

PB 94 of 2025

National Health (Listing of Pharmaceutical Benefits) Amendment (September Update) Instrument 2025

National Health Act 1953

I, REBECCA RICHARDSON, Assistant Secretary, PBS Listing, Pricing and Policy Branch, Technology Assessment and Access Division, Department of Health, Disability and Ageing, delegate of the Minister for Health and Ageing, make this Instrument under sections 84AF, 84AK, 85, 85A, 88 and 101 of the *National Health Act 1953*.

Dated 29 August 2025

**REBECCA RICHARDSON**  
Assistant Secretary  
PBS Listing, Pricing and Policy Branch  
Technology Assessment and Access Division

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*National Health (Listing of Pharmaceutical Benefits) Instrument 2024 (PB 26 of 2024)* 2

1. Name

(1) This instrument is the *National Health (Listing of Pharmaceutical Benefits) Amendment (September Update) Instrument 2025*.

(2) This Instrument may also be cited as PB 94 of 2025.

2. Commencement

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

|  |  |  |
| --- | --- | --- |
| **Commencement Information** | |  |
| **Column 1** | **Column 2** | **Column 3** |
| **Provisions** | **Commencement** | **Date/Details** |
| 1. The whole of this instrument | 1 September 2025 | 1 September 2025 |

Note: This table relates only to the provisions of this instrument as originally made.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

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

3. Authority

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

4. Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

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

[1] Schedule 1, Part 1, after entry for Abiraterone in the form Tablet containing abiraterone acetate 250 mg [Brand: Abiraterone-Teva]

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Abiraterone | Tablet containing abiraterone acetate 250 mg | Oral | ABIRATERONE VIATRIS | AF | MP | C13945 |  | 120 | 2 |  | 120 |  |  |

[2] Schedule 1, Part 1, after entry for Abiraterone in the form Tablet containing abiraterone acetate 500 mg [Brand: Abiraterone-Teva]

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Abiraterone | Tablet containing abiraterone acetate 500 mg | Oral | ABIRATERONE VIATRIS | AF | MP | C13945 |  | 60 | 2 |  | 60 |  |  |

[3] Schedule 1, Part 1, entries for Acarbose

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Acarbose | Tablet 50 mg (S19A) | Oral | Acarbose 50 mg tablets (Morningside, UK) | DZ | MP NP |  |  | 90 | 5 |  | 90 |  |  |
| Acarbose | Tablet 50 mg (S19A) | Oral | Acarbose 50 mg tablets (Morningside, UK) | DZ | MP NP |  | P14238 | 180 | 5 |  | 90 |  |  |

[4] Schedule 1, Part 1, entries for Aciclovir in the form Tablet 200 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Aciclovir | Tablet 200 mg | Oral | Aciclovir APOTEX | TY | MP NP | C5936 |  | 50 | 0 |  | 50 |  |  |

[5] Schedule 1, Part 1, entries for Adalimumab

substitute:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Adalimumab | Injection 20 mg in 0.2 mL pre-filled syringe | Injection | Humira | VE | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 20 mg in 0.2 mL pre-filled syringe | Injection | Humira | VE | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 20 mg in 0.2 mL pre-filled syringe | Injection | Humira | VE | MP | C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 20 mg in 0.2 mL pre-filled syringe | Injection | Humira | VE | MP | C17005 C17042 C17043 C17044 C17045 C17046 | P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 20 mg in 0.2 mL pre-filled syringe | Injection | Humira | VE | MP | C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 20 mg in 0.2 mL pre-filled syringe | Injection | Humira | VE | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 20 mg in 0.4 mL pre-filled syringe | Injection | Abrilada | PF | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 20 mg in 0.4 mL pre-filled syringe | Injection | Abrilada | PF | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 20 mg in 0.4 mL pre-filled syringe | Injection | Abrilada | PF | MP | C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 20 mg in 0.4 mL pre-filled syringe | Injection | Abrilada | PF | MP | C17005 C17042 C17043 C17044 C17045 C17046 | P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 20 mg in 0.4 mL pre-filled syringe | Injection | Abrilada | PF | MP | C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 20 mg in 0.4 mL pre-filled syringe | Injection | Abrilada | PF | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 20 mg in 0.4 mL pre-filled syringe | Injection | Amgevita | XT | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 1 |  |  |
| Adalimumab | Injection 20 mg in 0.4 mL pre-filled syringe | Injection | Amgevita | XT | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 1 |  | C(100) |
| Adalimumab | Injection 20 mg in 0.4 mL pre-filled syringe | Injection | Amgevita | XT | MP | C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 3 |  | 1 |  |  |
| Adalimumab | Injection 20 mg in 0.4 mL pre-filled syringe | Injection | Amgevita | XT | MP | C17005 C17042 C17043 C17044 C17045 C17046 | P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 1 |  |  |
| Adalimumab | Injection 20 mg in 0.4 mL pre-filled syringe | Injection | Amgevita | XT | MP | C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 1 |  |  |
| Adalimumab | Injection 20 mg in 0.4 mL pre-filled syringe | Injection | Amgevita | XT | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 1 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hadlima | RF | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hadlima | RF | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hadlima | RF | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hadlima | RF | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hadlima | RF | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hadlima | RF | MP | C11523 C11524 C11604 C11606 C11631 C11635 C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11523 P11524 P11604 P11606 P11631 P11635 P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hadlima | RF | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hadlima | RF | MP | C15788 | P15788 | 4 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hadlima | RF | MP | C11529 C15777 C15796 | P11529 P15777 P15796 | 4 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hadlima | RF | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C15764 C15765 C15795 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P15764 P15765 P15795 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Humira | VE | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Humira | VE | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Humira | VE | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Humira | VE | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14498 C14655 C14662 C14670 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14498 P14655 P14662 P14670 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Humira | VE | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Humira | VE | MP | C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14656 C14713 C14730 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14656 P14713 P14730 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Humira | VE | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Humira | VE | MP | C15788 | P15788 | 4 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Humira | VE | MP | C15777 C15796 | P15777 P15796 | 4 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Humira | VE | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C15764 C15765 C15795 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P15764 P15765 P15795 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C11523 C11524 C11604 C11606 C11631 C11635 C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11523 P11524 P11604 P11606 P11631 P11635 P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C15788 | P15788 | 4 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C11529 C15777 C15796 | P11529 P15777 P15796 | 4 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C15764 C15765 C15795 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P15764 P15765 P15795 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Yuflyma | EW | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Yuflyma | EW | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Yuflyma | EW | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Yuflyma | EW | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Yuflyma | EW | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Yuflyma | EW | MP | C11523 C11524 C11604 C11606 C11631 C11635 C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11523 P11524 P11604 P11606 P11631 P11635 P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Yuflyma | EW | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Yuflyma | EW | MP | C15788 | P15788 | 4 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Yuflyma | EW | MP | C11529 C15777 C15796 | P11529 P15777 P15796 | 4 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled pen | Injection | Yuflyma | EW | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C15764 C15765 C15795 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P15764 P15765 P15795 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hadlima | RF | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hadlima | RF | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hadlima | RF | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hadlima | RF | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hadlima | RF | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hadlima | RF | MP | C11523 C11524 C11604 C11606 C11631 C11635 C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11523 P11524 P11604 P11606 P11631 P11635 P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hadlima | RF | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hadlima | RF | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Humira | VE | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Humira | VE | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Humira | VE | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Humira | VE | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14498 C14655 C14662 C14670 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14498 P14655 P14662 P14670 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Humira | VE | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Humira | VE | MP | C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14656 C14713 C14730 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14656 P14713 P14730 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Humira | VE | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Humira | VE | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C11523 C11524 C11604 C11606 C11631 C11635 C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11523 P11524 P11604 P11606 P11631 P11635 P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Yuflyma | EW | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Yuflyma | EW | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Yuflyma | EW | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Yuflyma | EW | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Yuflyma | EW | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Yuflyma | EW | MP | C11523 C11524 C11604 C11606 C11631 C11635 C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11523 P11524 P11604 P11606 P11631 P11635 P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Yuflyma | EW | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.4 mL pre-filled syringe | Injection | Yuflyma | EW | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Abrilada | PF | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Abrilada | PF | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Abrilada | PF | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Abrilada | PF | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Abrilada | PF | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Abrilada | PF | MP | C11523 C11524 C11604 C11606 C11631 C11635 C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11523 P11524 P11604 P11606 P11631 P11635 P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Abrilada | PF | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Abrilada | PF | MP | C15788 | P15788 | 4 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Abrilada | PF | MP | C11529 C15777 C15796 | P11529 P15777 P15796 | 4 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Abrilada | PF | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C15764 C15765 C15795 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P15764 P15765 P15795 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Amgevita | XT | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Amgevita | XT | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Amgevita | XT | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Amgevita | XT | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Amgevita | XT | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Amgevita | XT | MP | C11523 C11524 C11604 C11606 C11631 C11635 C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11523 P11524 P11604 P11606 P11631 P11635 P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Amgevita | XT | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Amgevita | XT | MP | C15788 | P15788 | 4 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Amgevita | XT | MP | C11529 C15777 C15796 | P11529 P15777 P15796 | 4 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Amgevita | XT | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C15764 C15765 C15795 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P15764 P15765 P15795 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hadlima | RF | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hadlima | RF | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hadlima | RF | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hadlima | RF | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hadlima | RF | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hadlima | RF | MP | C11523 C11524 C11604 C11606 C11631 C11635 C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11523 P11524 P11604 P11606 P11631 P11635 P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hadlima | RF | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hadlima | RF | MP | C15788 | P15788 | 4 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hadlima | RF | MP | C11529 C15777 C15796 | P11529 P15777 P15796 | 4 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hadlima | RF | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C15764 C15765 C15795 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P15764 P15765 P15795 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C11523 C11524 C11604 C11606 C11631 C11635 C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11523 P11524 P11604 P11606 P11631 P11635 P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C15788 | P15788 | 4 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C11529 C15777 C15796 | P11529 P15777 P15796 | 4 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C15764 C15765 C15795 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P15764 P15765 P15795 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Abrilada | PF | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Abrilada | PF | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Abrilada | PF | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Abrilada | PF | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Abrilada | PF | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Abrilada | PF | MP | C11523 C11524 C11604 C11606 C11631 C11635 C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11523 P11524 P11604 P11606 P11631 P11635 P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Abrilada | PF | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Abrilada | PF | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Amgevita | XT | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Amgevita | XT | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Amgevita | XT | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Amgevita | XT | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Amgevita | XT | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Amgevita | XT | MP | C11523 C11524 C11604 C11606 C11631 C11635 C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11523 P11524 P11604 P11606 P11631 P11635 P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Amgevita | XT | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Amgevita | XT | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hadlima | RF | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hadlima | RF | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hadlima | RF | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hadlima | RF | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hadlima | RF | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hadlima | RF | MP | C11523 C11524 C11604 C11606 C11631 C11635 C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11523 P11524 P11604 P11606 P11631 P11635 P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hadlima | RF | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hadlima | RF | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C11713 C15473 | P11713 P15473 | 2 | 0 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C12120 C14061 C14063 C14064 C14107 C14136 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 2 | 2 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C9064 C9386 C12174 C12194 C13599 C13650 C13681 C13694 C14483 C14486 C14488 C14496 C14498 C14568 C14590 C14655 C14662 C14670 C14672 C14673 C16414 | P9064 P9386 P12174 P12194 P13599 P13650 P13681 P13694 P14483 P14486 P14488 P14496 P14498 P14568 P14590 P14655 P14662 P14670 P14672 P14673 P16414 | 2 | 3 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C11107 C12155 C12212 C13556 C13612 C14377 C14378 C17005 C17042 C17043 C17044 C17045 C17046 | P11107 P12155 P12212 P13556 P13612 P14377 P14378 P17005 P17042 P17043 P17044 P17045 P17046 | 2 | 4 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C11523 C11524 C11604 C11606 C11631 C11635 C11704 C11711 C11865 C11867 C11906 C12122 C12123 C12148 C12156 C12157 C12158 C12189 C12190 C12214 C12228 C12240 C14493 C14499 C14507 C14567 C14656 C14683 C14701 C14713 C14730 C15445 C15446 C16991 C16993 C16999 C17002 C17003 C17030 C17065 C17104 C17114 | P11523 P11524 P11604 P11606 P11631 P11635 P11704 P11711 P11865 P11867 P11906 P12122 P12123 P12148 P12156 P12157 P12158 P12189 P12190 P12214 P12228 P12240 P14493 P14499 P14507 P14567 P14656 P14683 P14701 P14713 P14730 P15445 P15446 P16991 P16993 P16999 P17002 P17003 P17030 P17065 P17104 P17114 | 2 | 5 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C15474 C15489 | P15474 P15489 | 2 | 6 |  | 2 |  |  |
| Adalimumab | Injection 40 mg in 0.8 mL pre-filled syringe | Injection | Hyrimoz | SZ | MP | C11709 C11759 C12098 C12101 C12147 C13602 C13609 C16979 C16982 C16994 C17031 C17032 C17077 C17106 | P11709 P11759 P12098 P12101 P12147 P13602 P13609 P16979 P16982 P16994 P17031 P17032 P17077 P17106 | 6 | 0 |  | 2 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled pen | Injection | Humira | VE | MP | C12103 C12105 C12155 C12212 C14398 C14399 | P12103 P12105 P12155 P12212 P14398 P14399 | 1 | 0 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled pen | Injection | Humira | VE | MP | C15788 | P15788 | 2 | 2 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled pen | Injection | Humira | VE | MP | C15777 C15796 | P15777 P15796 | 2 | 5 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled pen | Injection | Humira | VE | MP | C11759 C11762 C11763 C12152 C12229 C15764 C15765 C15795 C16979 C16994 C17031 C17032 C17077 C17106 | P11759 P11762 P11763 P12152 P12229 P15764 P15765 P15795 P16979 P16994 P17031 P17032 P17077 P17106 | 3 | 0 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C12103 C12105 C12155 C12212 C14398 C14399 | P12103 P12105 P12155 P12212 P14398 P14399 | 1 | 0 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C15788 | P15788 | 2 | 2 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C11529 C15777 C15796 | P11529 P15777 P15796 | 2 | 5 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled pen | Injection | Hyrimoz | SZ | MP | C11759 C11762 C11763 C12152 C12229 C15764 C15765 C15795 C16979 C16994 C17031 C17032 C17077 C17106 | P11759 P11762 P11763 P12152 P12229 P15764 P15765 P15795 P16979 P16994 P17031 P17032 P17077 P17106 | 3 | 0 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled pen | Injection | Yuflyma | EW | MP | C12103 C12105 C12155 C12212 C14398 C14399 | P12103 P12105 P12155 P12212 P14398 P14399 | 1 | 0 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled pen | Injection | Yuflyma | EW | MP | C15788 | P15788 | 2 | 2 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled pen | Injection | Yuflyma | EW | MP | C11529 C15777 C15796 | P11529 P15777 P15796 | 2 | 5 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled pen | Injection | Yuflyma | EW | MP | C11759 C11762 C11763 C12152 C12229 C15764 C15765 C15795 C16979 C16994 C17031 C17032 C17077 C17106 | P11759 P11762 P11763 P12152 P12229 P15764 P15765 P15795 P16979 P16994 P17031 P17032 P17077 P17106 | 3 | 0 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled syringe | Injection | Humira | VE | MP | C12103 C12105 C12155 C12212 C14398 C14399 | P12103 P12105 P12155 P12212 P14398 P14399 | 1 | 0 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled syringe | Injection | Humira | VE | MP | C15788 | P15788 | 2 | 2 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled syringe | Injection | Humira | VE | MP | C15777 C15796 | P15777 P15796 | 2 | 5 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled syringe | Injection | Humira | VE | MP | C11759 C11762 C11763 C12152 C12229 C15764 C15765 C15795 C16979 C16994 C17031 C17032 C17077 C17106 | P11759 P11762 P11763 P12152 P12229 P15764 P15765 P15795 P16979 P16994 P17031 P17032 P17077 P17106 | 3 | 0 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled syringe | Injection | Yuflyma | EW | MP | C12103 C12105 C12155 C12212 C14398 C14399 | P12103 P12105 P12155 P12212 P14398 P14399 | 1 | 0 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled syringe | Injection | Yuflyma | EW | MP | C15788 | P15788 | 2 | 2 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled syringe | Injection | Yuflyma | EW | MP | C11529 C15777 C15796 | P11529 P15777 P15796 | 2 | 5 |  | 1 |  |  |
| Adalimumab | Injection 80 mg in 0.8 mL pre-filled syringe | Injection | Yuflyma | EW | MP | C11759 C11762 C11763 C12152 C12229 C15764 C15765 C15795 C16979 C16994 C17031 C17032 C17077 C17106 | P11759 P11762 P11763 P12152 P12229 P15764 P15765 P15795 P16979 P16994 P17031 P17032 P17077 P17106 | 3 | 0 |  | 1 |  |  |

[6] Schedule 1, Part 1, entries for Allopurinol in the form Tablet 300 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Allopurinol | Tablet 300 mg | Oral | Allopurinol APOTEX | GX | MP NP |  |  | 60 | 2 |  | 60 |  |  |
| Allopurinol | Tablet 300 mg | Oral | Allopurinol APOTEX | GX | MP NP |  | P14238 | 120 | 2 |  | 60 |  |  |

[7] Schedule 1, Part 1, omit entry for Amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine and tyrosine, and supplemented with docosahexaenoic acid

[8] Schedule 1, Part 1, omit entry for Amino acid formula with fat, carbohydrate, vitamins, minerals, and trace elements, without methionine and supplemented with docosahexaenoic acid

[9] Schedule 1, Part 1, omit entry for Amino acid formula with vitamins and minerals without valine, leucine and isoleucine with fat, carbohydrate and trace elements and supplemented with docosahexaenoic acid

[10] Schedule 1, Part 1, entries for Amisulpride in the form Tablet 400 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Amisulpride | Tablet 400 mg | Oral | Amipride 400 | RW | MP NP | C4246 |  | 60 | 5 |  | 60 |  |  |

[11] Schedule 1, Part 1, entries for Amlodipine in the form Tablet 5 mg (as besilate)

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Amlodipine | Tablet 5 mg (as besilate) | Oral | Blooms the Chemist Amlodipine | IB | MP NP |  |  | 30 | 5 |  | 30 |  |  |
| Amlodipine | Tablet 5 mg (as besilate) | Oral | Blooms the Chemist Amlodipine | IB | MP NP |  | P14238 | 60 | 5 |  | 30 |  |  |

[12] Schedule 1, Part 1, entries for Amlodipine in the form Tablet 10 mg (as besilate)

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Amlodipine | Tablet 10 mg (as besilate) | Oral | Blooms the Chemist Amlodipine | IB | MP NP |  |  | 30 | 5 |  | 30 |  |  |
| Amlodipine | Tablet 10 mg (as besilate) | Oral | Blooms the Chemist Amlodipine | IB | MP NP |  | P14238 | 60 | 5 |  | 30 |  |  |

[13] Schedule 1, Part 1, entries for Amoxicillin with clavulanic acid in the form Tablet containing 500 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate)

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Amoxicillin with clavulanic acid | Tablet containing 500 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate) | Oral | Amoxycillin/Clavulanic Acid 500/125 APOTEX | TY | MP NP MW | C5832 C5893 | P5832 P5893 | 10 | 0 |  | 10 |  |  |
| Amoxicillin with clavulanic acid | Tablet containing 500 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate) | Oral | Amoxycillin/Clavulanic Acid 500/125 APOTEX | TY | PDP | C5833 C5894 | P5833 P5894 | 10 | 0 |  | 10 |  |  |
| Amoxicillin with clavulanic acid | Tablet containing 500 mg amoxicillin (as trihydrate) with 125 mg clavulanic acid (as potassium clavulanate) | Oral | Amoxycillin/Clavulanic Acid 500/125 APOTEX | TY | MP NP MW | C10405 | P10405 | 20 | 0 |  | 10 |  |  |

[14] Schedule 1, Part 1, entries for Artemether with lumefantrine

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Artemether with lumefantrine | Tablet (dispersible) 20 mg-120 mg | Oral | Riamet 20mg/120mg Dispersible | NV | MP | C6036 |  | 18 | 0 |  | 18 |  |  |

[15] Schedule 1, Part 1, after entry for Benzathine benzylpenicillin in the form Injection containing 600,000 units benzathine benzylpenicillin tetrahydrate in 1.17 mL single use pre-filled syringe

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Benzathine benzylpenicillin | Powder for injection 1,200,000 units with diluent 4 mL (S19A) | Injection | Lentocilin S 1200 (Portugal) | NG | MP NP PDP |  |  | 10 | 0 |  | 10 |  |  |

[16] Schedule 1, Part 1, entries for Benzylpenicillin

omit from the column headed “Responsible Person” (all instances): CS substitute (all instances): SZ

[17] Schedule 1, Part 1, entries for Cabozantinib

substitute:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cabozantinib | Tablet 20 mg | Oral | Cabometyx | IS | MP | C15454 C15774 | P15454 P15774 | 30 | 2 |  | 30 |  |  |
| Cabozantinib | Tablet 20 mg | Oral | Cabometyx | IS | MP | C15479 C15775 | P15479 P15775 | 30 | 5 |  | 30 |  |  |
| Cabozantinib | Tablet 40 mg | Oral | Cabometyx | IS | MP | C15454 C15774 | P15454 P15774 | 30 | 2 |  | 30 |  |  |
| Cabozantinib | Tablet 40 mg | Oral | Cabometyx | IS | MP | C15479 C15775 | P15479 P15775 | 30 | 5 |  | 30 |  |  |
| Cabozantinib | Tablet 60 mg | Oral | Cabometyx | IS | MP | C15454 C15774 | P15454 P15774 | 30 | 2 |  | 30 |  |  |
| Cabozantinib | Tablet 60 mg | Oral | Cabometyx | IS | MP | C15479 C15775 | P15479 P15775 | 30 | 5 |  | 30 |  |  |

[18] Schedule 1, Part 1, entries for Candesartan with hydrochlorothiazide in the form Tablet containing candesartan cilexetil 16 mg with hydrochlorothiazide 12.5 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Candesartan with hydrochlorothiazide | Tablet containing candesartan cilexetil 16 mg with hydrochlorothiazide 12.5 mg | Oral | Blooms the Chemist Candesartan HCTZ 16/12.5 | IB | MP NP | C4374 | P4374 | 30 | 5 |  | 30 |  |  |
| Candesartan with hydrochlorothiazide | Tablet containing candesartan cilexetil 16 mg with hydrochlorothiazide 12.5 mg | Oral | Blooms the Chemist Candesartan HCTZ 16/12.5 | IB | MP NP | C14255 | P14255 | 60 | 5 |  | 30 |  |  |

[19] Schedule 1, Part 1, entries for Celecoxib in the form Capsule 100 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Celecoxib | Capsule 100 mg | Oral | Blooms the Chemist Celecoxib | IB | MP NP | C4907 C4962 |  | 60 | 3 |  | 60 |  |  |

[20] Schedule 1, Part 1, entries for Celecoxib in the form Capsule 100 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Celecoxib | Capsule 100 mg | Oral | Celecoxib APOTEX | TY | MP NP | C4907 C4962 |  | 60 | 3 |  | 60 |  |  |

[21] Schedule 1, Part 1, entries for Celecoxib in the form Capsule 200 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Celecoxib | Capsule 200 mg | Oral | Blooms the Chemist Celecoxib | IB | MP NP | C4907 C4962 |  | 30 | 3 |  | 30 |  |  |

[22] Schedule 1, Part 1, entries for Celecoxib in the form Capsule 200 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Celecoxib | Capsule 200 mg | Oral | Celecoxib APOTEX | TY | MP NP | C4907 C4962 |  | 30 | 3 |  | 30 |  |  |

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

omit from the column headed “Responsible Person”: JZ substitute: XT

[24] Schedule 1, Part 1, after entry for Degarelix in the form Powder for injection 120 mg (as acetate), 2, injection set

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Denosumab | Injection 60 mg in 1 mL pre-filled syringe | Injection | CORORA | GV | MP NP | C6524 C6548 |  | 1 | 0 |  | 1 |  |  |

[25] Schedule 1, Part 1, after entry for Denosumab in the form Injection 60 mg in 1 mL pre-filled syringe [Brand: Prolia]

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Denosumab | Injection 120 mg in 1 mL single use pre-filled syringe | Injection | Xgeva | AN | MP NP | C16512 C16514 C16608 |  | 1 | 5 |  | 1 |  |  |

[26] Schedule 1, Part 1, after entry for Denosumab in the form Injection 120 mg in 1 mL single use pre-filled syringe

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Denosumab | Injection 120 mg in 1.7 mL | Injection | GANVADO | GV | MP NP | C16512 C16514 C16608 |  | 1 | 5 |  | 1 |  |  |

[27] Schedule 1, Part 1, entries for Dupilumab

substitute:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dupilumab | Injection 200 mg in 1.14 mL single dose pre-filled pen | Injection | Dupixent | SW | MP | C17009 C17016 C17072 C17073 C17113 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Dupilumab | Injection 200 mg in 1.14 mL single dose pre-filled pen | Injection | Dupixent | SW | MP | C11374 C11377 C17047 C17076 | P11374 P11377 P17047 P17076 | 2 | 5 |  | 2 |  |  |
| Dupilumab | Injection 200 mg in 1.14 mL single dose pre-filled syringe | Injection | Dupixent | SW | MP | C15348 C15886 C15924 C17009 C17016 C17072 C17073 C17113 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Dupilumab | Injection 200 mg in 1.14 mL single dose pre-filled syringe | Injection | Dupixent | SW | MP | C11374 C11377 C17047 C17076 | P11374 P11377 P17047 P17076 | 2 | 5 |  | 2 |  |  |
| Dupilumab | Injection 300 mg in 2 mL single dose pre-filled pen | Injection | Dupixent | SW | MP | C17009 C17016 C17072 C17073 C17113 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Dupilumab | Injection 300 mg in 2 mL single dose pre-filled pen | Injection | Dupixent | SW | MP | C11374 C11377 C17047 C17076 | P11374 P11377 P17047 P17076 | 2 | 5 |  | 2 |  |  |
| Dupilumab | Injection 300 mg in 2 mL single dose pre-filled syringe | Injection | Dupixent | SW | MP | C15348 C15424 C15425 C17009 C17016 C17072 C17073 C17113 | See Note 3 | See Note 3 | See Note 3 |  | 2 |  | C(100) |
| Dupilumab | Injection 300 mg in 2 mL single dose pre-filled syringe | Injection | Dupixent | SW | MP | C11374 C11377 C17047 C17076 | P11374 P11377 P17047 P17076 | 2 | 5 |  | 2 |  |  |

[28] Schedule 1, Part 1, entry for Etanercept in the form Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL [Maximum Quantity: 2; Number of Repeats: 3]

(a) omit from the column headed “Circumstances”: C14552

(b) omit from the column headed “Circumstances”: C14600

(c) insert in numerical order in the column headed “Circumstances”: C17001 C17069

(d) omit from the column headed “Purposes”: P14552

(e) omit from the column headed “Purposes”: P14600

(f) insert in numerical order in the column headed “Purposes”: P17001 P17069

[29] Schedule 1, Part 1, entry for Etanercept in the form Injection 50 mg in 1 mL single use auto-injector, 4 [Brand: Enbrel; Maximum Quantity: 1; Number of Repeats: 3]

(a) omit from the column headed “Circumstances”: C14552

(b) omit from the column headed “Circumstances”: C14600

(c) insert in numerical order in the column headed “Circumstances”: C17001 C17069

(d) omit from the column headed “Purposes”: P14552

(e) omit from the column headed “Purposes”: P14600

(f) insert in numerical order in the column headed “Purposes”: P17001 P17069

[30] Schedule 1, Part 1, entry for Etanercept in the form Injection 50 mg in 1 mL single use auto-injector, 4 [Brand: Nepexto; Maximum Quantity: 1; Number of Repeats: 3]

(a) omit from the column headed “Circumstances”: C14552

(b) omit from the column headed “Circumstances”: C14600

(c) insert in numerical order in the column headed “Circumstances”: C17001 C17069

(d) omit from the column headed “Purposes”: P14552

(e) omit from the column headed “Purposes”: P14600

(f) insert in numerical order in the column headed “Purposes”: P17001 P17069

[31] Schedule 1, Part 1, entry for Etanercept in the form Injections 50 mg in 1 mL single use pre-filled syringes, 4 [Brand: Enbrel; Maximum Quantity: 1; Number of Repeats: 3]

(a) omit from the column headed “Circumstances”: C14552

(b) omit from the column headed “Circumstances”: C14600

(c) insert in numerical order in the column headed “Circumstances”: C17001 C17069

(d) omit from the column headed “Purposes”: P14552

(e) omit from the column headed “Purposes”: P14600

(f) insert in numerical order in the column headed “Purposes”: P17001 P17069

[32] Schedule 1, Part 1, entries for Fentanyl

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fentanyl | Transdermal patch 1.28 mg | Transdermal | Denpax | AF | MP NP | C15994 C15996 C16000 | P15994 P15996 P16000 | 5 | 0 | V15994 V15996 V16000 | 5 |  |  |
| Fentanyl | Transdermal patch 1.28 mg | Transdermal | Denpax | AF | MP NP | C11696 | P11696 | 10 | 0 | V11696 | 5 |  |  |
| Fentanyl | Transdermal patch 2.063 mg | Transdermal | Fenpatch 12 | RW | MP NP | C15994 C15996 C16000 | P15994 P15996 P16000 | 5 | 0 | V15994 V15996 V16000 | 5 |  |  |
| Fentanyl | Transdermal patch 2.063 mg | Transdermal | Fenpatch 12 | RW | MP NP | C11696 | P11696 | 10 | 0 | V11696 | 5 |  |  |

[33] Schedule 1, Part 1, entries for Fentanyl

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fentanyl | Transdermal patch 2.55 mg | Transdermal | Denpax | AF | MP NP | C15994 C15996 C16000 | P15994 P15996 P16000 | 5 | 0 | V15994 V15996 V16000 | 5 |  |  |
| Fentanyl | Transdermal patch 2.55 mg | Transdermal | Denpax | AF | MP NP | C11696 | P11696 | 10 | 0 | V11696 | 5 |  |  |
| Fentanyl | Transdermal patch 4.125 mg | Transdermal | Fenpatch 25 | RW | MP NP | C15994 C15996 C16000 | P15994 P15996 P16000 | 5 | 0 | V15994 V15996 V16000 | 5 |  |  |
| Fentanyl | Transdermal patch 4.125 mg | Transdermal | Fenpatch 25 | RW | MP NP | C11696 | P11696 | 10 | 0 | V11696 | 5 |  |  |

[34] Schedule 1, Part 1, entries for Fentanyl

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fentanyl | Transdermal patch 5.10 mg | Transdermal | Denpax | AF | MP NP | C15994 C15996 C16000 | P15994 P15996 P16000 | 5 | 0 | V15994 V15996 V16000 | 5 |  |  |
| Fentanyl | Transdermal patch 5.10 mg | Transdermal | Denpax | AF | MP NP | C11696 | P11696 | 10 | 0 | V11696 | 5 |  |  |
| Fentanyl | Transdermal patch 7.65 mg | Transdermal | Denpax | AF | MP NP | C15994 C15996 C16000 | P15994 P15996 P16000 | 5 | 0 | V15994 V15996 V16000 | 5 |  |  |
| Fentanyl | Transdermal patch 7.65 mg | Transdermal | Denpax | AF | MP NP | C11696 | P11696 | 10 | 0 | V11696 | 5 |  |  |
| Fentanyl | Transdermal patch 8.25 mg | Transdermal | Fenpatch 50 | RW | MP NP | C15994 C15996 C16000 | P15994 P15996 P16000 | 5 | 0 | V15994 V15996 V16000 | 5 |  |  |
| Fentanyl | Transdermal patch 8.25 mg | Transdermal | Fenpatch 50 | RW | MP NP | C11696 | P11696 | 10 | 0 | V11696 | 5 |  |  |

[35] Schedule 1, Part 1, entries for Fentanyl

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fentanyl | Transdermal patch 10.20 mg | Transdermal | Denpax | AF | MP NP | C15994 C15996 C16000 | P15994 P15996 P16000 | 5 | 0 | V15994 V15996 V16000 | 5 |  |  |
| Fentanyl | Transdermal patch 10.20 mg | Transdermal | Denpax | AF | MP NP | C11696 | P11696 | 10 | 0 | V11696 | 5 |  |  |
| Fentanyl | Transdermal patch 12.375 mg | Transdermal | Fenpatch 75 | RW | MP NP | C15994 C15996 C16000 | P15994 P15996 P16000 | 5 | 0 | V15994 V15996 V16000 | 5 |  |  |
| Fentanyl | Transdermal patch 12.375 mg | Transdermal | Fenpatch 75 | RW | MP NP | C11696 | P11696 | 10 | 0 | V11696 | 5 |  |  |

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

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fentanyl | Transdermal patch 16.5 mg | Transdermal | Fenpatch 100 | RW | MP NP | C15994 C15996 C16000 | P15994 P15996 P16000 | 5 | 0 | V15994 V15996 V16000 | 5 |  |  |
| Fentanyl | Transdermal patch 16.5 mg | Transdermal | Fenpatch 100 | RW | MP NP | C11696 | P11696 | 10 | 0 | V11696 | 5 |  |  |

[37] Schedule 1, Part 1, entry for Fosnetupitant with palonosetron

omit from the column headed “Responsible Person”: JZ substitute: XT

[38] Schedule 1, Part 1, entries for Imatinib in the form Capsule 100 mg (as mesilate)

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Imatinib | Capsule 100 mg (as mesilate) | Oral | Imatinib-APOTEX | TX | MP | C9319 C12525 C12527 C12542 C12543 C13132 C16238 C16249 | P9319 P12525 P12527 P12542 P12543 P13132 P16238 P16249 | 60 | 2 |  | 60 |  |  |
| Imatinib | Capsule 100 mg (as mesilate) | Oral | Imatinib-APOTEX | TX | MP | C9204 C9206 C9209 C9238 C9240 C9243 C9274 C9276 C9278 C9296 C12536 C12541 | P9204 P9206 P9209 P9238 P9240 P9243 P9274 P9276 P9278 P9296 P12536 P12541 | 60 | 5 |  | 60 |  |  |

[39] Schedule 1, Part 1, entries for Irbesartan in the form Tablet 300 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Irbesartan | Tablet 300 mg | Oral | Blooms the Chemist Irbesartan | IB | MP NP |  |  | 30 | 5 |  | 30 |  |  |
| Irbesartan | Tablet 300 mg | Oral | Blooms the Chemist Irbesartan | IB | MP NP |  | P14238 | 60 | 5 |  | 30 |  |  |

[40] Schedule 1, Part 1, entries for Irbesartan with hydrochlorothiazide in the form Tablet 150 mg-12.5 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Irbesartan with hydrochlorothiazide | Tablet 150 mg-12.5 mg | Oral | Blooms the Chemist Irbesartan HCTZ 150/12.5 | IB | MP NP | C4374 | P4374 | 30 | 5 |  | 30 |  |  |
| Irbesartan with hydrochlorothiazide | Tablet 150 mg-12.5 mg | Oral | Blooms the Chemist Irbesartan HCTZ 150/12.5 | IB | MP NP | C14255 | P14255 | 60 | 5 |  | 30 |  |  |

[41] Schedule 1, Part 1, entries for Irbesartan with hydrochlorothiazide in the form Tablet 300 mg-12.5 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Irbesartan with hydrochlorothiazide | Tablet 300 mg-12.5 mg | Oral | Blooms the Chemist Irbesartan HCTZ 300/12.5 | IB | MP NP | C4374 | P4374 | 30 | 5 |  | 30 |  |  |
| Irbesartan with hydrochlorothiazide | Tablet 300 mg-12.5 mg | Oral | Blooms the Chemist Irbesartan HCTZ 300/12.5 | IB | MP NP | C14255 | P14255 | 60 | 5 |  | 30 |  |  |

[42] Schedule 1, Part 1, entries for Irbesartan with hydrochlorothiazide in the form Tablet 300 mg-25 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Irbesartan with hydrochlorothiazide | Tablet 300 mg-25 mg | Oral | Blooms the Chemist Irbesartan HCTZ 300/25 | IB | MP NP | C4374 | P4374 | 30 | 5 |  | 30 |  |  |
| Irbesartan with hydrochlorothiazide | Tablet 300 mg-25 mg | Oral | Blooms the Chemist Irbesartan HCTZ 300/25 | IB | MP NP | C14255 | P14255 | 60 | 5 |  | 30 |  |  |

[43] Schedule 1, Part 1, entries for Iron sucrose

omit from the column headed “Responsible Person” (all instances): VL substitute (all instances): CS

[44] Schedule 1, Part 1, entry for Isotretinoin in the form Capsule 5 mg

omit from the column headed “Responsible Person”: OU substitute: RF

[45] Schedule 1, Part 1, entry for Isotretinoin in the form Capsule 30 mg

omit from the column headed “Responsible Person”: OU substitute: RF

[46] Schedule 1, Part 1, after entry for Ivabradine in the form Tablet 7.5 mg (as hydrochloride) [Brand: Coralan]

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ivacaftor | Sachet containing granules 13.4 mg | Oral | Kalydeco | VR | MP | See Note 3 | See Note 3 | See Note 3 | See Note 3 |  | 56 |  | D(100) |

[47] Schedule 1, Part 1, after entry for Lamivudine in the form Tablet 300 mg [Brand: Lamivudine Alphapharm]

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Lamivudine | Tablet 300 mg | Oral | Lamivudine Viatris | AL | MP NP | C4454 C4512 |  | 60 | 5 |  | 30 |  | D(100) |

[48] Schedule 1, Part 1, after entry for Methylphenidate in the form Capsule containing methylphenidate hydrochloride 10 mg (modified release) *[*Brand: Rubifen LA*]*

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Methylphenidate | Capsule containing methylphenidate hydrochloride 10 mg (modified release) (s19A) | Oral | Methylphenidate Orifarm 10 mg (Sweden) | DZ | MP NP | C16545 |  | 30 | 5 |  | 30 |  |  |

[49] Schedule 1, Part 1, after entry for Methylphenidate in the form Capsule containing methylphenidate hydrochloride 20 mg (modified release) *[*Brand: Rubifen LA*]*

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Methylphenidate | Capsule containing methylphenidate hydrochloride 20 mg (modified release) (s19A) | Oral | Methylphenidate Orifarm 20 mg (Sweden) | DZ | MP NP | C16545 |  | 30 | 5 |  | 30 |  |  |

[50] Schedule 1, Part 1, after entry for Methylphenidate in the form Capsule containing methylphenidate hydrochloride 30 mg (modified release) *[*Brand: Rubifen LA*]*

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Methylphenidate | Capsule containing methylphenidate hydrochloride 30 mg (modified release) (s19A) | Oral | Methylphenidate Orifarm 30 mg (Sweden) | DZ | MP NP | C16545 |  | 30 | 5 |  | 30 |  |  |

[51] Schedule 1, Part 1, after entry for Methylphenidate in the form Capsule containing methylphenidate hydrochloride 60 mg (modified release) *[*Brand: Rubifen LA*]*

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Methylphenidate | Capsule containing methylphenidate hydrochloride 60 mg (modified release) (s19A) | Oral | Methylphenidate Orifarm 60 mg (Denmark) | DZ | MP NP | C16545 |  | 30 | 5 |  | 30 |  |  |

[52] Schedule 1, Part 1, entry for Metronidazole in the form Oral suspension containing metronidazole benzoate 320 mg per 5 mL, 100 mL

omit from the column headed “Responsible Person”: SW substitute: VJ

[53] Schedule 1, Part 1, entry for Metronidazole in the form Suppositories 500 mg, 10

omit from the column headed “Responsible Person”: SW substitute: VJ

[54] Schedule 1, Part 1, entries for Metronidazole in the form Tablet 400 mg [Brand: Flagyl]

omit from the column headed “Responsible Person” (all instances): SW substitute (all instances): VJ

[55] Schedule 1, Part 1, entries for Montelukast in the form Tablet, chewable, 5 mg (as sodium)

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Montelukast | Tablet, chewable, 5 mg (as sodium) | Oral | Montelukast Mylan | AF | MP NP | C6674 C7781 | P6674 P7781 | 28 | 5 |  | 28 |  |  |
| Montelukast | Tablet, chewable, 5 mg (as sodium) | Oral | Montelukast Mylan | AF | MP NP | C15643 C15644 | P15643 P15644 | 56 | 5 |  | 28 |  |  |

[56] Schedule 1, Part 1, entries for Morphine

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Morphine | Oral solution containing morphine hydrochloride trihydrate 10 mg per mL, 1 mL (S19A) | Oral | Morphini HCl Streuli | DZ | PDP | C10859 | P10859 | 200 | 0 |  | 20 |  |  |
| Morphine | Oral solution containing morphine hydrochloride trihydrate 10 mg per mL, 1 mL (S19A) | Oral | Morphini HCl Streuli | DZ | MP NP | C10764 C10770 C10777 | P10764 P10770 P10777 | 200 | 0 | V10764 V10770 V10777 | 20 |  |  |
| Morphine | Oral solution containing morphine hydrochloride trihydrate 10 mg per mL, 1 mL (S19A) | Oral | Morphini HCl Streuli | DZ | MP NP | C11697 | P11697 | 400 | 1 | V11697 | 20 |  |  |
| Morphine | Oral solution containing morphine sulfate 2 mg per mL in 100 mL bottle, 1 mL (S19A) | Oral | Morphine Sulfate (Hikma) 10 mg/5 mL (2 mg/mL) | DZ | MP NP | C10764 C10770 C10777 | P10764 P10770 P10777 | 200 | 0 | V10764 V10770 V10777 | 100 |  |  |
| Morphine | Oral solution containing morphine sulfate 2 mg per mL in 100 mL bottle, 1 mL (S19A) | Oral | Morphine Sulfate (Hikma) 10 mg/5 mL (2 mg/mL) | DZ | PDP | C10859 | P10859 | 200 | 0 |  | 100 |  |  |
| Morphine | Oral solution containing morphine sulfate 2 mg per mL in 100 mL bottle, 1 mL (S19A) | Oral | Morphine Sulfate (Hikma) 10 mg/5 mL (2 mg/mL) | DZ | MP NP | C11697 | P11697 | 1000 | 1 | V11697 | 100 |  |  |
| Morphine | Oral solution containing morphine sulfate 2 mg per mL in 500 mL bottle, 1 mL (S19A) | Oral | Morphine Sulfate (Hikma) 10 mg/5 mL (2 mg/mL) | DZ | MP NP | C10764 C10770 C10777 | P10764 P10770 P10777 | 200 | 0 | V10764 V10770 V10777 | 500 |  |  |
| Morphine | Oral solution containing morphine sulfate 2 mg per mL in 500 mL bottle, 1 mL (S19A) | Oral | Morphine Sulfate (Hikma) 10 mg/5 mL (2 mg/mL) | DZ | PDP | C10859 | P10859 | 200 | 0 |  | 500 |  |  |
| Morphine | Oral solution containing morphine sulfate 2 mg per mL in 500 mL bottle, 1 mL (S19A) | Oral | Morphine Sulfate (Hikma) 10 mg/5 mL (2 mg/mL) | DZ | MP NP | C11697 | P11697 | 2000 | 1 | V11697 | 500 |  |  |

[57] Schedule 1, Part 1, entries for Morphine in the form Tablet containing morphine sulfate pentahydrate 10 mg (controlled release)

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Morphine | Tablet containing morphine sulfate pentahydrate 10 mg (controlled release) | Oral | MORPHINE MR APOTEX | TX | MP NP | C10748 C10752 C10755 | P10748 P10752 P10755 | 28 | 0 | V10748 V10752 V10755 | 28 |  |  |
| Morphine | Tablet containing morphine sulfate pentahydrate 10 mg (controlled release) | Oral | MORPHINE MR APOTEX | TX | MP NP | C11753 | P11753 | 56 | 0 | V11753 | 28 |  |  |

[58] Schedule 1, Part 1, entries for Morphine in the form Tablet containing morphine sulfate pentahydrate 30 mg (controlled release)

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Morphine | Tablet containing morphine sulfate pentahydrate 30 mg (controlled release) | Oral | MORPHINE MR APOTEX | TX | MP NP | C10748 C10752 C10755 | P10748 P10752 P10755 | 28 | 0 | V10748 V10752 V10755 | 28 |  |  |
| Morphine | Tablet containing morphine sulfate pentahydrate 30 mg (controlled release) | Oral | MORPHINE MR APOTEX | TX | MP NP | C11753 | P11753 | 56 | 0 | V11753 | 28 |  |  |

[59] Schedule 1, Part 1, entries for Morphine in the form Tablet containing morphine sulfate pentahydrate 60 mg (controlled release)

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Morphine | Tablet containing morphine sulfate pentahydrate 60 mg (controlled release) | Oral | MORPHINE MR APOTEX | TX | MP NP | C10748 C10752 C10755 | P10748 P10752 P10755 | 28 | 0 | V10748 V10752 V10755 | 28 |  |  |
| Morphine | Tablet containing morphine sulfate pentahydrate 60 mg (controlled release) | Oral | MORPHINE MR APOTEX | TX | MP NP | C11753 | P11753 | 56 | 0 | V11753 | 28 |  |  |

[60] Schedule 1, Part 1, entries for Morphine in the form Tablet containing morphine sulfate pentahydrate 100 mg (controlled release)

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Morphine | Tablet containing morphine sulfate pentahydrate 100 mg (controlled release) | Oral | MORPHINE MR APOTEX | TX | MP NP | C10748 C10752 C10755 | P10748 P10752 P10755 | 28 | 0 | V10748 V10752 V10755 | 28 |  |  |
| Morphine | Tablet containing morphine sulfate pentahydrate 100 mg (controlled release) | Oral | MORPHINE MR APOTEX | TX | MP NP | C11753 | P11753 | 56 | 0 | V11753 | 28 |  |  |

[61] Schedule 1, Part 1, entries for Mycophenolic acid in the form Tablet containing mycophenolate mofetil 500 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mycophenolic acid | Tablet containing mycophenolate mofetil 500 mg | Oral | MycoCept | RF | MP |  |  | 150 | 5 |  | 50 |  |  |
| Mycophenolic acid | Tablet containing mycophenolate mofetil 500 mg | Oral | MycoCept | RF | MP |  | P14238 | 300 | 5 |  | 50 |  |  |

[62] Schedule 1, Part 1, entry for Netupitant with Palonosetron

omit from the column headed “Responsible Person”: JZ substitute: XT

[63] Schedule 1, Part 1, entries for Olmesartan with amlodipine in the form Tablet containing olmesartan medoxomil 20 mg with amlodipine 5 mg (as besilate)

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Olmesartan with amlodipine | Tablet containing olmesartan medoxomil 20 mg with amlodipine 5 mg (as besilate) | Oral | Olmesartan/Amlodipine 20/5 APOTEX | TX | MP NP | C4373 | P4373 | 30 | 5 |  | 30 |  |  |
| Olmesartan with amlodipine | Tablet containing olmesartan medoxomil 20 mg with amlodipine 5 mg (as besilate) | Oral | Olmesartan/Amlodipine 20/5 APOTEX | TX | MP NP | C14257 | P14257 | 60 | 5 |  | 30 |  |  |

[64] Schedule 1, Part 1, entries for Omeprazole in the form Capsule 20 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Omeprazole | Capsule 20 mg | Oral | Pemzo | RW | MP NP MW | C8774 | P8774 | 30 | 1 |  | 30 |  |  |
| Omeprazole | Capsule 20 mg | Oral | Pemzo | RW | MP NP | C8775 | P8775 | 30 | 1 |  | 30 |  |  |
| Omeprazole | Capsule 20 mg | Oral | Pemzo | RW | MP NP | C8776 C8780 C8866 | P8776 P8780 P8866 | 30 | 5 |  | 30 |  |  |
| Omeprazole | Capsule 20 mg | Oral | Pemzo | RW | MP NP | C15530 C15658 C15678 | P15530 P15658 P15678 | 60 | 5 |  | 30 |  |  |
| Omeprazole | Capsule 20 mg | Oral | Pemzo | RW | MP | C11310 | P11310 | 60 | 5 |  | 30 |  |  |
| Omeprazole | Capsule 20 mg | Oral | Pemzo | RW | MP | C15856 | P15856 | 120 | 5 |  | 30 |  |  |

[65] Schedule 1, Part 1, entries for Ondansetron in the form Tablet 4 mg (as hydrochloride dihydrate)

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ondansetron | Tablet 4 mg (as hydrochloride dihydrate) | Oral | APO-Ondansetron | TX | MP NP | C4118 | P4118 | 4 | 0 | V4118 | 4 |  |  |
| Ondansetron | Tablet 4 mg (as hydrochloride dihydrate) | Oral | APO-Ondansetron | TX | MP | C5778 | P5778 | 4 | 0 | V5778 | 4 |  | C(100) |
| Ondansetron | Tablet 4 mg (as hydrochloride dihydrate) | Oral | APO-Ondansetron | TX | MP NP | C15193 | P15193 | 10 | 1 |  | 10 |  |  |

[66] Schedule 1, Part 1, entries for Ondansetron in the form Tablet 8 mg (as hydrochloride dihydrate)

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ondansetron | Tablet 8 mg (as hydrochloride dihydrate) | Oral | APO-Ondansetron | TX | MP NP | C4118 | P4118 | 4 | 0 | V4118 | 4 |  |  |
| Ondansetron | Tablet 8 mg (as hydrochloride dihydrate) | Oral | APO-Ondansetron | TX | MP | C5778 | P5778 | 4 | 0 | V5778 | 4 |  | C(100) |
| Ondansetron | Tablet 8 mg (as hydrochloride dihydrate) | Oral | APO-Ondansetron | TX | MP NP | C15193 | P15193 | 10 | 1 |  | 10 |  |  |

[67] Schedule 1, Part 1, after entry for Palonosetron in the form Injection 250 micrograms (as hydrochloride) in 5 mL [Brand: PALONOSETRON Medsurge; Authorised Prescriber: MP]

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Palovarotene | Capsule 1 mg | Oral | Sohonos | IS | MP | C17018 | P17018 | 28 | 2 |  | 28 |  |  |
| Palovarotene | Capsule 1 mg | Oral | Sohonos | IS | MP | C17017 | P17017 | 28 | 5 |  | 28 |  |  |
| Palovarotene | Capsule 1.5 mg | Oral | Sohonos | IS | MP | C17018 | P17018 | 28 | 2 |  | 28 |  |  |
| Palovarotene | Capsule 1.5 mg | Oral | Sohonos | IS | MP | C17017 | P17017 | 28 | 5 |  | 28 |  |  |
| Palovarotene | Capsule 2.5 mg | Oral | Sohonos | IS | MP | C17018 | P17018 | 28 | 2 |  | 28 |  |  |
| Palovarotene | Capsule 2.5 mg | Oral | Sohonos | IS | MP | C17017 | P17017 | 28 | 5 |  | 28 |  |  |
| Palovarotene | Capsule 5 mg | Oral | Sohonos | IS | MP | C17018 | P17018 | 28 | 2 |  | 28 |  |  |
| Palovarotene | Capsule 5 mg | Oral | Sohonos | IS | MP | C17017 | P17017 | 28 | 5 |  | 28 |  |  |

[68] Schedule 1, Part 1, entries for Paroxetine

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Paroxetine | Tablet 20 mg (as hydrochloride) | Oral | APO-Paroxetine | TX | MP NP | C4755 C6277 C6636 | P4755 P6277 P6636 | 30 | 5 |  | 30 |  |  |
| Paroxetine | Tablet 20 mg (as hydrochloride) | Oral | APO-Paroxetine | TX | MP NP | C15582 C15666 C15722 | P15582 P15666 P15722 | 60 | 2 |  | 30 |  |  |

[69] Schedule 1, Part 1, after entry for Peginterferon alfa-2a in the form Injection 135 micrograms in 0.5 mL single use pre-filled syringe

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Peginterferon alfa-2a | Injection 135 micrograms in 0.5 mL single use pre-filled syringe (s19A) | Injection | Pegasys (Ireland) | XO | MP NP |  |  | 4 | 5 |  | 4 |  |  |

[70] Schedule 1, Part 1, after entry for Peginterferon alfa-2a in the form Injection 180 micrograms in 0.5 mL single use pre-filled syringe

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Peginterferon alfa-2a | Injection 180 micrograms in 0.5 mL single use pre-filled syringe (s19A) | Injection | Pegasys (Ireland) | XO | MP NP |  |  | 4 | 5 |  | 4 |  |  |

[71] Schedule 1, Part 1, entries for Pemetrexed in the form Powder for I.V. infusion 500 mg (as disodium)

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pemetrexed | Powder for I.V. infusion 500 mg (as disodium) | Injection | Pemetrexed APOTEX | TX | MP |  |  | See Note 3 | See Note 3 |  | 1 |  | D(100) |

[72] Schedule 1, Part 1, entries for Perindopril in the form Tablet containing perindopril erbumine 2 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Perindopril | Tablet containing perindopril erbumine 2 mg | Oral | Blooms the Chemist Perindopril | IB | MP NP |  |  | 30 | 5 |  | 30 |  |  |
| Perindopril | Tablet containing perindopril erbumine 2 mg | Oral | Blooms the Chemist Perindopril | IB | MP NP |  | P14238 | 60 | 5 |  | 30 |  |  |

[73] Schedule 1, Part 1, entries for Perindopril in the form Tablet containing perindopril erbumine 4 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Perindopril | Tablet containing perindopril erbumine 4 mg | Oral | Blooms the Chemist Perindopril | IB | MP NP |  |  | 30 | 5 |  | 30 |  |  |
| Perindopril | Tablet containing perindopril erbumine 4 mg | Oral | Blooms the Chemist Perindopril | IB | MP NP |  | P14238 | 60 | 5 |  | 30 |  |  |

[74] Schedule 1, Part 1, entries for Perindopril in the form Tablet containing perindopril erbumine 8 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Perindopril | Tablet containing perindopril erbumine 8 mg | Oral | Blooms the Chemist Perindopril | IB | MP NP |  |  | 30 | 5 |  | 30 |  |  |
| Perindopril | Tablet containing perindopril erbumine 8 mg | Oral | Blooms the Chemist Perindopril | IB | MP NP |  | P14238 | 60 | 5 |  | 30 |  |  |

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

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pioglitazone | Tablet 15 mg (as hydrochloride) | Oral | APOTEX-Pioglitazone | TX | MP NP | C15321 | P15321 | 28 | 5 |  | 28 |  |  |
| Pioglitazone | Tablet 15 mg (as hydrochloride) | Oral | APOTEX-Pioglitazone | TX | MP NP | C15290 | P15290 | 56 | 5 |  | 28 |  |  |

[76] Schedule 1, Part 1, entries for Pramipexole in the form Tablet (extended release) containing pramipexole dihydrochloride monohydrate 375 micrograms

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pramipexole | Tablet (extended release) containing pramipexole dihydrochloride monohydrate 375 micrograms | Oral | APO-Pramipexole ER | TX | MP NP | C16536 | P16536 | 30 | 5 |  | 30 |  |  |
| Pramipexole | Tablet (extended release) containing pramipexole dihydrochloride monohydrate 375 micrograms | Oral | APO-Pramipexole ER | TX | MP NP | C16540 | P16540 | 60 | 5 |  | 30 |  |  |

[77] Schedule 1, Part 1, entries for Pramipexole in the form Tablet (extended release) containing pramipexole dihydrochloride monohydrate 750 micrograms

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pramipexole | Tablet (extended release) containing pramipexole dihydrochloride monohydrate 750 micrograms | Oral | APO-Pramipexole ER | TX | MP NP | C16536 | P16536 | 30 | 5 |  | 30 |  |  |
| Pramipexole | Tablet (extended release) containing pramipexole dihydrochloride monohydrate 750 micrograms | Oral | APO-Pramipexole ER | TX | MP NP | C16540 | P16540 | 60 | 5 |  | 30 |  |  |

[78] Schedule 1, Part 1, entries for Pramipexole in the form Tablet (extended release) containing pramipexole dihydrochloride monohydrate 1.5 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pramipexole | Tablet (extended release) containing pramipexole dihydrochloride monohydrate 1.5 mg | Oral | APO-Pramipexole ER | TX | MP NP | C16536 | P16536 | 30 | 5 |  | 30 |  |  |
| Pramipexole | Tablet (extended release) containing pramipexole dihydrochloride monohydrate 1.5 mg | Oral | APO-Pramipexole ER | TX | MP NP | C16540 | P16540 | 60 | 5 |  | 30 |  |  |

[79] Schedule 1, Part 1, entries for Pramipexole in the form Tablet (extended release) containing pramipexole dihydrochloride monohydrate 2.25 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pramipexole | Tablet (extended release) containing pramipexole dihydrochloride monohydrate 2.25 mg | Oral | APO-Pramipexole ER | TX | MP NP | C16536 | P16536 | 30 | 5 |  | 30 |  |  |
| Pramipexole | Tablet (extended release) containing pramipexole dihydrochloride monohydrate 2.25 mg | Oral | APO-Pramipexole ER | TX | MP NP | C16540 | P16540 | 60 | 5 |  | 30 |  |  |

[80] Schedule 1, Part 1, entries for Pramipexole in the form Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pramipexole | Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3 mg | Oral | APO-Pramipexole ER | TX | MP NP | C16536 | P16536 | 30 | 5 |  | 30 |  |  |
| Pramipexole | Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3 mg | Oral | APO-Pramipexole ER | TX | MP NP | C16540 | P16540 | 60 | 5 |  | 30 |  |  |

[81] Schedule 1, Part 1, entries for Pramipexole in the form Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3.75 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pramipexole | Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3.75 mg | Oral | APO-Pramipexole ER | TX | MP NP | C16536 | P16536 | 30 | 5 |  | 30 |  |  |
| Pramipexole | Tablet (extended release) containing pramipexole dihydrochloride monohydrate 3.75 mg | Oral | APO-Pramipexole ER | TX | MP NP | C16540 | P16540 | 60 | 5 |  | 30 |  |  |

[82] Schedule 1, Part 1, entries for Pramipexole in the form Tablet (extended release) containing pramipexole dihydrochloride monohydrate 4.5 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pramipexole | Tablet (extended release) containing pramipexole dihydrochloride monohydrate 4.5 mg | Oral | APO-Pramipexole ER | TX | MP NP | C16536 | P16536 | 30 | 5 |  | 30 |  |  |
| Pramipexole | Tablet (extended release) containing pramipexole dihydrochloride monohydrate 4.5 mg | Oral | APO-Pramipexole ER | TX | MP NP | C16540 | P16540 | 60 | 5 |  | 30 |  |  |

[83] Schedule 1, Part 1, after entry for Prazosin in the form Capsule 1 mg (as hydrochloride) (S19A) [Maximum Quantity: 200; Number of Repeats: 5]

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Prazosin | Capsule 2 mg (as hydrochloride) (S19A) | Oral | Prazosin Hydrochloride Capsules, USP 2 mg (Novitium Pharma, USA) | DZ | MP NP |  |  | 100 | 5 |  | 100 |  |  |
| Prazosin | Capsule 2 mg (as hydrochloride) (S19A) | Oral | Prazosin Hydrochloride Capsules, USP 2 mg (Novitium Pharma, USA) | DZ | MP NP |  | P14238 | 200 | 5 |  | 100 |  |  |

[84] Schedule 1, Part 1, entries for Pregabalin in the form Capsule 25 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pregabalin | Capsule 25 mg | Oral | Blooms The Chemist Pregabalin | IB | MP NP | C4172 |  | 56 | 5 |  | 56 |  |  |

[85] Schedule 1, Part 1, entries for Pregabalin in the form Capsule 150 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pregabalin | Capsule 150 mg | Oral | Blooms The Chemist Pregabalin | IB | MP NP | C4172 |  | 56 | 5 |  | 56 |  |  |

[86] Schedule 1, Part 1, entries for Pregabalin in the form Capsule 300 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pregabalin | Capsule 300 mg | Oral | Blooms The Chemist Pregabalin | IB | MP NP | C4172 |  | 56 | 5 |  | 56 |  |  |

[87] Schedule 1, Part 1, after entry for Rituximab in the form Solution for I.V. infusion 500 mg in 50 mL [Brand: Truxima; Maximum Quantity: See Note 3]

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rivaroxaban | Capsule 15 mg | Oral | Relaban | NB | MP NP | C4269 | P4269 | 28 | 5 |  | 28 |  |  |
| Rivaroxaban | Capsule 15 mg | Oral | Relaban | NB | MP NP | C14301 | P14301 | 56 | 5 |  | 28 |  |  |
| Rivaroxaban | Capsule 20 mg | Oral | Relaban | NB | MP NP | C4099 C4132 C4268 C4269 | P4099 P4132 P4268 P4269 | 28 | 5 |  | 28 |  |  |
| Rivaroxaban | Capsule 20 mg | Oral | Relaban | NB | MP NP | C14264 C14300 C14301 C14318 | P14264 P14300 P14301 P14318 | 56 | 5 |  | 28 |  |  |

[88] Schedule 1, Part 1, entries for Rivaroxaban in the form Tablet 15 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rivaroxaban | Tablet 15 mg | Oral | Relaban | NB | MP NP | C4269 | P4269 | 28 | 5 |  | 28 |  |  |
| Rivaroxaban | Tablet 15 mg | Oral | Relaban | NB | MP NP | C14301 | P14301 | 56 | 5 |  | 28 |  |  |

[89] Schedule 1, Part 1, entries for Rivaroxaban in the form Tablet 20 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rivaroxaban | Tablet 20 mg | Oral | Relaban | NB | MP NP | C4099 C4132 C4268 C4269 | P4099 P4132 P4268 P4269 | 28 | 5 |  | 28 |  |  |
| Rivaroxaban | Tablet 20 mg | Oral | Relaban | NB | MP NP | C14264 C14300 C14301 C14318 | P14264 P14300 P14301 P14318 | 56 | 5 |  | 28 |  |  |

[90] Schedule 1, Part 1, entries for Rosuvastatin in the form Tablet 5 mg (as calcium)

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rosuvastatin | Tablet 5 mg (as calcium) | Oral | Rosuvastatin APOTEX | GX | MP NP |  |  | 30 | 5 |  | 30 |  |  |
| Rosuvastatin | Tablet 5 mg (as calcium) | Oral | Rosuvastatin APOTEX | GX | MP NP |  | P14238 | 60 | 5 |  | 30 |  |  |

[91] Schedule 1, Part 1, entries for Roxithromycin in the form Tablet 150 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Roxithromycin | Tablet 150 mg | Oral | APO-Roxithromycin | TX | MP NP PDP |  |  | 10 | 0 |  | 10 |  |  |
| Roxithromycin | Tablet 150 mg | Oral | APO-Roxithromycin | TX | MP NP |  | P10404 | 20 CN10404 | 0 CN10404 |  | 10 |  |  |

[92] Schedule 1, Part 1, entries for Roxithromycin in the form Tablet 300 mg

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Roxithromycin | Tablet 300 mg | Oral | APO-Roxithromycin | TX | MP NP PDP |  |  | 5 | 0 |  | 5 |  |  |
| Roxithromycin | Tablet 300 mg | Oral | APO-Roxithromycin | TX | MP NP |  | P10404 | 10 CN10404 | 0 CN10404 |  | 5 |  |  |

[93] Schedule 1, Part 1, first entry for Ruxolitinib in the form Tablet 5 mg [Maximum Quantity: 56; Number of Repeats: 5]

(a) insert in numerical order in the column headed “Circumstances”: C17019 C17052 C17053 C17054

(b) insert in numerical order in the column headed “Purposes”: P17019 P17052 P17053 P17054

[94] Schedule 1, Part 1, first entry for Ruxolitinib in the form Tablet 10 mg [Maximum Quantity: 56; Number of Repeats: 5]

(a) insert in numerical order in the column headed “Circumstances”: C17019 C17052 C17053 C17054

(b) insert in numerical order in the column headed “Purposes”: P17019 P17052 P17053 P17054

[95] Schedule 1, Part 1, entry for Ruxolitinib in the form Tablet 15 mg [Maximum Quantity: 56; Number of Repeats: 5]

(a) insert in numerical order in the column headed “Circumstances”: C17019 C17052 C17053 C17054

(b) insert in numerical order in the column headed “Purposes”: P17019 P17052 P17053 P17054

[96] Schedule 1, Part 1, entry for Ruxolitinib in the form Tablet 20 mg [Maximum Quantity: 56; Number of Repeats: 5]

(a) insert in numerical order in the column headed “Circumstances”: C17019 C17052 C17053 C17054

(b) insert in numerical order in the column headed “Purposes”: P17019 P17052 P17053 P17054

[97] Schedule 1, Part 1, entry for Secukinumab in the form Injection 150 mg in 1 mL pre-filled pen [Maximum Quantity: 2; Number of Repeats: 3]

(a) omit from the column headed “Circumstances”: C15799 C15806

(b) omit from the column headed “Circumstances”: C15810

(c) insert in numerical order in the column headed “Circumstances”: C17025 C17026 C17028

(d) omit from the column headed “Purposes”: P15799 P15806

(e) omit from the column headed “Purposes”: P15810

(f) insert in numerical order in the column headed “Purposes”: P17025 P17026 P17028

[98] Schedule 1, Part 1, entry for Secukinumab in the form Injection 150 mg in 1 mL pre-filled pen [Maximum Quantity: 8; Number of Repeats: 0]

(a) omit from the column headed “Circumstances”: C15768 C15805 C15812

(b) insert in numerical order in the column headed “Circumstances”: C16977 C17057 C17058

(c) omit from the column headed “Purposes”: P15768 P15805 P15812

(d) insert in numerical order in the column headed “Purposes”: P16977 P17057 P17058

[99] Schedule 1, Part 1, after entry for Secukinumab in the form Injection 150 mg in 1 mL pre-filled pen [Maximum Quantity: 8; Number of Repeats: 0]

insert:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Secukinumab | Injection 300 mg in 2 mL pre-filled pen | Injection | Cosentyx | NV | MP | C8831 C9064 C9429 | P8831 P9064 P9429 | 1 | 2 |  | 1 |  |  |
| Secukinumab | Injection 300 mg in 2 mL pre-filled pen | Injection | Cosentyx | NV | MP | C15807 C17025 C17026 C17028 | P15807 P17025 P17026 P17028 | 1 | 3 |  | 1 |  |  |
| Secukinumab | Injection 300 mg in 2 mL pre-filled pen | Injection | Cosentyx | NV | MP | C6696 C8830 C8892 C9063 C9105 C9431 C14692 C15767 | P6696 P8830 P8892 P9063 P9105 P9431 P14692 P15767 | 1 | 5 |  | 1 |  |  |
| Secukinumab | Injection 300 mg in 2 mL pre-filled pen | Injection | Cosentyx | NV | MP | C9069 C9155 C11089 C11096 C11138 C11154 C14430 C14462 C14655 C14662 C14670 C16382 C16977 C17057 C17058 | P9069 P9155 P11089 P11096 P11138 P11154 P14430 P14462 P14655 P14662 P14670 P16382 P16977 P17057 P17058 | 4 | 0 |  | 1 |  |  |

[100] Schedule 1, Part 1, entries for Sucroferric oxyhydroxide

omit from the column headed “Responsible Person” (all instances): VL substitute (all instances): CS

[101] Schedule 1, Part 1, entry for Ustekinumab in the form Injection 45 mg in 0.5 mL [Maximum Quantity: 1; Number of Repeats: 1]

(a) omit from the column headed “Circumstances”: C16862 C16887

(b) omit from the column headed “Circumstances”: C16968 C16969

(c) insert in numerical order in the column headed “Circumstances”: C17000 C17080 C17093 C17094

(d) omit from the column headed “Purposes”: P16862 P16887

(e) omit from the column headed “Purposes”: P16968 P16969

(f) insert in numerical order in the column headed “Purposes”: P17000 P17080 P17093 P17094

[102] Schedule 1, Part 1, entry for Ustekinumab in the form Injection 45 mg in 0.5 mL [Maximum Quantity: 1; Number of Repeats: 2]

(a) omit from the column headed “Circumstances”: C16819

(b) omit from the column headed “Circumstances”: C16838 C16857

(c) omit from the column headed “Circumstances”: C16901

(d) omit from the column headed “Circumstances”: C16938

(e) insert in numerical order in the column headed “Circumstances”: C17039 C17067 C17068 C17070 C17071

(f) omit from the column headed “Purposes”: P16819

(g) omit from the column headed “Purposes”: P16838 P16857

(h) omit from the column headed “Purposes”: P16901

(i) omit from the column headed “Purposes”: P16938

(j) insert in numerical order in the column headed “Purposes”: P17039 P17067 P17068 P17070 P17071

[103] Schedule 1, Part 1, entry for Ustekinumab in the form Injection 45 mg in 0.5 mL single use pre-filled syringe [Maximum Quantity: 1; Number of Repeats: 1]

(a) omit from the column headed “Circumstances”: C16862

(b) omit from the column headed “Circumstances”: C16887

(c) insert in numerical order in the column headed “Circumstances”: C17080 C17093

(d) omit from the column headed “Purposes”: P16862

(e) omit from the column headed “Purposes”: P16887

(f) insert in numerical order in the column headed “Purposes”: P17080 P17093

[104] Schedule 1, Part 1, entry for Ustekinumab in the form Injection 45 mg in 0.5 mL single use pre-filled syringe [Maximum Quantity: 1; Number of Repeats: 2]

(a) omit from the column headed “Circumstances”: C16819

(b) omit from the column headed “Circumstances”: C16838 C16857

(c) omit from the column headed “Circumstances”: C16901

(d) omit from the column headed “Circumstances”: C16938

(e) insert in numerical order in the column headed “Circumstances”: C17039 C17067 C17068 C17070 C17071

(f) omit from the column headed “Purposes”: P16819

(g) omit from the column headed “Purposes”: P16838 P16857

(h) omit from the column headed “Purposes”: P16901

(i) omit from the column headed “Purposes”: P16938

(j) insert in numerical order in the column headed “Purposes”: P17039 P17067 P17068 P17070 P17071

[105] Schedule 1, Part 1, entry for Ustekinumab in the form Injection 90 mg in 1 mL single use pre-filled syringe [Maximum Quantity: 1; Number of Repeats: 1]

(a) omit from the column headed “Circumstances”: C16862

(b) omit from the column headed “Circumstances”: C16887

(c) insert in numerical order in the column headed “Circumstances”: C17080 C17093

(d) omit from the column headed “Purposes”: P16862

(e) omit from the column headed “Purposes”: P16887

(f) insert in numerical order in the column headed “Purposes”: P17080 P17093

[106] Schedule 1, Part 1, entry for Ustekinumab in the form Injection 90 mg in 1 mL single use pre-filled syringe [Maximum Quantity: 1; Number of Repeats: 2]

(a) omit from the column headed “Circumstances”: C16819

(b) omit from the column headed “Circumstances”: C16838 C16857

(c) omit from the column headed “Circumstances”: C16901

(d) omit from the column headed “Circumstances”: C16938

(e) insert in numerical order in the column headed “Circumstances”: C17039 C17067 C17068 C17070 C17071

(f) omit from the column headed “Purposes”: P16819

(g) omit from the column headed “Purposes”: P16838 P16857

(h) omit from the column headed “Purposes”: P16901

(i) omit from the column headed “Purposes”: P16938

(j) insert in numerical order in the column headed “Purposes”: P17039 P17067 P17068 P17070 P17071

[107] Schedule 1, Part 1, entries for Valaciclovir

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Valaciclovir | Tablet 500 mg (as hydrochloride) | Oral | Valaciclovir APOTEX | GX | MP NP | C5960 | P5960 | 20 | 0 |  | 10 |  |  |
| Valaciclovir | Tablet 500 mg (as hydrochloride) | Oral | Valaciclovir APOTEX | GX | MP NP MW | C5940 | P5940 | 30 | 5 |  | 30 |  |  |
| Valaciclovir | Tablet 500 mg (as hydrochloride) | Oral | Valaciclovir APOTEX | GX | MP NP | C5961 | P5961 | 30 | 5 |  | 30 |  |  |
| Valaciclovir | Tablet 500 mg (as hydrochloride) | Oral | Valaciclovir APOTEX | GX | MP NP | C5962 C5968 | P5962 P5968 | 42 | 0 |  | 42 |  |  |
| Valaciclovir | Tablet 500 mg (as hydrochloride) | Oral | Valaciclovir APOTEX | GX | MP | C5975 C9267 |  | 500 | 2 |  | 100 |  | C(100) |

[108] Schedule 1, Part 1, entries for Vinorelbine in the form Solution for I.V. infusion 50 mg (as tartrate) in 5 mL

omit:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vinorelbine | Solution for I.V. infusion 50 mg (as tartrate) in 5 mL | Injection | Navelbine | FB | MP |  |  | See Note 3 | See Note 3 |  | 1 |  | PB(100) |

[109] Schedule 1, Part 2, omit entry for Amino acid formula with vitamins and minerals without lysine and low in tryptophan

[110] Schedule 3, after entry for Responsible Person Code GT

insert:

|  |  |  |
| --- | --- | --- |
| GV | Amgen Australia Pty Limited | 31 051 057 428 |

[111] Schedule 3

omit:

|  |  |  |
| --- | --- | --- |
| IB | Apotex Pty Ltd | 52 096 916 148 |

[112] Schedule 3

omit:

|  |  |  |
| --- | --- | --- |
| JZ | Juniper Biologics Pty Ltd | 97 655 479 897 |

[113] Schedule 3

omit:

|  |  |  |
| --- | --- | --- |
| OU | Oraderm Pharmaceuticals Pty Ltd | 50 612 828 618 |

[114] Schedule 3, after entry for Responsible Person Code VI

insert:

|  |  |  |
| --- | --- | --- |
| VJ | VITALION PTY LTD | 33 677 876 014 |

[115] Schedule 3

omit:

|  |  |  |
| --- | --- | --- |
| VL | Vifor Pharma Pty Limited | 87 086 114 043 |

[116] Schedule 4, Part 1, omit entry for Circumstances Code “C4084”

[117] Schedule 4, Part 1, omit entry for Circumstances Code “C4095”

[118] Schedule 4, Part 1, omit entry for Circumstances Code “C5004”

[119] Schedule 4, Part 1, entry for Circumstances Code “C5533”

omit from the column headed “Listed Drug”: Amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine and tyrosine, and supplemented with docosahexaenoic acid

[120] Schedule 4, Part 1, entry for Circumstances Code “C5534”

omit from the column headed “Listed Drug”: Amino acid formula with fat, carbohydrate, vitamins, minerals, and trace elements, without methionine and supplemented with docosahexaenoic acid

[121] Schedule 4, Part 1, omit entry for Circumstances Code “C5554”

[122] Schedule 4, Part 1, omit entry for Circumstances Code “C5569”

[123] Schedule 4, Part 1, entry for Circumstances Code “C5571”

omit from the column headed “Listed Drug”: Amino acid formula with vitamins and minerals without valine, leucine and isoleucine with fat, carbohydrate and trace elements and supplemented with docosahexaenoic acid

[124] Schedule 4, Part 1, omit entry for Circumstances Code “C5600”

[125] Schedule 4, Part 1, omit entry for Circumstances Code “C5653”

[126] Schedule 4, Part 1, omit entry for Circumstances Code “C5795”

[127] Schedule 4, Part 1, omit entry for Circumstances Code “C6036”

[128] Schedule 4, Part 1, omit entry for Circumstances Code “C9603”

[129] Schedule 4, Part 1, omit entry for Circumstances Code “C9689”

[130] Schedule 4, Part 1, omit entry for Circumstances Code “C9690”

[131] Schedule 4, Part 1, omit entry for Circumstances Code “C9691”

[132] Schedule 4, Part 1, omit entry for Circumstances Code “C9692”

[133] Schedule 4, Part 1, omit entry for Circumstances Code “C9693”

[134] Schedule 4, Part 1, omit entry for Circumstances Code “C9697”

[135] Schedule 4, Part 1, omit entry for Circumstances Code “C9715”

[136] Schedule 4, Part 1, omit entry for Circumstances Code “C9809”

[137] Schedule 4, Part 1, omit entry for Circumstances Code “C9914”

[138] Schedule 4, Part 1, omit entry for Circumstances Code “C11579”

[139] Schedule 4, Part 1, omit entry for Circumstances Code “C11715”

[140] Schedule 4, Part 1, omit entry for Circumstances Code “C11716”

[141] Schedule 4, Part 1, omit entry for Circumstances Code “C11717”

[142] Schedule 4, Part 1, omit entry for Circumstances Code “C11718”

[143] Schedule 4, Part 1, omit entry for Circumstances Code “C11761”

[144] Schedule 4, Part 1, omit entry for Circumstances Code “C11767”

[145] Schedule 4, Part 1, omit entry for Circumstances Code “C11852”

[146] Schedule 4, Part 1, omit entry for Circumstances Code “C11853”

[147] Schedule 4, Part 1, omit entry for Circumstances Code “C11854”

[148] Schedule 4, Part 1, omit entry for Circumstances Code “C11855”

[149] Schedule 4, Part 1, omit entry for Circumstances Code “C11903”

[150] Schedule 4, Part 1, omit entry for Circumstances Code “C11966”

[151] Schedule 4, Part 1, omit entry for Circumstances Code “C12497”

[152] Schedule 4, Part 1, omit entry for Circumstances Code “C12507”

[153] Schedule 4, Part 1, omit entry for Circumstances Code “C14552”

[154] Schedule 4, Part 1, omit entry for Circumstances Code “C14600”

[155] Schedule 4, Part 1, omit entry for Circumstances Code “C15757”

[156] Schedule 4, Part 1, omit entry for Circumstances Code “C15768”

[157] Schedule 4, Part 1, omit entry for Circumstances Code “C15799”

[158] Schedule 4, Part 1, omit entry for Circumstances Code “C15805”

[159] Schedule 4, Part 1, omit entry for Circumstances Code “C15806”

[160] Schedule 4, Part 1, omit entry for Circumstances Code “C15810”

[161] Schedule 4, Part 1, omit entry for Circumstances Code “C15812”

[162] Schedule 4, Part 1, omit entry for Circumstances Code “C16819”

[163] Schedule 4, Part 1, omit entry for Circumstances Code “C16838”

[164] Schedule 4, Part 1, omit entry for Circumstances Code “C16857”

[165] Schedule 4, Part 1, omit entry for Circumstances Code “C16862”

[166] Schedule 4, Part 1, omit entry for Circumstances Code “C16887”

[167] Schedule 4, Part 1, omit entry for Circumstances Code “C16901”

[168] Schedule 4, Part 1, omit entry for Circumstances Code “C16938”

[169] Schedule 4, Part 1, omit entry for Circumstances Code “C16968”

[170] Schedule 4, Part 1, omit entry for Circumstances Code “C16969”

[171] Schedule 4, Part 1, after entry for Circumstances Code “C16976”

insert:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C16977 | P16977 | CN16977 | Secukinumab | Moderate to severe hidradenitis suppurativa  Initial treatment - Initial 1 (new patient)  Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3; AND  Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; or  Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; or  Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; AND  Patient must not have received PBS-subsidised treatment with a biological medicine for this condition; AND  Patient must not receive more than 20 weeks of treatment under this restriction.  Must be treated by a dermatologist.  Assessment of disease severity must be no more than 4 weeks old at the time of application.  An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 16 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.  The authority application must be made in writing and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes:  (i) the Hurley stage grading; and  (ii) the AN count; and  (iii) the name of the antibiotic/s received for two separate courses each of three months; or  (iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics.  The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.  This restriction is intended for induction dosing only.  The details of two proposed prescriptions should be submitted with every initial application for this drug.  Prescribing the 150 mg presentation:  One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.  Prescribing the 300 mg presentation:  One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.  Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure. | Compliance with Written Authority Required procedures |
| C16979 | P16979 | CN16979 | Adalimumab | Severe Crohn disease  Initial treatment - Initial 1 (new patient)  Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence; AND  Patient must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; or  Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contra-indication to each of prednisolone (or equivalent), azathioprine, 6-mercaptopurine and methotrexate; AND  Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment and which is no more than 4 weeks old at the time of application; or  Patient must have extensive intestinal inflammation of the small intestine as evidenced by radiological imaging; AND  Patient must not receive more than 16 weeks of treatment under this restriction.  Must be treated by a gastroenterologist (code 87); or  Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or  Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; or  Must be treated by a paediatrician; or  Must be treated by a specialist paediatric gastroenterologist.  Patient must be aged 6 to 17 years inclusive.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:  (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or  (ii) faeces: higher than normal lactoferrin or calprotectin level; or  (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.  If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application. If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Services Australia website (www.servicesaustralia.gov.au).  An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. | Compliance with Written Authority Required procedures |
| C16982 | P16982 | CN16982 | Adalimumab | Moderate to severe ulcerative colitis  Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply  Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; or  Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; or  Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; AND  The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.  Must be treated by a gastroenterologist (code 87). or  Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or  Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; or  Must be treated by a paediatrician; or  Must be treated by a specialist paediatric gastroenterologist. | Compliance with Authority Required procedures |
| C16991 | P16991 | CN16991 | Adalimumab | Moderate to severe ulcerative colitis  Subsequent continuing treatment  Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction; AND  Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; or  Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years; AND  Patient must not receive more than 24 weeks of treatment under this restriction.  Must be treated by a gastroenterologist (code 87); or  Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or  Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; or  Must be treated by a paediatrician; or  Must be treated by a specialist paediatric gastroenterologist.  Patient must be 6 years of age or older.  Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.  The measurement of response to the prior course of therapy must be documented in the patient's medical notes.  Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.  If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.  A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.  If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle. | Compliance with Authority Required procedures - Streamlined Authority Code 16991 |
| C16993 | P16993 | CN16993 | Adalimumab | Moderate to severe ulcerative colitis  First continuing treatment  Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND  Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; or  Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years.  Must be treated by a gastroenterologist (code 87); or  Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or  Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; or  Must be treated by a paediatrician; or  Must be treated by a specialist paediatric gastroenterologist.  Patient must be 6 years of age or older.  Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.  Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.  At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.  Authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction for patients who:  (i) received fewer than 5 repeats at the time of application; and/or  (ii) required changes to their dosing regimen during this treatment phase.  An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.  If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.  A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.  If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle. | Compliance with Authority Required procedures |
| C16994 | P16994 | CN16994 | Adalimumab | Severe Crohn disease  Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)  Patient must have a documented history of severe Crohn disease; AND  Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; AND  Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition more than once in the current treatment cycle; AND  Patient must not receive more than 16 weeks of treatment under this restriction.  Must be treated by a gastroenterologist (code 87); or  Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or  Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; or  Must be treated by a paediatrician; or  Must be treated by a specialist paediatric gastroenterologist.  Patient must be aged 6 to 17 years inclusive.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. | Compliance with Written Authority Required procedures |
| C16999 | P16999 | CN16999 | Adalimumab | Severe chronic plaque psoriasis  Subsequent continuing treatment, Face, hand, foot  Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction; AND  Patient must have demonstrated an adequate response to treatment with this drug; AND  Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine; AND  Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.  Must be treated by a dermatologist.  Patient must have been under 18 years of age at the time of initial treatment with this drug.  An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:  (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or  (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.  The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.  The assessment of response to treatment must be documented in the patient's medical records. | Compliance with Authority Required procedures - Streamlined Authority Code 16999 |
| C17000 | P17000 | CN17000 | Ustekinumab | Severe chronic plaque psoriasis  Subsequent continuing treatment (Face, hand, foot)  Must be treated by a dermatologist.  Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment (Face, hand, foot) - treatment covering week 28 and onwards restrictions; AND  Patient must have demonstrated an adequate response to treatment with this drug; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:  (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or  (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.  The assessment of response to treatment must be provided in this application and documented in the patient's medical records. | Compliance with Written Authority Required procedures |
| C17001 | P17001 | CN17001 | Etanercept | Severe chronic plaque psoriasis  Initial 2 treatment (Whole body) - Change of treatment  Must be treated by a dermatologist.  Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; AND  Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; AND  Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.  Patient must be under 18 years of age.  An adequate response to treatment is defined as:  A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.  In relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:  (i) there is an absence of an adequate response to that treatment; or  (ii) there was an intolerance to that treatment; or  (iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above.  The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records. | Compliance with Authority Required procedures |
| C17002 | P17002 | CN17002 | Adalimumab | Severe chronic plaque psoriasis  First continuing treatment, Whole body  Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must have demonstrated an adequate response to treatment with this drug; AND  Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine; AND  Patient must not receive more than 24 weeks of treatment under this restriction.  Must be treated by a dermatologist.  Patient must have been under 18 years of age at the time of initial treatment with this drug.  An adequate response to treatment is defined as:  A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (a) details of the proposed prescription(s); and  (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.  The most recent PASI assessment must be no more than 4 weeks old at the time of application.  Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.  The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline. | Compliance with Written Authority Required procedures |
| C17003 | P17003 | CN17003 | Adalimumab | Severe chronic plaque psoriasis  First continuing treatment, Face, hand, foot  Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must have demonstrated an adequate response to treatment with this drug; AND  Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine; AND  Patient must not receive more than 24 weeks of treatment under this restriction.  Must be treated by a dermatologist.  Patient must have been under 18 years of age at the time of initial treatment with this drug.  An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:  (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or  (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (a) details of the proposed prescription(s); and  (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.  The most recent PASI assessment must be no more than 4 weeks old at the time of application.  Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.  The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline. | Compliance with Written Authority Required procedures |
| C17005 | P17005 | CN17005 | Adalimumab | Severe chronic plaque psoriasis  Initial 2 treatment (Whole body) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; AND  Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; AND  Patient must not receive more than 17 weeks of treatment under this restriction.  Must be treated by a dermatologist.  Patient must be under 18 years of age.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.  Response to preceding supply:  An adequate response to treatment is defined as:  A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.  Change in therapy:  If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:  (i) there is an absence of an adequate response to that treatment; or  (ii) there was an intolerance to that treatment; or  (iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above  Recommencing therapy:  If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:  (i) an absence of an adequate response; or  (ii) an intolerance to that treatment; or  (iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.  The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records. | Compliance with Written Authority Required procedures |
| C17009 | P17009 | CN17009 | Dupilumab | Uncontrolled severe asthma  Continuing treatment  Patient must have a documented history of either: (i) severe asthma, (ii) severe allergic asthma; AND  Patient must have demonstrated or sustained an adequate response to PBS-subsidised treatment with this drug for this condition; AND  Patient must not receive more than 24 weeks of treatment under this restriction.  Must be treated by a medical practitioner who is either a: (i) paediatric respiratory physician, (ii) clinical immunologist, (iii) allergist, (iv) paediatrician or general physician experienced in the management of patients with severe asthma, in consultation with a respiratory physician.  Patient must be aged 6 to less than 12 years.  An adequate response to this biological medicine is defined as:  (a) a reduction in the Asthma Control Questionnaire (ACQ-5) or Asthma Control Questionnaire interviewer administered version (ACQ-IA) score of at least 0.5 from baseline, OR  (b) maintenance oral corticosteroid dose reduced by at least 25% from baseline, and no deterioration in Asthma Control Questionnaire (ACQ-5) or Asthma Control Questionnaire interviewer administered version (ACQ-IA) score from baseline, OR  (c) a reduction in the time-adjusted exacerbation rates compared to the 12 months prior to baseline.  All applications for continuing treatment with this biological medicine must include a measurement of response to the prior course of therapy. The Asthma Control Questionnaire (5 item version) or Asthma Control Questionnaire interviewer administered version (ACQ-IA) assessment of the patient's response to the prior course of treatment, the assessment of systemic corticosteroid dose, and the assessment of time-adjusted exacerbation rate must be made at around 20 weeks after the first PBS-subsidised dose of this biological medicine so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.  The first assessment should, where possible, be completed by the same physician who initiated treatment with this drug. This assessment, which will be used to determine eligibility for continuing treatment, should be submitted within 4 weeks of the date of assessment, and no later than 2 weeks prior to the patient completing their current treatment course, to avoid an interruption to supply. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this biological medicine for this condition.  A patient who fails to demonstrate a response treatment with this biological medicine will not be eligible to receive further PBS-subsidised treatment with this biological medicine for this condition within the same treatment cycle.  At the time of authority application, medical practitioners should request the appropriate quantity and number of repeats to provide for a continuing course of dupilumab, sufficient for 24 weeks therapy.  The authority application must be made in writing and must include:  (1) details of the proposed prescription; and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  The following must be provided at the time of application and documented in the patient's medical records:  (a) maintenance oral corticosteroid dose; and  (b) Asthma Control Questionnaire (ACQ-5) score; or  (c) Asthma Control Questionnaire interviewer administered version (ACQ-IA) score.  The most recent Asthma Control Questionnaire (ACQ-5) score or Asthma Control Questionnaire interviewer administered version (ACQ-IA) score must be no more than 4 weeks old at the time of application. | Compliance with Written Authority Required procedures |
| C17016 | P17016 | CN17016 | Dupilumab | Uncontrolled severe asthma  Initial treatment - Initial 1 (New patient; or Recommencement of treatment in a new treatment cycle following a break in PBS-subsidised biological medicine therapy)  Patient must not have received PBS-subsidised treatment with a biological medicine for either: (i) severe asthma, (ii) severe allergic asthma; OR  Patient must have had a break in treatment from the most recently approved PBS-subsidised biological medicine for either: (i) severe asthma, (ii) severe allergic asthma; AND  Patient must have a diagnosis of asthma confirmed and documented in the patient's medical records by either a: (i) paediatric respiratory physician, (ii) clinical immunologist, (iii) allergist, (iv) paediatrician or general physician experienced in the management of patients with severe asthma in consultation with a respiratory physician, defined by at least one of the following standard clinical features: (a) forced expiratory volume (FEV1) reversibility, (b) airway hyperresponsiveness, (c) peak expiratory flow (PEF) variability; AND  Patient must have a duration of asthma of at least 1 year; AND  Patient must have total serum human immunoglobulin E of at least 30 IU/mL with past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE in the last 12 months; OR  Patient must have blood eosinophil count of at least 150 cells per microlitre in the last 12 months; OR  Patient must have a fractional exhaled nitrous oxide of at least 20 ppb in the last 12 months; AND  Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented in the patient's medical records; AND  Patient must not receive more than 32 weeks of treatment under this restriction; AND  Patient must be under the care of the same physician for at least 6 months; AND  The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for either: (i) severe asthma, (ii) severe allergic asthma.  Must be treated by a medical practitioner who is either a: (i) paediatric respiratory physician, (ii) clinical immunologist, (iii) allergist, (iv) paediatrician or general physician experienced in the management of patients with severe asthma, in consultation with a respiratory physician.  Patient must be aged 6 to less than 12 years.  Optimised asthma therapy includes:  (i) Adherence to optimal inhaled therapy, including high dose inhaled corticosteroid (ICS) and long-acting beta-2 agonist (LABA) therapy for at least six months. If LABA therapy is contraindicated, not tolerated or not effective, montelukast, cromoglycate or nedocromil may be used as an alternative;  AND  (ii) treatment with at least 2 courses of oral or IV corticosteroids (daily or alternate day maintenance treatment courses, or 3-5 day exacerbation treatment courses), in the previous 12 months, unless contraindicated or not tolerated.  If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications (including those specified in the relevant TGA-approved Product Information) and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the Authority application.  The initial IgE assessment, blood eosinophil count or fractional exhaled nitrous oxide measurement must be no more than 12 months old at the time of application.  The following initiation criteria indicate failure to achieve adequate control and must be demonstrated in all patients at the time of the application:  (a) An Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed in the previous month (for children aged 6 to 10 years it is recommended that the Interviewer Administered version - the ACQ-IA be used),  AND  (b) while receiving optimised asthma therapy in the previous 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, OR 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician.  The Asthma Control Questionnaire (5 item version) or Asthma Control Questionnaire interviewer administered version (ACQ-IA) assessment of the patient's response to this initial course of treatment, the assessment of oral corticosteroid dose, and the assessment of exacerbation rate should be made at around 28 weeks after the first dose so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.  This assessment, which will be used to determine eligibility for continuing treatment, should be submitted within 4 weeks of the last dose of biological medicine, and no later than 2 weeks prior to the patient completing their current treatment course, to avoid an interruption to supply. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this biological medicine for this condition.  A patient who fails to demonstrate a response to treatment with this biological medicine will not be eligible to receive further PBS-subsidised treatment with this biological medicine for this condition within the same treatment cycle.  A treatment break in PBS-subsidised biological medicine therapy of at least 12 months must be observed in a patient who has either failed to achieve or sustain a response to treatment with 2 biological medicines within the same treatment cycle.  The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine was administered until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.  At the time of the authority application, medical practitioners should request the appropriate maximum quantity and number of repeats to provide for an initial course of dupilumab of up to 32 weeks.  The authority application must be made in writing and must include:  (1) details of the proposed prescription; and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  The following must be provided at the time of application and documented in the patient's medical records:  (a) details of prior optimised asthma drug therapy (dosage, date of commencement and duration of therapy); and  (b) details of severe exacerbation/s experienced in the past 12 months while receiving optimised asthma therapy (date and treatment); and  (c) the IgE, blood eosinophil or the fractional exhaled nitrous oxide result and date; and  (d) Asthma Control Questionnaire (ACQ-5) score; or  (e) Asthma Control Questionnaire interviewer administered version (ACQ-IA) score. | Compliance with Written Authority Required procedures |
| C17017 | P17017 | CN17017 | Palovarotene | Fibrodysplasia ossificans progressiva (FOP)  Chronic treatment  Patient must have a diagnosis of FOP, confirmed by genetic testing.  Must be treated by a specialist medical practitioner experienced in the diagnosis and management of FOP; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of FOP.  Patient must be a female aged 8 years or older; or  Patient must be a male aged 10 years or older.  At the time of the authority application, the medical practitioner must request the appropriate combination of packs to provide treatment at the recommended dose for chronic treatment, based on the age and weight of the patient, adequate for 4 weeks according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.  Appropriate genetic testing constitutes testing for a pathogenic variant of the Activin A receptor type I (ACVR1) gene. Confirm that evidence of the presence of a pathogenic mutation of the ACVR1 gene is documented/retained in the patient's medical records once only with the first PBS prescription.  The authority application must be made in writing and must include:  (1) details of the proposed prescription; and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice). | Compliance with Written Authority Required procedures |
| C17018 | P17018 | CN17018 | Palovarotene | Fibrodysplasia ossificans progressiva (FOP)  Flare-up (acute) treatment  Patient must have previously received PBS-subsidised treatment with this drug for this condition; AND  Patient must be experiencing a FOP flare-up; or  Patient must be at high risk of a FOP flare-up.  Must be treated by a specialist medical practitioner experienced in the diagnosis and management of FOP; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of FOP.  Patient must be a female aged 8 years or older; or  Patient must be a male aged 10 years or older.  Flare-up treatment should begin at the onset of the first symptom indicative of a FOP flare-up or substantial high-risk traumatic event likely to lead to a flare-up. Symptoms of a FOP flareup typically include but are not limited to localised pain, soft tissue swelling/inflammation, redness, warmth, decreased joint range of motion, and stiffness. Examples of a high risk substantial traumatic event include surgery, intramuscular immunisation, mandibular blocks for dental work, muscle fatigue, blunt muscle trauma from bumps, bruises, falls, or influenza-like viral illnesses.  At the time of the authority application, the medical practitioner must request the appropriate combination of packs to provide treatment at the recommended dose for flare-up treatment based on the age and weight of the patient, adequate for 12 weeks of treatment or in the presence of persistent flare-up symptoms to extend treatment in 4-week intervals according to the specified dosage in the approved Product Information (PI). A separate authority prescription form must be completed for each strength requested.  If the patient experiences another flare-up (i.e., new flare-up location or marked worsening of the original flare-up) at any time during flare-up treatment, the flare-up 12-week treatment should be restarted. | Compliance with Authority Required procedures - Streamlined Authority Code 17018 |
| C17019 | P17019 | CN17019 | Ruxolitinib | Polycythemia vera  Subsequent continuing treatment  Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction; AND  Patient must have achieved and maintained a response to treatment with this drug for this condition.  Patient must be at least 18 years of age. | Compliance with Authority Required procedures |
| C17025 | P17025 | CN17025 | Secukinumab | Moderate to severe hidradenitis suppurativa  Initial treatment - Initial 1 (new patient)  Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3; AND  Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; or  Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; or  Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; AND  Patient must not have received PBS-subsidised treatment with a biological medicine for this condition; AND  Patient must not receive more than 20 weeks of treatment under this restriction.  Must be treated by a dermatologist.  Assessment of disease severity must be no more than 4 weeks old at the time of application.  An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 16 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.  The authority application must be made in writing and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes:  (i) the Hurley stage grading; and  (ii) the AN count; and  (iii) the name of the antibiotic/s received for two separate courses each of three months; or  (iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics.  The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.  The details of two proposed prescriptions should be submitted with every initial application for this drug.  Prescribing the 150 mg presentation:  One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.  Prescribing the 300 mg presentation:  One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.  Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure. | Compliance with Written Authority Required procedures |
| C17026 | P17026 | CN17026 | Secukinumab | Moderate to severe hidradenitis suppurativa  Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)  Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; AND  Patient must not have had 3 treatment failures within this treatment cycle to PBS-subsidised biological medicines for this condition; AND  Patient must not receive more than 20 weeks of treatment under this restriction.  Must be treated by a dermatologist.  Assessment of disease severity must be no more than 4 weeks old at the time of application.  A response to treatment is defined as:  Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.  An application for a patient who has received PBS-subsidised treatment with this drug, has not experienced treatment failure, and wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.  To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.  The authority application must be made in writing and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes:  (i) the Hurley stage grading; and  (ii) the AN count.  The details of two proposed prescriptions should be submitted with every initial application for this drug.  Prescribing the 150 mg presentation:  One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.  Prescribing the 300 mg presentation:  One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats. | Compliance with Written Authority Required procedures |
| C17028 | P17028 | CN17028 | Secukinumab | Moderate to severe hidradenitis suppurativa  Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)  Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3; AND  Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition; AND  Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition; AND  Patient must not receive more than 20 weeks of treatment under this restriction.  Must be treated by a dermatologist.  Assessment of disease severity must be no more than 4 weeks old at the time of application.  A response to treatment is defined as:  Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.  To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.  The authority application must be made in writing and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes:  (i) the Hurley stage grading; and  (ii) the AN count.  The details of two proposed prescriptions should be submitted with every initial application for this drug.  Prescribing the 150 mg presentation:  One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.  Prescribing the 300 mg presentation:  One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats. | Compliance with Written Authority Required procedures |
| C17030 | P17030 | CN17030 | Adalimumab | Moderate to severe ulcerative colitis  Continuing treatment - balance of supply  Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment; AND  The treatment must provide no more than the balance of up to 24 weeks treatment available under this restriction.  Must be treated by a gastroenterologist (code 87). or  Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or  Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; or  Must be treated by a paediatrician. or  Must be treated by a specialist paediatric gastroenterologist. | Compliance with Authority Required procedures |
| C17031 | P17031 | CN17031 | Adalimumab | Moderate to severe ulcerative colitis  Initial treatment - Initial 1 (new patient)  Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; AND  Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; or  Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; or  Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent; AND  Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; or  Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); or  Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.  Must be treated by a gastroenterologist (code 87); or  Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or  Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; or  Must be treated by a paediatrician; or  Must be treated by a specialist paediatric gastroenterologist.  Patient must be 6 years of age or older.  The authority application must be made in writing and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:  (i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and  (ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].  All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.  The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.  A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.  The measurement of response to the prior course of therapy must be documented in the patient's medical notes.  If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.  An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.  If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.  Details of the accepted toxicities including severity can be found on the Services Australia website. | Compliance with Written Authority Required procedures |
| C17032 | P17032 | CN17032 | Adalimumab | Moderate to severe ulcerative colitis  Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)  Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; or  Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years; AND  Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; or  Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.  Must be treated by a gastroenterologist (code 87); or  Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or  Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; or  Must be treated by a paediatrician; or  Must be treated by a specialist paediatric gastroenterologist.  Patient must be 6 years of age or older.  The authority application must be made in writing and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:  (i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and  (ii) the details of prior biological medicine treatment including the details of date and duration of treatment.  To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.  If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.  A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.  If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle. | Compliance with Written Authority Required procedures |
| C17039 | P17039 | CN17039 | Ustekinumab | Severe chronic plaque psoriasis  Initial 2 treatment (Face, hand, foot) - Change or recommencement of treatment after a break in biological medicine of less than 5 years  Must be treated by a dermatologist.  Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; AND  Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; AND  Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must not receive more than 28 weeks of treatment under this restriction.  Patient must be under 18 years of age.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.  Response to preceding supply:  An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:  (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or  (ii) a reduction by 75% or more in the skin area affected, or is sustained at this level, when compared with the baseline value for this treatment cycle.  Change in therapy:  If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:  (i) there is an absence of an adequate response to that treatment; or  (ii) there was an intolerance to that treatment; or  (iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above  Recommencing therapy:  If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:  (i) an absence of an adequate response; or  (ii) an intolerance to that treatment; or  (iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.  The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records. | Compliance with Written Authority Required procedures |
| C17042 | P17042 | CN17042 | Adalimumab | Severe chronic plaque psoriasis  Balance of supply - Initial 1, 2 or 3 treatment (Whole body, or, face/hand/foot)  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  The treatment must provide no more than the balance of 17 weeks of treatment available under any of the initial treatment phases.  Must be treated by a dermatologist; AND  Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but has received insufficient therapy with this biological medicine to complete 3 doses available under any of the initial treatment phases (regardless of the affected body area): (i) Initial 1, (ii) Initial 2, (iii) Initial 3. | Compliance with Authority Required procedures |
| C17043 | P17043 | CN17043 | Adalimumab | Severe chronic plaque psoriasis  Initial 1 treatment (Whole body) - biological medicine-naive patient  Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis; AND  Patient must not have received PBS-subsidised treatment with a biological medicine for this condition; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; AND  Patient must not receive more than 17 weeks of treatment under this restriction.  Must be treated by a dermatologist.  Patient must be under 18 years of age.  Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.  Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.  Details of the accepted toxicities including severity can be found on the Services Australia website.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:  (a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.  A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. Provide in this authority application, and document in the patient's medical records, each of:  (i) the name of each prior therapy trialled that meets the above requirements - state at least 2;  (ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);  (iii) the PASI score that followed each prior therapy trialled;  (iv) the date the PASI scores were determined.  Provide a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine. | Compliance with Written Authority Required procedures |
| C17044 | P17044 | CN17044 | Adalimumab | Severe chronic plaque psoriasis  Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient  Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis; AND  Patient must not have received PBS-subsidised treatment with a biological medicine for this condition; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; AND  Patient must not receive more than 17 weeks of treatment under this restriction.  Must be treated by a dermatologist.  Patient must be under 18 years of age.  Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.  Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.  Details of the accepted toxicities including severity can be found on the Services Australia website.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:  (a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or  (b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy  Provide in this authority application, and document in the patient's medical records, each of:  (i) the name of each prior therapy trialled that meets the above requirements - state at least 2;  (ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);  (iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;  (iv) the dates that response assessments were determined.  Provide in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:  (v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);  (vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine. | Compliance with Written Authority Required procedures |
| C17045 | P17045 | CN17045 | Adalimumab | Severe chronic plaque psoriasis  Initial 2 treatment (Face, hand, foot) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; AND  Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; AND  Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle; AND  Patient must not receive more than 17 weeks of treatment under this restriction.  Must be treated by a dermatologist.  Patient must be under 18 years of age.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.  Response to preceding supply:  An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:  (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or  (ii) a reduction by 75% or more in the skin area affected, or is sustained at this level, when compared with the baseline value for this treatment cycle.  Change in therapy:  If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:  (i) there is an absence of an adequate response to that treatment; or  (ii) there was an intolerance to that treatment; or  (iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above  Recommencing therapy:  If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:  (i) an absence of an adequate response; or  (ii) an intolerance to that treatment; or  (iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.  The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records. | Compliance with Written Authority Required procedures |
| C17046 | P17046 | CN17046 | Adalimumab | Severe chronic plaque psoriasis  Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years  Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle; AND  The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; or  The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot'; AND  Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; or  The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must not receive more than 17 weeks of treatment under this restriction.  Must be treated by a dermatologist.  Patient must be under 18 years of age.  The most recent PASI assessment must be no more than 4 weeks old at the time of application and must be documented in the patient's medical records.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice). | Compliance with Written Authority Required procedures |
| C17047 | P17047 | CN17047 | Dupilumab | Chronic severe atopic dermatitis  Initial treatment of the whole body  Patient must have a Physicians Global Assessment (PGA) (5-point scale) baseline score of at least 4 as evidence of severe disease despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days; AND  Patient must have an Eczema Area and Severity Index (EASI) baseline score of at least 20 despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days; AND  Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days; AND  The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands; AND  The treatment must be the sole PBS-subsidised biological medicine for this PBS indication; AND  Patient must not have experienced an inadequate response to this biological medicine in this PBS indication.  Must be treated by a dermatologist; or  Must be treated by a clinical immunologist.  Patient must be at least 12 years of age.  State each of the qualifying (i) PGA, (ii) EASI and (iii) DLQI scores in the authority application.  Acceptable scores can be:  (a) current scores; or  (b) past scores, including those previously quoted in a PBS authority application for another drug listed for this indication.  The EASI and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction. In addition to stating them in this authority application, document them in the patient's medical records.  Document the details of the medium to high potency topical corticosteroids (or calcineurin inhibitors) initially trialled in the patient's medical records. | Compliance with Authority Required procedures |
| C17052 | P17052 | CN17052 | Ruxolitinib | Polycythemia vera  First continuing treatment  Patient must have received this drug as their most recent course of PBS-subsidised treatment for this condition; AND  Patient must have achieved and maintained a response to treatment with this drug for this condition.  Patient must be at least 18 years of age.  A response to treatment is defined as:  (i) Maintaining a haematocrit level of less than 45% without relying on phlebotomy and which was measured at least 12 weeks after the most recent phlebotomy procedure (if performed to reduce red blood cell levels); or  (ii) Ability to demonstrate or maintain a normal platelet count of less than or equal to 400 x 109/L; or  (iii) The absence of palpable splenomegaly.  The following must be documented in the patient's medical records:  (a) details (dates, unique identifying number/code, or provider number) of the pathology report confirming the patient has achieved and maintained a response within 48 weeks of treatment initiation; or  (b) confirmation that the patient does not have palpable splenomegaly. | Compliance with Authority Required procedures |
| C17053 | P17053 | CN17053 | Ruxolitinib | Polycythemia vera  Initial treatment  Patient must be resistant to hydroxycarbamide (hydroxyurea); or  Patient must have an intolerance to hydroxycarbamide (hydroxyurea) of a severity necessitating permanent treatment withdrawal; or  Patient must have developed a clinically important adverse event/contraindication to hydroxycarbamide (hydroxyurea) as defined in the TGA-approved Product Information necessitating permanent treatment withdrawal; AND  Patient must not have previously received PBS-subsidised treatment with this drug for this condition.  Patient must be at least 18 years of age.  Hydroxycarbamide (hydroxyurea) resistance is defined as a minimum of 12 consecutive weeks treatment at a dose of at least 1.5 grams/day or at the maximum tolerated that still results in one of the following:  (i) the need to reduce haematocrit levels to below 45% through phlebotomy; or  (ii) a platelet count greater than 400 x 109/L and a white blood cell count greater than 10 x 109/L  If applicable, details of prior systemic treatment with hydroxycarbamide (hydroxyurea) that caused either (i) an intolerance, (ii) an adverse event as listed in the TGA-approved Product Information, or (iii) a contraindication as listed in the TGA-approved Product Information necessitating permanent treatment withdrawal should be documented in the patient's medical records.  If the application is submitted through HPOS form upload or mail, it must include:  (i) details of the proposed prescription; and  (ii) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice). | Compliance with Authority Required procedures |
| C17054 | P17054 | CN17054 | Ruxolitinib | Polycythemia vera  Balance of Initial treatment - up to 48 weeks  Patient must have received this drug as their most recent course of PBS-subsidised treatment for this condition; AND  Patient must not receive more than 24 weeks of treatment under this restriction.  Patient must be at least 18 years of age.  If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. | Compliance with Authority Required procedures |
| C17057 | P17057 | CN17057 | Secukinumab | Moderate to severe hidradenitis suppurativa  Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)  Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; AND  Patient must not have had 3 treatment failures within this treatment cycle to PBS-subsidised biological medicines for this condition; AND  Patient must not receive more than 20 weeks of treatment under this restriction.  Must be treated by a dermatologist.  Assessment of disease severity must be no more than 4 weeks old at the time of application.  A response to treatment is defined as:  Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.  An application for a patient who has received PBS-subsidised treatment with this drug, has not experienced treatment failure, and wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.  To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.  The authority application must be made in writing and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes:  (i) the Hurley stage grading; and  (ii) the AN count.  The details of two proposed prescriptions should be submitted with every initial application for this drug.  Prescribing the 150 mg presentation:  One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.  Prescribing the 300 mg presentation:  One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.  This restriction is intended for induction dosing only. | Compliance with Written Authority Required procedures |
| C17058 | P17058 | CN17058 | Secukinumab | Moderate to severe hidradenitis suppurativa  Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)  Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3; AND  Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition; AND  Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition; AND  Patient must not receive more than 20 weeks of treatment under this restriction.  Must be treated by a dermatologist.  Assessment of disease severity must be no more than 4 weeks old at the time of application.  A response to treatment is defined as:  Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.  To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 16 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.  The authority application must be made in writing and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes:  (i) the Hurley stage grading; and  (ii) the AN count.  The details of two proposed prescriptions should be submitted with every initial application for this drug.  Prescribing the 150 mg presentation:  One prescription should be for the induction doses, containing a quantity of 8 doses of 150 mg and no repeats and the second prescription should be for 2 doses of 150 mg and 3 repeats.  Prescribing the 300 mg presentation:  One prescription should be for the induction doses, containing a quantity of 4 doses of 300 mg and no repeats and the second prescription should be for 1 dose of 300 mg and 3 repeats.  This restriction is intended for induction dosing only. | Compliance with Written Authority Required procedures |
| C17065 | P17065 | CN17065 | Adalimumab | Severe chronic plaque psoriasis  Subsequent continuing treatment, Whole body  Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction; AND  Patient must have demonstrated an adequate response to treatment with this drug; AND  Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine; AND  Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.  Must be treated by a dermatologist.  Patient must have been under 18 years of age at the time of initial treatment with this drug.  An adequate response to treatment is defined as:  A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.  The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.  The assessment of response to treatment must be documented in the patient's medical records. | Compliance with Authority Required procedures - Streamlined Authority Code 17065 |
| C17067 | P17067 | CN17067 | Ustekinumab | Severe chronic plaque psoriasis  Initial 2 treatment (Whole body) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years  Must be treated by a dermatologist.  Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; AND  Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; AND  Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must not receive more than 28 weeks of treatment under this restriction.  Patient must be under 18 years of age.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  Where the patient is changing from treatment with etanercept a baseline PASI measurement must be provided with this authority application.  Response to preceding supply:  An adequate response to treatment is defined as:  A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.  Change in therapy:  If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:  (i) there is an absence of an adequate response to that treatment; or  (ii) there was an intolerance to that treatment; or  (iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above  Recommencing therapy:  If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:  (i) an absence of an adequate response; or  (ii) an intolerance to that treatment; or  (iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.  The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records. | Compliance with Written Authority Required procedures |
| C17068 | P17068 | CN17068 | Ustekinumab | Severe chronic plaque psoriasis  Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years  Must be treated by a dermatologist.  Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle; AND  The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; or  The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot'; AND  Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; or  The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must not receive more than 28 weeks of treatment under this restriction.  Patient must be under 18 years of age.  The most recent PASI assessment must be no more than 4 weeks old at the time of application and must be documented in the patient's medical records.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice). | Compliance with Written Authority Required procedures |
| C17069 | P17069 | CN17069 | Etanercept | Severe chronic plaque psoriasis  Initial 2 treatment (Face, hand, foot) - Change of treatment  Must be treated by a dermatologist.  Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; AND  Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; AND  Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.  Patient must be under 18 years of age.  An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:  (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the pre-biological treatment baseline values; or  (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the pre-biological treatment baseline value.  In relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:  (i) there is an absence of an adequate response to that treatment; or  (ii) there was an intolerance to that treatment; or  (iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above.  The assessment of response to treatment and the reason for changing therapy must be provided in this application and documented in the patient's medical records. | Compliance with Authority Required procedures |
| C17070 | P17070 | CN17070 | Ustekinumab | Severe chronic plaque psoriasis  Initial 1 treatment (Whole body) - biological medicine-naive patient  Must be treated by a dermatologist.  Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must have lesions present for at least 6 months from the time of initial diagnosis; AND  Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; AND  Patient must not receive more than 28 weeks of treatment under this restriction.  Patient must be under 18 years of age.  Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.  Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.  Details of the accepted toxicities including severity can be found on the Services Australia website.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:  (a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.  A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. Provide in this authority application, and document in the patient's medical records, each of:  (i) the name of each prior therapy trialled that meets the above requirements - state at least 2;  (ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);  (iii) the PASI score that followed each prior therapy trialled;  (iv) the date the PASI scores were determined.  Provide a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine. | Compliance with Written Authority Required procedures |
| C17071 | P17071 | CN17071 | Ustekinumab | Severe chronic plaque psoriasis  Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient  Must be treated by a dermatologist.  Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis; AND  Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; AND  Patient must not receive more than 28 weeks of treatment under this restriction.  Patient must be under 18 years of age.  Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.  Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.  Details of the accepted toxicities including severity can be found on the Services Australia website.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:  (a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or  (b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy  Provide in this authority application, and document in the patient's medical records, each of:  (i) the name of each prior therapy trialled that meets the above requirements - state at least 2;  (ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);  (iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;  (iv) the dates that response assessments were determined.  Provide in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:  (v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);  (vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine. | Compliance with Written Authority Required procedures |
| C17072 | P17072 | CN17072 | Dupilumab | Uncontrolled severe asthma  Initial treatment - Initial 2 (Change of treatment)  Patient must have had a total serum human immunoglobulin E of at least 30 IU/mL with past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE no more than 12 months prior to initiating PBS-subsidised treatment with a biological medicine for either: (i) severe asthma, (ii) severe allergic asthma; OR  Patient must have had a blood eosinophil count of at least 150 cells per microlitre no more than 12 months prior to initiating PBS-subsidised treatment with a biological medicine for either: (i) severe asthma, (ii) severe allergic asthma; OR  Patient must have had a fractional exhaled nitrous oxide of at least 20 ppb no more than 12 months prior to initiating PBS-subsidised treatment with a biological medicine for either: (i) severe asthma, (ii) severe allergic asthma; AND  Patient must not receive more than 32 weeks of treatment under this restriction; AND  Patient must be under the care of the same physician for at least 6 months; AND  Patient must have received prior PBS-subsidised treatment with a biological medicine in this treatment cycle for either: (i) severe asthma, (ii) severe allergic asthma; AND  Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; AND  The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for either: (i) severe asthma, (ii) severe allergic asthma.  Must be treated by a medical practitioner who is either a: (i) paediatric respiratory physician, (ii) clinical immunologist, (iii) allergist, (iv) paediatrician or general physician experienced in the management of patients with severe asthma, in consultation with a respiratory physician.  Patient must be aged 6 to less than 12 years.  An application for a patient who has received PBS-subsidised biological medicine treatment for severe asthma or severe allergic asthma who wishes to change therapy to this biological medicine, must be accompanied by the results of an Asthma Control Questionnaire (ACQ-5) or Asthma Control Questionnaire interviewer administered version (ACQ-5-IA) assessment of the patient's most recent course of PBS-subsidised biological medicine treatment. The assessment must have been made no more than 4 weeks after the last dose of biological medicine. Where a response assessment was not undertaken, the patient will be deemed to have failed to respond to treatment with that previous biological medicine.  An Asthma Control Questionnaire (ACQ-5) or Asthma Control Questionnaire interviewer administered version (ACQ-5-IA) assessment of the patient may be made at the time of application for treatment (to establish a new baseline score), but should be made again around 28 weeks after the first PBS-subsidised dose of this biological medicine under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.  This assessment at around 28 weeks, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the last dose of biological medicine. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this biological medicine.  A patient who fails to demonstrate a response to treatment with this biological medicine will not be eligible to receive further PBS-subsidised treatment with this biological medicine for this condition within the same treatment cycle.  A treatment break in PBS-subsidised biological medicine therapy of at least 12 months must be observed in a patient who has either failed to achieve or sustain a response to treatment with 2 biological medicines within the same treatment cycle.  The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine was administered until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.  At the time of the authority application, medical practitioners should request the appropriate maximum quantity and number of repeats to provide for an initial course of dupilumab sufficient for up to 32 weeks of therapy.  The authority application must be made in writing and must include:  (1) details of the proposed prescription; and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  The following must be provided at the time of application and documented in the patient's medical records:  (a) the IgE, blood eosinophil or fractional exhaled nitrous oxide result and date; and  (b) Asthma Control Questionnaire (ACQ-5) score; or  (c) Asthma Control Questionnaire interviewer administered version (ACQ-IA) score.  (d) the details of prior biological medicine treatment including the details of date and duration of treatment; and  (e) the reason for switching therapy (e.g. failure of prior therapy, partial response to prior therapy, adverse event to prior therapy). | Compliance with Written Authority Required procedures |
| C17073 | P17073 | CN17073 | Dupilumab | Uncontrolled severe asthma  Initial treatment - Initial 1 (New patient; or Recommencement of treatment in a new treatment cycle following a break in PBS-subsidised biological medicine therapy), Initial treatment - Initial 2 (Change of treatment), Continuing treatment, or transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements - Balance of Supply in a patient aged 6 to 12 years  Patient must have received insufficient therapy with this drug for this condition under the Initial treatment - Initial 1 (New patient; or Recommencement of treatment in a new treatment cycle following a break in PBS-subsidised biological medicine therapy) restriction to complete 32 weeks of treatment; OR  Patient must have received insufficient therapy with this drug for this condition under the Initial treatment - Initial 2 (Change of treatment) restriction to complete 32 weeks of treatment; OR  Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks of treatment; OR  Patient must have received insufficient therapy with this drug for this condition under the transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements restriction to complete 24 weeks of treatment; AND  The treatment must provide no more than the balance of up to 32 weeks treatment available under the Initial 1 and Initial 2 restriction; OR  The treatment must provide no more than the balance of up to 24 weeks treatment available under the Continuing and transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements restriction.  Must be treated by a medical practitioner who is either a: (i) paediatric respiratory physician, (ii) clinical immunologist, (iii) allergist, (iv) paediatrician or general physician experienced in the management of patients with severe asthma, in consultation with a respiratory physician. | Compliance with Authority Required procedures |
| C17076 | P17076 | CN17076 | Dupilumab | Chronic severe atopic dermatitis  Initial treatment of the face and/or hands  The condition must have at least 2 of the following Eczema Area and Severity Index (EASI) symptom sub-scores for erythema, oedema/papulation, excoriation, lichenification rated as severe despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days; or  The condition must have affected at least 30% of the face/hands surface area despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days; AND  Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days; AND  The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands; AND  The treatment must be the sole PBS-subsidised biological medicine for this PBS indication; AND  Patient must not have experienced an inadequate response to this biological medicine in this PBS indication.  Must be treated by a dermatologist; or  Must be treated by a clinical immunologist.  Patient must be at least 12 years of age.  State each of the 4 Eczema Area and Severity Index (EASI) symptom sub-score ratings (0 = none, 1 = mild, 2 = moderate, 3 = severe) for:  (i) erythema,  (ii) oedema/papulation,  (iii) excoriation,  (iv) lichenification  Acceptable scores can be:  (a) current scores; or  (b) past scores, including those previously quoted in a PBS authority application for another drug listed for this indication.  State the percentage face/hand surface area affected by the condition (must be at least 30%) where EASI symptom sub-scores are not provided. This percentage surface area can also be stated in addition to the EASI symptom sub-scores.  The EASI/percentage surface area and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction. In addition to stating them in this authority application, document them in the patient's medical records.  Document the details of the medium to high potency topical corticosteroids (or calcineurin inhibitors) initially trialled are in the patient's medical records. | Compliance with Authority Required procedures |
| C17077 | P17077 | CN17077 | Adalimumab | Moderate to severe ulcerative colitis  Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)  Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition; AND  Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition; AND  Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; or  Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); or  Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.  Must be treated by a gastroenterologist (code 87); or  Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or  Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; or  Must be treated by a paediatrician; or  Must be treated by a specialist paediatric gastroenterologist.  Patient must be 6 years of age or older.  The authority application must be made in writing and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:  (i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and  (ii) the details of prior biological medicine treatment including the details of date and duration of treatment.  All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.  The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.  A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.  To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.  If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.  Details of the accepted toxicities including severity can be found on the Services Australia website. | Compliance with Written Authority Required procedures |
| C17080 | P17080 | CN17080 | Ustekinumab | Severe chronic plaque psoriasis  First continuing treatment (Whole body) - treatment covering week 28 and onwards  Must be treated by a dermatologist.  Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine; AND  Patient must have demonstrated an adequate response to treatment; AND  Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  An adequate response to treatment is defined as:  A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.  The assessment of response to treatment must be provided in this application and documented in the patient's medical records.  The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment. | Compliance with Written Authority Required procedures |
| C17093 | P17093 | CN17093 | Ustekinumab | Severe chronic plaque psoriasis  First continuing treatment (Face, hand, foot) - treatment covering week 28 and onwards  Must be treated by a dermatologist.  Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine; AND  Patient must have demonstrated an adequate response to treatment; AND  Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:  (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or  (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.  The assessment of response to treatment must be provided in this application and documented in the patient's medical records. | Compliance with Written Authority Required procedures |
| C17094 | P17094 | CN17094 | Ustekinumab | Severe chronic plaque psoriasis  Subsequent continuing treatment (Whole body)  Must be treated by a dermatologist.  Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment (Whole body) - treatment covering week 28 and onwards restrictions; AND  Patient must have demonstrated an adequate response to treatment with this drug; AND  The treatment must be as systemic monotherapy; or  The treatment must be in combination with methotrexate; AND  Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  An adequate response to treatment is defined as:  A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.  The assessment of response to treatment must be provided in this application and documented in the patient's medical records.  The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment. | Compliance with Written Authority Required procedures |
| C17104 | P17104 | CN17104 | Adalimumab | Severe Crohn disease  First continuing treatment of Crohn disease in a paediatric patient  Patient must have a documented history of severe Crohn disease; AND  Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; AND  Patient must have both: (i) a total PCDAI score of 40 points or less, and (ii) a reduction in PCDAI score by at least 15 points from baseline value; or  Patient must have an adequate response to this drug defined as an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; AND  Patient must not receive more than 24 weeks of treatment under this restriction.  Must be treated by a gastroenterologist (code 87); or  Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or  Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; or  Must be treated by a paediatrician; or  Must be treated by a specialist paediatric gastroenterologist.  Patient must be aged 6 to 17 years inclusive.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  The assessment of response must be no more than 4 weeks old at the time of application.  An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.  Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.  Authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction for patients who:  (i) received fewer than 5 repeats at the time of application; and/or  (ii) required changes to their dosing regimen during this treatment phase. | Compliance with Written Authority Required procedures |
| C17106 | P17106 | CN17106 | Adalimumab | Severe Crohn disease  Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)  Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition; AND  Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition; AND  Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist, consultant physician, paediatrician or specialist paediatric gastroenterologist; AND  Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40; or  Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease that is no more than 4 weeks old at the time of application; AND  Patient must not receive more than 16 weeks of treatment under this restriction.  Must be treated by a gastroenterologist (code 87); or  Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or  Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; or  Must be treated by a paediatrician; or  Must be treated by a specialist paediatric gastroenterologist.  Patient must be aged 6 to 17 years inclusive.  The authority application must be made via the Online PBS Authorities System, or in writing via HPOS form upload or mail and must include:  (1) details of the proposed prescription(s); and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  For patients assessed as having extensive intestinal inflammation of the small intestines, such evidence of intestinal inflammation includes:  (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or  (ii) faeces: higher than normal lactoferrin or calprotectin level; or  (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.  The PCDAI assessment must be no more than 4 weeks old at the time of application.  An assessment of a patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.  Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment. | Compliance with Written Authority Required procedures |
| C17113 | P17113 | CN17113 | Dupilumab | Uncontrolled severe asthma  Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements  Patient must have received non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 September 2025; AND  Patient must have a diagnosis of asthma confirmed and documented in the patient's medical records by either a: (i) paediatric respiratory physician, (ii) clinical immunologist, (iii) allergist; (iv) paediatrician or general physician experienced in the management of patients with severe asthma in consultation with a respiratory physician, defined by at least one of the following standard clinical features: (i) forced expiratory volume (FEV1) reversibility, (ii) airway hyperresponsiveness, (iii) peak expiratory flow (PEF) variability; AND  Patient must have had a duration of asthma of at least 1 year prior to commencement of non-PBS-subsidised treatment with this drug; AND  Patient must have had a documented total serum human immunoglobulin E of at least 30 IU/mL measured no more than 12 months prior to initiation of non-PBS-subsidised treatment with this drug for this condition, with past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE no more than 12 months prior to initiation of PBS-subsidised treatment with this drug for this condition; OR  Patient must have had a blood eosinophil count of at least 150 cells per microlitre in the 12 months prior to initiation of non-PBS-subsidised treatment with this drug for this condition; OR  Patient must have had a fractional exhaled nitrous oxide of at least 20 ppb in the 12 months prior to initiation of non-PBS-subsidised treatment with this drug for this condition; AND  Patient must have documented a failure to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, prior to initiating non-PBS-subsidised treatment with this drug for this condition; AND  Patient must have demonstrated or sustained an adequate response to treatment with this drug if the patient has received at least 28 weeks of treatment with this drug for this condition; AND  Patient must not receive more than 24 weeks of treatment under this restriction.  Must be treated by a medical practitioner who is either a: (i) paediatric respiratory physician, (ii) clinical immunologist, (iii) allergist, (iv) paediatrician or general physician experienced in the management of patients with severe asthma, in consultation with a respiratory physician.  Patient must have been aged 6 to less than 12 years prior to starting non-PBS-subsidised treatment with this drug.  Optimised asthma therapy includes:  (i) Adherence to optimal inhaled therapy, including high dose inhaled corticosteroid (ICS) and long-acting beta-2 agonist (LABA) therapy for at least six months. If LABA therapy is contraindicated, not tolerated or not effective, montelukast, cromoglycate or nedocromil may be used as an alternative;  AND  (ii) treatment with at least 2 courses of oral or IV corticosteroids (daily or alternate day maintenance treatment courses, or 3-5 day exacerbation treatment courses), in the previous 12 months, unless contraindicated or not tolerated.  If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications (including those specified in the relevant TGA-approved Product Information) and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the Authority application.  An adequate response to this biological medicine is defined as:  (a) a reduction in the Asthma Control Questionnaire (ACQ-5) or Asthma Control Questionnaire interviewer administered version (ACQ-IA) score of at least 0.5 from baseline, OR  (b) maintenance oral corticosteroid dose reduced by at least 25% from baseline, and no deterioration in Asthma Control Questionnaire (ACQ-5) or Asthma Control Questionnaire interviewer administered version (ACQ-IA) score from baseline, OR  (c) a reduction in the time-adjusted exacerbation rates compared to the 12 months prior to baseline.  The following initiation criteria indicate failure to achieve adequate control with optimised asthma therapy and must be demonstrated in all patients at the time of the application:(a) An Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed prior to non-PBS-subsidised treatment with this drug for this condition (for children aged 6 to 10 years it is recommended that the Interviewer Administered version - the ACQ-IA be used), AND(b) while receiving optimised asthma therapy in the prior to non-PBS-subsidised treatment with this drug for this condition 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, OR 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician.  The Asthma Control Questionnaire (5 item version) or Asthma Control Questionnaire interviewer administered version (ACQ-IA) assessment the assessment of systemic corticosteroid dose, and the assessment of time-adjusted exacerbation rate to determine whether the patient has achieved or sustained an adequate response to non-PBS subsidised treatment, must be conducted immediately (no later than 4 weeks after the last dose of non-PBS-subsidised treatment) prior to this application if the treatment duration has been at least 28 weeks  All applications for continuing treatment with this biological medicine must include a measurement of response to the prior course of therapy. The Asthma Control Questionnaire (5 item version) or Asthma Control Questionnaire interviewer administered version (ACQ-IA) assessment of the patient's response to the prior course of treatment, the assessment of systemic corticosteroid dose, and the assessment of time-adjusted exacerbation rate must be made at around 20 weeks after the first dose of PBS-subsidised treatment with this biological medicine under this restriction so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.  The first assessment should, where possible, be completed by the same physician who initiated treatment with this drug. This assessment, which will be used to determine eligibility for continuing treatment, should be submitted within 4 weeks of the date of assessment, and no later than 2 weeks prior to the patient completing their current treatment course, to avoid an interruption to supply. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug for this condition.  A patient who fails to demonstrate a response to treatment with this biological medicine will not be eligible to receive further PBS-subsidised treatment with this biological medicine for this condition within the same treatment cycle.  A treatment break in PBS-subsidised biological medicine therapy of at least 12 months must be observed in a patient who has either failed to achieve or sustain a response to treatment with 2 biological medicines within the same treatment cycle.  The length of the break in therapy is measured from the date of the most recent treatment with a PBS-subsidised biological medicine was administered until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.  At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide for a continuing course of dupilumab, sufficient for 24 weeks of therapy.  The authority application must be made in writing and must include:  (1) details of the proposed prescription; and  (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).  The following must be provided at the time of application and documented in the patient's medical records:  (a) prior optimised asthma drug therapy (date of commencement and duration of therapy); and  (b) IgE, blood eosinophils or fractional exhaled nitrous oxide results and date from prior to initiating non-PBS-subsidised treatment with this drug; and  (c) date of commencing non-PBS-subsidised treatment with this drug for this condition.  (d) If applicable, maintenance oral corticosteroid dose; and  (e) If applicable, the Asthma Control Questionnaire (ACQ-5) scores, including the date of assessment of the patient's symptoms; or  (f) If applicable, the Asthma Control Questionnaire interviewer administered version (ACQ-IA) scores, including the date of assessment of the patient's symptoms. | Compliance with Written Authority Required procedures |
| C17114 | P17114 | CN17114 | Adalimumab | Severe Crohn disease  Subsequent continuing treatment of Crohn disease in a paediatric patient  Patient must have a documented history of severe Crohn disease; AND  Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction; AND  Patient must have both: (i) a total PCDAI score of 40 points or less, and (ii) a reduction in PCDAI score by at least 15 points from baseline value; or  Patient must have an adequate response to this drug defined as an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; AND  Patient must not receive more than 24 weeks of treatment under this restriction.  Must be treated by a gastroenterologist (code 87); or  Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; or  Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; or  Must be treated by a paediatrician; or  Must be treated by a specialist paediatric gastroenterologist.  Patient must be aged 6 to 17 years inclusive.  The measurement of response to the prior course of therapy must be documented in the patient's medical notes.  The assessment of response must be no more than 4 weeks old at the time of prescribing.  Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response. | Compliance with Authority Required procedures - Streamlined Authority Code 17114 |

[172] Schedule 5, entry for Abiraterone *[GRP-29273]*

insert in the column headed “Brand” after entry for the brand “Abiraterone-Teva”: ABIRATERONE VIATRIS

[173] Schedule 5, entry for Abiraterone *[GRP-29283]*

insert in the column headed “Brand” after entry for the brand “Abiraterone-Teva”: ABIRATERONE VIATRIS

[174] Schedule 5, entries for Acarbose

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Acarbose | GRP-29491 | Tablet 50 mg (S19A) | Oral | Acarbose 50 mg tablets (Morningside, UK) |

[175] Schedule 5, entries for Aciclovir

substitute:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Aciclovir | GRP-15446 | Tablet 200 mg | Oral | Aciclovir GH Aciclovir Sandoz ACICLOVIR-WGR APO-Aciclovir ARX-ACICLOVIR |
| Aciclovir | GRP-19838 | Tablet 800 mg | Oral | Aciclovir Sandoz ACICLOVIR-WGR APO-Aciclovir ARX-ACICLOVIR |
| Aciclovir | GRP-22959 | Eye ointment 30 mg per g, 4.5 g | Application to the eye | ViruPOS XOROX |

[176] Schedule 5, entries for Allopurinol

substitute:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Allopurinol | GRP-15579 | Tablet 100 mg | Oral | Allopurinol Sandoz ALLOPURINOL-WGR Allosig APO-ALLOPURINOL NOUMED ALLOPURINOL Progout Viatris Progout 100 Zyloprim |
| Allopurinol | GRP-19808 | Tablet 300 mg | Oral | Allopurinol Sandoz ALLOPURINOL-WGR Allosig APO-ALLOPURINOL NOUMED ALLOPURINOL Progout 300 Zyloprim |

[177] Schedule 5, entries for Amisulpride

substitute:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Amisulpride | GRP-19672 | Tablet 200 mg | Oral | Amisulpride Sandoz Pharma AMISULPRIDE-WGR APO-Amisulpride Solian 200 Sulprix |
| Amisulpride | GRP-19732 | Tablet 400 mg | Oral | Amisulpride Sandoz Pharma AMISULPRIDE-WGR APO-Amisulpride Solian 400 Sulprix |
| Amisulpride | GRP-19930 | Tablet 100 mg | Oral | Amisulpride Sandoz Pharma AMISULPRIDE-WGR APO-Amisulpride Solian 100 Sulprix |

[178] Schedule 5, entry for Amlodipine *[GRP-19712]*

substitute:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Amlodipine | GRP-19712 | Tablet 5 mg (as besilate) | Oral | Amlo 5 Amlodipine GH Amlodipine Sandoz AMLODIPINE-WGR APO-Amlodipine APX-AMLODIPINE Blooms Amlodipine Nordip Norvasc NOUMED AMLODIPINE Pharmacor Amlodipine |

[179] Schedule 5, entry for Amlodipine *[GRP-19809]*

omit from the column headed “Brand”: Blooms the Chemist Amlodipine

[180] Schedule 5, entry for Amoxicillin with clavulanic acid *[GRP-20135]*

omit from the column headed “Brand”: Amoxycillin/Clavulanic Acid 500/125 APOTEX

[181] Schedule 5, after entry for Baclofen *[GRP-19941]*

insert:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Benzathine benzylpenicillin | GRP-28213 | Powder for injection 1,200,000 units with diluent 4 mL (S19A) | Injection | Lentocilin S 1200 (Portugal) |

[182] Schedule 5, entries for Candesartan with hydrochlorothiazide

substitute:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Candesartan with hydrochlorothiazide | GRP-19559 | Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 25 mg | Oral | Adesan HCT 32/25 APO-Candesartan HCTZ 32/25 Atacand Plus 32/25 BTC Candesartan HCT CANDESAN COMBI 32/25 Candesartan/HCT Sandoz CANDESARTAN HCTZ-WGR 32/25 NOUMED CANDESARTAN/HCT |
| Candesartan with hydrochlorothiazide | GRP-19563 | Tablet containing candesartan cilexetil 32 mg with hydrochlorothiazide 12.5 g | Oral | Adesan HCT 32/12.5 APO-Candesartan HCTZ 32/12.5 Atacand Plus 32/12.5 BTC Candesartan HCT CANDESAN COMBI 32/12.5 Candesartan/HCT Sandoz CANDESARTAN HCTZ-WGR 32/25 NOUMED CANDESARTAN/HCT |
| Candesartan with hydrochlorothiazide | GRP-19567 | Tablet containing candesartan cilexetil 16 mg with hydrochlorothiazide 12.5 mg | Oral | Adesan HCT 16/12.5 APO-Candesartan HCTZ 16/12.5 Atacand Plus 16/12.5 BTC Candesartan HCT CANDESAN COMBI 16/12.5 Candesartan/HCT Sandoz CANDESARTAN HCTZ-WGR 16/12.5 NOUMED CANDESARTAN/HCT |

[183] Schedule 5, entries for Celecoxib

substitute:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Celecoxib | GRP-19618 | Capsule 100 mg | Oral | APX-Celecoxib Blooms Celecoxib Celaxib Celebrex Celecoxib GH Celecoxib Sandoz CELECOXIB-WGR Celexi |
| Celecoxib | GRP-19623 | Capsule 200 mg | Oral | APX-Celecoxib Blooms Celecoxib Celaxib Celebrex Celecoxib GH Celecoxib Sandoz CELECOXIB-WGR Celexi |

[184] Schedule 5, entry for Denosumab *[GRP-29945]*

insert as the first entry in the column headed “Brand”: GANVADO

[185] Schedule 5, entry for Denosumab *[GRP-29965]*

insert as the first entry in the column headed “Brand”: CORORA

[186] Schedule 5, after entry for Duloxetine *[GRP-19957]*

insert:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dupilumab | GRP-30055 | Injection 300 mg in 2 mL single dose pre-filled pen | Injection | Dupixent |
| Dupilumab | GRP-30055 | Injection 300 mg in 2 mL single dose pre-filled syringe | Injection | Dupixent |
| Dupilumab | GRP-30068 | Injection 200 mg in 1.14 mL single dose pre-filled pen | Injection | Dupixent |
| Dupilumab | GRP-30068 | Injection 200 mg in 1.14 mL single dose pre-filled syringe | Injection | Dupixent |

[187] Schedule 5, entries for Fentanyl

omit

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fentanyl | GRP-15510 | Transdermal patch 7.65 mg | Transdermal | Denpax |

[188] Schedule 5, entries for Fentanyl

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fentanyl | GRP-15510 | Transdermal patch 12.375 mg | Transdermal | Fenpatch 75 |

[189] Schedule 5, entries for Fentanyl

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fentanyl | GRP-15577 | Transdermal patch 2.55 mg | Transdermal | Denpax |

[190] Schedule 5, entries for Fentanyl

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fentanyl | GRP-15577 | Transdermal patch 4.125 mg | Transdermal | Fenpatch 25 |

[191] Schedule 5, entries for Fentanyl

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fentanyl | GRP-15659 | Transdermal patch 5.10 mg | Transdermal | Denpax |

[192] Schedule 5, entries for Fentanyl

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fentanyl | GRP-15659 | Transdermal patch 8.25 mg | Transdermal | Fenpatch 50 |

[193] Schedule 5, entries for Fentanyl

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fentanyl | GRP-15747 | Transdermal patch 10.20 mg | Transdermal | Denpax |

[194] Schedule 5, entries for Fentanyl

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fentanyl | GRP-15747 | Transdermal patch 16.5 mg | Transdermal | Fenpatch 100 |

[195] Schedule 5, entries for Fentanyl

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fentanyl | GRP-15898 | Transdermal patch 1.28 mg | Transdermal | Denpax |

[196] Schedule 5, entries for Fentanyl

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fentanyl | GRP-15898 | Transdermal patch 2.063 mg | Transdermal | Fenpatch 12 |

[197] Schedule 5, entry for Imatinib in the form Capsule 100 mg (as mesilate)

omit from the column headed “Brand”: Imatinib-APOTEX

[198] Schedule 5, entries for Irbesartan

substitute:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Irbesartan | GRP-19646 | Tablet 75 mg | Oral | Abisart 75 APO-Irbesartan AVSARTAN Blooms Irbesartan Irbesartan Sandoz IRBESARTAN-WGR Noumed Irbesartan |
| Irbesartan | GRP-19659 | Tablet 150 mg | Oral | Abisart 150 APO-Irbesartan Avapro AVSARTAN Blooms Irbesartan Irbesartan Sandoz IRBESARTAN-WGR Karvea Noumed Irbesartan |
| Irbesartan | GRP-19742 | Tablet 300 mg | Oral | Abisart 300 APO-Irbesartan Avapro AVSARTAN Blooms Irbesartan Irbesartan Sandoz IRBESARTAN-WGR Karvea Noumed Irbesartan |

[199] Schedule 5, entries for Irbesartan with hydrochlorothiazide

substitute:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Irbesartan with hydrochlorothiazide | GRP-19699 | Tablet 300 mg-25 mg | Oral | Abisart HCTZ 300/25 APO-Irbesartan HCTZ Avapro HCT 300/25 AVSARTAN HCT 300/25 Irbesartan/HCT Sandoz IRBESARTAN HCTZ-WGR 300/25 Karvezide 300/25 |
| Irbesartan with hydrochlorothiazide | GRP-19743 | Tablet 300 mg-12.5 mg | Oral | Abisart HCTZ 300/12.5 APO-Irbesartan HCTZ Avapro HCT 300/12.5 AVSARTAN HCT 300/12.5 Irbesartan/HCT Sandoz IRBESARTAN HCTZ-WGR 300/12.5 Karvezide 300/12.5 |
| Irbesartan with hydrochlorothiazide | GRP-19958 | Tablet 150 mg-12.5 mg | Oral | Abisart HCTZ 150/12.5 APO-Irbesartan HCTZ Avapro HCT 150/12.5 AVSARTAN HCT 150/12.5 Irbesartan/HCT Sandoz IRBESARTAN HCTZ-WGR 150/12.5 Karvezide 150/12.5 |

[200] Schedule 5, entry for Lamivudine *[GRP-19748]*

insert in the column headed “Brand” after entry for the brand “Lamivudine Alphapharm”: Lamivudine Viatris

[201] Schedule 5, entries for Methylphenidate

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Methylphenidate | GRP-27208 | Capsule containing methylphenidate hydrochloride 60 mg (modified release) | Oral | Ritalin LA Rubifen LA |
| Methylphenidate | GRP-27209 | Capsule containing methylphenidate hydrochloride 30 mg (modified release) | Oral | Ritalin LA Rubifen LA |
| Methylphenidate | GRP-27210 | Capsule containing methylphenidate hydrochloride 10 mg (modified release) | Oral | Ritalin LA Rubifen LA |
| Methylphenidate | GRP-27215 | Capsule containing methylphenidate hydrochloride 20 mg (modified release) | Oral | Ritalin LA Rubifen LA |

[202] Schedule 5, after entry for Methylphenidate in the form Tablet containing methylphenidate hydrochloride 18 mg (extended release) Concerta (Switzerland) (S19A)

insert:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Methylphenidate | GRP-30065 | Capsule containing methylphenidate hydrochloride 60 mg (modified release) | Oral | Ritalin LA Rubifen LA |
| Methylphenidate | GRP-30065 | Capsule containing methylphenidate hydrochloride 60 mg (modified release) (s19A) | Oral | Methylphenidate Orifarm 60 mg (Denmark) |
| Methylphenidate | GRP-30077 | Capsule containing methylphenidate hydrochloride 10 mg (modified release) | Oral | Ritalin LA Rubifen LA |
| Methylphenidate | GRP-30077 | Capsule containing methylphenidate hydrochloride 10 mg (modified release) (s19A) | Oral | Methylphenidate Orifarm 10 mg (Sweden) |
| Methylphenidate | GRP-30099 | Capsule containing methylphenidate hydrochloride 20 mg (modified release) | Oral | Ritalin LA Rubifen LA |
| Methylphenidate | GRP-30099 | Capsule containing methylphenidate hydrochloride 20 mg (modified release) (s19A) | Oral | Methylphenidate Orifarm 20 mg (Sweden) |
| Methylphenidate | GRP-30100 | Capsule containing methylphenidate hydrochloride 30 mg (modified release) | Oral | Ritalin LA Rubifen LA |
| Methylphenidate | GRP-30100 | Capsule containing methylphenidate hydrochloride 30 mg (modified release) (s19A) | Oral | Methylphenidate Orifarm 30 mg (Sweden) |

[203] Schedule 5, entry for Montelukast *[GRP-19572]*

omit from the column headed “Brand”: Montelukast Mylan

[204] Schedule 5, entries for Morphine

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Morphine | GRP-19707 | Tablet containing morphine sulfate pentahydrate 60 mg (controlled release) | Oral | MORPHINE MR APOTEX MS Contin |

[205] Schedule 5, entries for Morphine

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Morphine | GRP-19730 | Tablet containing morphine sulfate pentahydrate 100 mg (controlled release) | Oral | MORPHINE MR APOTEX MS Contin |

[206] Schedule 5, entries for Morphine

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Morphine | GRP-19885 | Tablet containing morphine sulfate pentahydrate 10 mg (controlled release) | Oral | MORPHINE MR APOTEX MS Contin |

[207] Schedule 5, entries for Morphine

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Morphine | GRP-19923 | Tablet containing morphine sulfate pentahydrate 30 mg (controlled release) | Oral | MORPHINE MR APOTEX MS Contin |

[208] Schedule 5, entries for Morphine

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Morphine | GRP-28109 | Oral solution containing morphine sulfate 2 mg per mL in 100 mL bottle, 1 mL (S19A) | Oral | Morphine Sulfate (Hikma) 10 mg/5 mL (2 mg/mL) |

[209] Schedule 5, entries for Morphine

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Morphine | GRP-28109 | Oral solution containing morphine sulfate 2 mg per mL in 500 mL bottle, 1 mL (S19A) | Oral | Morphine Sulfate (Hikma) 10 mg/5 mL (2 mg/mL) |

[210] Schedule 5, entries for Morphine

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Morphine | GRP-28497 | Oral solution containing morphine hydrochloride trihydrate 10 mg per mL, 1 mL | Oral | Ordine 10 |

[211] Schedule 5, entries for Morphine

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Morphine | GRP-28497 | Oral solution containing morhine hydrochloride trihydrate 10 mg per mL, 01 mL (S19A) | Oral | Morphini HCl Streuli |

[212] Schedule 5, entry for Mycophenolic acid *[GRP-20011]*

omit from the column headed “Brand”: MycoCept

[213] Schedule 5, entry for Olmesartan with amlodipine *[GRP-21156]*

omit from the column headed “Brand”: Olmesartan/Amlodipine 20/5 APOTEX

[214] Schedule 5, entry for Omeprazole in the form Capsule 20 mg

omit from the column headed “Brand”: Pemzo

[215] Schedule 5, entry for Ondansetron *[GRP-19791]*

omit from the column headed “Brand”: APO-Ondansetron

[216] Schedule 5, entry for Ondansetron *[GRP-19626]*

omit from the column headed “Brand”: APO-Ondansetron

[217] Schedule 5, entry for Paroxetine

substitute:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Paroxetine | GRP-15790 | Tablet 20 mg (as hydrochloride) | Oral | APX-Paroxetine Aropax Blooms The Chemist Paroxetine Extine 20 Paroxetine GH Paroxetine Sandoz PAROXETINE-WGR Paxtine |

[218] Schedule 5, after entry for Pegfilgrastim

insert:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Peginterferon alfa-2a | GRP-30057 | Injection 135 micrograms in 0.5 mL single use pre-filled syringe | Injection | Pegasys |
| Peginterferon alfa-2a | GRP-30057 | Injection 135 micrograms in 0.5 mL single use pre-filled syringe (s19A) | Injection | Pegasys (Ireland) |
| Peginterferon alfa-2a | GRP-30076 | Injection 180 micrograms in 0.5 mL single use pre-filled syringe | Injection | Pegasys |
| Peginterferon alfa-2a | GRP-30076 | Injection 180 micrograms in 0.5 mL single use pre-filled syringe (s19A) | Injection | Pegasys (Ireland) |

[219] Schedule 5, entry for Perindopril in the form Tablet containing perindopril erbumine 4 mg

omit from the column headed “Brand”: Blooms the Chemist Perindopril

[220] Schedule 5, entry for Perindopril in the form Tablet containing perindopril erbumine 8 mg

omit from the column headed “Brand”: Blooms the Chemist Perindopril

[221] Schedule 5, entry for Perindopril in the form Tablet containing perindopril erbumine 2 mg

omit from the column headed “Brand”: Blooms the Chemist Perindopril

[222] Schedule 5, entry for Pioglitazone *[GRP-19814]*

omit from the column headed “Brand”: APOTEX-Pioglitazone

[223] Schedule 5, entry for Pramipexole *[GRP-20529]*

omit from the column headed “Brand”: APO-Pramipexole ER

[224] Schedule 5, entry for Pramipexole *[GRP-20530]*

omit from the column headed “Brand”: APO-Pramipexole ER

[225] Schedule 5, entry for Pramipexole *[GRP-20531]*

omit from the column headed “Brand”: APO-Pramipexole ER

[226] Schedule 5, entry for Pramipexole *[GRP-20532]*

omit from the column headed “Brand”: APO-Pramipexole ER

[227] Schedule 5, entry for Pramipexole *[GRP-20533]*

omit from the column headed “Brand”: APO-Pramipexole ER

[228] Schedule 5, entry for Pramipexole *[GRP-20534]*

omit from the column headed “Brand”: APO-Pramipexole ER

[229] Schedule 5, entry for Pramipexole *[GRP-20535]*

omit from the column headed “Brand”: APO-Pramipexole ER

[230] Schedule 5, entries for Prazosin

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prazosin | GRP-19831 | Tablet 2 mg (as hydrochloride) | Oral | APO-Prazosin Minipress |

[231] Schedule 5, after entry for Prazosin in the form Tablet 1 mg (as hydrochloride)

insert:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prazosin | GRP-30056 | Capsule 2 mg (as hydrochloride) (S19A) | Oral | Prazosin Hydrochloride Capsules, USP 2 mg (Novitium Pharma, USA) |
| Prazosin | GRP-30056 | Tablet 2 mg (as hydrochloride) | Oral | APO-Prazosin Minipress |

[232] Schedule 5, entry for Pregabalin *[GRP-21628]*

omit from the column headed “Brand”: Blooms The Chemist Pregabalin

[233] Schedule 5, entry for Pregabalin *[GRP-21640]*

omit from the column headed “Brand”: Blooms The Chemist Pregabalin

[234] Schedule 5, entry for Pregabalin *[GRP-21642]*

omit from the column headed “Brand”: Blooms The Chemist Pregabalin

[235] Schedule 5, entries for Rivaroxaban

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rivaroxaban | GRP-29164 | Tablet 20 mg | Oral | APO-Rivaroxaban ARX-Rivaroxaban 20 iXarola Relaban Rivarelto Rivaroxaban Dr.Reddy's Rivaroxaban Lupin Rivaroxaban Sandoz Rivaroxaban-Teva RIVAXIB Rivoxa Xarelto |

[236] Schedule 5, entries for Rivaroxaban

omit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rivaroxaban | GRP-29173 | Tablet 15 mg | Oral | APO-Rivaroxaban ARX-Rivaroxaban 15 iXarola Relaban Rivarelto Rivaroxaban Dr.Reddy's Rivaroxaban Lupin Rivaroxaban Sandoz Rivaroxaban-Teva RIVAXIB Rivoxa Xarelto |

[237] Schedule 5, after entry for Rivaroxaban *[GRP-29169]*

insert:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rivaroxaban | GRP-30058 | Capsule 15 mg | Oral | Relaban |
| Rivaroxaban | GRP-30058 | Tablet 15 mg | Oral | APO-Rivaroxaban ARX-Rivaroxaban 15 iXarola Rivarelto Rivaroxaban Dr.Reddy's Rivaroxaban Lupin Rivaroxaban Sandoz Rivaroxaban-Teva RIVAXIB Rivoxa Xarelto |
| Rivaroxaban | GRP-30067 | Capsule 20 mg | Oral | Relaban |
| Rivaroxaban | GRP-30067 | Tablet 20 mg | Oral | APO-Rivaroxaban ARX-Rivaroxaban 20 iXarola Rivarelto Rivaroxaban Dr.Reddy's Rivaroxaban Lupin Rivaroxaban Sandoz Rivaroxaban-Teva RIVAXIB Rivoxa Xarelto |

[238] Schedule 5, entry for Rizatriptan in the form Tablet (orally disintegrating) 10 mg (as benzoate)

insert in the column headed “Brand” after entry for the brand “RIXALT”: Rizatriptan-Au

[239] Schedule 5, entry for Rosuvastatin *[GRP-19569]*

omit from the column headed “Brand”: Rosuvastatin APOTEX

[240] Schedule 5, entry for Roxithromycin *[GRP-20052]*

omit from the column headed “Brand”: APO-Roxithromycin

[241] Schedule 5, entry for Roxithromycin *[GRP-20144]*

omit from the column headed “Brand”: APO-Roxithromycin

[242] Schedule 5, entry for Valaciclovir

substitute:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Valaciclovir | GRP-19634 | Tablet 500 mg (as hydrochloride) | Oral | APX-Valaciclovir Shilova 500 Vaclovir Valaciclovir RBX Valaciclovir Sandoz Valaciclovir SZ VALACICLOVIR-WGR Valtrex Zelitrex |