957 C14057	P7957	1	5	1
		a	Pharmacor Ezetimibe Rosuvastatin Composite Pack	CR	MP NP	C7957 C14057	P7957	1	5	1
		a	Rosuzet Composite Pack	AL	MP NP	C7957 C14057	P7957	1	5	1
		a	Ezalo Composite Pack 10mg+10mg	AF	MP NP	C7957 C14057	P14057	2	5	1
		a	Pharmacor Ezetimibe Rosuvastatin Composite Pack	CR	MP NP	C7957 C14057	P14057	2	5	1
		a	Rosuzet Composite Pack	AL	MP NP	C7957 C14057	P14057	2	5	1

[34] Schedule 1, Part 1, entry for Ezetimibe and rosuvastatin in the form Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 20 mg (as calcium)

substitute:

Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 20 mg (as calcium)	Oral	a	Ezalo Composite Pack 10mg+20mg	AF	MP NP	C7957 C14057	P7957	1	5	1
		a	Pharmacor Ezetimibe	CR	MP NP	C7957 C14057	P7957	1	5	1

				Rosuvastatin Composite Pack						
			a	Rosuzet Composite Pack	AL	MP NP	C7957 C14057	P7957	1	5	1
			a	Ezalo Composite Pack 10mg+20mg	AF	MP NP	C7957 C14057	P14057	2	5	1
			a	Pharmacor Ezetimibe Rosuvastatin Composite Pack	CR	MP NP	C7957 C14057	P14057	2	5	1
			a	Rosuzet Composite Pack	AL	MP NP	C7957 C14057	P14057	2	5	1

[35] Schedule 1, Part 1, entry for Ezetimibe and rosuvastatin in the form Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 40 mg (as calcium)

substitute:

Pack containing 30 tablets ezetimibe 10 mg and 30 tablets rosuvastatin 40 mg (as calcium)	Oral	a	Ezalo Composite Pack 10mg+40mg	AF	MP NP	C7957 C14057	P7957	1	5	1
		a	Pharmacor Ezetimibe Rosuvastatin Composite Pack	CR	MP NP	C7957 C14057	P7957	1	5	1
		a	Rosuzet Composite Pack	AL	MP NP	C7957 C14057	P7957	1	5	1
		a	Ezalo Composite Pack 10mg+40mg	AF	MP NP	C7957 C14057	P14057	2	5	1
		a	Pharmacor Ezetimibe Rosuvastatin Composite Pack	CR	MP NP	C7957 C14057	P14057	2	5	1
		a	Rosuzet Composite Pack	AL	MP NP	C7957 C14057	P14057	2	5	1

[36] Schedule 1, Part 1, entry for Ezetimibe with atorvastatin in the form Tablet 10 mg-10 mg

substitute:

Ezetimibe with atorvastatin	Tablet 10 mg-10 mg	Oral	a	Atozet	AF	MP NP	C7958 C14056	P7958	30	5	30
			a	Ezetast	XT	MP NP	C7958 C14056	P7958	30	5	30
			a	Ezetimibe/Atorvastatin GH 10/10	GQ	MP NP	C7958 C14056	P7958	30	5	30
			a	Atozet	AF	MP NP	C7958 C14056	P14056	60	5	30
			a	Ezetast	XT	MP NP	C7958 C14056	P14056	60	5	30
			a	Ezetimibe/Atorvastatin GH 10/10	GQ	MP NP	C7958 C14056	P14056	60	5	30

[37] Schedule 1, Part 1, entry for Ezetimibe with atorvastatin in the form Tablet 10 mg-40 mg

substitute:

	Tablet 10 mg-40 mg	Oral	a	Atozet	AF	MP NP	C7957 C14057	P7957	30	5	30
			a	Ezetast	XT	MP NP	C7957 C14057	P7957	30	5	30
			a	Ezetimibe/Atorvastatin GH 10/40	GQ	MP NP	C7957 C14057	P7957	30	5	30
			a	Atozet	AF	MP NP	C7957 C14057	P14057	60	5	30
			a	Ezetast	XT	MP NP	C7957 C14057	P14057	60	5	30
			a	Ezetimibe/Atorvastatin GH 10/40	GQ	MP NP	C7957 C14057	P14057	60	5	30

[38] Schedule 1, Part 1, entry for Ezetimibe with atorvastatin in the form Tablet 10 mg-80 mg

substitute:

	Tablet 10 mg-80 mg	Oral	a	Atozet	AF	MP NP	C7957 C14057	P7957	30	5	30
			a	Ezetast	XT	MP NP	C7957 C14057	P7957	30	5	30

			a	Ezetimibe/Atorvastatin GH 10/80	GQ	MP NP	C7957 C14057	P7957	30	5	30
			a	Atozet	AF	MP NP	C7957 C14057	P14057	60	5	30
			a	Ezetast	XT	MP NP	C7957 C14057	P14057	60	5	30
			a	Ezetimibe/Atorvastatin GH 10/80	GQ	MP NP	C7957 C14057	P14057	60	5	30

[39] Schedule 1, Part 1, entry for Ezetimibe with simvastatin

substitute:

Ezetimibe with simvastatin	Tablet 10 mg-10 mg	Oral	a	APO-Ezetimibe/Simvastatin 10/10	TX	MP NP	C7958 C14056	P7958	30	5	30
			a	EZESIM 10/10	RZ	MP NP	C7958 C14056	P7958	30	5	30
			a	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP	C7958 C14056	P7958	30	5	30
			a	EZETORIN	RW	MP NP	C7958 C14056	P7958	30	5	30
			a	EZEVYT 10/10	LR	MP NP	C7958 C14056	P7958	30	5	30
			a	EzSimva GH 10/10	GQ	MP NP	C7958 C14056	P7958	30	5	30
			a	Pharmacor Ezetimibe Simvastatin 10/10	CR	MP NP	C7958 C14056	P7958	30	5	30
			a	Vytorin	AL	MP NP	C7958 C14056	P7958	30	5	30
			a	Zeklen 10/10 mg	AF	MP NP	C7958 C14056	P7958	30	5	30
			a	APO-Ezetimibe/Simvastatin 10/10	TX	MP NP	C7958 C14056	P14056	60	5	30
			a	EZESIM 10/10	RZ	MP NP	C7958 C14056	P14056	60	5	30
			a	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP	C7958 C14056	P14056	60	5	30

		a	EZETORIN	RW	MP NP	C7958 C14056	P14056	60	5	30
		a	EZEVYT 10/10	LR	MP NP	C7958 C14056	P14056	60	5	30
		a	EzSimva GH 10/10	GQ	MP NP	C7958 C14056	P14056	60	5	30
		a	Pharmacor Ezetimibe Simvastatin 10/10	CR	MP NP	C7958 C14056	P14056	60	5	30
		a	Vytorin	AL	MP NP	C7958 C14056	P14056	60	5	30
		a	Zeklen 10/10 mg	AF	MP NP	C7958 C14056	P14056	60	5	30
Tablet 10 mg-20 mg	Oral	a	APO-Ezetimibe/Simvastatin 10/20	TX	MP NP	C7958 C14056	P7958	30	5	30
		a	EZESIM 10/20	RZ	MP NP	C7958 C14056	P7958	30	5	30
		a	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP	C7958 C14056	P7958	30	5	30
		a	EZETORIN	RW	MP NP	C7958 C14056	P7958	30	5	30
		a	EZEVYT 10/20	LR	MP NP	C7958 C14056	P7958	30	5	30
		a	EzSimva GH 10/20	GQ	MP NP	C7958 C14056	P7958	30	5	30
		a	Pharmacor Ezetimibe Simvastatin 10/20	CR	MP NP	C7958 C14056	P7958	30	5	30
		a	Vytorin	AL	MP NP	C7958 C14056	P7958	30	5	30
		a	Zeklen 10/20 mg	AF	MP NP	C7958 C14056	P7958	30	5	30
		a	APO-Ezetimibe/Simvastatin 10/20	TX	MP NP	C7958 C14056	P14056	60	5	30
		a	EZESIM 10/20	RZ	MP NP	C7958 C14056	P14056	60	5	30
		a	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP	C7958 C14056	P14056	60	5	30

		a	EZETORIN	RW	MP NP	C7958 C14056	P14056	60	5	30
		a	EZEVYT 10/20	LR	MP NP	C7958 C14056	P14056	60	5	30
		a	EzSimva GH 10/20	GQ	MP NP	C7958 C14056	P14056	60	5	30
		a	Pharmacor Ezetimibe Simvastatin 10/20	CR	MP NP	C7958 C14056	P14056	60	5	30
		a	Vytorin	AL	MP NP	C7958 C14056	P14056	60	5	30
		a	Zeklen 10/20 mg	AF	MP NP	C7958 C14056	P14056	60	5	30
Tablet 10 mg-40 mg	Oral	a	APO-Ezetimibe/Simvastatin 10/40	TX	MP NP	C7957 C14057	P7957	30	5	30
		a	EZESIM 10/40	RZ	MP NP	C7957 C14057	P7957	30	5	30
		a	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP	C7957 C14057	P7957	30	5	30
		a	EZETORIN	RW	MP NP	C7957 C14057	P7957	30	5	30
		a	EZEVYT 10/40	LR	MP NP	C7957 C14057	P7957	30	5	30
		a	EzSimva GH 10/40	GQ	MP NP	C7957 C14057	P7957	30	5	30
		a	Pharmacor Ezetimibe Simvastatin 10/40	CR	MP NP	C7957 C14057	P7957	30	5	30
		a	Vytorin	AL	MP NP	C7957 C14057	P7957	30	5	30
		a	Zeklen 10/40 mg	AF	MP NP	C7957 C14057	P7957	30	5	30
		a	APO-Ezetimibe/Simvastatin 10/40	TX	MP NP	C7957 C14057	P14057	60	5	30
		a	EZESIM 10/40	RZ	MP NP	C7957 C14057	P14057	60	5	30
		a	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP	C7957 C14057	P14057	60	5	30

		a	EZETORIN	RW	MP NP	C7957 C14057	P14057	60	5	30
		a	EZEVYT 10/40	LR	MP NP	C7957 C14057	P14057	60	5	30
		a	EzSimva GH 10/40	GQ	MP NP	C7957 C14057	P14057	60	5	30
		a	Pharmacor Ezetimibe Simvastatin 10/40	CR	MP NP	C7957 C14057	P14057	60	5	30
		a	Vytorin	AL	MP NP	C7957 C14057	P14057	60	5	30
		a	Zeklen 10/40 mg	AF	MP NP	C7957 C14057	P14057	60	5	30
Tablet 10 mg-80 mg	Oral	a	APO-Ezetimibe/Simvastatin 10/80	TX	MP NP	C7957 C14057	P7957	30	5	30
		a	EZESIM 10/80	RZ	MP NP	C7957 C14057	P7957	30	5	30
		a	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP	C7957 C14057	P7957	30	5	30
		a	EZETORIN	RW	MP NP	C7957 C14057	P7957	30	5	30
		a	EZEVYT 10/80	LR	MP NP	C7957 C14057	P7957	30	5	30
		a	EzSimva GH 10/80	GQ	MP NP	C7957 C14057	P7957	30	5	30
		a	Pharmacor Ezetimibe Simvastatin 10/80	CR	MP NP	C7957 C14057	P7957	30	5	30
		a	Vytorin	AL	MP NP	C7957 C14057	P7957	30	5	30
		a	Zeklen 10/80 mg	AF	MP NP	C7957 C14057	P7957	30	5	30
		a	APO-Ezetimibe/Simvastatin 10/80	TX	MP NP	C7957 C14057	P14057	60	5	30
		a	EZESIM 10/80	RZ	MP NP	C7957 C14057	P14057	60	5	30
		a	EZETIMIBE/SIMVASTATIN SANDOZ	SZ	MP NP	C7957 C14057	P14057	60	5	30

			a	EZETORIN	RW	MP NP	C7957 C14057	P14057	60	5	30
			a	EZEVYT 10/80	LR	MP NP	C7957 C14057	P14057	60	5	30
			a	EzSimva GH 10/80	GQ	MP NP	C7957 C14057	P14057	60	5	30
			a	Pharmacor Ezetimibe Simvastatin 10/80	CR	MP NP	C7957 C14057	P14057	60	5	30
			a	Vytorin	AL	MP NP	C7957 C14057	P14057	60	5	30
			a	Zeklen 10/80 mg	AF	MP NP	C7957 C14057	P14057	60	5	30

[40] Schedule 1, Part 1, entry for Febuxostat

substitute:

Febuxostat	Tablet 80 mg	Oral		Adenuric	FK	MP NP	C8921 C14121	P8921	28	5	28
						MP NP	C8921 C14121	P14121	56	5	28

[41] Schedule 1, Part 1, entry for Felodipine

substitute:

Felodipine	Tablet 2.5 mg (extended release)	Oral	a	Felodur ER 2.5 mg	TX	MP NP			30	5	30
			a	Fendex ER	AF	MP NP			30	5	30
			a	Plendil ER	GX	MP NP			30	5	30
			a	Felodur ER 2.5 mg	TX	MP NP		P14141	60	5	30
			a	Fendex ER	AF	MP NP		P14141	60	5	30
			a	Plendil ER	GX	MP NP		P14141	60	5	30
	Tablet 5 mg (extended release)	Oral	a	Felodil XR 5	RW	MP NP			30	5	30
			a	Felodur ER 5 mg	TX	MP NP			30	5	30
			a	Fendex ER	AF	MP NP			30	5	30

			a	Plendil ER	GX	MP NP		30	5	30
			a	Felodil XR 5	RW	MP NP	P14141	60	5	30
			a	Felodur ER 5 mg	TX	MP NP	P14141	60	5	30
			a	Fendex ER	AF	MP NP	P14141	60	5	30
			a	Plendil ER	GX	MP NP	P14141	60	5	30
	Tablet 10 mg (extended release)	Oral	a	Felodil XR 10	RW	MP NP		30	5	30
			a	Felodur ER 10 mg	TX	MP NP		30	5	30
			a	Fendex ER	AF	MP NP		30	5	30
			a	Plendil ER	GX	MP NP		30	5	30
			a	Felodil XR 10	RW	MP NP	P14141	60	5	30
			a	Felodur ER 10 mg	TX	MP NP	P14141	60	5	30
			a	Fendex ER	AF	MP NP	P14141	60	5	30
			a	Plendil ER	GX	MP NP	P14141	60	5	30

[42] Schedule 1, Part 1, entry for Fenofibrate

substitute:

Fenofibrate	Tablet 48 mg	Oral	a	APO-Fenofibrate	TX	MP NP		60	5	60
			a	Fenofibrate Cipla	LR	MP NP		60	5	60
			a	Fenofibrate Mylan	AF	MP NP		60	5	60
			a	FENOFIBRATE RBX	RA	MP NP		60	5	60
			a	Fenofibrate Viatris	AL	MP NP		60	5	60
			a	Lipidil	GO	MP NP		60	5	60
			a	APO-Fenofibrate	TX	MP	P7640	60	11	60

		a	Fenofibrate Cipla	LR	MP	P7640	60	11	60
		a	Fenofibrate Mylan	AF	MP	P7640	60	11	60
		a	FENOFIBRATE RBX	RA	MP	P7640	60	11	60
		a	Fenofibrate Viatris	AL	MP	P7640	60	11	60
		a	Lipidil	GO	MP	P7640	60	11	60
		a	APO-Fenofibrate	TX	MP	P14141	120	5	60
		a	Fenofibrate Cipla	LR	MP	P14141	120	5	60
		a	Fenofibrate Mylan	AF	MP	P14141	120	5	60
		a	FENOFIBRATE RBX	RA	MP	P14141	120	5	60
		a	Fenofibrate Viatris	AL	MP	P14141	120	5	60
		a	Lipidil	GO	MP	P14141	120	5	60
Tablet 145 mg	Oral	a	APO-Fenofibrate	TX	MP NP		30	5	30
		a	Blooms the Chemist Fenofibrate	IB	MP NP		30	5	30
		a	Fenocol	YC	MP NP		30	5	30
		a	Fenofibrate Cipla	LR	MP NP		30	5	30
		a	Fenofibrate Mylan	AF	MP NP		30	5	30
		a	FENOFIBRATE RBX	RA	MP NP		30	5	30
		a	Fenofibrate Sandoz	SZ	MP NP		30	5	30
		a	Fenofibrate Viatris	AL	MP NP		30	5	30
		a	Lipidil	GO	MP NP		30	5	30

a	APO-Fenofibrate	TX	MP	P7640	30	11	30
a	Blooms the Chemist Fenofibrate	IB	MP	P7640	30	11	30
a	Fenocol	YC	MP	P7640	30	11	30
a	Fenofibrate Cipla	LR	MP	P7640	30	11	30
a	Fenofibrate Mylan	AF	MP	P7640	30	11	30
a	FENOFIBRATE RBX	RA	MP	P7640	30	11	30
a	Fenofibrate Sandoz	SZ	MP	P7640	30	11	30
a	Fenofibrate Viatris	AL	MP	P7640	30	11	30
a	Lipidil	GO	MP	P7640	30	11	30
a	APO-Fenofibrate	TX	MP	P14141	60	5	30
a	Blooms the Chemist Fenofibrate	IB	MP	P14141	60	5	30
a	Fenocol	YC	MP	P14141	60	5	30
a	Fenofibrate Cipla	LR	MP	P14141	60	5	30
a	Fenofibrate Mylan	AF	MP	P14141	60	5	30
a	FENOFIBRATE RBX	RA	MP	P14141	60	5	30
a	Fenofibrate Sandoz	SZ	MP	P14141	60	5	30
a	Fenofibrate Viatris	AL	MP	P14141	60	5	30
a	Lipidil	GO	MP	P14141	60	5	30

[43] Schedule 1, Part 1, entry for Fluvastatin

substitute:

Fluvastatin	Tablet (prolonged release) 80 mg (as sodium)	Oral		Lescol XL	NV	MP NP		28	5	28
						MP	P7598	28	11	28
						MP	P14141	56	5	28

[44] Schedule 1, Part 1, entry for Furosemide in the form Oral solution 10 mg per mL, 30 mL

substitute:

	Oral solution 10 mg per mL, 30 mL	Oral		Lasix	SW	MP NP		1	3	1
						MP NP	P14141	2	3	1

[45] Schedule 1, Part 1, entry for Furosemide in the form Tablet 20 mg

substitute:

	Tablet 20 mg	Oral	a	Frusemix-M	TY	MP NP		100	1	50
						MP NP		100	1	100
			a	Urex-M	RW	MP NP		100	1	50
			a	APO-Frusemide	TX	MP NP		100	1	100
			a	FUROSEMIDE AN	EA	MP NP		100	1	100
			a	Frusemix-M	TY	MP NP	P14141	200	1	50
						MP NP	P14141	200	1	100
			a	Urex-M	RW	MP NP	P14141	200	1	50
			a	APO-Frusemide	TX	MP NP	P14141	200	1	100
			a	FUROSEMIDE AN	EA	MP NP	P14141	200	1	100

[46] Schedule 1, Part 1, entry for Furosemide in the form Tablet 40 mg

substitute:

Tablet 40 mg	Oral	a	APO-Frusemide	TX	MP NP		100	1	100
		a	Frusax	ZS	MP NP		100	1	100
		a	Frusemix	TY	MP NP		100	1	100
		a	FUROSEMIDE AN	EA	MP NP		100	1	100
		a	NOUMED FUROSEMIDE	VO	MP NP		100	1	100
		a	Uremide	AF	MP NP		100	1	100
			Urex	RW	MP NP		100	1	100
		a	APO-Frusemide	TX	MP NP	P14141	200	1	100
		a	Frusax	ZS	MP NP	P14141	200	1	100
		a	Frusemix	TY	MP NP	P14141	200	1	100
		a	FUROSEMIDE AN	EA	MP NP	P14141	200	1	100
		a	NOUMED FUROSEMIDE	VO	MP NP	P14141	200	1	100
		a	Uremide	AF	MP NP	P14141	200	1	100
			Urex	RW	MP NP	P14141	200	1	100

[47] Schedule 1, Part 1, entry for Furosemide in the form Tablet 500 mg

substitute:

Tablet 500 mg	Oral		Urex-Forte	RW	MP NP		50	3	50
					MP NP	P14141	100	3	50

[48] Schedule 1, Part 1, entry for Glyceryl trinitrate in the form Transdermal patch 25 mg

substitute:

	Transdermal patch 25 mg	Transdermal	Transiderm-Nitro 25	SZ	MP NP		30	5	30
					MP NP	P14141	60	5	30

[49] Schedule 1, Part 1, entry for Glyceryl trinitrate in the form Transdermal patch 50 mg

substitute:

	Transdermal patch 50 mg	Transdermal	Transiderm-Nitro 50	SZ	MP NP		30	5	30
					MP NP	P14141	60	5	30

[50] Schedule 1, Part 1, entry for Glyceryl trinitrate in the form Sublingual spray (pump pack) 400 micrograms per dose, 200 doses

substitute:

	Sublingual spray (pump pack) 400 micrograms per dose, 200 doses	Sublingual	Nitrolingual Pumpspray	SW	MP NP		1	5	1
					MP NP	P14141	2	5	1

[51] Schedule 1, Part 1, entry for Hydralazine

substitute:

Hydralazine	Tablet containing hydralazine hydrochloride 25 mg	Oral	Alphapress 25	AF	MP NP		200	2	100
					MP NP	P14141	400	2	100
	Tablet containing hydralazine hydrochloride 50 mg	Oral	Alphapress 50	AF	MP NP		200	2	100
					MP NP	P14141	400	2	100

[52] Schedule 1, Part 1, entry for Hydrochlorothiazide

substitute:

Hydrochlorothiazide	Tablet 25 mg	Oral	Dithiazide	FF	MP NP		100	1	100
					MP NP	P14141	200	1	100

[53] Schedule 1, Part 1, entry for Hydrochlorothiazide with amiloride

substitute:

Hydrochlorothiazide with amiloride	Tablet containing hydrochlorothiazide 50 mg with amiloride hydrochloride 5 mg	Oral		Moduretic	AS	MP NP		100	1	50
						MP NP	P14141	200	1	50

[54] Schedule 1, Part 1, entry for Indapamide

substitute:

Indapamide	Tablet containing indapamide hemihydrate 1.5 mg (sustained release)	Oral	a	APO-Indapamide SR	TX	MP NP		90	1	90
			a	Natrilix SR	SE	MP NP		90	1	90
			a	Odaplix SR	AF	MP NP		90	1	90
			a	Tenaxil SR	RW	MP NP		90	1	90
			a	APO-Indapamide SR	TX	MP NP	P14141	180	1	90
			a	Natrilix SR	SE	MP NP	P14141	180	1	90
			a	Odaplix SR	AF	MP NP	P14141	180	1	90
			a	Tenaxil SR	RW	MP NP	P14141	180	1	90
	Tablet containing indapamide hemihydrate 2.5 mg	Oral	a	Dapa-Tabs	AF	MP NP		90	1	90
			a	Insig	RW	MP NP		90	1	90
			a	Dapa-Tabs	AF	MP NP	P14141	180	1	90
			a	Insig	RW	MP NP	P14141	180	1	90

[55] Schedule 1, Part 1, entry for Irbesartan

substitute:

Irbesartan	Tablet 75 mg	Oral	a	Abisart 75	AL	MP NP		30	5	30

			a	APO-Irbesartan	TX	MP NP		30	5	30
			a	Avapro	AV	MP NP		30	5	30
			a	AVSARTAN	RF	MP NP		30	5	30
			a	Blooms the Chemist Irbesartan	IB	MP NP		30	5	30
			a	Irbesartan AMNEAL	EF	MP NP		30	5	30
			a	Irbesartan AN	EA	MP NP		30	5	30
			a	Irbesartan GH	GQ	MP NP		30	5	30
			a	Irbesartan Sandoz	SZ	MP NP		30	5	30
			a	Karvea	SW	MP NP		30	5	30
			a	Noumed Irbesartan	VO	MP NP		30	5	30
			a	Abisart 75	AL	MP NP	P14141	60	5	30
			a	APO-Irbesartan	TX	MP NP	P14141	60	5	30
			a	Avapro	AV	MP NP	P14141	60	5	30
			a	AVSARTAN	RF	MP NP	P14141	60	5	30
			a	Blooms the Chemist Irbesartan	IB	MP NP	P14141	60	5	30
			a	Irbesartan AMNEAL	EF	MP NP	P14141	60	5	30
			a	Irbesartan AN	EA	MP NP	P14141	60	5	30
			a	Irbesartan GH	GQ	MP NP	P14141	60	5	30
			a	Irbesartan Sandoz	SZ	MP NP	P14141	60	5	30
			a	Karvea	SW	MP NP	P14141	60	5	30
			a	Noumed Irbesartan	VO	MP NP	P14141	60	5	30
	Tablet 150 mg	Oral	a	Abisart 150	AL	MP NP		30	5	30

			a	APO-Irbesartan	TX	MP NP		30	5	30
			a	Avapro	AV	MP NP		30	5	30
			a	AVSARTAN	RF	MP NP		30	5	30
			a	Blooms the Chemist Irbesartan	IB	MP NP		30	5	30
			a	Irbesartan GH	GQ	MP NP		30	5	30
			a	Irbesartan Sandoz	SZ	MP NP		30	5	30
			a	Karvea	SW	MP NP		30	5	30
			a	Noumed Irbesartan	VO	MP NP		30	5	30
			a	Abisart 150	AL	MP NP	P14141	60	5	30
			a	APO-Irbesartan	TX	MP NP	P14141	60	5	30
			a	Avapro	AV	MP NP	P14141	60	5	30
			a	AVSARTAN	RF	MP NP	P14141	60	5	30
			a	Blooms the Chemist Irbesartan	IB	MP NP	P14141	60	5	30
			a	Irbesartan GH	GQ	MP NP	P14141	60	5	30
			a	Irbesartan Sandoz	SZ	MP NP	P14141	60	5	30
			a	Karvea	SW	MP NP	P14141	60	5	30
			a	Noumed Irbesartan	VO	MP NP	P14141	60	5	30
Tablet 300 mg		Oral	a	Abisart 300	AL	MP NP		30	5	30
			a	APO-Irbesartan	TX	MP NP		30	5	30
			a	Avapro	AV	MP NP		30	5	30
			a	AVSARTAN	RF	MP NP		30	5	30
			a	Blooms the Chemist	IB	MP NP		30	5	30

				Irbesartan							
			a	Irbesartan AN	EA	MP NP			30	5	30
			a	Irbesartan GH	GQ	MP NP			30	5	30
			a	Irbesartan Sandoz	SZ	MP NP			30	5	30
			a	Karvea	SW	MP NP			30	5	30
			a	Noumed Irbesartan	VO	MP NP			30	5	30
			a	Abisart 300	AL	MP NP		P14141	60	5	30
			a	APO-Irbesartan	TX	MP NP		P14141	60	5	30
			a	Avapro	AV	MP NP		P14141	60	5	30
			a	AVSARTAN	RF	MP NP		P14141	60	5	30
			a	Blooms the Chemist Irbesartan	IB	MP NP		P14141	60	5	30
			a	Irbesartan AN	EA	MP NP		P14141	60	5	30
			a	Irbesartan GH	GQ	MP NP		P14141	60	5	30
			a	Irbesartan Sandoz	SZ	MP NP		P14141	60	5	30
			a	Karvea	SW	MP NP		P14141	60	5	30
			a	Noumed Irbesartan	VO	MP NP		P14141	60	5	30

[56] Schedule 1, Part 1, entry for Irbesartan with hydrochlorothiazide

substitute:

Irbesartan with hydrochlorothiazide	Tablet 150 mg-12.5 mg	Oral	a	Abisart HCTZ 150/12.5	AL	MP NP	C4374 C14061	P4374	30	5	30
			a	APO-Irbesartan HCTZ	TX	MP NP	C4374 C14061	P4374	30	5	30
			a	Avapro HCT	AV	MP NP	C4374 C14061	P4374	30	5	30

			150/12.5							
		a	AVSARTAN HCT 150/12.5	RF	MP NP	C4374 C14061	P4374	30	5	30
		a	Blooms the Chemist Irbesartan HCTZ 150/12.5	IB	MP NP	C4374 C14061	P4374	30	5	30
		a	Irbesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P4374	30	5	30
		a	Karvezide 150/12.5	SW	MP NP	C4374 C14061	P4374	30	5	30
		a	Abisart HCTZ 150/12.5	AL	MP NP	C4374 C14061	P14061	60	5	30
		a	APO-Irbesartan HCTZ	TX	MP NP	C4374 C14061	P14061	60	5	30
		a	Avapro HCT 150/12.5	AV	MP NP	C4374 C14061	P14061	60	5	30
		a	AVSARTAN HCT 150/12.5	RF	MP NP	C4374 C14061	P14061	60	5	30
		a	Blooms the Chemist Irbesartan HCTZ 150/12.5	IB	MP NP	C4374 C14061	P14061	60	5	30
		a	Irbesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P14061	60	5	30
		a	Karvezide 150/12.5	SW	MP NP	C4374 C14061	P14061	60	5	30
Tablet 300 mg-12.5 mg	Oral	a	Abisart HCTZ 300/12.5	AL	MP NP	C4374 C14061	P4374	30	5	30
		a	APO-Irbesartan HCTZ	TX	MP NP	C4374 C14061	P4374	30	5	30
		a	Avapro HCT 300/12.5	AV	MP NP	C4374 C14061	P4374	30	5	30
		a	AVSARTAN HCT	RF	MP NP	C4374 C14061	P4374	30	5	30

			300/12.5							
		a	Blooms the Chemist Irbesartan HCTZ 300/12.5	IB	MP NP	C4374 C14061	P4374	30	5	30
		a	Irbesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P4374	30	5	30
		a	Karvezide 300/12.5	SW	MP NP	C4374 C14061	P4374	30	5	30
		a	Abisart HCTZ 300/12.5	AL	MP NP	C4374 C14061	P14061	60	5	30
		a	APO-Irbesartan HCTZ	TX	MP NP	C4374 C14061	P14061	60	5	30
		a	Avapro HCT 300/12.5	AV	MP NP	C4374 C14061	P14061	60	5	30
		a	AVSARTAN HCT 300/12.5	RF	MP NP	C4374 C14061	P14061	60	5	30
		a	Blooms the Chemist Irbesartan HCTZ 300/12.5	IB	MP NP	C4374 C14061	P14061	60	5	30
		a	Irbesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P14061	60	5	30
		a	Karvezide 300/12.5	SW	MP NP	C4374 C14061	P14061	60	5	30
Tablet 300 mg-25 mg	Oral	a	Abisart HCTZ 300/25	AL	MP NP	C4374 C14061	P4374	30	5	30
		a	APO-Irbesartan HCTZ	TX	MP NP	C4374 C14061	P4374	30	5	30
		a	Avapro HCT 300/25	AV	MP NP	C4374 C14061	P4374	30	5	30
		a	AVSARTAN HCT 300/25	RF	MP NP	C4374 C14061	P4374	30	5	30
		a	Blooms the Chemist Irbesartan HCTZ	IB	MP NP	C4374 C14061	P4374	30	5	30

				300/25						
			a	Irbesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P4374	30	5	30
			a	Karvezide 300/25	SW	MP NP	C4374 C14061	P4374	30	5	30
			a	Abisart HCTZ 300/25	AL	MP NP	C4374 C14061	P14061	60	5	30
			a	APO-Irbesartan HCTZ	TX	MP NP	C4374 C14061	P14061	60	5	30
			a	Avapro HCT 300/25	AV	MP NP	C4374 C14061	P14061	60	5	30
			a	AVSARTAN HCT 300/25	RF	MP NP	C4374 C14061	P14061	60	5	30
			a	Blooms the Chemist Irbesartan HCTZ 300/25	IB	MP NP	C4374 C14061	P14061	60	5	30
			a	Irbesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P14061	60	5	30
			a	Karvezide 300/25	SW	MP NP	C4374 C14061	P14061	60	5	30

[57] Schedule 1, Part 1, entry for Isosorbide dinitrate

substitute:

Isosorbide dinitrate	Tablet 5 mg (sublingual)	Oral		Isordil Sublingual	RW	MP NP			200	2	100
						MP NP		P14141	400	2	100

[58] Schedule 1, Part 1, entry for Isosorbide mononitrate in the form Tablet 60 mg (sustained release)

substitute:

Isosorbide mononitrate	Tablet 60 mg (sustained release)	Oral	a	APO-Isosorbide Mononitrate	TX	MP NP			30	5	30
			a	Duride	AF	MP NP			30	5	30

			a	Imdur Durule	IX	MP NP		30	5	30
			a	ISOBIDE MR	RF	MP NP		30	5	30
			a	Isosorbide AN	EA	MP NP		30	5	30
			a	Monodur 60 mg	IY	MP NP		30	5	30
			a	APO-Isosorbide Mononitrate	TX	MP NP	P14141	60	5	30
			a	Duride	AF	MP NP	P14141	60	5	30
			a	Imdur Durule	IX	MP NP	P14141	60	5	30
			a	ISOBIDE MR	RF	MP NP	P14141	60	5	30
			a	Isosorbide AN	EA	MP NP	P14141	60	5	30
			a	Monodur 60 mg	IY	MP NP	P14141	60	5	30

[59] Schedule 1, Part 1, entry for Labetalol

substitute:

Labetalol	Tablet containing labetalol hydrochloride 100 mg	Oral		Presolol 100	AF	MP NP		100	5	100
						MP NP	P14141	200	5	100

[60] Schedule 1, Part 1, entry for Lercanidipine

substitute:

Lercanidipine	Tablet containing lercanidipine hydrochloride 10 mg	Oral	a	BTC Lercanidipine	JB	MP NP		28	5	28
			a	Lercanidipine APOTEX	GX	MP NP		28	5	28
			a	Zanidip	GO	MP NP		28	5	28
			a	Zircol 10	AL	MP NP		28	5	28
			a	BTC Lercanidipine	JB	MP NP	P14141	56	5	28

			a	Lercanidipine APOTEX	GX	MP NP		P14141	56	5	28
			a	Zanidip	GO	MP NP		P14141	56	5	28
			a	Zircol 10	AL	MP NP		P14141	56	5	28
	Tablet containing lercanidipine hydrochloride 20 mg	Oral	a	BTC Lercanidipine	JB	MP NP			28	5	28
			a	Lercanidipine APOTEX	GX	MP NP			28	5	28
			a	Zanidip	GO	MP NP			28	5	28
			a	Zircol 20	AL	MP NP			28	5	28
			a	BTC Lercanidipine	JB	MP NP		P14141	56	5	28
			a	Lercanidipine APOTEX	GX	MP NP		P14141	56	5	28
			a	Zanidip	GO	MP NP		P14141	56	5	28
			a	Zircol 20	AL	MP NP		P14141	56	5	28

[61] Schedule 1, Part 1, entry for Lercanidipine with enalapril

substitute:

Lercanidipine with enalapril	Tablet containing lercanidipine hydrochloride 10 mg with enalapril maleate 10 mg	Oral		Zan-Extra 10/10	GO	MP NP	C4398 C14049	P4398	28	5	28
						MP NP	C4398 C14049	P14049	56	5	28
	Tablet containing lercanidipine hydrochloride 10 mg with enalapril maleate 20 mg	Oral		Zan-Extra 10/20	GO	MP NP	C4398 C14049	P4398	28	5	28
						MP NP	C4398 C14049	P14049	56	5	28

[62] Schedule 1, Part 1, entry for Lisinopril

substitute:

Lisinopril	Tablet 5 mg	Oral	a	APO-Lisinopril	TX	MP NP			30	5	30
			a	Fibsol 5	RW	MP NP			30	5	30

		a	Lisinopril Sandoz	SZ	MP NP		30	5	30
		a	Zestril	IX	MP NP		30	5	30
		a	Zinopril 5	AL	MP NP		30	5	30
		a	APO-Lisinopril	TX	MP NP	P14141	60	5	30
		a	Fibsol 5	RW	MP NP	P14141	60	5	30
		a	Lisinopril Sandoz	SZ	MP NP	P14141	60	5	30
		a	Zestril	IX	MP NP	P14141	60	5	30
		a	Zinopril 5	AL	MP NP	P14141	60	5	30
Tablet 10 mg	Oral	a	APO-Lisinopril	TX	MP NP		30	5	30
		a	Fibsol 10	RW	MP NP		30	5	30
		a	Lisinopril Sandoz	SZ	MP NP		30	5	30
		a	Zestril	IX	MP NP		30	5	30
		a	Zinopril 10	AL	MP NP		30	5	30
		a	APO-Lisinopril	TX	MP NP	P14141	60	5	30
		a	Fibsol 10	RW	MP NP	P14141	60	5	30
		a	Lisinopril Sandoz	SZ	MP NP	P14141	60	5	30
		a	Zestril	IX	MP NP	P14141	60	5	30
		a	Zinopril 10	AL	MP NP	P14141	60	5	30
Tablet 20 mg	Oral	a	APO-Lisinopril	TX	MP NP		30	5	30
		a	Fibsol 20	RW	MP NP		30	5	30
		a	Lisinopril generichealth	GQ	MP NP		30	5	30
		a	Lisinopril Sandoz	SZ	MP NP		30	5	30

			a	Zestril	IX	MP NP			30	5	30
			a	Zinopril 20	AL	MP NP			30	5	30
			a	APO-Lisinopril	TX	MP NP		P14141	60	5	30
			a	Fibsol 20	RW	MP NP		P14141	60	5	30
			a	Lisinopril generichealth	GQ	MP NP		P14141	60	5	30
			a	Lisinopril Sandoz	SZ	MP NP		P14141	60	5	30
			a	Zestril	IX	MP NP		P14141	60	5	30
			a	Zinopril 20	AL	MP NP		P14141	60	5	30

[63] Schedule 1, Part 1, entry for Mesalazine in the form Sachet containing granules, 500 mg per sachet

substitute:

	Sachet containing granules, 500 mg per sachet	Oral		Salofalk	FD	MP NP	C9444 C14023	P9444	200	5	100
						MP NP	C9444 C14023	P14023	400	5	100

[64] Schedule 1, Part 1, entry for Mesalazine in the form Sachet containing granules, 1 g per sachet

substitute:

	Sachet containing granules, 1 g per sachet	Oral		Salofalk	FD	MP NP	C9444 C14023	P9444	100	5	100
						MP NP	C9444 C14023	P14023	200	5	100

[65] Schedule 1, Part 1, entry for Mesalazine in the form Sachet containing prolonged release granules, 1 g per sachet

substitute:

	Sachet containing prolonged release granules, 1 g per sachet	Oral		Pentasa	FP	MP NP	C9443 C9444 C14023 C14024	P9443 P9444	100	5	100
						MP NP	C9443 C9444 C14023 C14024	P14023 P14024	200	5	100

[66] Schedule 1, Part 1, entry for Mesalazine in the form Sachet containing granules, 1.5 g per sachet

substitute:

Sachet containing granules, 1.5 g per sachet	Oral	Salofalk	FD	MP NP	C9444 C14023	P9444	60	5	60
				MP NP	C9444 C14023	P14023	120	5	60

[67] Schedule 1, Part 1, entry for Mesalazine in the form Sachet containing prolonged release granules, 2 g per sachet

substitute:

Sachet containing prolonged release granules, 2 g per sachet	Oral	Pentasa	FP	MP NP	C9443 C9444 C14023 C14024	P9443 P9444	60	5	60
				MP NP	C9443 C9444 C14023 C14024	P14023 P14024	120	5	60

[68] Schedule 1, Part 1, entry for Mesalazine in the form Sachet containing granules, 3 g per sachet

substitute:

Sachet containing granules, 3 g per sachet	Oral	Salofalk	FD	MP NP	C9444 C14023	P9444	30	5	30
				MP NP	C9444 C14023	P14023	60	5	30

[69] Schedule 1, Part 1, entry for Mesalazine in the form Sachet containing prolonged release granules, 4 g per sachet

substitute:

Sachet containing prolonged release granules, 4 g per sachet	Oral	Pentasa	FP	MP NP	C9444 C14023	P9444	30	5	30
				MP NP	C9444 C14023	P14023	60	5	30

[70] Schedule 1, Part 1, entry for Mesalazine in the form Tablet 250 mg (enteric coated)

substitute:

Tablet 250 mg (enteric coated)	Oral	Mesasal	GO	MP NP	C9443 C9444 C14023 C14024	P9443 P9444	100	5	100
				MP NP	C9443 C9444 C14023 C14024	P14023 P14024	200	5	100

[71] Schedule 1, Part 1, entry for Mesalazine in the form Tablet 500 mg (enteric coated)

substitute:

	Tablet 500 mg (enteric coated)	Oral	Salofalk	FD	MP NP	C9443 C9444 C14023 C14024	P9443 P9444	200	5	100
					MP NP	C9443 C9444 C14023 C14024	P14023 P14024	400	5	100

[72] Schedule 1, Part 1, entry for Mesalazine in the form Tablet 500 mg (prolonged release)

substitute:

	Tablet 500 mg (prolonged release)	Oral	Pentasa	FP	MP NP	C9443 C9444 C14023 C14024	P9443 P9444	200	5	100
					MP NP	C9443 C9444 C14023 C14024	P14023 P14024	400	5	100

[73] Schedule 1, Part 1, entry for Mesalazine in the form Tablet 800 mg (enteric coated)

substitute:

	Tablet 800 mg (enteric coated)	Oral	Asacol	EU	MP NP	C9444 C14023	P9444	90	5	90
					MP NP	C9444 C14023	P14023	180	5	90

[74] Schedule 1, Part 1, entry for Mesalazine in the form Tablet 1 g (enteric coated)

substitute:

	Tablet 1 g (enteric coated)	Oral	Salofalk	FD	MP NP	C9443 C9444 C14023 C14024	P9443 P9444	120	5	60
					MP NP	C9443 C9444 C14023 C14024	P14023 P14024	240	5	60

[75] Schedule 1, Part 1, entry for Mesalazine in the form Tablet 1 g (prolonged release)

substitute:

	Tablet 1 g (prolonged release)	Oral	Pentasa	FP	MP NP	C9443 C9444 C14023 C14024	P9443 P9444	120	5	60

						MP NP	C9443 C9444 C14023 C14024	P14023 P14024	240	5	60

[76] Schedule 1, Part 1, entry for Mesalazine in the form Tablet 1.2 g (prolonged release)

substitute:

	Tablet 1.2 g (prolonged release)	Oral	a	Mesalazine 1.2 TAKEDA	NQ	MP NP	C9444 C14023	P9444	120	5	60
			a	Mezavant	TK	MP NP	C9444 C14023	P9444	120	5	60
			a	MESALZ	RA	MP NP	C9444 C14120	P9444	120	5	120
			a	Mesalazine 1.2 TAKEDA	NQ	MP NP	C9444 C14023	P14023	240	5	60
			a	Mezavant	TK	MP NP	C9444 C14023	P14023	240	5	60
				MESALZ	RA	MP NP	C9444 C14120	P14120	240	5	120

[77] Schedule 1, Part 1, entry for Mesalazine in the form Tablet 1.6 g (enteric coated)

substitute:

	Tablet 1.6 g (enteric coated)	Oral		Asacol	EU	MP NP	C9444 C14023	P9444	120	4	60
						MP NP	C9444 C14023	P14023	240	4	60

[78] Schedule 1, Part 1, entry for Methyldopa

substitute:

Methyldopa	Tablet 250 mg (as sesquihydrate)	Oral		Aldomet	AS	MP NP	C13887 C14141	P13887	100	5	100
						MP NP	C13887 C14141	P14141	200	5	100

[79] Schedule 1, Part 1, entry for Metoprolol

substitute:

Metoprolol	Tablet containing metoprolol	Oral	a	APO-Metoprolol	TX	MP NP			100	5	100

tartrate 50 mg		a	Betaloc	AP	MP NP		100	5	100
		a	Metoprolol Sandoz	SZ	MP NP		100	5	100
		a	Metrol 50	RW	MP NP		100	5	100
		a	Minax 50	AF	MP NP		100	5	100
			Mistrom	ZS	MP NP		100	5	100
		a	NOUMED METOPROLOL	VO	MP NP		100	5	100
		a	APO-Metoprolol	TX	MP NP	P14141	200	5	100
		a	Betaloc	AP	MP NP	P14141	200	5	100
		a	Metoprolol Sandoz	SZ	MP NP	P14141	200	5	100
		a	Metrol 50	RW	MP NP	P14141	200	5	100
		a	Minax 50	AF	MP NP	P14141	200	5	100
			Mistrom	ZS	MP NP	P14141	200	5	100
		a	NOUMED METOPROLOL	VO	MP NP	P14141	200	5	100
Tablet containing metoprolol tartrate 100 mg	Oral	a	APO-Metoprolol	TX	MP NP		60	5	60
		a	Betaloc	AP	MP NP		60	5	60
		a	Metoprolol Sandoz	SZ	MP NP		60	5	60
		a	Metrol 100	RW	MP NP		60	5	60
		a	Minax 100	AF	MP NP		60	5	60
			Mistrom	ZS	MP NP		60	5	60
		a	NOUMED METOPROLOL	VO	MP NP		60	5	60
		a	APO-Metoprolol	TX	MP NP	P14141	120	5	60

			a	Betaloc	AP	MP NP		P14141	120	5	60
			a	Metoprolol Sandoz	SZ	MP NP		P14141	120	5	60
			a	Metrol 100	RW	MP NP		P14141	120	5	60
			a	Minax 100	AF	MP NP		P14141	120	5	60
				Mistrom	ZS	MP NP		P14141	120	5	60
			a	NOUMED METOPROLOL	VO	MP NP		P14141	120	5	60

[80] Schedule 1, Part 1, entry for Metoprolol succinate in the form Tablet 47.5 mg (controlled release)

substitute:

Tablet 47.5 mg (controlled release)	Oral	a	Metrol-XL 47.5	RW	MP NP	C5324 C14033	P5324	30	5	30
		a	Minax XL	AF	MP NP	C5324 C14033	P5324	30	5	30
		a	Topreloc-XL	CR	MP NP	C5324 C14033	P5324	30	5	30
		a	Toprol-XL 47.5	AP	MP NP	C5324 C14033	P5324	30	5	30
		a	Metrol-XL 47.5	RW	MP NP	C5324 C14033	P14033	60	5	30
		a	Minax XL	AF	MP NP	C5324 C14033	P14033	60	5	30
		a	Topreloc-XL	CR	MP NP	C5324 C14033	P14033	60	5	30
		a	Toprol-XL 47.5	AP	MP NP	C5324 C14033	P14033	60	5	30

[81] Schedule 1, Part 1, entry for Metoprolol succinate in the form Tablet 95 mg (controlled release)

substitute:

Tablet 95 mg (controlled release)	Oral	a	Metrol-XL 95	RW	MP NP	C5324 C14033	P5324	30	5	30
		a	Minax XL	AF	MP NP	C5324 C14033	P5324	30	5	30
		a	Topreloc-XL	CR	MP NP	C5324 C14033	P5324	30	5	30
		a	Toprol-XL 95	AP	MP NP	C5324 C14033	P5324	30	5	30

			a	Metrol-XL 95	RW	MP NP	C5324 C14033	P14033	60	5	30
			a	Minax XL	AF	MP NP	C5324 C14033	P14033	60	5	30
			a	Topreloc-XL	CR	MP NP	C5324 C14033	P14033	60	5	30
			a	Toprol-XL 95	AP	MP NP	C5324 C14033	P14033	60	5	30

[82] Schedule 1, Part 1, entry for Metoprolol succinate in the form Tablet 190 mg (controlled release)

substitute:

	Tablet 190 mg (controlled release)	Oral	a	Metrol-XL 190	RW	MP NP	C5324 C14033	P5324	30	5	30
			a	Minax XL	AF	MP NP	C5324 C14033	P5324	30	5	30
			a	Topreloc-XL	CR	MP NP	C5324 C14033	P5324	30	5	30
			a	Toprol-XL 190	AP	MP NP	C5324 C14033	P5324	30	5	30
			a	Metrol-XL 190	RW	MP NP	C5324 C14033	P14033	60	5	30
			a	Minax XL	AF	MP NP	C5324 C14033	P14033	60	5	30
			a	Topreloc-XL	CR	MP NP	C5324 C14033	P14033	60	5	30
			a	Toprol-XL 190	AP	MP NP	C5324 C14033	P14033	60	5	30

[83] Schedule 1, Part 1, entry for Moxonidine

substitute:

Moxonidine	Tablet 200 micrograms	Oral	a	APO-Moxonidine	TX	MP NP	C4944 C14037	P4944	30	5	30
			a	Moxonidine GH	GQ	MP NP	C4944 C14037	P4944	30	5	30
			a	Moxonidine GX	SZ	MP NP	C4944 C14037	P4944	30	5	30
			a	Moxonidine MYL	AF	MP NP	C4944 C14037	P4944	30	5	30
			a	Moxonidine Viatris	AL	MP NP	C4944 C14037	P4944	30	5	30
			a	Moxotens	RF	MP NP	C4944 C14037	P4944	30	5	30

		a	Physiotens	GO	MP NP	C4944 C14037	P4944	30	5	30
		a	APO-Moxonidine	TX	MP NP	C4944 C14037	P14037	60	5	30
		a	Moxonidine GH	GQ	MP NP	C4944 C14037	P14037	60	5	30
		a	Moxonidine GX	SZ	MP NP	C4944 C14037	P14037	60	5	30
		a	Moxonidine MYL	AF	MP NP	C4944 C14037	P14037	60	5	30
		a	Moxonidine Viatris	AL	MP NP	C4944 C14037	P14037	60	5	30
		a	Moxotens	RF	MP NP	C4944 C14037	P14037	60	5	30
		a	Physiotens	GO	MP NP	C4944 C14037	P14037	60	5	30
Tablet 400 micrograms	Oral	a	APO-Moxonidine	TX	MP NP	C4944 C14037	P4944	30	5	30
		a	Moxonidine GH	GQ	MP NP	C4944 C14037	P4944	30	5	30
		a	Moxonidine GX	SZ	MP NP	C4944 C14037	P4944	30	5	30
		a	Moxonidine MYL	AF	MP NP	C4944 C14037	P4944	30	5	30
		a	Moxonidine Viatris	AL	MP NP	C4944 C14037	P4944	30	5	30
		a	Moxotens	RF	MP NP	C4944 C14037	P4944	30	5	30
		a	Physiotens	GO	MP NP	C4944 C14037	P4944	30	5	30
		a	APO-Moxonidine	TX	MP NP	C4944 C14037	P14037	60	5	30
		a	Moxonidine GH	GQ	MP NP	C4944 C14037	P14037	60	5	30
		a	Moxonidine GX	SZ	MP NP	C4944 C14037	P14037	60	5	30
		a	Moxonidine MYL	AF	MP NP	C4944 C14037	P14037	60	5	30
		a	Moxonidine Viatris	AL	MP NP	C4944 C14037	P14037	60	5	30
		a	Moxotens	RF	MP NP	C4944 C14037	P14037	60	5	30
		a	Physiotens	GO	MP NP	C4944 C14037	P14037	60	5	30

[84] Schedule 1, Part 1, entry for Nebivolol

substitute:

Nebivolol	Tablet 1.25 mg (as hydrochloride)	Oral	a	APO-Nebivolol	TX	MP NP	C5324 C14033	P5324	56	5	28
			a	Nebilet	FK	MP NP	C5324 C14033	P5324	56	5	28
			a	Nebivolol Lupin	GQ	MP NP	C5324 C14033	P5324	56	5	28
			a	Nebivolol Sandoz	SZ	MP NP	C5324 C14033	P5324	56	5	28
			a	Nepiten	AF	MP NP	C5324 C14033	P5324	56	5	28
			a	APO-Nebivolol	TX	MP NP	C5324 C14033	P14033	112	5	28
			a	Nebilet	FK	MP NP	C5324 C14033	P14033	112	5	28
			a	Nebivolol Lupin	GQ	MP NP	C5324 C14033	P14033	112	5	28
			a	Nebivolol Sandoz	SZ	MP NP	C5324 C14033	P14033	112	5	28
			a	Nepiten	AF	MP NP	C5324 C14033	P14033	112	5	28
	Tablet 5 mg (as hydrochloride)	Oral	a	APO-Nebivolol	TX	MP NP	C5324 C14033	P5324	28	5	28
			a	Nebilet	FK	MP NP	C5324 C14033	P5324	28	5	28
			a	Nebivolol Lupin	GQ	MP NP	C5324 C14033	P5324	28	5	28
			a	Nebivolol Sandoz	SZ	MP NP	C5324 C14033	P5324	28	5	28
			a	Nepiten	AF	MP NP	C5324 C14033	P5324	28	5	28
			a	APO-Nebivolol	TX	MP NP	C5324 C14033	P14033	56	5	28
			a	Nebilet	FK	MP NP	C5324 C14033	P14033	56	5	28
			a	Nebivolol Lupin	GQ	MP NP	C5324 C14033	P14033	56	5	28
			a	Nebivolol Sandoz	SZ	MP NP	C5324 C14033	P14033	56	5	28
			a	Nepiten	AF	MP NP	C5324 C14033	P14033	56	5	28
	Tablet 10 mg (as hydrochloride)	Oral	a	APO-Nebivolol	TX	MP NP	C5324 C14033	P5324	28	5	28

			a	Nebilet	FK	MP NP	C5324 C14033	P5324	28	5	28
			a	Nebivolol Lupin	GQ	MP NP	C5324 C14033	P5324	28	5	28
			a	Nebivolol Sandoz	SZ	MP NP	C5324 C14033	P5324	28	5	28
			a	Nepiten	AF	MP NP	C5324 C14033	P5324	28	5	28
			a	APO-Nebivolol	TX	MP NP	C5324 C14033	P14033	56	5	28
			a	Nebilet	FK	MP NP	C5324 C14033	P14033	56	5	28
			a	Nebivolol Lupin	GQ	MP NP	C5324 C14033	P14033	56	5	28
			a	Nebivolol Sandoz	SZ	MP NP	C5324 C14033	P14033	56	5	28
			a	Nepiten	AF	MP NP	C5324 C14033	P14033	56	5	28

[85] Schedule 1, Part 1, entry for Nicorandil

substitute:

Nicorandil	Tablets 10 mg, 60	Oral	a	APO-Nicorandil	TX	MP NP			1	5	1
			a	Ikorel	SW	MP NP			1	5	1
			a	Ikotab	AF	MP NP			1	5	1
			a	APO-Nicorandil	TX	MP NP		P14141	2	5	1
			a	Ikorel	SW	MP NP		P14141	2	5	1
			a	Ikotab	AF	MP NP		P14141	2	5	1
	Tablets 20 mg, 60	Oral	a	APO-Nicorandil	TX	MP NP			1	5	1
			a	Ikorel	SW	MP NP			1	5	1
			a	Ikotab	AF	MP NP			1	5	1
			a	APO-Nicorandil	TX	MP NP		P14141	2	5	1
			a	Ikorel	SW	MP NP		P14141	2	5	1

			a	Ikotab	AF	MP NP	P14141	2	5	1

[86] Schedule 1, Part 1, entry for Nifedipine

substitute:

Nifedipine	Tablet 30 mg (controlled release)	Oral	a	Addos XR 30	RW	MP NP		30	5	30
			a	APO-Nifedipine XR	TX	MP NP		30	5	30
			a	Addos XR 30	RW	MP NP	P14141	60	5	30
			a	APO-Nifedipine XR	TX	MP NP	P14141	60	5	30
	Tablet 60 mg (controlled release)	Oral	a	Addos XR 60	RW	MP NP		30	5	30
			a	APO-Nifedipine XR	TX	MP NP		30	5	30
			a	Addos XR 60	RW	MP NP	P14141	60	5	30
			a	APO-Nifedipine XR	TX	MP NP	P14141	60	5	30

[87] Schedule 1, Part 1, entry for Olmesartan

substitute:

Olmesartan	Tablet containing olmesartan medoxomil 20 mg	Oral	a	APO-Olmesartan	TX	MP NP		30	5	30
			a	APX-Olmesartan	TY	MP NP		30	5	30
			a	OLMERTAN	RW	MP NP		30	5	30
			a	Olmesartan - MYL	AF	MP NP		30	5	30
			a	Olmesartan Sandoz	SZ	MP NP		30	5	30
			a	Olmetec	AL	MP NP		30	5	30
			a	Olsetan	MQ	MP NP		30	5	30
			a	Pharmacor Olmesartan 20	CR	MP NP		30	5	30
			a	APO-Olmesartan	TX	MP NP	P14141	60	5	30

		a	APX-Olmesartan	TY	MP NP	P14141	60	5	30
		a	OLMERTAN	RW	MP NP	P14141	60	5	30
		a	Olmesartan - MYL	AF	MP NP	P14141	60	5	30
		a	Olmesartan Sandoz	SZ	MP NP	P14141	60	5	30
		a	Olmetec	AL	MP NP	P14141	60	5	30
		a	Olsetan	MQ	MP NP	P14141	60	5	30
		a	Pharmacor Olmesartan 20	CR	MP NP	P14141	60	5	30
Tablet containing olmesartan medoxomil 40 mg	Oral	a	APO-Olmesartan	TX	MP NP		30	5	30
		a	APX-Olmesartan	TY	MP NP		30	5	30
		a	OLMERTAN	RW	MP NP		30	5	30
		a	Olmesartan - MYL	AF	MP NP		30	5	30
		a	Olmesartan Sandoz	SZ	MP NP		30	5	30
		a	Olmetec	AL	MP NP		30	5	30
		a	Olsetan	MQ	MP NP		30	5	30
		a	Pharmacor Olmesartan 40	CR	MP NP		30	5	30
		a	APO-Olmesartan	TX	MP NP	P14141	60	5	30
		a	APX-Olmesartan	TY	MP NP	P14141	60	5	30
		a	OLMERTAN	RW	MP NP	P14141	60	5	30
		a	Olmesartan - MYL	AF	MP NP	P14141	60	5	30
		a	Olmesartan Sandoz	SZ	MP NP	P14141	60	5	30
		a	Olmetec	AL	MP NP	P14141	60	5	30
		a	Olsetan	MQ	MP NP	P14141	60	5	30

			a	Pharmacor Olmesartan 40	CR	MP NP		P14141	60	5	30

[88] Schedule 1, Part 1, entry for Olmesartan with amlodipine

substitute:

Olmesartan with amlodipine	Tablet containing olmesartan medoxomil 20 mg with amlodipine 5 mg (as besilate)	Oral	a	OLMEKAR	RW	MP NP	C4373 C14043	P4373	30	5	30
			a	Olmesartan/Amlodipine - MYL 20/5	AF	MP NP	C4373 C14043	P4373	30	5	30
			a	Olmesartan/Amlodipine 20/5 APOTEX	TX	MP NP	C4373 C14043	P4373	30	5	30
			a	Pharmacor Olmesartan Amlodipine 20/5	CR	MP NP	C4373 C14043	P4373	30	5	30
			a	Sevikar 20/5	AL	MP NP	C4373 C14043	P4373	30	5	30
			a	OLMEKAR	RW	MP NP	C4373 C14043	P14043	60	5	30
			a	Olmesartan/Amlodipine - MYL 20/5	AF	MP NP	C4373 C14043	P14043	60	5	30
			a	Olmesartan/Amlodipine 20/5 APOTEX	TX	MP NP	C4373 C14043	P14043	60	5	30
			a	Pharmacor Olmesartan Amlodipine 20/5	CR	MP NP	C4373 C14043	P14043	60	5	30
			a	Sevikar 20/5	AL	MP NP	C4373 C14043	P14043	60	5	30
	Tablet containing olmesartan medoxomil 40 mg with amlodipine 5 mg (as besilate)	Oral	a	OLMEKAR	RW	MP NP	C4373 C14043	P4373	30	5	30
			a	Olmesartan/Amlodipine - MYL 40/5	AF	MP NP	C4373 C14043	P4373	30	5	30
			a	Olmesartan/Amlodipine 40/5 APOTEX	TX	MP NP	C4373 C14043	P4373	30	5	30
			a	Pharmacor	CR	MP NP	C4373 C14043	P4373	30	5	30

			Olmesartan Amlodipine 40/5							
		a	Sevikar 40/5	AL	MP NP	C4373 C14043	P4373	30	5	30
		a	OLMEKAR	RW	MP NP	C4373 C14043	P14043	60	5	30
		a	Olmesartan/Amlodipine - MYL 40/5	AF	MP NP	C4373 C14043	P14043	60	5	30
		a	Olmesartan/Amlodipine 40/5 APOTEX	TX	MP NP	C4373 C14043	P14043	60	5	30
		a	Pharmacor Olmesartan Amlodipine 40/5	CR	MP NP	C4373 C14043	P14043	60	5	30
		a	Sevikar 40/5	AL	MP NP	C4373 C14043	P14043	60	5	30
Tablet containing olmesartan medoxomil 40 mg with amlodipine 10 mg (as besilate)	Oral	a	OLMEKAR	RW	MP NP	C4373 C14043	P4373	30	5	30
		a	Olmesartan/Amlodipine - MYL 40/10	AF	MP NP	C4373 C14043	P4373	30	5	30
		a	Olmesartan/Amlodipine 40/10 APOTEX	TX	MP NP	C4373 C14043	P4373	30	5	30
		a	Pharmacor Olmesartan Amlodipine 40/10	CR	MP NP	C4373 C14043	P4373	30	5	30
		a	Sevikar 40/10	AL	MP NP	C4373 C14043	P4373	30	5	30
		a	OLMEKAR	RW	MP NP	C4373 C14043	P14043	60	5	30
		a	Olmesartan/Amlodipine - MYL 40/10	AF	MP NP	C4373 C14043	P14043	60	5	30
		a	Olmesartan/Amlodipine 40/10 APOTEX	TX	MP NP	C4373 C14043	P14043	60	5	30
		a	Pharmacor Olmesartan Amlodipine 40/10	CR	MP NP	C4373 C14043	P14043	60	5	30

			a	Sevikar 40/10	AL	MP NP	C4373 C14043	P14043	60	5	30

[89] Schedule 1, Part 1, entry for Olmesartan with amlodipine and hydrochlorothiazide

substitute:

Olmesartan with amlodipine and hydrochlorothiazide	Tablet containing olmesartan medoxomil 20 mg with amlodipine 5 mg (as besilate) and hydrochlorothiazide 12.5 mg	Oral	a	APO-Olmesartan/Amlodipine/HCTZ 20/5/12.5	TX	MP NP	C4311 C14062	P4311	30	5	30
			a	Olamlo HCT 20/5/12.5	AL	MP NP	C4311 C14062	P4311	30	5	30
			a	Olmekar HCT 20/5/12.5	RF	MP NP	C4311 C14062	P4311	30	5	30
			a	Sevikar HCT 20/5/12.5	AF	MP NP	C4311 C14062	P4311	30	5	30
			a	APO-Olmesartan/Amlodipine/HCTZ 20/5/12.5	TX	MP NP	C4311 C14062	P14062	60	5	30
			a	Olamlo HCT 20/5/12.5	AL	MP NP	C4311 C14062	P14062	60	5	30
			a	Olmekar HCT 20/5/12.5	RF	MP NP	C4311 C14062	P14062	60	5	30
			a	Sevikar HCT 20/5/12.5	AF	MP NP	C4311 C14062	P14062	60	5	30
	Tablet containing olmesartan medoxomil 40 mg with amlodipine 5 mg (as besilate) and hydrochlorothiazide 12.5 mg	Oral	a	APO-Olmesartan/Amlodipine/HCTZ 40/5/12.5 tablet	TX	MP NP	C4311 C14062	P4311	30	5	30
			a	Olamlo HCT 40/5/12.5	AL	MP NP	C4311 C14062	P4311	30	5	30
			a	Olmekar HCT 40/5/12.5	RF	MP NP	C4311 C14062	P4311	30	5	30
			a	Sevikar HCT 40/5/12.5	AF	MP NP	C4311 C14062	P4311	30	5	30

		a	APO-Olmesartan/Amlodipine/HCTZ 40/5/12.5 tablet	TX	MP NP	C4311 C14062	P14062	60	5	30
		a	Olamlo HCT 40/5/12.5	AL	MP NP	C4311 C14062	P14062	60	5	30
		a	Olmekar HCT 40/5/12.5	RF	MP NP	C4311 C14062	P14062	60	5	30
		a	Sevikar HCT 40/5/12.5	AF	MP NP	C4311 C14062	P14062	60	5	30
Tablet containing olmesartan medoxomil 40 mg with amlodipine 5 mg (as besilate) and hydrochlorothiazide 25 mg	Oral	a	APO-Olmesartan/Amlodipine/HCTZ 40/5/25 tablet	TX	MP NP	C4311 C14062	P4311	30	5	30
		a	Olamlo HCT 40/5/25	AL	MP NP	C4311 C14062	P4311	30	5	30
		a	Olmekar HCT 40/5/25	RF	MP NP	C4311 C14062	P4311	30	5	30
		a	Sevikar HCT 40/5/25	AF	MP NP	C4311 C14062	P4311	30	5	30
		a	APO-Olmesartan/Amlodipine/HCTZ 40/5/25 tablet	TX	MP NP	C4311 C14062	P14062	60	5	30
		a	Olamlo HCT 40/5/25	AL	MP NP	C4311 C14062	P14062	60	5	30
		a	Olmekar HCT 40/5/25	RF	MP NP	C4311 C14062	P14062	60	5	30
		a	Sevikar HCT 40/5/25	AF	MP NP	C4311 C14062	P14062	60	5	30
Tablet containing olmesartan medoxomil 40 mg with amlodipine 10 mg (as besilate) and hydrochlorothiazide 12.5 mg	Oral	a	APO-Olmesartan/Amlodipine/HCTZ 40/10/12.5	TX	MP NP	C4311 C14062	P4311	30	5	30
		a	Olamlo HCT	AL	MP NP	C4311 C14062	P4311	30	5	30

				40/10/12.5						
			a	Olmekar HCT 40/10/12.5	RF	MP NP	C4311 C14062	P4311	30	5	30
			a	Sevikar HCT 40/10/12.5	AF	MP NP	C4311 C14062	P4311	30	5	30
			a	APO-Olmesartan/Amlodipine/HCTZ 40/10/12.5	TX	MP NP	C4311 C14062	P14062	60	5	30
			a	Olamlo HCT 40/10/12.5	AL	MP NP	C4311 C14062	P14062	60	5	30
			a	Olmekar HCT 40/10/12.5	RF	MP NP	C4311 C14062	P14062	60	5	30
			a	Sevikar HCT 40/10/12.5	AF	MP NP	C4311 C14062	P14062	60	5	30
	Tablet containing olmesartan medoxomil 40 mg with amlodipine 10 mg (as besilate) and hydrochlorothiazide 25 mg	Oral	a	APO-Olmesartan/Amlodipine/HCTZ 40/10/25	TX	MP NP	C4311 C14062	P4311	30	5	30
			a	Olamlo HCT 40/10/25	AL	MP NP	C4311 C14062	P4311	30	5	30
			a	Olmekar HCT 40/10/25	RF	MP NP	C4311 C14062	P4311	30	5	30
			a	Sevikar HCT 40/10/25	AF	MP NP	C4311 C14062	P4311	30	5	30
			a	APO-Olmesartan/Amlodipine/HCTZ 40/10/25	TX	MP NP	C4311 C14062	P14062	60	5	30
			a	Olamlo HCT 40/10/25	AL	MP NP	C4311 C14062	P14062	60	5	30
			a	Olmekar HCT 40/10/25	RF	MP NP	C4311 C14062	P14062	60	5	30
			a	Sevikar HCT	AF	MP NP	C4311 C14062	P14062	60	5	30

				40/10/25							

[90] Schedule 1, Part 1, entry for Olmesartan with hydrochlorothiazide

substitute:

Olmesartan with hydrochlorothiazide	Tablet containing olmesartan medoxomil 20 mg with hydrochlorothiazide 12.5 mg	Oral	a	APO-Olmesartan/HCTZ 20/12.5	TX	MP NP	C4374 C14061	P4374	30	5	30
			a	APX-Olmesartan/HCTZ	TY	MP NP	C4374 C14061	P4374	30	5	30
			a	OLMERTAN COMBI 20/12.5	RW	MP NP	C4374 C14061	P4374	30	5	30
			a	Olmesartan HCT - MYL 20/12.5	AF	MP NP	C4374 C14061	P4374	30	5	30
			a	Olmesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P4374	30	5	30
			a	Olmetec Plus	AL	MP NP	C4374 C14061	P4374	30	5	30
			a	Pharmacor Olmesartan HCTZ 20/12.5	CR	MP NP	C4374 C14061	P4374	30	5	30
			a	APO-Olmesartan/HCTZ 20/12.5	TX	MP NP	C4374 C14061	P14061	60	5	30
			a	APX-Olmesartan/HCTZ	TY	MP NP	C4374 C14061	P14061	60	5	30
			a	OLMERTAN COMBI 20/12.5	RW	MP NP	C4374 C14061	P14061	60	5	30
			a	Olmesartan HCT - MYL 20/12.5	AF	MP NP	C4374 C14061	P14061	60	5	30
			a	Olmesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P14061	60	5	30
			a	Olmetec Plus	AL	MP NP	C4374 C14061	P14061	60	5	30

		a	Pharmacor Olmesartan HCTZ 20/12.5	CR	MP NP	C4374 C14061	P14061	60	5	30
Tablet containing olmesartan medoxomil 40 mg with hydrochlorothiazide 12.5 mg	Oral	a	APO-Olmesartan/HCTZ 40/12.5	TX	MP NP	C4374 C14061	P4374	30	5	30
		a	APX-Olmesartan/HCTZ	TY	MP NP	C4374 C14061	P4374	30	5	30
		a	OLMERTAN COMBI 40/12.5	RW	MP NP	C4374 C14061	P4374	30	5	30
		a	Olmesartan HCT - MYL 40/12.5	AF	MP NP	C4374 C14061	P4374	30	5	30
		a	Olmesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P4374	30	5	30
		a	Olmetec Plus	AL	MP NP	C4374 C14061	P4374	30	5	30
		a	Pharmacor Olmesartan HCTZ 40/12.5	CR	MP NP	C4374 C14061	P4374	30	5	30
		a	APO-Olmesartan/HCTZ 40/12.5	TX	MP NP	C4374 C14061	P14061	60	5	30
		a	APX-Olmesartan/HCTZ	TY	MP NP	C4374 C14061	P14061	60	5	30
		a	OLMERTAN COMBI 40/12.5	RW	MP NP	C4374 C14061	P14061	60	5	30
		a	Olmesartan HCT - MYL 40/12.5	AF	MP NP	C4374 C14061	P14061	60	5	30
		a	Olmesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P14061	60	5	30
		a	Olmetec Plus	AL	MP NP	C4374 C14061	P14061	60	5	30
		a	Pharmacor Olmesartan HCTZ	CR	MP NP	C4374 C14061	P14061	60	5	30

			40/12.5							
Tablet containing olmesartan medoxomil 40 mg with hydrochlorothiazide 25 mg	Oral	a	APO-Olmesartan/HCTZ 40/25	TX	MP NP	C4374 C14061	P4374	30	5	30
		a	APX-Olmesartan/HCTZ	TY	MP NP	C4374 C14061	P4374	30	5	30
		a	OLMERTAN COMBI 40/25	RW	MP NP	C4374 C14061	P4374	30	5	30
		a	Olmesartan HCT - MYL 40/25	AF	MP NP	C4374 C14061	P4374	30	5	30
		a	Olmesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P4374	30	5	30
		a	Olmetec Plus	AL	MP NP	C4374 C14061	P4374	30	5	30
		a	Pharmacor Olmesartan HCTZ 40/25	CR	MP NP	C4374 C14061	P4374	30	5	30
		a	APO-Olmesartan/HCTZ 40/25	TX	MP NP	C4374 C14061	P14061	60	5	30
		a	APX-Olmesartan/HCTZ	TY	MP NP	C4374 C14061	P14061	60	5	30
		a	OLMERTAN COMBI 40/25	RW	MP NP	C4374 C14061	P14061	60	5	30
		a	Olmesartan HCT - MYL 40/25	AF	MP NP	C4374 C14061	P14061	60	5	30
		a	Olmesartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P14061	60	5	30
		a	Olmetec Plus	AL	MP NP	C4374 C14061	P14061	60	5	30
		a	Pharmacor Olmesartan HCTZ 40/25	CR	MP NP	C4374 C14061	P14061	60	5	30

[91] Schedule 1, Part 1, entry for Pancreatic extract

substitute:

Pancreatic extract	Capsule (containing enteric coated minimicrospheres) providing not less than 10,000 BP units of lipase activity	Oral	Creon 10,000	GO	MP NP		500	10	100
					MP	P5779	500	21	100
					MP	P14141	1000	10	100
	Capsule (containing enteric coated minimicrospheres) providing not less than 25,000 BP units of lipase activity	Oral	Creon 25,000	GO	MP NP		200	10	100
					MP	P5779	200	21	100
					MP	P14141	400	10	100
	Capsule (containing enteric coated minimicrospheres) providing not less than 35,000 BP units of lipase activity	Oral	Creon 35,000	GO	MP NP		200	10	100
					MP	P5779	200	21	100
					MP	P14141	400	10	100
	Granules (enteric coated) providing not less than 5,000 BP units of lipase activity per 100 mg, 20 g	Oral	Creon Micro	GO	MP NP		3	10	1
					MP	P5779	3	21	1
					MP	P14141	6	10	1

[92] Schedule 1, Part 1, entry for Penicillamine

substitute:

Penicillamine	Tablet 125 mg	Oral	D-Penamine	AL	MP NP		100	1	100
					MP NP	P14141	200	1	100
	Tablet 250 mg	Oral	D-Penamine	AL	MP NP		100	1	100
					MP NP	P14141	200	1	100

[93] Schedule 1, Part 1, entry for Perindopril

substitute:

Perindopril	Tablet containing perindopril erbumine 2 mg	Oral	APO-Perindopril	TX	MP NP		30	5	30
			Blooms the Chemist Perindopril	IB	MP NP		30	5	30
			BTC Perindopril	JB	MP NP		30	5	30
			Idaprex 2	SZ	MP NP		30	5	30
			Indosyl Mono 2	RW	MP NP		30	5	30
			Perindo	AF	MP NP		30	5	30
			PERISYL	AL	MP NP		30	5	30
			APO-Perindopril	TX	MP NP	P14141	60	5	30
			Blooms the Chemist Perindopril	IB	MP NP	P14141	60	5	30
			BTC Perindopril	JB	MP NP	P14141	60	5	30
			Idaprex 2	SZ	MP NP	P14141	60	5	30
			Indosyl Mono 2	RW	MP NP	P14141	60	5	30
			Perindo	AF	MP NP	P14141	60	5	30
			PERISYL	AL	MP NP	P14141	60	5	30
	Tablet containing perindopril arginine 2.5 mg	Oral	APO-Perindopril Arginine	TX	MP NP		30	5	30
			Coversyl 2.5mg	SE	MP NP		30	5	30
			PREXUM 2.5	RX	MP NP		30	5	30
			APO-Perindopril Arginine	TX	MP NP	P14141	60	5	30
			Coversyl 2.5mg	SE	MP NP	P14141	60	5	30

		PREXUM 2.5	RX	MP NP	P14141	60	5	30
Tablet containing perindopril erbumine 4 mg	Oral	APO-Perindopril	TX	MP NP		30	5	30
		Blooms the Chemist Perindopril	IB	MP NP		30	5	30
		BTC Perindopril	JB	MP NP		30	5	30
		Idaprex 4	SZ	MP NP		30	5	30
		Indosyl Mono 4	RW	MP NP		30	5	30
		Perindo	AF	MP NP		30	5	30
		Perindopril generichealth	GQ	MP NP		30	5	30
		PERISYL	AL	MP NP		30	5	30
		APO-Perindopril	TX	MP NP	P14141	60	5	30
		Blooms the Chemist Perindopril	IB	MP NP	P14141	60	5	30
		BTC Perindopril	JB	MP NP	P14141	60	5	30
		Idaprex 4	SZ	MP NP	P14141	60	5	30
		Indosyl Mono 4	RW	MP NP	P14141	60	5	30
		Perindo	AF	MP NP	P14141	60	5	30
		Perindopril generichealth	GQ	MP NP	P14141	60	5	30
		PERISYL	AL	MP NP	P14141	60	5	30
Tablet containing perindopril arginine 5 mg	Oral	APO-Perindopril Arginine	TX	MP NP		30	5	30
		Coversyl 5mg	SE	MP NP		30	5	30
		PREXUM 5	RX	MP NP		30	5	30

		APO-Perindopril Arginine	TX	MP NP	P14141	60	5	30
		Coversyl 5mg	SE	MP NP	P14141	60	5	30
		PREXUM 5	RX	MP NP	P14141	60	5	30
Tablet containing perindopril erbumine 8 mg	Oral	APO-Perindopril	TX	MP NP		30	5	30
		Blooms the Chemist Perindopril	IB	MP NP		30	5	30
		BTC Perindopril	JB	MP NP		30	5	30
		Idaprex 8	SZ	MP NP		30	5	30
		Indosyl Mono 8	RW	MP NP		30	5	30
		Perindo	AF	MP NP		30	5	30
		Perindopril generichealth	GQ	MP NP		30	5	30
		PERISYL	AL	MP NP		30	5	30
		APO-Perindopril	TX	MP NP	P14141	60	5	30
		Blooms the Chemist Perindopril	IB	MP NP	P14141	60	5	30
		BTC Perindopril	JB	MP NP	P14141	60	5	30
		Idaprex 8	SZ	MP NP	P14141	60	5	30
		Indosyl Mono 8	RW	MP NP	P14141	60	5	30
		Perindo	AF	MP NP	P14141	60	5	30
		Perindopril generichealth	GQ	MP NP	P14141	60	5	30
		PERISYL	AL	MP NP	P14141	60	5	30
Tablet containing perindopril	Oral	APO-Perindopril	TX	MP NP		30	5	30

	arginine 10 mg			Arginine							
				Coversyl 10mg	SE	MP NP			30	5	30
				PREXUM 10	RX	MP NP			30	5	30
				APO-Perindopril Arginine	TX	MP NP		P14141	60	5	30
				Coversyl 10mg	SE	MP NP		P14141	60	5	30
				PREXUM 10	RX	MP NP		P14141	60	5	30

[94] Schedule 1, Part 1, entry for Perindopril with amlodipine

substitute:

Perindopril with amlodipine	Tablet containing 5 mg perindopril arginine with 5 mg amlodipine (as besilate)	Oral	a	APO-Perindopril Arginine/Amlodipine 5/5	TX	MP NP	C4398 C4418 C14049 C14068	P4398 P4418	30	5	30
			a	Coveram 5/5	SE	MP NP	C4398 C4418 C14049 C14068	P4398 P4418	30	5	30
			a	Reaptan 5/5	RX	MP NP	C4398 C4418 C14049 C14068	P4398 P4418	30	5	30
			a	APO-Perindopril Arginine/Amlodipine 5/5	TX	MP NP	C4398 C4418 C14049 C14068	P14049 P14068	60	5	30
			a	Coveram 5/5	SE	MP NP	C4398 C4418 C14049 C14068	P14049 P14068	60	5	30
			a	Reaptan 5/5	RX	MP NP	C4398 C4418 C14049 C14068	P14049 P14068	60	5	30
	Tablet containing 5 mg perindopril arginine with 10 mg amlodipine (as besilate)	Oral	a	APO-Perindopril Arginine/Amlodipine 5/10	TX	MP NP	C4398 C4418 C14049 C14068	P4398 P4418	30	5	30
			a	Coveram 5/10	SE	MP NP	C4398 C4418 C14049 C14068	P4398 P4418	30	5	30

			a	Reaptan 5/10	RX	MP NP	C4398 C4418 C14049 C14068	P4398 P4418	30	5	30
			a	APO-Perindopril Arginine/Amlodipine 5/10	TX	MP NP	C4398 C4418 C14049 C14068	P14049 P14068	60	5	30
			a	Coveram 5/10	SE	MP NP	C4398 C4418 C14049 C14068	P14049 P14068	60	5	30
			a	Reaptan 5/10	RX	MP NP	C4398 C4418 C14049 C14068	P14049 P14068	60	5	30
	Tablet containing 10 mg perindopril arginine with 5 mg amlodipine (as besilate)	Oral	a	APO-Perindopril Arginine/Amlodipine 10/5	TX	MP NP	C4398 C4418 C14049 C14068	P4398 P4418	30	5	30
			a	Coveram 10/5	SE	MP NP	C4398 C4418 C14049 C14068	P4398 P4418	30	5	30
			a	Reaptan 10/5	RX	MP NP	C4398 C4418 C14049 C14068	P4398 P4418	30	5	30
			a	APO-Perindopril Arginine/Amlodipine 10/5	TX	MP NP	C4398 C4418 C14049 C14068	P14049 P14068	60	5	30
			a	Coveram 10/5	SE	MP NP	C4398 C4418 C14049 C14068	P14049 P14068	60	5	30
			a	Reaptan 10/5	RX	MP NP	C4398 C4418 C14049 C14068	P14049 P14068	60	5	30
	Tablet containing 10 mg perindopril arginine with 10 mg amlodipine (as besilate)	Oral	a	APO-Perindopril Arginine/Amlodipine 10/10	TX	MP NP	C4398 C4418 C14049 C14068	P4398 P4418	30	5	30
			a	Coveram 10/10	SE	MP NP	C4398 C4418 C14049 C14068	P4398 P4418	30	5	30
			a	Reaptan 10/10	RX	MP NP	C4398 C4418 C14049 C14068	P4398 P4418	30	5	30
			a	APO-Perindopril Arginine/Amlodipine	TX	MP NP	C4398 C4418	P14049 P14068	60	5	30

				10/10			C14049 C14068				
			a	Coveram 10/10	SE	MP NP	C4398 C4418 C14049 C14068	P14049 P14068	60	5	30
			a	Reaptan 10/10	RX	MP NP	C4398 C4418 C14049 C14068	P14049 P14068	60	5	30

[95] Schedule 1, Part 1, entry for Perindopril with indapamide

substitute:

Perindopril with indapamide	Tablet containing perindopril arginine 2.5 mg with indapamide hemihydrate 0.625 mg	Oral	a	Coversyl Plus LD 2.5mg/0.625mg	SE	MP NP			30	5	30
			a	PREXUM Combi LD 2.5/0.625	RX	MP NP			30	5	30
			a	Coversyl Plus LD 2.5mg/0.625mg	SE	MP NP		P14141	60	5	30
			a	PREXUM Combi LD 2.5/0.625	RX	MP NP		P14141	60	5	30
	Tablet containing perindopril erbumine 4 mg with indapamide hemihydrate 1.25 mg	Oral		APO-Perindopril/Indapamide	TX	MP NP	C4375 C14098	P4375	30	5	30
				GenRx Perindopril/Indapamide 4/1.25	GX	MP NP	C4375 C14098	P4375	30	5	30
				Idaprex Combi 4/1.25	SZ	MP NP	C4375 C14098	P4375	30	5	30
				Indosyl Combi 4/1.25	RW	MP NP	C4375 C14098	P4375	30	5	30
				Perindo Combi 4/1.25	AF	MP NP	C4375 C14098	P4375	30	5	30
				PERISYL COMBI 4/1.25	AL	MP NP	C4375 C14098	P4375	30	5	30
				APO-Perindopril/Indapamide	TX	MP NP	C4375 C14098	P14098	60	5	30

			GenRx Perindopril/ Indapamide 4/1.25	GX	MP NP	C4375 C14098	P14098	60	5	30
			Idaprex Combi 4/1.25	SZ	MP NP	C4375 C14098	P14098	60	5	30
			Indosyl Combi 4/1.25	RW	MP NP	C4375 C14098	P14098	60	5	30
			Perindo Combi 4/1.25	AF	MP NP	C4375 C14098	P14098	60	5	30
			PERISYL COMBI 4/1.25	AL	MP NP	C4375 C14098	P14098	60	5	30
	Tablet containing perindopril arginine 5 mg with indapamide hemihydrate 1.25 mg	Oral	Coversyl Plus 5mg/1.25mg	SE	MP NP	C4375 C14098	P4375	30	5	30
			Prexum Combi 5/1.25	RX	MP NP	C4375 C14098	P4375	30	5	30
			Coversyl Plus 5mg/1.25mg	SE	MP NP	C4375 C14098	P14098	60	5	30
			Prexum Combi 5/1.25	RX	MP NP	C4375 C14098	P14098	60	5	30

[96] Schedule 1, Part 1, entry for Potassium chloride

substitute:

Potassium chloride	Tablet 600 mg (sustained release)	Oral	Span-K	AS	MP NP			200	1	200
					MP NP		P14141	400	1	200

[97] Schedule 1, Part 1, entry for Potassium chloride with potassium bicarbonate

substitute:

Potassium chloride with potassium bicarbonate	Tablet, effervescent, 14 mmol potassium and 8 mmol chloride	Oral	Chlorvescent	AS	MP NP			60	1	60
					MP NP		P14141	120	1	60

[98] Schedule 1, Part 1, entry for Pravastatin

substitute:

Pravastatin	Tablet containing pravastatin sodium 10 mg	Oral	a	APO-Pravastatin	TX	MP NP		30	5	30
			a	APX-Pravastatin	TY	MP NP		30	5	30
			a	Cholstat 10	AF	MP NP		30	5	30
			a	Lipostat 10	RF	MP NP		30	5	30
			a	Pravachol	RW	MP NP		30	5	30
			a	Pravastatin Sandoz	SZ	MP NP		30	5	30
			a	APO-Pravastatin	TX	MP	P7598	30	11	30
			a	APX-Pravastatin	TY	MP	P7598	30	11	30
			a	Cholstat 10	AF	MP	P7598	30	11	30
			a	Lipostat 10	RF	MP	P7598	30	11	30
			a	Pravachol	RW	MP	P7598	30	11	30
			a	Pravastatin Sandoz	SZ	MP	P7598	30	11	30
			a	APO-Pravastatin	TX	MP	P14141	60	5	30
			a	APX-Pravastatin	TY	MP	P14141	60	5	30
			a	Cholstat 10	AF	MP	P14141	60	5	30
			a	Lipostat 10	RF	MP	P14141	60	5	30
			a	Pravachol	RW	MP	P14141	60	5	30
			a	Pravastatin Sandoz	SZ	MP	P14141	60	5	30
	Tablet containing pravastatin sodium 20 mg	Oral	a	APO-Pravastatin	TX	MP NP		30	5	30
			a	APX-Pravastatin	TY	MP NP		30	5	30
			a	Cholstat 20	AF	MP NP		30	5	30

		a	Lipostat 20	RF	MP NP		30	5	30
		a	Pravachol	RW	MP NP		30	5	30
		a	Pravastatin Sandoz	SZ	MP NP		30	5	30
		a	APO-Pravastatin	TX	MP	P7598	30	11	30
		a	APX-Pravastatin	TY	MP	P7598	30	11	30
		a	Cholstat 20	AF	MP	P7598	30	11	30
		a	Lipostat 20	RF	MP	P7598	30	11	30
		a	Pravachol	RW	MP	P7598	30	11	30
		a	Pravastatin Sandoz	SZ	MP	P7598	30	11	30
		a	APO-Pravastatin	TX	MP	P14141	60	5	30
		a	APX-Pravastatin	TY	MP	P14141	60	5	30
		a	Cholstat 20	AF	MP	P14141	60	5	30
		a	Lipostat 20	RF	MP	P14141	60	5	30
		a	Pravachol	RW	MP	P14141	60	5	30
		a	Pravastatin Sandoz	SZ	MP	P14141	60	5	30
Tablet containing pravastatin sodium 40 mg	Oral	a	APO-Pravastatin	TX	MP NP		30	5	30
		a	APX-Pravastatin	TY	MP NP		30	5	30
		a	Cholstat 40	AF	MP NP		30	5	30
		a	Lipostat 40	RF	MP NP		30	5	30
		a	Pravachol	RW	MP NP		30	5	30
		a	Pravastatin Sandoz	SZ	MP NP		30	5	30
		a	APO-Pravastatin	TX	MP	P7598	30	11	30
		a	APX-Pravastatin	TY	MP	P7598	30	11	30

		a	Cholstat 40	AF	MP	P7598	30	11	30
		a	Lipostat 40	RF	MP	P7598	30	11	30
		a	Pravachol	RW	MP	P7598	30	11	30
		a	Pravastatin Sandoz	SZ	MP	P7598	30	11	30
		a	APO-Pravastatin	TX	MP	P14141	60	5	30
		a	APX-Pravastatin	TY	MP	P14141	60	5	30
		a	Cholstat 40	AF	MP	P14141	60	5	30
		a	Lipostat 40	RF	MP	P14141	60	5	30
		a	Pravachol	RW	MP	P14141	60	5	30
		a	Pravastatin Sandoz	SZ	MP	P14141	60	5	30
Tablet containing pravastatin sodium 80 mg	Oral	a	APO-Pravastatin	TX	MP NP		30	5	30
		a	APX-Pravastatin	TY	MP NP		30	5	30
		a	Lipostat 80	RF	MP NP		30	5	30
		a	Pravachol	RW	MP NP		30	5	30
		a	APO-Pravastatin	TX	MP	P7598	30	11	30
		a	APX-Pravastatin	TY	MP	P7598	30	11	30
		a	Lipostat 80	RF	MP	P7598	30	11	30
		a	Pravachol	RW	MP	P7598	30	11	30
		a	APO-Pravastatin	TX	MP	P14141	60	5	30
		a	APX-Pravastatin	TY	MP	P14141	60	5	30
		a	Lipostat 80	RF	MP	P14141	60	5	30
		a	Pravachol	RW	MP	P14141	60	5	30

[99] Schedule 1, Part 1, entry for Prazosin

substitute:

Prazosin	Tablet 1 mg (as hydrochloride)	Oral	a	APO-Prazosin	TX	MP NP		100	5	100
			a	Minipress	PF	MP NP		100	5	100
			a	APO-Prazosin	TX	MP NP	P14141	200	5	100
			a	Minipress	PF	MP NP	P14141	200	5	100
	Tablet 2 mg (as hydrochloride)	Oral	a	APO-Prazosin	TX	MP NP		100	5	100
			a	Minipress	PF	MP NP		100	5	100
			a	APO-Prazosin	TX	MP NP	P14141	200	5	100
			a	Minipress	PF	MP NP	P14141	200	5	100
	Tablet 5 mg (as hydrochloride)	Oral	a	APO-Prazosin	TX	MP NP		100	5	100
			a	Minipress	PF	MP NP		100	5	100
			a	APO-Prazosin	TX	MP NP	P14141	200	5	100
			a	Minipress	PF	MP NP	P14141	200	5	100

[100] Schedule 1, Part 1, entry for Probenecid

substitute:

Probenecid	Tablet 500 mg	Oral		Pro-Cid	FF	MP NP		100	5	100
						MP NP	P14141	200	5	100

[101] Schedule 1, Part 1, entry for Propranolol

substitute:

Propranolol	Tablet containing propranolol hydrochloride 10 mg	Oral	a	APO-Propranolol	TX	MP NP		100	5	100
			a	Deralin 10	AF	MP NP		100	5	100

			a	Inderal	IX	MP NP		100	5	100
			a	APO-Propranolol	TX	MP NP	P14141	200	5	100
			a	Deralin 10	AF	MP NP	P14141	200	5	100
			a	Inderal	IX	MP NP	P14141	200	5	100
	Tablet containing propranolol hydrochloride 40 mg	Oral	a	APO-Propranolol	TX	MP NP		100	5	100
			a	Deralin 40	AF	MP NP		100	5	100
			a	Inderal	IX	MP NP		100	5	100
			a	APO-Propranolol	TX	MP NP	P14141	200	5	100
			a	Deralin 40	AF	MP NP	P14141	200	5	100
			a	Inderal	IX	MP NP	P14141	200	5	100

[102] Schedule 1, Part 1, entry for Quinapril

substitute:

Quinapril	Tablet 5 mg (as hydrochloride)	Oral	a	Accupril	PF	MP NP		30	5	30
			a	ACQUIN	RF	MP NP		30	5	30
			a	Qpril 5	AF	MP NP		30	5	30
			a	Accupril	PF	MP NP	P14141	60	5	30
			a	ACQUIN	RF	MP NP	P14141	60	5	30
			a	Qpril 5	AF	MP NP	P14141	60	5	30
	Tablet 10 mg (as hydrochloride)	Oral	a	Accupril	PF	MP NP		30	5	30
			a	ACQUIN	RF	MP NP		30	5	30
			a	APO-Quinapril	TX	MP NP		30	5	30
			a	Qpril 10	AF	MP NP		30	5	30

			a	Accupril	PF	MP NP		P14141	60	5	30
			a	ACQUIN	RF	MP NP		P14141	60	5	30
			a	APO-Quinapril	TX	MP NP		P14141	60	5	30
			a	Qpril 10	AF	MP NP		P14141	60	5	30
	Tablet 20 mg (as hydrochloride)	Oral	a	Accupril	PF	MP NP			30	5	30
			a	ACQUIN	RF	MP NP			30	5	30
			a	APO-Quinapril	TX	MP NP			30	5	30
			a	Qpril 20	AF	MP NP			30	5	30
			a	Accupril	PF	MP NP		P14141	60	5	30
			a	ACQUIN	RF	MP NP		P14141	60	5	30
			a	APO-Quinapril	TX	MP NP		P14141	60	5	30
			a	Qpril 20	AF	MP NP		P14141	60	5	30

[103] Schedule 1, Part 1, entry for Raloxifene

substitute:

Raloxifene	Tablet containing raloxifene hydrochloride 60 mg	Oral	a	APO-Raloxifene	TX	MP NP	C6314 C14101	P6314	28	5	28
			a	Evista	LY	MP NP	C6314 C14101	P6314	28	5	28
			a	Fixta 60	ZS	MP NP	C6314 C14101	P6314	28	5	28
			a	RALOVISTA	RF	MP NP	C6314 C14101	P6314	28	5	28
			a	Raloxifene GH	GQ	MP NP	C6314 C14101	P6314	28	5	28
			a	APO-Raloxifene	TX	MP NP	C6314 C14101	P14101	56	5	28
			a	Evista	LY	MP NP	C6314 C14101	P14101	56	5	28
			a	Fixta 60	ZS	MP NP	C6314 C14101	P14101	56	5	28

			a	RALOVISTA	RF	MP NP	C6314 C14101	P14101	56	5	28
			a	Raloxifene GH	GQ	MP NP	C6314 C14101	P14101	56	5	28

[104] Schedule 1, Part 1, entry for Ramipril

substitute:

Ramipril	Capsule 1.25 mg	Oral	APO-Ramipril	TX	MP NP			30	5	30
			Tryzan Caps 1.25	AF	MP NP			30	5	30
			APO-Ramipril	TX	MP NP		P14141	60	5	30
			Tryzan Caps 1.25	AF	MP NP		P14141	60	5	30
	Capsule 2.5 mg	Oral	APO-Ramipril	TX	MP NP			30	5	30
			Tryzan Caps 2.5	AF	MP NP			30	5	30
			APO-Ramipril	TX	MP NP		P14141	60	5	30
			Tryzan Caps 2.5	AF	MP NP		P14141	60	5	30
	Capsule 5 mg	Oral	APO-Ramipril	TX	MP NP			30	5	30
			Tryzan Caps 5	AF	MP NP			30	5	30
			APO-Ramipril	TX	MP NP		P14141	60	5	30
			Tryzan Caps 5	AF	MP NP		P14141	60	5	30
	Capsule 10 mg	Oral	APO-Ramipril	TX	MP NP			30	5	30
			APX-Ramipril	TY	MP NP			30	5	30
			Prilace	RF	MP NP			30	5	30
			Ramipril Sandoz	SZ	MP NP			30	5	30
			Ramipril Winthrop	WA	MP NP			30	5	30
			Tritace 10 mg	SW	MP NP			30	5	30

			Tryzan Caps 10	AF	MP NP		30	5	30
			APO-Ramipril	TX	MP NP	P14141	60	5	30
			APX-Ramipril	TY	MP NP	P14141	60	5	30
			Prilace	RF	MP NP	P14141	60	5	30
			Ramipril Sandoz	SZ	MP NP	P14141	60	5	30
			Ramipril Winthrop	WA	MP NP	P14141	60	5	30
			Tritace 10 mg	SW	MP NP	P14141	60	5	30
			Tryzan Caps 10	AF	MP NP	P14141	60	5	30
Tablet 1.25 mg		Oral	Prilace	RF	MP NP		30	5	30
			Ramipril Sandoz	SZ	MP NP		30	5	30
			Ramipril Winthrop	WA	MP NP		30	5	30
			Tritace 1.25 mg	SW	MP NP		30	5	30
			Tryzan Tabs 1.25	AF	MP NP		30	5	30
			Prilace	RF	MP NP	P14141	60	5	30
			Ramipril Sandoz	SZ	MP NP	P14141	60	5	30
			Ramipril Winthrop	WA	MP NP	P14141	60	5	30
			Tritace 1.25 mg	SW	MP NP	P14141	60	5	30
			Tryzan Tabs 1.25	AF	MP NP	P14141	60	5	30
Tablet 2.5 mg		Oral	APO-Ramipril	TX	MP NP		30	5	30
			Prilace	RF	MP NP		30	5	30
			Ramipril Sandoz	SZ	MP NP		30	5	30
			Ramipril Winthrop	WA	MP NP		30	5	30
			Tritace 2.5 mg	SW	MP NP		30	5	30

		Tryzan Tabs 2.5	AF	MP NP		30	5	30
		APO-Ramipril	TX	MP NP	P14141	60	5	30
		Prilace	RF	MP NP	P14141	60	5	30
		Ramipril Sandoz	SZ	MP NP	P14141	60	5	30
		Ramipril Winthrop	WA	MP NP	P14141	60	5	30
		Tritace 2.5 mg	SW	MP NP	P14141	60	5	30
		Tryzan Tabs 2.5	AF	MP NP	P14141	60	5	30
Tablet 5 mg	Oral	APO-Ramipril	TX	MP NP		30	5	30
		Prilace	RF	MP NP		30	5	30
		Ramipril Sandoz	SZ	MP NP		30	5	30
		Ramipril Winthrop	WA	MP NP		30	5	30
		Tritace 5 mg	SW	MP NP		30	5	30
		Tryzan Tabs 5	AF	MP NP		30	5	30
		APO-Ramipril	TX	MP NP	P14141	60	5	30
		Prilace	RF	MP NP	P14141	60	5	30
		Ramipril Sandoz	SZ	MP NP	P14141	60	5	30
		Ramipril Winthrop	WA	MP NP	P14141	60	5	30
		Tritace 5 mg	SW	MP NP	P14141	60	5	30
		Tryzan Tabs 5	AF	MP NP	P14141	60	5	30
Tablet 10 mg	Oral	APO-Ramipril	TX	MP NP		30	5	30
		Ramipril Sandoz	SZ	MP NP		30	5	30
		Tritace	SW	MP NP		30	5	30
		Tryzan Tabs 10	AF	MP NP		30	5	30

			APO-Ramipril	TX	MP NP		P14141	60	5	30
			Ramipril Sandoz	SZ	MP NP		P14141	60	5	30
			Tritace	SW	MP NP		P14141	60	5	30
			Tryzan Tabs 10	AF	MP NP		P14141	60	5	30

[105] Schedule 1, Part 1, entry for Ramipril with felodipine

substitute:

Ramipril with felodipine	Tablet 2.5 mg-2.5 mg (modified release)	Oral	Triasyn 2.5/2.5	SW	MP NP	C4398 C14049	P4398	30	5	30
					MP NP	C4398 C14049	P14049	60	5	30
	Tablet 5 mg-5 mg (modified release)	Oral	Triasyn 5.0/5.0	SW	MP NP	C4398 C14049	P4398	30	5	30
					MP NP	C4398 C14049	P14049	60	5	30

[106] Schedule 1, Part 1, entry for Risedronic acid in the form Tablet containing risedronate sodium 5 mg

substitute:

Risedronic acid	Tablet containing risedronate sodium 5 mg	Oral	Actonel	TT	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P6310 P6323 P6327	28	5	28
					MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P14027 P14028 P14089	56	5	28

[107] Schedule 1, Part 1, entry for Risedronic acid in the form Tablet (enteric coated) containing risedronate sodium 35 mg

substitute:

	Tablet (enteric coated) containing risedronate sodium 35 mg	Oral	Actonel EC	TT	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P6310 P6323 P6327	4	5	4
					MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P14027 P14028 P14089	8	5	4

[108] Schedule 1, Part 1, entry for Risedronic acid in the form Tablet containing risedronate sodium 35 mg

substitute:

	Tablet containing risedronate sodium 35 mg	Oral	a	APO-Risedronate	TX	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P6310 P6323 P6327	4	5	4
			a	Risedronate Sandoz	SZ	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P6310 P6323 P6327	4	5	4
			a	APO-Risedronate	TX	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P14027 P14028 P14089	8	5	4
			a	Risedronate Sandoz	SZ	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P14027 P14028 P14089	8	5	4

[109] Schedule 1, Part 1, entry for Risedronic acid in the form Tablet containing risedronate sodium 150 mg

substitute:

	Tablet containing risedronate sodium 150 mg	Oral	a	Actonel Once-a-Month	TT	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P6310 P6323 P6327	1	5	1
			a	APO-Risedronate	TX	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P6310 P6323 P6327	1	5	1
			a	Actonel Once-a-Month	TT	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P14027 P14028 P14089	2	5	1
			a	APO-Risedronate	TX	MP NP	C6310 C6323 C6327 C14027 C14028 C14089	P14027 P14028 P14089	2	5	1

[110] Schedule 1, Part 1, entry for Rivaroxaban

substitute:

Rivaroxaban	Tablet 2.5 mg	Oral	Xarelto	BN	MP	C10992 C11013 C14075 C14116	P10992 P11013	60	5	60
					NP	C10992 C14075	P10992	60	5	60
					MP	C10992 C11013 C14075 C14116	P14075 P14116	120	5	60
					NP	C10992 C14075	P14075	120	5	60
	Tablet 10 mg	Oral	Xarelto	BN	MP NP	C4132 C4382 C4402 C14139	P4382	15	0	15
					MP NP	C4132 C4382 C4402 C14139	P4402	15	1	15
					MP NP	C4132 C4382 C4402 C14139	P4402	30	0	30
					MP NP	C4132 C4382 C4402 C14139	P4132	30	5	30
					MP NP	C4132 C4382 C4402 C14139	P14139	60	5	30
	Tablet 15 mg	Oral	Xarelto	BN	MP NP	C4098 C4260 C4269 C14059	P4269	28	5	28
					MP NP	C4098 C4260 C4269 C14059	P4098 P4260	42	0	42
					MP NP	C4098 C4260 C4269 C14059	P14059	56	5	28
	Tablet 20 mg	Oral	Xarelto	BN	MP NP	C4099 C4132 C4268 C4269 C14059 C14095 C14139 C14140	P4099 P4132 P4268 P4269	28	5	28
					MP NP	C4099 C4132 C4268 C4269	P14059 P14095 P14139 P14140	56	5	28

							C14059 C14095 C14139 C14140				

[111] Schedule 1, Part 1, entry for Rosuvastatin

substitute:

Rosuvastatin	Tablet 5 mg (as calcium)	Oral	a	APX-Rosuvastatin	TY	MP NP		30	5	30
			a	Blooms the Chemist Rosuvastatin	IB	MP NP		30	5	30
			a	Cavstat	AF	MP NP		30	5	30
			a	Crestor	FK	MP NP		30	5	30
			a	Crosuva 5	RW	MP NP		30	5	30
			a	Noumed Rosuvastatin	VO	MP NP		30	5	30
			a	Pharmacor Rosuvastatin 5	CR	MP NP		30	5	30
			a	Rosuvastatin APOTEX	GX	MP NP		30	5	30
			a	Rosuvastatin Lupin	GQ	MP NP		30	5	30
			a	Rosuvastatin RBX	RA	MP NP		30	5	30
			a	Rosuvastatin Sandoz	SZ	MP NP		30	5	30
			a	APX-Rosuvastatin	TY	MP	P7598	30	11	30
			a	Blooms the Chemist Rosuvastatin	IB	MP	P7598	30	11	30
			a	Cavstat	AF	MP	P7598	30	11	30
			a	Crestor	FK	MP	P7598	30	11	30
			a	Crosuva 5	RW	MP	P7598	30	11	30

		a	Noumed Rosuvastatin	VO	MP	P7598	30	11	30
		a	Pharmacor Rosuvastatin 5	CR	MP	P7598	30	11	30
		a	Rosuvastatin APOTEX	GX	MP	P7598	30	11	30
		a	Rosuvastatin Lupin	GQ	MP	P7598	30	11	30
		a	Rosuvastatin RBX	RA	MP	P7598	30	11	30
		a	Rosuvastatin Sandoz	SZ	MP	P7598	30	11	30
		a	APX-Rosuvastatin	TY	MP	P14141	60	5	30
		a	Blooms the Chemist Rosuvastatin	IB	MP	P14141	60	5	30
		a	Cavstat	AF	MP	P14141	60	5	30
		a	Crestor	FK	MP	P14141	60	5	30
		a	Crosuva 5	RW	MP	P14141	60	5	30
		a	Noumed Rosuvastatin	VO	MP	P14141	60	5	30
		a	Pharmacor Rosuvastatin 5	CR	MP	P14141	60	5	30
		a	Rosuvastatin APOTEX	GX	MP	P14141	60	5	30
		a	Rosuvastatin Lupin	GQ	MP	P14141	60	5	30
		a	Rosuvastatin RBX	RA	MP	P14141	60	5	30
		a	Rosuvastatin Sandoz	SZ	MP	P14141	60	5	30
Tablet 10 mg (as calcium)	Oral	a	APX-Rosuvastatin	TY	MP NP		30	5	30

a	Blooms the Chemist Rosuvastatin	IB	MP NP		30	5	30
a	Cavstat	AF	MP NP		30	5	30
a	Crestor	FK	MP NP		30	5	30
a	Crosuva 10	RW	MP NP		30	5	30
a	Noumed Rosuvastatin	VO	MP NP		30	5	30
a	Pharmacor Rosuvastatin 10	CR	MP NP		30	5	30
a	Rosuvastatin APOTEX	GX	MP NP		30	5	30
a	Rosuvastatin Lupin	GQ	MP NP		30	5	30
a	Rosuvastatin RBX	RA	MP NP		30	5	30
a	Rosuvastatin Sandoz	SZ	MP NP		30	5	30
a	APX-Rosuvastatin	TY	MP	P7598	30	11	30
a	Blooms the Chemist Rosuvastatin	IB	MP	P7598	30	11	30
a	Cavstat	AF	MP	P7598	30	11	30
a	Crestor	FK	MP	P7598	30	11	30
a	Crosuva 10	RW	MP	P7598	30	11	30
a	Noumed Rosuvastatin	VO	MP	P7598	30	11	30
a	Pharmacor Rosuvastatin 10	CR	MP	P7598	30	11	30
a	Rosuvastatin APOTEX	GX	MP	P7598	30	11	30

		a	Rosuvastatin Lupin	GQ	MP	P7598	30	11	30
		a	Rosuvastatin RBX	RA	MP	P7598	30	11	30
		a	Rosuvastatin Sandoz	SZ	MP	P7598	30	11	30
		a	APX-Rosuvastatin	TY	MP	P14141	60	5	30
		a	Blooms the Chemist Rosuvastatin	IB	MP	P14141	60	5	30
		a	Cavstat	AF	MP	P14141	60	5	30
		a	Crestor	FK	MP	P14141	60	5	30
		a	Crosuva 10	RW	MP	P14141	60	5	30
		a	Noumed Rosuvastatin	VO	MP	P14141	60	5	30
		a	Pharmacor Rosuvastatin 10	CR	MP	P14141	60	5	30
		a	Rosuvastatin APOTEX	GX	MP	P14141	60	5	30
		a	Rosuvastatin Lupin	GQ	MP	P14141	60	5	30
		a	Rosuvastatin RBX	RA	MP	P14141	60	5	30
		a	Rosuvastatin Sandoz	SZ	MP	P14141	60	5	30
Tablet 20 mg (as calcium)	Oral	a	APX-Rosuvastatin	TY	MP NP		30	5	30
		a	Blooms the Chemist Rosuvastatin	IB	MP NP		30	5	30
		a	Cavstat	AF	MP NP		30	5	30
		a	Crestor	FK	MP NP		30	5	30
		a	Crosuva 20	RW	MP NP		30	5	30

a	Noumed Rosuvastatin	VO	MP NP		30	5	30
a	Pharmacor Rosuvastatin 20	CR	MP NP		30	5	30
a	Rosuvastatin APOTEX	GX	MP NP		30	5	30
a	Rosuvastatin Lupin	GQ	MP NP		30	5	30
a	Rosuvastatin RBX	RA	MP NP		30	5	30
a	Rosuvastatin Sandoz	SZ	MP NP		30	5	30
a	APX-Rosuvastatin	TY	MP	P7598	30	11	30
a	Blooms the Chemist Rosuvastatin	IB	MP	P7598	30	11	30
a	Cavstat	AF	MP	P7598	30	11	30
a	Crestor	FK	MP	P7598	30	11	30
a	Crosuva 20	RW	MP	P7598	30	11	30
a	Noumed Rosuvastatin	VO	MP	P7598	30	11	30
a	Pharmacor Rosuvastatin 20	CR	MP	P7598	30	11	30
a	Rosuvastatin APOTEX	GX	MP	P7598	30	11	30
a	Rosuvastatin Lupin	GQ	MP	P7598	30	11	30
a	Rosuvastatin RBX	RA	MP	P7598	30	11	30
a	Rosuvastatin Sandoz	SZ	MP	P7598	30	11	30
a	APX-Rosuvastatin	TY	MP	P14141	60	5	30

		a	Blooms the Chemist Rosuvastatin	IB	MP	P14141	60	5	30
		a	Cavstat	AF	MP	P14141	60	5	30
		a	Crestor	FK	MP	P14141	60	5	30
		a	Crosuva 20	RW	MP	P14141	60	5	30
		a	Noumed Rosuvastatin	VO	MP	P14141	60	5	30
		a	Pharmacor Rosuvastatin 20	CR	MP	P14141	60	5	30
		a	Rosuvastatin APOTEX	GX	MP	P14141	60	5	30
		a	Rosuvastatin Lupin	GQ	MP	P14141	60	5	30
		a	Rosuvastatin RBX	RA	MP	P14141	60	5	30
		a	Rosuvastatin Sandoz	SZ	MP	P14141	60	5	30
Tablet 40 mg (as calcium)	Oral	a	APX-Rosuvastatin	TY	MP NP		30	5	30
		a	Blooms the Chemist Rosuvastatin	IB	MP NP		30	5	30
		a	Cavstat	AF	MP NP		30	5	30
		a	Crestor	FK	MP NP		30	5	30
		a	Crosuva 40	RW	MP NP		30	5	30
		a	Noumed Rosuvastatin	VO	MP NP		30	5	30
		a	Pharmacor Rosuvastatin 40	CR	MP NP		30	5	30
		a	Rosuvastatin APOTEX	GX	MP NP		30	5	30

a	Rosuvastatin Lupin	GQ	MP NP		30	5	30
a	Rosuvastatin RBX	RA	MP NP		30	5	30
a	Rosuvastatin Sandoz	SZ	MP NP		30	5	30
a	APX-Rosuvastatin	TY	MP	P7598	30	11	30
a	Blooms the Chemist Rosuvastatin	IB	MP	P7598	30	11	30
a	Cavstat	AF	MP	P7598	30	11	30
a	Crestor	FK	MP	P7598	30	11	30
a	Crosuva 40	RW	MP	P7598	30	11	30
a	Noumed Rosuvastatin	VO	MP	P7598	30	11	30
a	Pharmacor Rosuvastatin 40	CR	MP	P7598	30	11	30
a	Rosuvastatin APOTEX	GX	MP	P7598	30	11	30
a	Rosuvastatin Lupin	GQ	MP	P7598	30	11	30
a	Rosuvastatin RBX	RA	MP	P7598	30	11	30
a	Rosuvastatin Sandoz	SZ	MP	P7598	30	11	30
a	APX-Rosuvastatin	TY	MP	P14141	60	5	30
a	Blooms the Chemist Rosuvastatin	IB	MP	P14141	60	5	30
a	Cavstat	AF	MP	P14141	60	5	30
a	Crestor	FK	MP	P14141	60	5	30
a	Crosuva 40	RW	MP	P14141	60	5	30

			a	Noumed Rosuvastatin	VO	MP		P14141	60	5	30
			a	Pharmacor Rosuvastatin 40	CR	MP		P14141	60	5	30
			a	Rosuvastatin APOTEX	GX	MP		P14141	60	5	30
			a	Rosuvastatin Lupin	GQ	MP		P14141	60	5	30
			a	Rosuvastatin RBX	RA	MP		P14141	60	5	30
			a	Rosuvastatin Sandoz	SZ	MP		P14141	60	5	30

[112] Schedule 1, Part 1, entry for Sacubitril with valsartan

substitute:

Sacubitril with valsartan	Tablet containing sacubitril 24.3 mg with valsartan 25.7 mg	Oral		Entresto	NV	MP NP	C11680 C14051	P11680	56	5	56
						MP NP	C11680 C14051	P14051	112	5	56
	Tablet containing sacubitril 48.6 mg with valsartan 51.4 mg	Oral		Entresto	NV	MP NP	C11680 C14051	P11680	56	5	56
						MP NP	C11680 C14051	P14051	112	5	56
	Tablet containing sacubitril 97.2 mg with valsartan 102.8 mg	Oral		Entresto	NV	MP NP	C11680 C14051	P11680	56	5	56
						MP NP	C11680 C14051	P14051	112	5	56

[113] Schedule 1, Part 1, entry for Simvastatin

substitute:

Simvastatin	Tablet 5 mg	Oral	a	Simvastatin Sandoz	SZ	MP NP			30	5	30
			a	Zimstat	AF	MP NP			30	5	30
			a	Simvastatin Sandoz	SZ	MP		P7598	30	11	30
			a	Zimstat	AF	MP		P7598	30	11	30

		a	Simvastatin Sandoz	SZ	MP	P14141	60	5	30
		a	Zimstat	AF	MP	P14141	60	5	30
Tablet 10 mg	Oral	a	APO-Simvastatin	TX	MP NP		30	5	30
		a	NOUMED SIMVASTATIN	VO	MP NP		30	5	30
		a	Simvar 10	RW	MP NP		30	5	30
		a	Simvastatin Sandoz	SZ	MP NP		30	5	30
		a	Zimstat	AF	MP NP		30	5	30
		a	APO-Simvastatin	TX	MP	P7598	30	11	30
		a	NOUMED SIMVASTATIN	VO	MP	P7598	30	11	30
		a	Simvar 10	RW	MP	P7598	30	11	30
		a	Simvastatin Sandoz	SZ	MP	P7598	30	11	30
		a	Zimstat	AF	MP	P7598	30	11	30
		a	APO-Simvastatin	TX	MP	P14141	60	5	30
		a	NOUMED SIMVASTATIN	VO	MP	P14141	60	5	30
		a	Simvar 10	RW	MP	P14141	60	5	30
		a	Simvastatin Sandoz	SZ	MP	P14141	60	5	30
		a	Zimstat	AF	MP	P14141	60	5	30
Tablet 20 mg	Oral	a	APO-Simvastatin	TX	MP NP		30	5	30
		a	Lipex 20	AL	MP NP		30	5	30
		a	NOUMED SIMVASTATIN	VO	MP NP		30	5	30

			a	Simvar 20	RW	MP NP		30	5	30
			a	Simvastatin Sandoz	SZ	MP NP		30	5	30
			a	Zimstat	AF	MP NP		30	5	30
			a	Zocor	MQ	MP NP		30	5	30
			a	APO-Simvastatin	TX	MP	P7598	30	11	30
			a	Lipex 20	AL	MP	P7598	30	11	30
			a	NOUMED SIMVASTATIN	VO	MP	P7598	30	11	30
			a	Simvar 20	RW	MP	P7598	30	11	30
			a	Simvastatin Sandoz	SZ	MP	P7598	30	11	30
			a	Zimstat	AF	MP	P7598	30	11	30
			a	Zocor	MQ	MP	P7598	30	11	30
			a	APO-Simvastatin	TX	MP	P14141	60	5	30
			a	Lipex 20	AL	MP	P14141	60	5	30
			a	NOUMED SIMVASTATIN	VO	MP	P14141	60	5	30
			a	Simvar 20	RW	MP	P14141	60	5	30
			a	Simvastatin Sandoz	SZ	MP	P14141	60	5	30
			a	Zimstat	AF	MP	P14141	60	5	30
			a	Zocor	MQ	MP	P14141	60	5	30
	Tablet 40 mg	Oral	a	APO-Simvastatin	TX	MP NP		30	5	30
			a	Lipex 40	AL	MP NP		30	5	30
			a	NOUMED SIMVASTATIN	VO	MP NP		30	5	30

		a	Simvar 40	RW	MP NP		30	5	30
		a	Simvastatin Sandoz	SZ	MP NP		30	5	30
		a	Zimstat	AF	MP NP		30	5	30
		a	Zocor	MQ	MP NP		30	5	30
		a	APO-Simvastatin	TX	MP	P7598	30	11	30
		a	Lipex 40	AL	MP	P7598	30	11	30
		a	NOUMED SIMVASTATIN	VO	MP	P7598	30	11	30
		a	Simvar 40	RW	MP	P7598	30	11	30
		a	Simvastatin Sandoz	SZ	MP	P7598	30	11	30
		a	Zimstat	AF	MP	P7598	30	11	30
		a	Zocor	MQ	MP	P7598	30	11	30
		a	APO-Simvastatin	TX	MP	P14141	60	5	30
		a	Lipex 40	AL	MP	P14141	60	5	30
		a	NOUMED SIMVASTATIN	VO	MP	P14141	60	5	30
		a	Simvar 40	RW	MP	P14141	60	5	30
		a	Simvastatin Sandoz	SZ	MP	P14141	60	5	30
		a	Zimstat	AF	MP	P14141	60	5	30
		a	Zocor	MQ	MP	P14141	60	5	30
Tablet 80 mg	Oral	a	APO-Simvastatin	TX	MP NP		30	5	30
		a	Simvar 80	RW	MP NP		30	5	30
		a	Simvastatin Sandoz	SZ	MP NP		30	5	30
		a	Zimstat	AF	MP NP		30	5	30

			a	APO-Simvastatin	TX	MP	P7598	30	11	30
			a	Simvar 80	RW	MP	P7598	30	11	30
			a	Simvastatin Sandoz	SZ	MP	P7598	30	11	30
			a	Zimstat	AF	MP	P7598	30	11	30
			a	APO-Simvastatin	TX	MP	P14141	60	5	30
			a	Simvar 80	RW	MP	P14141	60	5	30
			a	Simvastatin Sandoz	SZ	MP	P14141	60	5	30
			a	Zimstat	AF	MP	P14141	60	5	30

[114] Schedule 1, Part 1, entry for Spironolactone in the form Tablet 25 mg

substitute:

Spironolactone	Tablet 25 mg	Oral	a	Aldactone	PF	MP NP		100	5	100
			a	Spiractin 25	AF	MP NP		100	5	100
			a	Spironolactone Viatris 25	AL	MP NP		100	5	100
			a	Aldactone	PF	MP NP	P14141	200	5	100
			a	Spiractin 25	AF	MP NP	P14141	200	5	100
			a	Spironolactone Viatris 25	AL	MP NP	P14141	200	5	100

[115] Schedule 1, Part 1, entry for Sulfasalazine

substitute:

Sulfasalazine	Tablet 500 mg	Oral		Salazopyrin	PF	MP NP		200	5	100
						MP	P4894	200	11	100
						MP	P14141	400	5	100

	Tablet 500 mg (enteric coated)	Oral	a	Pyralin EN	FZ	MP NP		200	5	100
			a	Salazopyrin-EN	PF	MP NP		200	5	100
			a	Pyralin EN	FZ	MP	P4894	200	11	100
			a	Salazopyrin-EN	PF	MP	P4894	200	11	100
			a	Pyralin EN	FZ	MP	P14141	400	5	100
			a	Salazopyrin-EN	PF	MP	P14141	400	5	100

[116] Schedule 1, Part 1, entry for Telmisartan

substitute:

Telmisartan	Tablet 40 mg	Oral	a	APO-Telmisartan	TX	MP NP		28	5	28
			a	Micardis	BY	MP NP		28	5	28
			a	Mizart	AF	MP NP		28	5	28
			a	NOUMED TELMISARTAN	VO	MP NP		28	5	28
			a	Pharmacor Telmisartan 40	CR	MP NP		28	5	28
			a	Telmisartan Sandoz	SZ	MP NP		28	5	28
			a	Telmisartan-DRLA	RZ	MP NP		28	5	28
			a	Teltartan	RW	MP NP		28	5	28
			a	APO-Telmisartan	TX	MP NP	P14141	56	5	28
			a	Micardis	BY	MP NP	P14141	56	5	28
			a	Mizart	AF	MP NP	P14141	56	5	28
			a	NOUMED TELMISARTAN	VO	MP NP	P14141	56	5	28
			a	Pharmacor	CR	MP NP	P14141	56	5	28

			Telmisartan 40						
		a	Telmisartan Sandoz	SZ	MP NP	P14141	56	5	28
		a	Telmisartan-DRLA	RZ	MP NP	P14141	56	5	28
		a	Teltartan	RW	MP NP	P14141	56	5	28
Tablet 80 mg	Oral	a	APO-Telmisartan	TX	MP NP		28	5	28
		a	Micardis	BY	MP NP		28	5	28
		a	Mizart	AF	MP NP		28	5	28
		a	NOUMED TELMISARTAN	VO	MP NP		28	5	28
		a	Pharmacor Telmisartan 80	CR	MP NP		28	5	28
		a	Telmisartan Sandoz	SZ	MP NP		28	5	28
		a	Telmisartan-DRLA	RZ	MP NP		28	5	28
		a	Teltartan	RW	MP NP		28	5	28
		a	APO-Telmisartan	TX	MP NP	P14141	56	5	28
		a	Micardis	BY	MP NP	P14141	56	5	28
		a	Mizart	AF	MP NP	P14141	56	5	28
		a	NOUMED TELMISARTAN	VO	MP NP	P14141	56	5	28
		a	Pharmacor Telmisartan 80	CR	MP NP	P14141	56	5	28
		a	Telmisartan Sandoz	SZ	MP NP	P14141	56	5	28
		a	Telmisartan-DRLA	RZ	MP NP	P14141	56	5	28
		a	Teltartan	RW	MP NP	P14141	56	5	28

[117] Schedule 1, Part 1, entry for Telmisartan with amlodipine

substitute:

Telmisartan with amlodipine	Tablet 40 mg-5 mg (as besilate)	Oral	a	Pritor/Amlodipine	FI	MP NP	C4373 C14043	P4373	28	5	28
			a	Twynsta	BY	MP NP	C4373 C14043	P4373	28	5	28
			a	Pritor/Amlodipine	FI	MP NP	C4373 C14043	P14043	56	5	28
			a	Twynsta	BY	MP NP	C4373 C14043	P14043	56	5	28
	Tablet 40 mg-10 mg (as besilate)	Oral	a	Pritor/Amlodipine	FI	MP NP	C4373 C14043	P4373	28	5	28
			a	Twynsta	BY	MP NP	C4373 C14043	P4373	28	5	28
			a	Pritor/Amlodipine	FI	MP NP	C4373 C14043	P14043	56	5	28
			a	Twynsta	BY	MP NP	C4373 C14043	P14043	56	5	28
	Tablet 80 mg-5 mg (as besilate)	Oral	a	Pritor/Amlodipine	FI	MP NP	C4373 C14043	P4373	28	5	28
			a	Twynsta	BY	MP NP	C4373 C14043	P4373	28	5	28
			a	Pritor/Amlodipine	FI	MP NP	C4373 C14043	P14043	56	5	28
			a	Twynsta	BY	MP NP	C4373 C14043	P14043	56	5	28
	Tablet 80 mg-10 mg (as besilate)	Oral	a	Pritor/Amlodipine	FI	MP NP	C4373 C14043	P4373	28	5	28
			a	Twynsta	BY	MP NP	C4373 C14043	P4373	28	5	28
			a	Pritor/Amlodipine	FI	MP NP	C4373 C14043	P14043	56	5	28
			a	Twynsta	BY	MP NP	C4373 C14043	P14043	56	5	28

[118] Schedule 1, Part 1, entry for Telmisartan with hydrochlorothiazide

substitute:

Telmisartan with hydrochlorothiazide	Tablet 40 mg-12.5 mg	Oral	a	APO-Telmisartan HCTZ 40/12.5	TX	MP NP	C4374 C14061	P4374	28	5	28
			a	Micardis Plus 40/12.5 mg	BY	MP NP	C4374 C14061	P4374	28	5	28

		a	Mizart HCT 40/12.5 mg	AF	MP NP	C4374 C14061	P4374	28	5	28
		a	Telmisartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P4374	28	5	28
		a	Teltartan HCT 40/12.5	RW	MP NP	C4374 C14061	P4374	28	5	28
		a	APO-Telmisartan HCTZ 40/12.5	TX	MP NP	C4374 C14061	P14061	56	5	28
		a	Micardis Plus 40/12.5 mg	BY	MP NP	C4374 C14061	P14061	56	5	28
		a	Mizart HCT 40/12.5 mg	AF	MP NP	C4374 C14061	P14061	56	5	28
		a	Telmisartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P14061	56	5	28
		a	Teltartan HCT 40/12.5	RW	MP NP	C4374 C14061	P14061	56	5	28
Tablet 80 mg-12.5 mg	Oral	a	APO-Telmisartan HCTZ 80/12.5	TX	MP NP	C4374 C14061	P4374	28	5	28
		a	Micardis Plus 80/12.5 mg	BY	MP NP	C4374 C14061	P4374	28	5	28
		a	Mizart HCT 80/12.5 mg	AF	MP NP	C4374 C14061	P4374	28	5	28
		a	Telmisartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P4374	28	5	28
		a	Teltartan HCT 80/12.5	RW	MP NP	C4374 C14061	P4374	28	5	28
		a	APO-Telmisartan HCTZ 80/12.5	TX	MP NP	C4374 C14061	P14061	56	5	28
		a	Micardis Plus 80/12.5 mg	BY	MP NP	C4374 C14061	P14061	56	5	28

		a	Mizart HCT 80/12.5 mg	AF	MP NP	C4374 C14061	P14061	56	5	28
		a	Telmisartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P14061	56	5	28
		a	Teltartan HCT 80/12.5	RW	MP NP	C4374 C14061	P14061	56	5	28
Tablet 80 mg-25 mg	Oral	a	APO-Telmisartan HCTZ 80/25	TX	MP NP	C4374 C14061	P4374	28	5	28
		a	Micardis Plus 80/25 mg	BY	MP NP	C4374 C14061	P4374	28	5	28
		a	Mizart HCT 80/25 mg	AF	MP NP	C4374 C14061	P4374	28	5	28
		a	Telmisartan HCT GH 80/25	GQ	MP NP	C4374 C14061	P4374	28	5	28
		a	Telmisartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P4374	28	5	28
		a	Teltartan HCT 80/25	RW	MP NP	C4374 C14061	P4374	28	5	28
		a	APO-Telmisartan HCTZ 80/25	TX	MP NP	C4374 C14061	P14061	56	5	28
		a	Micardis Plus 80/25 mg	BY	MP NP	C4374 C14061	P14061	56	5	28
		a	Mizart HCT 80/25 mg	AF	MP NP	C4374 C14061	P14061	56	5	28
		a	Telmisartan HCT GH 80/25	GQ	MP NP	C4374 C14061	P14061	56	5	28
		a	Telmisartan/HCT Sandoz	SZ	MP NP	C4374 C14061	P14061	56	5	28
		a	Teltartan HCT 80/25	RW	MP NP	C4374 C14061	P14061	56	5	28

[119] Schedule 1, Part 1, entry for Thiamine

substitute:

Thiamine	Tablet containing thiamine hydrochloride 100 mg	Oral		Betavit	PP	MP NP	C5139 C14020	P5139	100	2	100
						MP NP	C5139 C14020	P14020	200	2	100

[120] Schedule 1, Part 1, entry for Ticagrelor

substitute:

Ticagrelor	Tablet 90 mg	Oral		Brilinta	AP	MP NP	C5746 C14076	P5746	56	5	56
						MP NP	C5746 C14076	P14076	112	5	56

[121] Schedule 1, Part 1, entry for Trandolapril

substitute:

Trandolapril	Capsule 500 micrograms	Oral	a	Dolapril 0.5	RW	MP NP			28	5	28
			a	Gopten	GO	MP NP			28	5	28
			a	Tranalpha	AF	MP NP			28	5	28
			a	Dolapril 0.5	RW	MP NP		P14141	56	5	28
			a	Gopten	GO	MP NP		P14141	56	5	28
			a	Tranalpha	AF	MP NP		P14141	56	5	28
	Capsule 1 mg	Oral	a	Dolapril 1	RW	MP NP			28	5	28
			a	Gopten	GO	MP NP			28	5	28
			a	Tranalpha	AF	MP NP			28	5	28
			a	Dolapril 1	RW	MP NP		P14141	56	5	28
			a	Gopten	GO	MP NP		P14141	56	5	28
			a	Tranalpha	AF	MP NP		P14141	56	5	28

	Capsule 2 mg	Oral	a	Dolapril 2	RW	MP NP			28	5	28
			a	Gopten	GO	MP NP			28	5	28
			a	Tranalpha	AF	MP NP			28	5	28
			a	Dolapril 2	RW	MP NP		P14141	56	5	28
			a	Gopten	GO	MP NP		P14141	56	5	28
			a	Tranalpha	AF	MP NP		P14141	56	5	28
	Capsule 4 mg	Oral	a	Dolapril 4	RW	MP NP			28	5	28
			a	Gopten	GO	MP NP			28	5	28
			a	Tranalpha	AF	MP NP			28	5	28
			a	Dolapril 4	RW	MP NP		P14141	56	5	28
			a	Gopten	GO	MP NP		P14141	56	5	28
			a	Tranalpha	AF	MP NP		P14141	56	5	28

[122] Schedule 1, Part 1, entry for Trandolapril with verapamil

substitute:

Trandolapril with verapamil	Tablet containing trandolapril 2 mg with verapamil hydrochloride 180 mg (sustained release)	Oral		Tarka 2/180	GO	MP NP	C4390 C14119	P4390	28	5	28
						MP NP	C4390 C14119	P14119	56	5	28
	Tablet containing trandolapril 4 mg with verapamil hydrochloride 240 mg (sustained release)	Oral		Tarka 4/240	GO	MP NP	C4390 C14119	P4390	28	5	28
						MP NP	C4390 C14119	P14119	56	5	28

[123] Schedule 1, Part 1, entry for Valsartan in the form Tablet 80 mg

substitute:

	Tablet 80 mg	Oral	a	Dilart	AF	MP NP			28	5	28

			a	Diovan	NV	MP NP			28	5	28
			a	Dilart	AF	MP NP		P14141	56	5	28
			a	Diovan	NV	MP NP		P14141	56	5	28

[124] Schedule 1, Part 1, entry for Valsartan in the form Tablet 160 mg

substitute:

	Tablet 160 mg	Oral	a	Dilart	AF	MP NP			28	5	28
			a	Diovan	NV	MP NP			28	5	28
			a	Dilart	AF	MP NP		P14141	56	5	28
			a	Diovan	NV	MP NP		P14141	56	5	28

[125] Schedule 1, Part 1, entry for Valsartan in the form Tablet 320 mg

substitute:

	Tablet 320 mg	Oral	a	Dilart	AF	MP NP			28	5	28
			a	Diovan	NV	MP NP			28	5	28
			a	Dilart	AF	MP NP		P14141	56	5	28
			a	Diovan	NV	MP NP		P14141	56	5	28

[126] Schedule 1, Part 1, entry for Valsartan with hydrochlorothiazide

substitute:

Valsartan with hydrochlorothiazide	Tablet 80 mg-12.5 mg	Oral	a	Co-Diovan 80/12.5	NV	MP NP	C4374 C14061	P4374	28	5	28
			a	Dilart HCT 80/12.5	AF	MP NP	C4374 C14061	P4374	28	5	28
			a	Co-Diovan 80/12.5	NV	MP NP	C4374 C14061	P14061	56	5	28
			a	Dilart HCT 80/12.5	AF	MP NP	C4374 C14061	P14061	56	5	28
	Tablet 160 mg-12.5 mg	Oral	a	Co-Diovan 160/12.5	NV	MP NP	C4374 C14061	P4374	28	5	28

			a	Dilart HCT 160/12.5	AF	MP NP	C4374 C14061	P4374	28	5	28
			a	Co-Diovan 160/12.5	NV	MP NP	C4374 C14061	P14061	56	5	28
			a	Dilart HCT 160/12.5	AF	MP NP	C4374 C14061	P14061	56	5	28
	Tablet 160 mg-25 mg	Oral	a	Co-Diovan 160/25	NV	MP NP	C4374 C14061	P4374	28	5	28
			a	Dilart HCT 160/25	AF	MP NP	C4374 C14061	P4374	28	5	28
			a	Co-Diovan 160/25	NV	MP NP	C4374 C14061	P14061	56	5	28
			a	Dilart HCT 160/25	AF	MP NP	C4374 C14061	P14061	56	5	28
	Tablet 320 mg-12.5 mg	Oral	a	Co-Diovan 320/12.5	NV	MP NP	C4361 C14108	P4361	28	5	28
			a	Dilart HCT 320/12.5	AF	MP NP	C4361 C14108	P4361	28	5	28
			a	Co-Diovan 320/12.5	NV	MP NP	C4361 C14108	P14108	56	5	28
			a	Dilart HCT 320/12.5	AF	MP NP	C4361 C14108	P14108	56	5	28
	Tablet 320 mg-25 mg	Oral	a	Co-Diovan 320/25	NV	MP NP	C4361 C14108	P4361	28	5	28
			a	Dilart HCT 320/25	AF	MP NP	C4361 C14108	P4361	28	5	28
			a	Co-Diovan 320/25	NV	MP NP	C4361 C14108	P14108	56	5	28
			a	Dilart HCT 320/25	AF	MP NP	C4361 C14108	P14108	56	5	28

[127] Schedule 1, Part 1, entry for Verapamil

substitute:

Verapamil	Tablet containing verapamil hydrochloride 80 mg	Oral	a	Anpec 80	AF	MP NP			100	5	100
			a	Isoptin	GO	MP NP			100	5	100
			a	Anpec 80	AF	MP NP		P14141	200	5	100
			a	Isoptin	GO	MP NP		P14141	200	5	100
	Tablet containing verapamil	Oral	a	Cordilox 180 SR	GT	MP NP			30	5	30

	hydrochloride 180 mg (sustained release)		a	Isoptin 180 SR	GO	MP NP		30	5	30
			a	Cordilox 180 SR	GT	MP NP	P14141	60	5	30
			a	Isoptin 180 SR	GO	MP NP	P14141	60	5	30
	Tablet containing verapamil hydrochloride 240 mg (sustained release)	Oral	a	Cordilox SR	GT	MP NP		30	5	30
			a	Isoptin SR	GO	MP NP		30	5	30
			a	Cordilox SR	GT	MP NP	P14141	60	5	30
			a	Isoptin SR	GO	MP NP	P14141	60	5	30

[128] Schedule 4, Part 1, entry for Adapalene with benzoyl peroxide

insert in numerical order after existing text:

	C14133	P14133		Severe acne vulgaris The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must be maintenance therapy.	

[129] Schedule 4, Part 1, entry for Alendronic acid

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C6310":* **P6310**

(b) *insert in the column headed "Purposes Code" for the Circumstances Code "C6323":* **P6323**

(c) *insert in the column headed "Purposes Code" for the Circumstances Code "C6327":* **P6327**

(d) *insert in numerical order after existing text:*

	C14027	P14027		Established osteoporosis The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have fracture due to minimal trauma; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.	

	C14028	P14028		Osteoporosis The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient. Patient must be aged 70 years or older. Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.	
	C14089	P14089		Corticosteroid-induced osteoporosis The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy; AND Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.	

[130] Schedule 4, Part 1, after entry for Alirocumab

insert:

Allopurinol		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[131] Schedule 4, Part 1, after entry for Amisulpride

insert:

Amlodipine		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[132] Schedule 4, Part 1, after entry for Amlodipine

insert:

Amlodipine with atorvastatin		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[133] Schedule 4, Part 1, entry for Amlodipine with valsartan

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4373":* **P4373**

(b) *insert in numerical order after existing text:*

	C14043	P14043		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an angiotensin II antagonist; OR The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.	

[134] Schedule 4, Part 1, entry for Amlodipine with valsartan and hydrochlorothiazide

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4311":* **P4311**

(b) *insert in numerical order after existing text:*

	C14062	P14062		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.	

[135] Schedule 4, Part 1, entry for Apixaban

insert in numerical order after existing text:

	C14078	P14078		Prevention of stroke or systemic embolism The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have non-valvular atrial fibrillation; AND Patient must have one or more risk factors for developing stroke or systemic embolism. Risk factors for developing stroke or systemic ischaemic embolism are: (i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism; (ii) age 75 years or older; (iii) hypertension; (iv) diabetes mellitus; (v) heart failure and/or left ventricular ejection fraction 35% or less.	Compliance with Authority Required procedures - Streamlined Authority Code 14078
	C14095	P14095		Deep vein thrombosis Continuing treatment The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have confirmed acute symptomatic deep vein thrombosis; AND	Compliance with Authority Required procedures - Streamlined Authority Code 14095

				Patient must not have symptomatic pulmonary embolism.	
	C14129	P14129		Pulmonary embolism Continuing treatment The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have confirmed acute symptomatic pulmonary embolism.	Compliance with Authority Required procedures - Streamlined Authority Code 14129
	C14139	P14139		Prevention of recurrent venous thromboembolism Continuing treatment The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have a history of venous thromboembolism.	Compliance with Authority Required procedures - Streamlined Authority Code 14139

[136] Schedule 4, Part 1, entry for Atenolol

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4076":* **P4076**

(b) *insert in numerical order after existing text:*

	C14039	P14039		For a patient who is unable to take a solid dose form of atenolol. The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[137] Schedule 4, Part 1, entry for Atorvastatin

insert in numerical order after existing text:

		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[138] Schedule 4, Part 1, entry for Baclofen

insert after existing text:

		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[139] Schedule 4, Part 1, entry for Balsalazide

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C7621":* **P7621**

(b) *insert in numerical order after existing text:*

	C14084	P14084		Ulcerative colitis The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have had a documented hypersensitivity reaction to a sulphonamide; OR Patient must be intolerant to sulfasalazine.	Compliance with Authority Required procedures - Streamlined Authority Code 14084

[140] Schedule 4, Part 1, entry for Bisoprolol

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C5324":* **P5324**

(b) *insert in numerical order after existing text:*

	C14033	P14033		Moderate to severe heart failure The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.	

[141] Schedule 4, Part 1, entry for Calcipotriol with betamethasone

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C6809":* **P6809**

(b) *insert in numerical order after existing text:*

	C14091	P14091		Chronic stable plaque type psoriasis vulgaris The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The condition must be inadequately controlled by potent topical corticosteroid monotherapy.	

[142] Schedule 4, Part 1, entry for Calcitriol

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C5089":* **P5089**

(b) *insert in the column headed "Purposes Code" for the Circumstances Code "C5114":* **P5114**

(c) *insert in the column headed "Purposes Code" for the Circumstances Code "C5255":* **P5255**

(d) *insert in the column headed "Purposes Code" for the Circumstances Code "C5401":* **P5401**

(e) *insert in the column headed "Purposes Code" for the Circumstances Code "C5402":* **P5402**

(f) *insert in numerical order after existing text:*

	C14071	P14071		Hypoparathyroidism The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	Compliance with Authority Required procedures - Streamlined Authority Code 14071
	C14087	P14087		Hypocalcaemia The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The condition must be due to renal disease.	Compliance with Authority Required procedures - Streamlined Authority Code 14087
	C14088	P14088		Vitamin D-resistant rickets The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	Compliance with Authority Required procedures - Streamlined Authority Code 14088
	C14100	P14100		Hypophosphataemic rickets The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	Compliance with Authority Required procedures - Streamlined Authority Code 14100
	C14111	P14111		Established osteoporosis The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.	Compliance with Authority Required procedures - Streamlined Authority Code 14111

[143] Schedule 4, Part 1, entry for Calcium

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4586":* **P4586**

(b) *insert in numerical order after existing text:*

	C14054	P14054		Hyperphosphataemia The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The condition must be associated with chronic renal failure.	Compliance with Authority Required procedures - Streamlined Authority Code 14054

[144] Schedule 4, Part 1, after entry for Calcium

insert:

Candesartan		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[145] Schedule 4, Part 1, entry for Candesartan with hydrochlorothiazide

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4374":* **P4374**

(b) *insert in numerical order after existing text:*

	C14061	P14061		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an angiotensin II antagonist; OR The condition must be inadequately controlled with a thiazide diuretic.	

[146] Schedule 4, Part 1, entry for Carvedilol

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C5324":* **P5324**

(b) *insert in the column headed "Purposes Code" for the Circumstances Code "C5394":* **P5394**

(c) *insert in numerical order after existing text:*

	C14033	P14033		Moderate to severe heart failure The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.	
	C14115	P14115		Patients receiving this drug as a pharmaceutical benefit prior to 1 August 2002 The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[147] Schedule 4, Part 1, after entry for Chloramphenicol

insert:

Chlortalidone		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[148] Schedule 4, Part 1, after entry for Clonazepam

insert:

Clonidine		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[149] Schedule 4, Part 1, after entry for Clonidine

insert:

Clopidogrel		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[150] Schedule 4, Part 1, after entry for Clopidogrel

insert:

Clopidogrel with aspirin		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[151] Schedule 4, Part 1, entry for Dabigatran etexilate

insert in numerical order after existing text:

	C14078	P14078		Prevention of stroke or systemic embolism The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have non-valvular atrial fibrillation; AND Patient must have one or more risk factors for developing stroke or systemic embolism. Risk factors for developing stroke or systemic ischaemic embolism are: (i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism; (ii) age 75 years or older; (iii) hypertension; (iv) diabetes mellitus; (v) heart failure and/or left ventricular ejection fraction 35% or less.	Compliance with Authority Required procedures - Streamlined Authority Code 14078

[152] Schedule 4, Part 1, after entry for Emtricitabine with tenofovir alafenamide

insert:

Enalapril		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[153] Schedule 4, Part 1, entry for Enalapril with hydrochlorothiazide

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4389":* **P4389**

(b) *insert in numerical order after existing text:*

	C14107	P14107		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an ACE inhibitor; OR The condition must be inadequately controlled with a thiazide diuretic.	

[154] Schedule 4, Part 1, entry for Eplerenone

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4937":* **P4937**

(b) *insert in numerical order after existing text:*

	C14035	P14035		Heart failure with a left ventricular ejection fraction of 40% or less The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The condition must 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 14035

[155] Schedule 4, Part 1, entry for Ezetimibe

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C7966":* **P7966**

(b) *insert in the column headed "Purposes Code" for the Circumstances Code "C7990":* **P7990**

(c) *insert in the column headed "Purposes Code" for the Circumstances Code "C7996":* **P7996**

(d) *insert in numerical order after existing text:*

	C14135	P14135		Hypercholesterolaemia The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must be in conjunction with dietary therapy and exercise; AND The treatment must be co-administered with an HMG CoA reductase inhibitor (statin); AND Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin); AND Patient must have coronary heart disease; OR Patient must have cerebrovascular disease; OR Patient must have peripheral vascular disease; OR	Compliance with Authority Required procedures - Streamlined Authority Code 14135

				Patient must have diabetes mellitus with microalbuminuria; OR Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR Patient must have diabetes mellitus and be aged 60 years or more; OR Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR Patient must have heterozygous familial hypercholesterolaemia; OR Patient must have homozygous familial hypercholesterolaemia; OR Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018. Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin. The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated. The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated. Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.	
	C14136	P14136		Hypercholesterolaemia The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a reduction in the statin dose; OR Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a withdrawal of the statin treatment; OR Patient must be one in whom treatment with an HMG CoA reductase inhibitor (statin) is contraindicated; AND Patient must have coronary heart disease; OR Patient must have cerebrovascular disease; OR Patient must have peripheral vascular disease; OR Patient must have diabetes mellitus with microalbuminuria; OR Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR Patient must have diabetes mellitus and be aged 60 years or more; OR Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR Patient must have heterozygous familial hypercholesterolaemia; OR Patient must have homozygous familial hypercholesterolaemia; OR Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.	Compliance with Authority Required procedures - Streamlined Authority Code 14136

				A clinically important product-related adverse event is defined as follows: (i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or (ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or (iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin. Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females. The type and severity of the adverse event or contraindication must be documented in the patient's medical records.	
	C14137	P14137		Hypercholesterolaemia The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have homozygous sitosterolaemia.	Compliance with Authority Required procedures - Streamlined Authority Code 14137

[156] Schedule 4, Part 1, entry for Ezetimibe and rosuvastatin

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C7957":* **P7957**

(b) *insert in numerical order after existing text:*

	C14057	P14057		Hypercholesterolaemia The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must be in conjunction with dietary therapy and exercise; AND Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin); AND Patient must have coronary heart disease; OR Patient must have cerebrovascular disease; OR Patient must have peripheral vascular disease; OR Patient must have diabetes mellitus with microalbuminuria; OR Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR Patient must have diabetes mellitus and be aged 60 years or more; OR Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR Patient must have heterozygous familial hypercholesterolaemia; OR Patient must have homozygous familial hypercholesterolaemia; OR Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.	Compliance with Authority Required procedures - Streamlined Authority Code 14057

				Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin. The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated. The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated. Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.	

[157] Schedule 4, Part 1, entry for Ezetimibe with atorvastatin

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C7957":* **P7957**

(b) *insert in the column headed "Purposes Code" for the Circumstances Code "C7958":* **P7958**

(c) *insert in numerical order after existing text:*

	C14056	P14056		Hypercholesterolaemia The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must be in conjunction with dietary therapy and exercise; AND Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin); AND Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a reduction in the statin dose; AND Patient must have coronary heart disease; OR Patient must have cerebrovascular disease; OR Patient must have peripheral vascular disease; OR Patient must have diabetes mellitus with microalbuminuria; OR Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR Patient must have diabetes mellitus and be aged 60 years or more; OR Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR Patient must have heterozygous familial hypercholesterolaemia; OR Patient must have homozygous familial hypercholesterolaemia; OR Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018. A clinically important product-related adverse event is defined as follows: (i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or (ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by	Compliance with Authority Required procedures - Streamlined Authority Code 14056

				other causes; or (iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin. Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females. The type and severity of the adverse event or contraindication must be documented in the patient's medical records.	
	C14057	P14057		Hypercholesterolaemia The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must be in conjunction with dietary therapy and exercise; AND Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin); AND Patient must have coronary heart disease; OR Patient must have cerebrovascular disease; OR Patient must have peripheral vascular disease; OR Patient must have diabetes mellitus with microalbuminuria; OR Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR Patient must have diabetes mellitus and be aged 60 years or more; OR Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR Patient must have heterozygous familial hypercholesterolaemia; OR Patient must have homozygous familial hypercholesterolaemia; OR Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018. Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin. The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated. The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated. Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.	Compliance with Authority Required procedures - Streamlined Authority Code 14057

[158] Schedule 4, Part 1, entry for Ezetimibe with simvastatin

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C7957":* **P7957**

(b) *insert in the column headed "Purposes Code" for the Circumstances Code "C7958":* **P7958**

(c) *insert in numerical order after existing text:*

	C14056	P14056		Hypercholesterolaemia The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must be in conjunction with dietary therapy and exercise; AND Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin); AND Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a reduction in the statin dose; AND Patient must have coronary heart disease; OR Patient must have cerebrovascular disease; OR Patient must have peripheral vascular disease; OR Patient must have diabetes mellitus with microalbuminuria; OR Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR Patient must have diabetes mellitus and be aged 60 years or more; OR Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR Patient must have heterozygous familial hypercholesterolaemia; OR Patient must have homozygous familial hypercholesterolaemia; OR Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018. A clinically important product-related adverse event is defined as follows: (i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or (ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or (iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin. Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females. The type and severity of the adverse event or contraindication must be documented in the patient's medical records.	Compliance with Authority Required procedures - Streamlined Authority Code 14056
	C14057	P14057		Hypercholesterolaemia The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must be in conjunction with dietary therapy and exercise; AND Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin); AND Patient must have coronary heart disease; OR	Compliance with Authority Required procedures - Streamlined Authority Code 14057

				Patient must have cerebrovascular disease; OR Patient must have peripheral vascular disease; OR Patient must have diabetes mellitus with microalbuminuria; OR Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR Patient must have diabetes mellitus and be aged 60 years or more; OR Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR Patient must have heterozygous familial hypercholesterolaemia; OR Patient must have homozygous familial hypercholesterolaemia; OR Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018. Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin. The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated. The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated. Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.	

[159] Schedule 4, Part 1, entry for Febuxostat

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C8921":* **P8921**

(b) *insert in numerical order after existing text:*

	C14121	P14121		Chronic gout The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The condition must be either chronic gouty arthritis or chronic tophaceous gout; AND Patient must have a medical contraindication to allopurinol; OR Patient must have a documented history of allopurinol hypersensitivity syndrome; OR Patient must have an intolerance to allopurinol necessitating permanent treatment discontinuation.	Compliance with Authority Required procedures - Streamlined Authority Code 14121

[160] Schedule 4, Part 1, after entry for Febuxostat

insert:

Felodipine		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[161] Schedule 4, Part 1, entry for Fenofibrate

insert in numerical order after existing text:

		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[162] Schedule 4, Part 1, entry for Fluvastatin

insert in numerical order after existing text:

		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[163] Schedule 4, Part 1, after entry for Fulvestrant

insert:

Furosemide		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[164] Schedule 4, Part 1, after entry for Glucose indicator-urine

insert:

Glyceryl trinitrate		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[165] Schedule 4, Part 1, after entry for Hyaluronic acid

insert:

Hydralazine		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[166] Schedule 4, Part 1, after entry for Hydralazine

insert:

Hydrochlorothiazide		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[167] Schedule 4, Part 1, after entry for Hydrochlorothiazide

insert:

Hydrochlorothiazide with amiloride		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[168] Schedule 4, Part 1, after entry for Indacaterol with mometasone

insert:

Indapamide		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[169] Schedule 4, Part 1, after entry for Ipratropium

insert:

Irbesartan		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[170] Schedule 4, Part 1, entry for Irbesartan with hydrochlorothiazide

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4374":* **P4374**

(b) *insert in numerical order after existing text:*

	C14061	P14061		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an angiotensin II antagonist; OR The condition must be inadequately controlled with a thiazide diuretic.	

[171] Schedule 4, Part 1, after entry for Isoleucine with carbohydrate

insert:

Isosorbide dinitrate		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[172] Schedule 4, Part 1, after entry for Isosorbide dinitrate

insert:

Isosorbide mononitrate		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[173] Schedule 4, Part 1, after entry for Ketoprofen

insert:

Labetalol		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[174] Schedule 4, Part 1, after entry for Lenvatinib

insert:

Lercanidipine		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[175] Schedule 4, Part 1, entry for Lercanidipine with enalapril

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4398":* **P4398**

(b) *insert in numerical order after existing text:*

	C14049	P14049		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an ACE inhibitor; OR The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.	

[176] Schedule 4, Part 1, after entry for Lisdexamfetamine

insert:

Lisinopril		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[177] Schedule 4, Part 1, entry for Mesalazine

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C9443":* **P9443**

(b) *insert in the column headed "Purposes Code" for the Circumstances Code "C9444":* **P9444**

(c) *insert in numerical order after existing text:*

	C14023	P14023		Ulcerative colitis The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
	C14024	P14024		Crohn disease The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	
	C14120	P14120		Ulcerative colitis The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[178] Schedule 4, Part 1, entry for Methyldopa

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C13887":* **P13887**

(b) *insert in numerical order after existing text:*

	C14141	P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[179] Schedule 4, Part 1, after entry for Metoclopramide

insert:

Metoprolol		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[180] Schedule 4, Part 1, entry for Metoprolol succinate

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C5324":* **P5324**

(b) *insert in numerical order after existing text:*

	C14033	P14033		Moderate to severe heart failure The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.	

[181] Schedule 4, Part 1, entry for Moxonidine

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4944":* **P4944**

(b) *insert in numerical order after existing text:*

	C14037	P14037		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be receiving concurrent antihypertensive therapy.	

[182] Schedule 4, Part 1, entry for Nebivolol

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C5324":* **P5324**

(b) *insert in numerical order after existing text:*

	C14033	P14033		Moderate to severe heart failure The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.	

[183] Schedule 4, Part 1, after entry for Nevirapine

insert:

Nicorandil		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[184] Schedule 4, Part 1, after entry for Nicotine

insert:

Nifedipine		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[185] Schedule 4, Part 1, after entry for Olaparib

insert:

Olmesartan		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[186] Schedule 4, Part 1, entry for Olmesartan with amlodipine

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4373":* **P4373**

(b) *insert in numerical order after existing text:*

	C14043	P14043		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an angiotensin II antagonist; OR The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.	

[187] Schedule 4, Part 1, entry for Olmesartan with amlodipine and hydrochlorothiazide

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4311":* **P4311**

(b) *insert in numerical order after existing text:*

	C14062	P14062		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.	

[188] Schedule 4, Part 1, entry for Olmesartan with hydrochlorothiazide

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4374":* **P4374**

(b) *insert in numerical order after existing text:*

	C14061	P14061		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an angiotensin II antagonist; OR The condition must be inadequately controlled with a thiazide diuretic.	

[189] Schedule 4, Part 1, entry for Pancreatic extract

insert in numerical order after existing text:

		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this	

				patient.	

[190] Schedule 4, Part 1, after entry for Pembrolizumab

insert:

Penicillamine		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[191] Schedule 4, Part 1, after entry for Perhexiline

insert:

Perindopril		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[192] Schedule 4, Part 1, entry for Perindopril with amlodipine

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4398":* **P4398**

(b) *insert in the column headed "Purposes Code" for the Circumstances Code "C4418":* **P4418**

(c) *insert in numerical order after existing text:*

	C14049	P14049		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an ACE inhibitor; OR The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.	
	C14068	P14068		Stable coronary heart disease The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of therapy for coronary heart disease; AND The condition must be stabilised by treatment with perindopril and amlodipine at the same doses.	

[193] Schedule 4, Part 1, entry for Perindopril with indapamide

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4375":* **P4375**

(b) *insert in numerical order after existing text:*

	C14098	P14098		Hypertension	

				The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an ACE inhibitor; OR The condition must be inadequately controlled with a thiazide-like diuretic.	
		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[194] Schedule 4, Part 1, after entry for Posaconazole

insert:

Potassium chloride		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[195] Schedule 4, Part 1, after entry for Potassium chloride

insert:

Potassium chloride with potassium bicarbonate		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[196] Schedule 4, Part 1, entry for Pravastatin

insert in numerical order after existing text:

		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[197] Schedule 4, Part 1, after entry for Praziquantel

insert:

Prazosin		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[198] Schedule 4, Part 1, after entry for Pregabalin

insert:

Probenecid		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this	

				patient.	

[199] Schedule 4, Part 1, after entry for Propantheline

insert:

Propranolol		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[200] Schedule 4, Part 1, after entry for Quinagolide

insert:

Quinapril		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[201] Schedule 4, Part 1, entry for Raloxifene

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C6314":* **P6314**

(b) *insert in numerical order after existing text:*

	C14101	P14101		Established post-menopausal osteoporosis The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have fracture due to minimal trauma; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.	Compliance with Authority Required procedures - Streamlined Authority Code 14101

[202] Schedule 4, Part 1, after entry for Raltegravir

insert:

Ramipril		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[203] Schedule 4, Part 1, entry for Ramipril with felodipine

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4398":* **P4398**

(b) *insert in numerical order after existing text:*

	C14049	P14049		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an ACE inhibitor; OR The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.	

[204] Schedule 4, Part 1, entry for Risedronic acid

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C6310":* **P6310**

(b) *insert in the column headed "Purposes Code" for the Circumstances Code "C6323":* **P6323**

(c) *insert in the column headed "Purposes Code" for the Circumstances Code "C6327":* **P6327**

(d) *insert in numerical order after existing text:*

	C14027	P14027		Established osteoporosis The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have fracture due to minimal trauma; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.	
	C14028	P14028		Osteoporosis The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient. Patient must be aged 70 years or older. Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less; AND Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.	
	C14089	P14089		Corticosteroid-induced osteoporosis The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy; AND Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less; AND	

				Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.	

[205] Schedule 4, Part 1, entry for Rivaroxaban

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4099":* **P4099**

(b) *insert in the column headed "Purposes Code" for the Circumstances Code "C4268":* **P4268**

(c) *insert in the column headed "Purposes Code" for the Circumstances Code "C10992":* **P10992**

(d) *insert in the column headed "Purposes Code" for the Circumstances Code "C11013":* **P11013**

(e) *insert in numerical order after existing text:*

	C14059	P14059		Prevention of stroke or systemic embolism The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have non-valvular atrial fibrillation; AND Patient must have one or more risk factors for developing stroke or systemic embolism. Risk factors for developing stroke or systemic ischaemic embolism are: (i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism; (ii) age 75 years or older; (iii) hypertension; (iv) diabetes mellitus; (v) heart failure and/or left ventricular ejection fraction 35% or less.	Compliance with Authority Required procedures - Streamlined Authority Code 14059
	C14075	P14075		Chronic stable atherosclerotic disease Continuing treatment The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have received PBS-subsidised treatment with this drug for this condition; AND The treatment must be in combination with aspirin, but not with any other anti-platelet therapy.	Compliance with Authority Required procedures - Streamlined Authority Code 14075
	C14095	P14095		Deep vein thrombosis Continuing treatment The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have confirmed acute symptomatic deep vein thrombosis; AND Patient must not have symptomatic pulmonary embolism.	Compliance with Authority Required procedures - Streamlined Authority Code 14095
	C14116	P14116		Chronic stable atherosclerotic disease Initial treatment	Compliance with Authority Required

				The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must be in combination with aspirin, but not with any other anti-platelet therapy; AND Patient must have a diagnosis of coronary artery disease in addition to at least one of the following risk factors: (i) diagnosed heart failure (left ventricular ejection fraction of at least 30% but less than 50%) (ii) diagnosed kidney disease classified by an eGFR in the range of 15-60 mL/min (iii) diabetes mellitus combined with at least one of the following: (a) age at least 60 years (b) concomitant microalbuminuria (c) Aboriginal/Torres Strait Islander descent; OR Patient must have a diagnosis of peripheral artery disease in addition to at least one of the following risk factors: (i) concomitant coronary artery disease (ii) diagnosed heart failure (left ventricular ejection fraction of at least 30% but less than 50%) (iii) diagnosed kidney disease classified by an eGFR in the range of 15-60 mL/min (iv) diabetes mellitus combined with at least one of the following: (a) age at least 60 years (b) concomitant microalbuminuria (c) Aboriginal/Torres Strait Islander descent; AND Patient must have at least one of the following if coronary artery disease is present: (i) a previous multi-vessel coronary revascularisation procedure (ii) significant stenosis in at least 2 coronary arteries (iii) a previous single vessel coronary revascularisation procedure with significant stenosis in more than 1 coronary artery; OR Patient must have at least one of the following if peripheral arterial disease is present: (i) a previous peripheral/carotid artery revascularisation intervention (ii) intermittent claudication with an ankle-brachial index less than 0.9 (iii) asymptomatic carotid artery stenosis greater than 50%; AND The condition must be diagnosed by at least one of: (i) invasive (selective) angiography (ii) non-invasive imaging (i.e. CT scan, ultrasound) (iii) ankle-brachial index measurement in the case of peripheral arterial disease with intermittent claudication; AND Patient must have clinical findings/observations by the treating physician that exclude each of the following: (i) high risk of bleeding (ii) prior stroke within one month of treatment initiation (iii) prior haemorrhagic / lacunar stroke (iv) severe heart failure with a known ejection fraction less than 30% (v) New York Heart Association class III to IV heart failure symptoms (i.e. symptoms corresponding to moderate to severe limitation on physical activity, whereby any of fatigue/palpitations/dyspnoea occur upon zero to minimal activity) (vi) an estimated glomerular filtration rate less than 15 mL/minute (vii) a requirement for dual antiplatelet therapy (viii) a requirement for non-acetylsalicylic acid antiplatelet therapy (ix) a requirement for a higher dose of oral anticoagulant therapy. Must be treated by a specialist physician; OR Must be treated by a physician who has consulted a specialist physician.	procedures - Streamlined Authority Code 14116
	C14139	P14139		Prevention of recurrent venous thromboembolism Continuing treatment The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have a history of venous thromboembolism.	Compliance with Authority Required procedures - Streamlined Authority Code 14139
	C14140	P14140		Pulmonary embolism Continuing treatment The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must have confirmed acute symptomatic pulmonary embolism.	Compliance with Authority Required procedures - Streamlined Authority Code 14140

[206] Schedule 4, Part 1, entry for Rosuvastatin

insert in numerical order after existing text:

		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[207] Schedule 4, Part 1, entry for Sacubitril with valsartan

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C11680":* **P11680**

(b) *insert in numerical order after existing text:*

	C14051	P14051		Chronic heart failure The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND Patient must be symptomatic with NYHA classes II, III or IV; AND Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%; AND Patient must receive concomitant optimal standard chronic heart failure treatment, which must include a beta-blocker, unless at least one of the following is present in relation to the beta-blocker: (i) a contraindication listed in the Product Information, (ii) an existing/expected intolerance, (iii) local treatment guidelines recommend initiation of this drug product prior to a beta-blocker; AND Patient must have been stabilised on an ACE inhibitor at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR Patient must have been stabilised on an angiotensin II antagonist at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated; AND The treatment must not be co-administered with an ACE inhibitor or an angiotensin II antagonist.	Compliance with Authority Required procedures - Streamlined Authority Code 14051

[208] Schedule 4, Part 1, entry for Simvastatin

insert in numerical order after existing text:

		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[209] Schedule 4, Part 1, after entry for Soy protein and fat formula with vitamins and minerals -- carbohydrate free

insert:

Spironolactone		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[210] Schedule 4, Part 1, entry for Sulfasalazine

insert in numerical order after existing text:

		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[211] Schedule 4, Part 1, after entry for Tapentadol

insert:

Telmisartan		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[212] Schedule 4, Part 1, entry for Telmisartan with amlodipine

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4373":* **P4373**

(b) *insert in numerical order after existing text:*

	C14043	P14043		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an angiotensin II antagonist; OR The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.	

[213] Schedule 4, Part 1, entry for Telmisartan with hydrochlorothiazide

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4374":* **P4374**

(b) *insert in numerical order after existing text:*

	C14061	P14061		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an angiotensin II antagonist; OR The condition must be inadequately controlled with a thiazide diuretic.	

[214] Schedule 4, Part 1, entry for Thiamine

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C5139":* **P5139**

(b) *insert in numerical order after existing text:*

	C14020	P14020		Thiamine deficiency The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must be for prophylaxis. Patient must be an Aboriginal or a Torres Strait Islander person.	Compliance with Authority Required procedures - Streamlined Authority Code 14020

[215] Schedule 4, Part 1, entry for Ticagrelor

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C5746":* **P5746**

(b) *insert in numerical order after existing text:*

	C14076	P14076		Acute coronary syndrome (myocardial infarction or unstable angina) The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must be in combination with aspirin.	Compliance with Authority Required procedures - Streamlined Authority Code 14076

[216] Schedule 4, Part 1, after entry for Trametinib

insert:

Trandolapril		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[217] Schedule 4, Part 1, entry for Trandolapril with verapamil

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4390":* **P4390**

(b) *insert in numerical order after existing text:*

	C14119	P14119		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an ACE inhibitor; OR The condition must be inadequately controlled with verapamil.	

[218] Schedule 4, Part 1, after entry for Valine with carbohydrate

insert:

Valsartan		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	

[219] Schedule 4, Part 1, entry for Valsartan with hydrochlorothiazide

(a) *insert in the column headed "Purposes Code" for the Circumstances Code "C4361":* **P4361**

(b) *insert in the column headed "Purposes Code" for the Circumstances Code "C4374":* **P4374**

(c) *insert in numerical order after existing text:*

	C14061	P14061		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an angiotensin II antagonist; OR The condition must be inadequately controlled with a thiazide diuretic.	
	C14108	P14108		Hypertension The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient; AND The treatment must not be for the initiation of anti-hypertensive therapy; AND The condition must be inadequately controlled with an angiotensin II antagonist; OR The condition must be inadequately controlled with a thiazide diuretic.	

[220] Schedule 4, Part 1, after entry for Venlafaxine

insert:

Verapamil		P14141		The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.	