



Chronic Medication Formulary for Additional Chronic Conditions
Standard Care 2026:
Medimed Alpha, Medimed Standard, Medimed Max

ALLERGIC RHINITIS

CONDITION REQUIREMENTS: Only monotherapy will be approved in the absence of asthma. Combination treatment (nasal spray and oral medication) must be motivated for by a prescriber.

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|------------------------------------|--|--------------------------|-------------------|------------------|-------------------|---|
| CETIRIZINE-HEXAL 1MG/1ML SYR | CETIRIZINE HCL ORAL SOLN 1 MG/ML (5 MG/5ML) | ANTI-HISTAMINES | 708117001 | 150 | YES | |
| CETIRIZINE-HEXAL 10MG TAB | CETIRIZINE HCL TAB 10 MG | ANTI-HISTAMINES | 703864001 | 30 | YES | |
| ADCO DESLORATADINE 2.5MG/5ML SYR | DESLORATADINE SYRUP 0.5 MG/ML | ANTI-HISTAMINES | 720915001 | 50 | | YES |
| ACUHIST 5MG TAB | DESLORATADINE TAB 5 MG | ANTI-HISTAMINES | 721528001 | 10 | | YES |
| TELFEST 30MG/5ML SUSP | FEXOFENADINE HCL SUSP 30 MG/5ML (6 MG/ML) | ANTI-HISTAMINES | 715771001 | 150 | | YES |
| FASTWAY 120MG TAB | FEXOFENADINE HCL TAB 120 MG | ANTI-HISTAMINES | 709841001 | 10 | | YES |
| FASTWAY 180MG TAB | FEXOFENADINE HCL TAB 180 MG | ANTI-HISTAMINES | 709710001 | 30 | | YES |
| XYZAL 0.5MG/ML ORAL SLN | LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5 MG/5ML (0.5 MG/ML) | ANTI-HISTAMINES | 720330001 | 150 | | YES |
| CETIZAL 5MG TAB | LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG | ANTI-HISTAMINES | 722018002 | 30 | | YES |
| ALLERGEX NON DROWSY SYR | LORATADINE SYRUP 5 MG/5ML | ANTI-HISTAMINES | 701640001 | 150 | YES | |
| ALLERGEX NON DROWSY TAB | LORATADINE TAB 10 MG | ANTI-HISTAMINES | 704275002 | 30 | YES | |
| BECLATE AQUANASE 150DOSE 50MCG AQS | BECLOMETHASONE DIPROPIONATE NASAL SOLN 0.05% | GLUCOCORTICOSTEROIDS | 820709018 | 1 | YES | |
| SPEC-BUDESONIDE 100MCG AQS | BUDESONIDE NASAL INHAL 100 MCG/DOSE | GLUCOCORTICOSTEROIDS | 712614001 | 1 | YES | |
| OMNAIR 50MCG NASAL SUSP | CICLESONIDE NASAL SUSP 50 MCG/ACT | GLUCOCORTICOSTEROIDS | 718730001 | 1 | | YES |
| AVAMYS 120 DOSE 27.5MCG AQS | FLUTICASONE FUROATE NASAL SUSP 27.5 MCG/SPRAY | GLUCOCORTICOSTEROIDS | 712866001 | 1 | | YES |
| FLOMIST 120 DOSE 50MCG AQS | FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT | GLUCOCORTICOSTEROIDS | 704383001 | 1 | YES | |
| RINELON 60 DOSE 50MCG AQS | MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT | GLUCOCORTICOSTEROIDS | 716718001 | 1 | | YES |

ALZHEIMER'S DISEASE

CONDITION REQUIREMENTS:Initial application must be from specialist in the field of the treatment disorder. Completed Folstein's Mini Mental Examination State (MMSE) is required.

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|----------------------|--|--------------------------|-------------------|------------------|-------------------|---|
| ALZIDO 10MG TAB | DONEPEZIL HYDROCHLORIDE TAB 10 MG | ALZHEIMER DISEASE | 723249001 | 28 | YES | |
| ALZIDO 5MG TAB | DONEPEZIL HYDROCHLORIDE TAB 5 MG | ALZHEIMER DISEASE | 723248001 | 28 | YES | |
| REMCEPT XL 16MG SRC | GALANTAMINE HYDROBROMIDE CAP ER 24HR 16 MG | ALZHEIMER DISEASE | 723727001 | 30 | | YES |
| REMCEPT XL 34MG SRC | GALANTAMINE HYDROBROMIDE CAP ER 24HR 24 MG | ALZHEIMER DISEASE | 723728001 | 30 | | YES |
| REMCEPT XL 8MG SRC | GALANTAMINE HYDROBROMIDE CAP ER 24HR 8 MG | ALZHEIMER DISEASE | 723726001 | 30 | | YES |
| EBIXA DROPS | MEMANTINE HCL ORAL SOLUTION 2 MG/ML | ALZHEIMER DISEASE | 706181001 | 50 | | YES |
| COGNIMET 10MG TAB | MEMANTINE HCL TAB 10 MG | ALZHEIMER DISEASE | 722117001 | 60 | | YES |
| EXELON 3.0 MG CAP | RIVASTIGMINE CAP 3 MG | ALZHEIMER DISEASE | 848565002 | 56 | | YES |
| EXELON 4.5 MG CAP | RIVASTIGMINE CAP 4.5 MG | ALZHEIMER DISEASE | 848573005 | 56 | | YES |

ANKYLOSING SPONDYLITIS

CONDITION REQUIREMENTS: Initial application must be from a specialist in the field of the treatment disorder.

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|----------------------------|---|-------------------------------|-------------------|------------------|-------------------|---|
| BETANOID 0.5MG TAB | BETAMETHASONE TAB 0.5 MG | CORTICOSTEROIDS | 826928005 | 20 | | YES |
| COVOCORT 10MG TAB | HYDROCORTISONE TAB 10 MG | CORTICOSTEROIDS | 716693003 | 100 | | YES |
| MEDROL 16MG TAB | METHYLPREDNISOLONE TAB 16 MG | CORTICOSTEROIDS | 741124009 | 50 | | YES |
| MEDROL 4MG TAB | METHYLPREDNISOLONE TAB 4 MG | CORTICOSTEROIDS | 741116006 | 30 | | YES |
| CAPOID 5MG TAB | PREDNISOLONE TAB 5 MG | CORTICOSTEROIDS | 814407013 | 1000 | | YES |
| PANAFKORT 5MG TAB | PREDNISONONE TAB 5 MG | CORTICOSTEROIDS | 752304119 | 1000 | YES | |
| DIFEN SR 100MG SRT | DICLOFENAC SODIUM CAP ER 24HR 100 MG | COX INHIBITORS | 706314001 | 30 | | YES |
| MYLAN DICLOFENAC 50MG TAB | DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG | COX INHIBITORS | 786020016 | 500 | YES | |
| MYLAN DICLOFENAC 25 MG TAB | DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG | COX INHIBITORS | 786012013 | 500 | YES | |
| PANAMOR SR 75MG TAB | DICLOFENAC SODIUM TAB ER 24HR 75 MG | COX INHIBITORS | 827584008 | 30 | | YES |
| IBUCINE 400MG TAB | IBUPROFEN TAB 200 MG | COX INHIBITORS | 700318002 | 1000 | YES | |
| IBUCINE 200MG TAB | IBUPROFEN TAB 400 MG | COX INHIBITORS | 700316002 | 1000 | YES | |
| BETACIN 25MG CAP | INDOMETHACIN CAP 25 MG | COX INHIBITORS | 787833010 | 500 | YES | |
| ARTHREXIN 50MG CAP | INDOMETHACIN CAP 50 MG | COX INHIBITORS | 704733005 | 100 | | YES |
| MYLAN NAPROXEN 250MG TAB | NAPROXEN TAB 250 MG | COX INHIBITORS | 810185024 | 250 | YES | |
| BIO-NAPROXEN 500MG TAB | NAPROXEN TAB 500 MG | COX INHIBITORS | 722843001 | 30 | YES | |
| ROXIFEN 20MG CAP | PIROXICAM CAP 20 MG | COX INHIBITORS | 701072001 | 30 | YES | |
| COXLEON 100MG CAP | CELECOXIB CAP 100 MG | COXIB | 723329001 | 60 | YES | |
| COXLEON 200MG CAP | CELECOXIB CAP 200 MG | COXIB | 723330001 | 30 | YES | |
| SPEC ETORICOXIB 60MG TAB | ETORICOXIB TAB 60 MG | COXIB | 723128001 | 28 | | YES |
| SPEC ETORICOXIB 90MG TAB | ETORICOXIB TAB 90 MG | COXIB | 723129002 | 28 | | YES |
| SALAZOPYRIN 500MG TAB | SULFASALAZINE TAB 500 MG | OTHER GIT AGENTS | 762008008 | 100 | YES | |
| SALAZOPYRIN-EN 500MG TAB | SULFASALAZINE TAB DELAYED RELEASE 500 MG | OTHER MUSCULO-SKELETAL AGENTS | 762016019 | 100 | YES | |
| MEDOXICAM 15MG TAB | MELOXICAM TAB 15 MG | SELECTIVE COX2 INHIBITORS | 718382002 | 30 | YES | |
| MEDOXICAM 7.5MG TAB | MELOXICAM TAB 7.5 MG | SELECTIVE COX2 INHIBITORS | 718381001 | 30 | YES | |

ANXIETY DISORDER, PANIC DISORDER, OBSESSIVE COMPULSIVE DISORDER AND POST-TRAUMATIC STRESS DISORDER

CONDITION REQUIREMENTS: Obsessive Compulsive Disorder: Initial application must be from a Psychiatrist. DSM Criteria to be submitted.

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|----------------------------------|---|------------------------------|------------|-----------|------------|--------------------------------------|
| AMITRIPTYLINE HCL KIARA 25MG TAB | AMITRIPTYLINE HCL TAB 25 MG | TRICYCLICS | 784230005 | 100 | YES | |
| BUDEP XR 150MG TAB | BUPROPION HCL TAB ER 24HR 150 MG | NA/DA RE-UPDATE INHIBITORS | 3003107001 | 30 | | YES |
| BUDEP XR 300MG TAB | BUPROPION HCL TAB ER 24HR 300 MG | NA/DA RE-UPDATE INHIBITORS | 3003108001 | 30 | | YES |
| AUSTELL-CITALOPRAM 10MG TAB | CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV) | SSRI | 707396001 | 30 | YES | |
| ADCO-TALOMIL 20MG TAB | CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV) | SSRI | 702769001 | 30 | YES | |
| ARROW CITALOPRAM 40MG TAB | CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV) | SSRI | 713584001 | 30 | YES | |
| CLOMIDEP 25MG TAB | CLOMIPRAMINE HCL TAB 25 MG | TRICYCLICS | 703381001 | 50 | | YES |
| THADEN 25MG CAP | DOTHIEPIN HCL CAP 25 MG | TRICYCLICS | 800198018 | 100 | YES | |
| THADEN 75MG TAB | DOTHIEPIN HCL TAB 75 MG | TRICYCLICS | 800201019 | 28 | YES | |
| DULTA 30MG CAP | DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ) | NORADRENALINE/SSRI | 723857001 | 30 | | YES |
| DULTA 60MG CAP | DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ) | NORADRENALINE/SSRI | 723858001 | 30 | | YES |
| ACCORD ESCITALOPRAM 10MG TAB | ESCITALOPRAM OXALATE TAB 10 MG (BASE EQ) | SSRI | 719547001 | 28 | YES | |
| ACCORD ESCITALOPRAM 20MG TAB | ESCITALOPRAM OXALATE TAB 20 MG (BASE EQ) | SSRI | 719548001 | 28 | YES | |
| LEXAMIL 5MG TAB | ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV) | SSRI | 710374001 | 30 | | YES |
| RANFLOCS 20MG CAP | FLUOXETINE HCL CAP 20 MG | SSRI | 700686001 | 30 | YES | |
| FLUANXOL 0.5MG TAB | FLUPENTIXOL DIHYDROCHLORIDE TAB 0.5 MG | OTHER ANTI-PSYCHOTICS | 726656003 | 30 | | YES |
| FLUANXOL 1MG TAB TAB | FLUPENTIXOL DIHYDROCHLORIDE TAB 1 MG | OTHER ANTI-PSYCHOTICS | 726664006 | 30 | | YES |
| FAVERIN 100MG TAB | FLUVOXAMINE MALEATE TAB 100 MG | SSRI | 706443001 | 30 | | YES |
| ETHIPRAMINE 10MG TAB | IMIPRAMINE HCL TAB 10 MG | TRICYCLICS | 724661115 | 1000 | YES | |
| ETHIPRAMINE 25MG TAB | IMIPRAMINE HCL TAB 25 MG | TRICYCLICS | 724688110 | 1000 | YES | |
| MIRADEP 15MG TAB | MIRTAZAPINE TAB 15 MG | TETRACYCLIC ANTI-DEPRESSANTS | 721209001 | 30 | | YES |
| MIRADEP 30MG TAB | MIRTAZAPINE TAB 30 MG | TETRACYCLIC ANTI-DEPRESSANTS | 721210001 | 30 | | YES |
| DEPNIL 300MG TAB | MOCLOBEMIDE TAB 300 MG | SELECTIVE MAO INHIBITORS | 702008001 | 60 | YES | |
| XET 20MG TAB | PAROXETINE HCL TAB 20 MG | SSRI | 705633001 | 30 | | YES |
| DYNA SERTRALINE 100MG TAB | SERTRALINE HCL TAB 100 MG | SSRI | 719973001 | 30 | | YES |
| DYNA SERTRALINE 50MG TAB | SERTRALINE HCL TAB 50 MG | SSRI | 719972001 | 30 | | YES |
| ESPIRIDE 50MG CAP | SULPIRIDE CAP 50 MG | OTHER ANTIDEPRESSANTS | 819654019 | 100 | YES | |
| PARNATE 10MG TAB | TRANLYCYPROMINE SULFATE TAB 10 MG | NON SELECTIVE MAO INHIBITORS | 752975103 | 28 | | YES |
| ASPEN TRAZODONE 100MG | TRAZODONE HCL CAP 100 MG | OTHER ANTIDEPRESSANTS | 714597001 | 100 | | YES |
| ASPEN TRAZODONE 50MG | TRAZODONE HCL CAP 50 MG | OTHER ANTIDEPRESSANTS | 714596001 | 100 | | YES |
| VENLAFAXINE ADCO 150MG CAP | VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQ) | NORADRENALINE/SSRI | 719405001 | 30 | | YES |
| VENLAFAXINE ADCO 37.5MG CAP | VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQ) | NORADRENALINE/SSRI | 719402001 | 30 | | YES |
| VENLAFAXINE ADCO 75MG CAP | VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQ) | NORADRENALINE/SSRI | 719403001 | 30 | | YES |
| ODIVEN 37.5MG TAB | VENLAFAXINE HCL TAB 37.5 MG | NORADRENALINE/SSRI | 710972001 | 60 | | YES |
| ODIVEN 75MG TAB | VENLAFAXINE HCL TAB 75 MG | NORADRENALINE/SSRI | 710973001 | 60 | | YES |

ATTENTION DEFICIT HYPERACTIVITY DISORDER

CONDITION REQUIREMENTS: Condition covered for members aged 18 years and younger. In-house protocol applies. Initial application required from a specialist in the field of the treatment disorder. A thorough work-up to the positive diagnosis of ADHD by a GP, including motivation/evidence, will be reviewed.

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|-------------------------------------|---|----------------------|------------|-----------|------------|--------------------------------------|
| INIR 10MG CAP | ATOMOXETINE HCL CAP 10 MG (BASE EQUIV) | OTHER CNS STIMULANTS | 723775001 | 30 | | YES |
| INIR 18MG CAP | ATOMOXETINE HCL CAP 18 MG (BASE EQUIV) | OTHER CNS STIMULANTS | 723776001 | 30 | | YES |
| INIR 25MG CAP | ATOMOXETINE HCL CAP 25 MG (BASE EQUIV) | OTHER CNS STIMULANTS | 723778001 | 30 | | YES |
| INIR 40MG CAP | ATOMOXETINE HCL CAP 40 MG (BASE EQUIV) | OTHER CNS STIMULANTS | 723779001 | 30 | | YES |
| STRATTERA 60MG CAP | ATOMOXETINE HCL CAP 60 MG (BASE EQUIV) | OTHER CNS STIMULANTS | 704694001 | 28 | | YES |
| STRATTERA 80MG CAP | ATOMOXETINE HCL CAP 80 MG (BASE EQUIV) | OTHER CNS STIMULANTS | 716473001 | 28 | | YES |
| VYVANSE 30MG CAP | LISDEXAMFETAMINE CAP 30MG | OTHER CNS STIMULANTS | 3002858001 | 30 | | YES |
| VYVANSE 50MG CAP | LISDEXAMFETAMINE CAP 50MG | OTHER CNS STIMULANTS | 3002859001 | 30 | | YES |
| VYVANSE 70MG CAP | LISDEXAMFETAMINE CAP 70MG | OTHER CNS STIMULANTS | 3002860001 | 30 | | YES |
| AMFEXA 5MG TAB (30) | DEXAMPHETAMINE | OTHER CNS STIMULANTS | 3004465001 | 30 | | YES |
| AMFEXA 10MG TAB (30) | DEXAMPHETAMINE | OTHER CNS STIMULANTS | 3004466001 | 30 | | YES |
| RITALIN LA 10MG CAP | METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA | OTHER CNS STIMULANTS | 717254001 | 30 | YES | |
| RITALIN LA 20MG CAP | METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA | OTHER CNS STIMULANTS | 701627003 | 30 | YES | |
| RITALIN LA 30MG CAP | METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA | OTHER CNS STIMULANTS | 701630005 | 30 | YES | |
| RITALIN LA 40MG CAP | METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA | OTHER CNS STIMULANTS | 701632003 | 30 | YES | |
| MEFEDINEL 18MG SR TAB | METHYLPHENIDATE HCL TAB ER 24HR 18 MG | OTHER CNS STIMULANTS | 3003032001 | 30 | YES | |
| MEFEDINEL 27MG SR TAB | METHYLPHENIDATE HCL TAB ER 24HR 27 MG | OTHER CNS STIMULANTS | 3003034001 | 30 | YES | |
| MEFEDINEL 36MG SR TAB | METHYLPHENIDATE HCL TAB ER 24HR 36 MG | OTHER CNS STIMULANTS | 3003039001 | 30 | YES | |
| MEFEDINEL 54MG SR TAB | METHYLPHENIDATE HCL TAB ER 24HR 54 MG | OTHER CNS STIMULANTS | 3003040001 | 30 | YES | |
| METHYLPHENIDATE HCL-DOUGLAS 10MG TA | METHYLPHENIDATE HCL TAB 10 MG | OTHER CNS STIMULANTS | 702505001 | 30 | YES | |

BENIGN PROSTATIC HYPERTROPHY

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|----------------------------|---------------------------------|----------------------------|-------------------|------------------|-------------------|---|
| RANTRAL MR 10MG TAB | ALFUZOSIN HCL TAB ER 24HR 10 MG | ALPHA-RECEPTOR BLOCKERS | 715829001 | 30 | | YES |
| CARDURA XL 4MG TAB | DOXAZOSIN MESYLATE TAB ER 4 MG | ALPHA-RECEPTOR BLOCKERS | 869856006 | 30 | | YES |
| CARDURA XL 8MG TAB | DOXAZOSIN MESYLATE TAB ER 8 MG | ALPHA-RECEPTOR BLOCKERS | 869864009 | 30 | | YES |
| CARDUGEN 1MG TAB | DOXAZOSIN MESYLATE TAB 1 MG | ALPHA-RECEPTOR BLOCKERS | 701425001 | 30 | YES | |
| CARDUGEN 4MG TAB | DOXAZOSIN MESYLATE TAB 4 MG | ALPHA-RECEPTOR BLOCKERS | 701426001 | 30 | YES | |
| HYTRIN 1MG TAB | TERAZOSIN HCL TAB 1 MG | ALPHA-RECEPTOR BLOCKERS | 806358009 | 10 | | YES |
| HYTRIN 10MG TAB | TERAZOSIN HCL TAB 10 MG | ALPHA-RECEPTOR BLOCKERS | 810207001 | 28 | | YES |
| HYTRIN 2MG TAB | TERAZOSIN HCL TAB 2 MG | ALPHA-RECEPTOR BLOCKERS | 806366028 | 28 | | YES |
| HYTRIN 5MG TAB | TERAZOSIN HCL TAB 5 MG | ALPHA-RECEPTOR BLOCKERS | 806374004 | 28 | | YES |
| AVODART 0.5MG CAP | DUTASTERIDE CAP 0.5 MG | HORMONE INHIBITORS | 703202001 | 30 | | YES |
| ACCORD FINASTERIDE 5MG TAB | FINASTERIDE TAB 5 MG | HORMONE INHIBITORS | 716739001 | 30 | | YES |
| SILODYX 4MG CAP | SILODOSIN CAP 4 MG | OTHER URINARY TRACT AGENTS | 719881001 | 30 | | YES |
| SILODYX 8MG CAP | SILODOSIN CAP 8 MG | OTHER URINARY TRACT AGENTS | 719882001 | 30 | | YES |
| TAMSUL SR 0.4MG SRC | TAMSULOSIN HCL CAP ER 0.4 MG | OTHER URINARY TRACT AGENTS | 710306001 | 30 | YES | |

DEPRESSION

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|-----------------------------|---|------------------------------|-------------------|------------------|-------------------|---|
| BUDEP XR 150MG TAB | BUPROPION HCL TAB ER 24HR 150 MG | NA/DA RE-UPDATE INHIBITORS | 3003107001 | 30 | | YES |
| BUDEP XR 300MG TAB | BUPROPION HCL TAB ER 24HR 300 MG | NA/DA RE-UPDATE INHIBITORS | 3003108001 | 30 | | YES |
| PARNATE 10MG TAB | TRANLYCYPROMINE SULFATE TAB 10 MG | NON SELECTIVE MAO INHIBITORS | 752975103 | 28 | | YES |
| DULTA 30MG CAP | DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ) | NORADRENALINE/SSRI | 723857001 | 30 | | YES |
| DULTA 60MG CAP | DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ) | NORADRENALINE/SSRI | 723858001 | 30 | | YES |
| VENLAFAXINE ADCO 150MG SRC | VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT) | NORADRENALINE/SSRI | 719405001 | 30 | | YES |
| VENLAFAXINE ADCO 37.5MG SRC | VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT) | NORADRENALINE/SSRI | 719402001 | 30 | | YES |
| VENLAFAXINE ADCO 75MG SRC | VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT) | NORADRENALINE/SSRI | 719403001 | 30 | | YES |
| ODIVEN 37.5MG TAB | VENLAFAXINE HCL TAB 37.5 MG | NORADRENALINE/SSRI | 710972001 | 60 | | YES |
| ODIVEN 75MG TAB | VENLAFAXINE HCL TAB 75 MG | NORADRENALINE/SSRI | 710973001 | 60 | | YES |
| ESPIRIDE 50MG CAP | SULPIRIDE CAP 50 MG | OTHER ANTIDEPRESSANTS | 819654019 | 100 | YES | |
| ASPEN TRAZODONE 100MG | TRAZODONE HCL CAP 100 MG | OTHER ANTIDEPRESSANTS | 714597001 | 100 | | YES |
| ASPEN TRAZODONE 50MG | TRAZODONE HCL CAP 50 MG | OTHER ANTIDEPRESSANTS | 714596001 | 100 | | YES |
| DEPNIL 300MG TAB | MOCLOBEMIDE TAB 300 MG | SELECTIVE MAO INHIBITORS | 702008001 | 60 | YES | |
| ADCO-TALOMIL 20MG TAB | CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV) | SSRI | 702769001 | 30 | YES | |
| ARROW CITALOPRAM 40MG TAB | CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV) | SSRI | 713584001 | 30 | YES | |
| ACCORD ESCITALOPRAM 10MG | ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV) | SSRI | 719547001 | 28 | YES | |
| ACCORD ESCITALOPRAM 20MG | ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV) | SSRI | 719548001 | 28 | YES | |
| LEXAMIL 5MG TAB | ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV) | SSRI | 710374001 | 30 | | YES |
| RANFLOCS 20MG CAP | FLUOXETINE HCL CAP 20 MG | SSRI | 700686001 | 30 | YES | |
| FAVERIN 100MG TAB | FLUVOXAMINE MALEATE TAB 100 MG | SSRI | 706443001 | 30 | | YES |
| XET 20MG TAB | PAROXETINE HCL TAB 20 MG | SSRI | 705633001 | 30 | | YES |
| DYNA SERTRALINE 100MG TAB | SERTRALINE HCL TAB 100 MG | SSRI | 719973001 | 30 | | YES |
| DYNA SERTRALINE 50MG TAB | SERTRALINE HCL TAB 50 MG | SSRI | 719972001 | 30 | | YES |
| LANTANON 10MG TAB | MIANSERIN HCL TAB 10 MG | TETRACYCLIC ANTI-DEPRESSANTS | 735795002 | 30 | | YES |
| LANTANON 30MG TAB | MIANSERIN HCL TAB 30 MG | TETRACYCLIC ANTI-DEPRESSANTS | 735817014 | 100 | | YES |
| MIRADEP 15MG TAB | MIRTAZAPINE TAB 15 MG | TETRACYCLIC ANTI-DEPRESSANTS | 721209001 | 30 | | YES |
| MIRADEP 30MG TAB | MIRTAZAPINE TAB 30 MG | TETRACYCLIC ANTI-DEPRESSANTS | 721210001 | 30 | | YES |
| AMITRIPTYLINE HCL KIARA TAB | AMITRIPTYLINE HCL TAB 25 MG | TRICYCLICS | 784230005 | 100 | YES | |
| CLOMIDEP 25MG TAB | CLOMIPRAMINE HCL TAB 25 MG | TRICYCLICS | 703381001 | 50 | | YES |
| THADEN 25MG CAP | DOTHIEPIN HCL CAP 25 MG | TRICYCLICS | 800198018 | 100 | YES | |
| THADEN 75MG TAB | DOTHIEPIN HCL TAB 75 MG | TRICYCLICS | 800201019 | 28 | YES | |
| ETHIPRAMINE 10MG TAB | IMIPRAMINE HCL TAB 10 MG | TRICYCLICS | 724661115 | 1000 | YES | |
| ETHIPRAMINE 25MG TAB | IMIPRAMINE HCL TAB 25 MG | TRICYCLICS | 724688110 | 1000 | YES | |

DERMATITIS/ECZEMA

CONDITION REQUIREMENTS: For prescription of topical calcineurin inhibitors and oral immunomodulators – motivation from specialist in the field of treatment disorder needed.

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|-------------------------|---|--------------------------|-------------------|------------------|-------------------|---|
| REPIVATE CREAM | BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT) | CORTICO-STERIODS TOPICAL | 882934003 | 15 | YES | |
| LENOVATE 0.1% OINT | BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT) | CORTICO-STERIODS TOPICAL | 800171004 | 15 | YES | |
| BETNOVATE SC SCALP APP | BETAMETHASONE VALERATE SOLN 0.1% (BASE EQUIVALENT) | CORTICO-STERIODS TOPICAL | 824208005 | 30 | YES | |
| DOVATE .5MG/GM CREAM | CLOBETASOL PROPIONATE CREAM 0.05% | CORTICO-STERIODS TOPICAL | 807249009 | 25 | YES | |
| DOVATE .5MG/GM OINT | CLOBETASOL PROPIONATE OINT 0.05% | CORTICO-STERIODS TOPICAL | 807230006 | 25 | YES | |
| CORTODERM CREAM | FLUOCINOLONE ACETONIDE CREAM 0.025% | CORTICO-STERIODS TOPICAL | 716278006 | 15 | YES | |
| CORTODERM OINT | FLUOCINOLONE ACETONIDE OINT 0.025% | CORTICO-STERIODS TOPICAL | 716286009 | 15 | YES | |
| DILUCORT CREAM | HYDROCORTISONE ACETATE CREAM 0.5% | CORTICO-STERIODS TOPICAL | 720011019 | 25 | YES | |
| BIOCORT CREAM | HYDROCORTISONE ACETATE CREAM 1% | CORTICO-STERIODS TOPICAL | 807834009 | 25 | YES | |
| DILUCORT OINT | HYDROCORTISONE ACETATE OINT 0.5% | CORTICO-STERIODS TOPICAL | 720038006 | 25 | YES | |
| MYLOCORT 1GM/100GM OINT | HYDROCORTISONE ACETATE OINT 1% | CORTICO-STERIODS TOPICAL | 745448003 | 25 | YES | |
| ADVANTAN CREAM | METHYLPREDNISOLONE ACEPONATE CREAM 1 MG/GM (0.1%) | CORTICO-STERIODS TOPICAL | 793108020 | 50 | YES | |
| ADVANTAN CREAM | METHYLPREDNISOLONE ACEPONATE CREAM 1 MG/GM (0.1%) | CORTICO-STERIODS TOPICAL | 793108039 | 20 | YES | |
| ADVANTAN MILK | METHYLPREDNISOLONE ACEPONATE LOTION 1 MG/ML (0.1%) | CORTICO-STERIODS TOPICAL | 883180007 | 20 | YES | |
| ADVANTAN FATTY OINT | METHYLPREDNISOLONE ACEPONATE OINT 1 MG/GM (0.1%) | CORTICO-STERIODS TOPICAL | 793116023 | 50 | YES | |
| ADVANTAN FATTY OINT | METHYLPREDNISOLONE ACEPONATE OINT 1 MG/GM (0.1%) | CORTICO-STERIODS TOPICAL | 793116031 | 20 | YES | |
| ASPEN MOMETASONE CREAM | MOMETASONE FUROATE CREAM 0.1% | CORTICO-STERIODS TOPICAL | 705444001 | 20 | | YES |
| ELOCON LOT | MOMETASONE FUROATE LOTION 0.1% | CORTICO-STERIODS TOPICAL | 788791030 | 30 | | YES |
| ELOCON OINT | MOMETASONE FUROATE OINT 0.1% | CORTICO-STERIODS TOPICAL | 782025005 | 20 | | YES |
| ELIDEL 1 % | PIMECROLIMUS CREAM 1% | OTHER DERMATOLOGICALS | 702081001 | 15 | | YES |
| PROTOPIC 0.03% OINT | TACROLIMUS OINT 0.03% | OTHER DERMATOLOGICALS | 712758001 | 30 | | YES |
| PROTOPIC 0.1% OINT | TACROLIMUS OINT 0.1% | OTHER DERMATOLOGICALS | 712759001 | 30 | | YES |

GOUT

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|------------------------------|--------------------------|--------------------------|-------------------|------------------|-------------------|---|
| SANDOZ ALLOPURINOL 100MG TAB | ALLOPURINOL TAB 100 MG | ANTI-GOUT | 738778036 | 30 | YES | |
| SANDOZ ALLOPURINOL 300MG TAB | ALLOPURINOL TAB 300 MG | ANTI-GOUT | 738786004 | 30 | YES | |
| PROBEN 500MG TAB | PROBENECID TAB 500 MG | ANTI-GOUT | 757152007 | 100 | | YES |

HYPOPARATHYROIDISM

CONDITION REQUIREMENTS: Initial diagnosis from specialist in the field of treatment disorder.

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|----------------------------------|---|--------------------------|-------------------|------------------|-------------------|---|
| ENO TUMS ASSORTED FRUIT CHEW TAB | CALCIUM CARBONATE (ANTACID) CHEW TAB 500 MG | ANTACIDS | 703359004 | 60 | | YES |
| CALCIUM GLUCONATE 300MG CHEW TAB | CALCIUM GLUCONATE CHEW TAB 300 MG | CALCIUM | 721364001 | 1000 | | YES |
| CALPIN D (ALPHEN) TAB | CALCIUM 750 MG W/ VITAMIN D TAB | MINERAL COMBINATIONS | 846155001 | 30 | | YES |
| CALPIN PLUS SWALLOW TAB | MULTIPLE MINERALS W/ VITAMINS TAB | MINERAL COMBINATIONS | 700306003 | 60 | | YES |
| ONE ALPHA 0.25MCG CAP | ALFACALCIDOL CAP 0.25 MCG | MINERALS AND VITAMIN D | 750654007 | 30 | | YES |
| ONE ALPHA 1MCG CAP | ALFACALCIDOL CAP 1 MCG | MINERALS AND VITAMIN D | 750662018 | 30 | | YES |
| ROCALTROL 0.25MCG CAP | CALCITRIOL CAP 0.25 MCG | MINERALS AND VITAMIN D | 761249001 | 30 | | YES |
| CALCIFEROL 50000IU TAB | ERGOCALCIFEROL TAB 50000 UNIT | MINERALS AND VITAMIN D | 711640009 | 100 | | YES |

URINARY INCONTINENCE

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|--------------------------|--|--------------------------|-------------------|------------------|-------------------|---|
| ENABLEX 15MG SR TAB | DARIFENACIN HYDROBROMIDE TAB ER 24HR 15 MG (BASE EQUIV) | ANTI-CHOLINERGICS | 706046001 | 28 | | YES |
| ENABLEX 7.5MG SR TAB | DARIFENACIN HYDROBROMIDE TAB ER 24HR 7.5 MG (BASE EQUIV) | ANTI-CHOLINERGICS | 706045001 | 28 | | YES |
| BETMIGA 25MG TAB | MIRABEGRON TAB ER 24 HR 25 MG | ANTI-CHOLINERGICS | 722475001 | 30 | | YES |
| BETMIGA 50MG TAB | MIRABEGRON TAB ER 24 HR 50 MG | ANTI-CHOLINERGICS | 722789001 | 30 | | YES |
| LYRINEL 10MG SR TAB | OXYBUTYNIN CHLORIDE TAB ER 24HR 10 MG | ANTI-CHOLINERGICS | 710617001 | 30 | | YES |
| LYRINEL 5MG SR TAB | OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG | ANTI-CHOLINERGICS | 710616001 | 30 | | YES |
| MYLAN OXYBUTYNIN 5MG TAB | OXYBUTYNIN CHLORIDE TAB 5 MG | ANTI-CHOLINERGICS | 701893015 | 100 | YES | |
| DETRUNORM XL 30MG CAP | PROPIVERINE HCL CAP ER 24HR 30 MG | ANTI-CHOLINERGICS | 720349001 | 28 | | YES |
| DETRUNORM 15MG TAB | PROPIVERINE HCL TAB 15 MG | ANTI-CHOLINERGICS | 703546001 | 30 | | YES |
| VESICARE 10MG TAB | SOLIFENACIN SUCCINATE TAB 10 MG | ANTI-CHOLINERGICS | 706217001 | 30 | | YES |
| VESICARE 5MG TAB | SOLIFENACIN SUCCINATE TAB 5 MG | ANTI-CHOLINERGICS | 706214001 | 30 | | YES |
| DETRUSITOL SR 2MG CAP | TOLTERODINE TARTRATE CAP ER 24HR 2 MG | ANTI-CHOLINERGICS | 700862001 | 28 | | YES |
| DETRUSITOL SR 4MG CAP | TOLTERODINE TARTRATE CAP ER 24HR 4 MG | ANTI-CHOLINERGICS | 700871001 | 28 | | YES |

| MENOPAUSE | | | | | | |
|---------------------------|--|--------------------------|------------|-----------|------------|--------------------------------------|
| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
| FEMIGEL PUMP | ESTRADIOL GEL 0.06% (0.75 MG/1.25 GM METERED-DOSE PUMP) | OESTROGENS | 819875007 | 80 | YES | |
| ESTROFEM 1MG TAB | ESTRADIOL TAB 1 MG | OESTROGENS | 893919004 | 28 | YES | |
| ESTROFEM 2MG TAB | ESTRADIOL TAB 2 MG | OESTROGENS | 825883008 | 28 | YES | |
| ESTRADOT 25MCG TD PATCH | ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR | OESTROGENS | 706049001 | 8 | YES | |
| ESTRADOT 37.5MCG TD PATCH | ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR | OESTROGENS | 706052001 | 8 | YES | |
| ESTRADOT 50MCG TD PATCH | ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR | OESTROGENS | 706053001 | 8 | YES | |
| ESTRADOT 75MCG TD PATCH | ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR | OESTROGENS | 706054001 | 8 | YES | |
| ESTRADOT 100MCG TD PATCH | ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR | OESTROGENS | 706055001 | 8 | YES | |
| CLIMARA 50 PATCH | ESTRADIOL TD PATCH WEEKLY 0.05 MG/24HR | OESTROGENS | 824631005 | 4 | YES | |
| CLIMARA 100 PATCH | ESTRADIOL TD PATCH WEEKLY 0.1 MG/24HR | OESTROGENS | 824658019 | 4 | YES | |
| VAGIFEM 10MCG VAG TAB | ESTRADIOL VAGINAL TAB 10 MCG | OESTROGENS | 721571001 | 18 | | YES |
| SYNAPAUSE E TAB | ESTRIOL SUCCINATE TAB 2 MG | OESTROGENS | 827452004 | 30 | YES | |
| SYNAPAUSE 1MG/GM VCR | ESTRIOL VAGINAL CREAM 1 MG/GM (0.1%) | OESTROGENS | 832464007 | 15 | | YES |
| PREMARIN 0.3MG TAB | ESTROGENS, CONJUGATED TAB 0.3 MG | OESTROGENS | 756725038 | 28 | YES | |
| PREMARIN 0.625MG TAB | ESTROGENS, CONJUGATED TAB 0.625 MG | OESTROGENS | 756733030 | 28 | YES | |
| PREMARIN 1.25MG TAB | ESTROGENS, CONJUGATED TAB 1.25 MG | OESTROGENS | 756741033 | 28 | YES | |
| PREMARIN VCR | ESTROGENS, CONJUGATED VAGINAL CREAM 0.625 MG/GM | OESTROGENS | 832448001 | 42 | | YES |
| DUPHASTON 10MG TAB | DYDROGESTERONE TAB 10 MG | PROGESTOGENS | 795682018 | 30 | | YES |
| HEXAL-MPA 10MG TAB | MEDROXYPROGESTERONE ACETATE TAB 10 MG | PROGESTOGENS | 706705001 | 30 | YES | |
| HEXAL-MPA 5MG TAB | MEDROXYPROGESTERONE ACETATE TAB 5 MG | PROGESTOGENS | 706704001 | 30 | YES | |
| PRIMOLUT N 5MG TAB | NORETHINDRONE TAB 5 MG | PROGESTOGENS | 757012019 | 30 | | YES |
| UTROGESTAN 100MG CAP | PROGESTERONE CAP 100 MG | PROGESTOGENS | 851957005 | 30 | | YES |
| UTROGESTAN 200MG CAP | PROGESTERONE CAP 200 MG | PROGESTOGENS | 717195001 | 15 | | YES |
| PREMELLE 2.5MG TAB | CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.625-2.5 MG | SEX HORMONE COMBINATIONS | 853402019 | 28 | YES | |
| PREMELLE 5MG TAB | CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.625-5 MG | SEX HORMONE COMBINATIONS | 853410003 | 28 | YES | |
| ANGELIQ FC TAB | DROSPIRENONE-ESTRADIOL TAB 2-1 MG | SEX HORMONE COMBINATIONS | 703438001 | 28 | | YES |
| TRISEQUENS TAB | ESTRAD 2MG(12) &ESTRAD-NORETHIN 2-1MG(10) &ESTRAD TAB 1MG(6) | SEX HORMONE COMBINATIONS | 825913004 | 28 | YES | |
| ACTIVELLE TAB | ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG | SEX HORMONE COMBINATIONS | 881112003 | 28 | YES | |
| NOVOFEM TAB | ESTRADIOL & NORETHINDRONE ACETATE TAB 1-1 MG | SEX HORMONE COMBINATIONS | 704903001 | 28 | YES | |
| KLOGEST TAB | ESTRADIOL & NORETHINDRONE ACETATE TAB 2-1 MG | SEX HORMONE COMBINATIONS | 820024007 | 28 | YES | |
| POSTOVAL TAB | ESTRADIOL VAL 2 MG (11) &ESTRADIOL-NORGEST TAB 2-0.5 MG(10) | SEX HORMONE COMBINATIONS | 825980003 | 28 | YES | |
| CLIMEN TAB | ESTRADIOL VAL 2 MG &ESTRADIOL VAL-CYPROTERONE ACE TAB 2-1 MG | SEX HORMONE COMBINATIONS | 818550007 | 28 | YES | |
| FEMOSTON 1/10 TAB | ESTRADIOL 1MG (14) &ESTRADIOL-DYDROGESTERONE TAB 1-10MG (14) | SEX HORMONE COMBINATIONS | 703108001 | 28 | YES | |

MENOPAUSE

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|----------------------|---|--------------------------|-------------------|------------------|-------------------|---|
| EVOREL SEQUI PATCH | ESTRADIOL 50 MCG & ESTRADIOL-NORETHIN 50-170 MCG TD SYS KIT | SEX HORMONE COMBINATIONS | 837865018 | 8 | YES | |
| EVOREL CONTI PTD | ESTRADIOL-NORETHINDRONE ACE TD PTTW 50-170 MCG/24HR | SEX HORMONE COMBINATIONS | 837873002 | 8 | YES | |

MIGRAINE

CONDITION REQUIREMENTS: Prophylactic management of migraine only.

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|--------------------------------|--------------------------------|--------------------------|-------------------|------------------|-------------------|---|
| TOPIEP 100MG TAB | TOPIRAMATE TAB 100 MG | ANTI-EPILEPTICS | 708391001 | 60 | YES | |
| TOPIEP 200MG TAB | TOPIRAMATE TAB 200 MG | ANTI-EPILEPTICS | 708392001 | 60 | YES | |
| TOPIEP 25MG TAB | TOPIRAMATE TAB 25 MG | ANTI-EPILEPTICS | 708389001 | 60 | YES | |
| TOPIEP 50MG TAB | TOPIRAMATE TAB 50 MG | ANTI-EPILEPTICS | 708390001 | 60 | YES | |
| NAVALPRO CR 200MG SRT | VALPROATE SODIUM TAB ER 200 MG | ANTI-EPILEPTICS | 718465001 | 100 | YES | |
| NAVALPRO CR 300MG SRT | VALPROATE SODIUM TAB ER 300 MG | ANTI-EPILEPTICS | 718466001 | 100 | YES | |
| NAVALPRO CR 500MG SRT | VALPROATE SODIUM TAB ER 500 MG | ANTI-EPILEPTICS | 718468001 | 100 | YES | |
| MENOGRAINE 0.025MG TAB | CLONIDINE HCL TAB 0.025 MG | ANTI-MIGRAINE AGENTS | 788317016 | 100 | YES | |
| INDOBLOK 10MG TAB | PROPRANOLOL HCL TAB 10 MG | BETA-RECEPTOR BLOCKERS | 806552034 | 50 | YES | |
| INDOBLOK 40MG TAB | PROPRANOLOL HCL TAB 40 MG | BETA-RECEPTOR BLOCKERS | 806560029 | 1000 | YES | |
| AMITRIPTYLINE 10MG TAB AUSTELL | AMITRIPTYLINE HCL TAB 10 MG | TRICYCLICS | 3002709001 | 100 | YES | |
| AMITRIPTYLINE HCL KIARA 25MG | AMITRIPTYLINE HCL TAB 25 MG | TRICYCLICS | 784230005 | 100 | YES | |

NARCOLEPSY

CONDITION REQUIREMENTS: Initial application must be from a specialist in the field of the treatment disorder.

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|--------------------------------------|--|--------------------------|-------------------|------------------|-------------------|---|
| NUVIGIL 150MG TAB | ARMODAFINIL 150MG | CENTRAL ANALEPTICS | 3003512001 | 30 | | YES |
| NUVIGIL 250MG TAB | ARMODAFINIL 250MG | CENTRAL ANALEPTICS | 3003513001 | 30 | | YES |
| RITALIN LA 10MG CAP | METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA) | OTHER CNS STIMULANTS | 717254001 | 30 | YES | |
| RITALIN LA 20MG CAP | METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA) | OTHER CNS STIMULANTS | 701627003 | 30 | YES | |
| RITALIN LA 30MG CAP | METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA) | OTHER CNS STIMULANTS | 701630005 | 30 | YES | |
| RITALIN LA 40MG CAP | METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA) | OTHER CNS STIMULANTS | 701632003 | 30 | YES | |
| MEFEDINEL 18MG SR TAB | METHYLPHENIDATE HCL TAB ER 24HR 18 MG | OTHER CNS STIMULANTS | 3003032001 | 30 | YES | |
| MEFEDINEL 27MG SR TAB | METHYLPHENIDATE HCL TAB ER 24HR 27 MG | OTHER CNS STIMULANTS | 3003034001 | 30 | YES | |
| MEFEDINEL 36MG SR TAB | METHYLPHENIDATE HCL TAB ER 24HR 36 MG | OTHER CNS STIMULANTS | 3003039001 | 30 | YES | |
| MEFEDINEL 54MG SR TAB | METHYLPHENIDATE HCL TAB ER 24HR 54 MG | OTHER CNS STIMULANTS | 3003040001 | 30 | YES | |
| METHYLPHENIDATE HCL-DOUGLAS 10MG TAB | METHYLPHENIDATE HCL TAB 10 MG | OTHER CNS STIMULANTS | 702505001 | 30 | YES | |

NEUROPATHIC PAIN

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|----------------------------------|---|--------------------------|-------------------|------------------|-------------------|---|
| DEGRANOL 200MG TAB | CARBAMAZEPINE TAB 200 MG | ANTI-EPILEPTICS | 712493018 | 100 | YES | |
| TEGRETOL CR 200MG TAB | CARBAMAZEPINE TAB ER 12HR 200 MG | ANTI-EPILEPTICS | 779652002 | 30 | YES | |
| TEGRETOL CR 400MG TAB | CARBAMAZEPINE TAB ER 12HR 400 MG | ANTI-EPILEPTICS | 779660005 | 30 | YES | |
| EPLEPTIN 100MG CAP | GABAPENTIN CAP 100 MG | ANTI-EPILEPTICS | 707622001 | 100 | YES | |
| EPLEPTIN 300MG CAP | GABAPENTIN CAP 300 MG | ANTI-EPILEPTICS | 707623001 | 100 | YES | |
| EPLEPTIN 400MG CAP | GABAPENTIN CAP 400 MG | ANTI-EPILEPTICS | 707624001 | 100 | YES | |
| EPILIM 100MG CRUSH TAB | VALPROATE SODIUM TAB 100 MG | ANTI-EPILEPTICS | 821578006 | 100 | YES | |
| NAVALPRO CR 200MG TAB | VALPROATE SODIUM TAB ER 200 MG | ANTI-EPILEPTICS | 718465001 | 100 | YES | |
| NAVALPRO CR 300MG TAB | VALPROATE SODIUM TAB ER 300 MG | ANTI-EPILEPTICS | 718466001 | 100 | YES | |
| NAVALPRO CR 500MG TAB | VALPROATE SODIUM TAB ER 500 MG | ANTI-EPILEPTICS | 718468001 | 100 | YES | |
| PREGABALIN 25 CIPLA 25MG CAP | PREGABALIN CAP 25 MG | ANTI-EPILEPTICS | 3004724001 | 60 | YES | |
| PREGABALIN 75 CIPLA 75MG CAP | PREGABALIN CAP 75 MG | ANTI-EPILEPTICS | 3004725001 | 60 | YES | |
| PREGABALIN 150 CIPLA 150MG CAP | PREGABALIN CAP 150MG | ANTI-EPILEPTICS | 3004726001 | 60 | YES | |
| DULTA 30MG CAP | DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ) | NORADRENALINE/SSRI | 723857001 | 30 | YES | |
| DULTA 60MG CAP | DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ) | NORADRENALINE/SSRI | 723858001 | 30 | YES | |
| AMITRIPTYLINE 10MG TAB AUSTELL | AMITRIPTYLINE HCL TAB 10 MG | TRICYCLICS | 3002709001 | 100 | YES | |
| AMITRIPTYLINE HCL KIARA 25MG TAB | AMITRIPTYLINE HCL TAB 25 MG | TRICYCLICS | 784230005 | 100 | YES | |

OSTEOARTHRITIS

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|----------------------------|---|---------------------------|-------------------|------------------|-------------------|---|
| DIFEN SR 100MG SRT | DICLOFENAC SODIUM CAP ER 24HR 100 MG | COX INHIBITORS | 706314001 | 30 | | YES |
| MYLAN DICLOFENAC 25 MG TAB | DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG | COX INHIBITORS | 786012013 | 500 | YES | |
| MYLAN DICLOFENAC 50MG TAB | DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG | COX INHIBITORS | 786020016 | 500 | YES | |
| PANAMOR SR 75MG TAB | DICLOFENAC SODIUM TAB ER 24HR 75 MG | COX INHIBITORS | 827584008 | 30 | | YES |
| IBUCINE 200MG TAB | IBUPROFEN TAB 200 MG | COX INHIBITORS | 700316002 | 1000 | YES | |
| IBUCINE 400MG TAB | IBUPROFEN TAB 400 MG | COX INHIBITORS | 700318002 | 1000 | YES | |
| BETACIN 25MG CAP | INDOMETHACIN CAP 25 MG | COX INHIBITORS | 787833010 | 500 | YES | |
| ARTHREXIN 50MG CAP | INDOMETHACIN CAP 50 MG | COX INHIBITORS | 704733005 | 100 | | YES |
| MYLAN NAPROXEN TAB | NAPROXEN TAB 250 MG | COX INHIBITORS | 810185024 | 250 | YES | |
| BIO-NAPROXEN 500MG TAB | NAPROXEN TAB 500 MG | COX INHIBITORS | 701072001 | 30 | YES | |
| ROXIFEN 20MG CAP | PIROXICAM CAP 20 MG | COX INHIBITORS | 701072001 | 30 | YES | |
| COXLEON 100MG CAP | CELECOXIB CAP 100 MG | COXIB | 723329001 | 60 | YES | |
| COXLEON 200MG CAP | CELECOXIB CAP 200 MG | COXIB | 723330001 | 30 | YES | |
| SPEC ETORICOXIB 60MG TAB | ETORICOXIB TAB 60 MG | COXIB | 723128001 | 28 | | YES |
| SPEC ETORICOXIB 90MG TAB | ETORICOXIB TAB 90 MG | COXIB | 723129002 | 28 | | YES |
| MEDOXICAM 15MG TAB | MELOXICAM TAB 15 MG | SELECTIVE COX2 INHIBITORS | 718382002 | 30 | YES | |
| MEDOXICAM 7.5MG TAB | MELOXICAM TAB 7.5 MG | SELECTIVE COX2 INHIBITORS | 718381001 | 30 | YES | |

OSTEOPOROSIS

CONDITION REQUIREMENTS: DEXA Bone mineral density and additional risk factors to be submitted.

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional Clinical Criteria Applied |
|--------------------------------------|-------------------------------------|--------------------------|-------------------|------------------|-------------------|---|
| OSTENA 10MG TAB | ALENDRONATE SODIUM TAB 10 MG | BISPHOSPHONATES | 715712001 | 28 | YES | |
| OSTEONATE 70MG TAB | ALENDRONATE SODIUM TAB 70 MG | BISPHOSPHONATES | 715987001 | 4 | YES | |
| BONIVA 150MG TAB | IBANDRONIC ACID 150MG TAB | BISPHOSPHONATES | 721721001 | 1 | | YES |
| BONIVA3MG/3ML PRE-FILLED SYRINGE | IBANDRONIC ACID 3MG/3ML INJ | BISPHOSPHONATES | 719931001 | 1 | | YES |
| ACTONEL ONCE-A-MONTH 150MG TAB | RISEDRONATE SODIUM TAB 150 MG | BISPHOSPHONATES | 722476001 | 1 | | YES |
| ACTAMAX 35MG TAB | RISEDRONATE SODIUM TAB 35 MG | BISPHOSPHONATES | 716659001 | 4 | | YES |
| ACLASTA 5MG/100ML INF | ZOLEDRONIC ACID IV SOLN 5 MG/100ML | BISPHOSPHONATES | 709787001 | 1 | | YES |
| B-CAL CHEW TAB | CALCIUM CARBONATE CHEW TAB | CALCIUM | 828289018 | 100 | YES | |
| CALPIN D TAB | CALCIUM WITH VITAMIN D TAB | MINERAL COMBINATIONS | 846155001 | 30 | YES | |
| B-CAL-D SWALLOW TAB | CALCIUM WITH VITAMIN D TAB | MINERAL COMBINATIONS | 889211012 | 60 | YES | |
| CALPIN PLUS SWALLOW TAB | MULTIPLE MINERALS WITH VITAMINS TAB | MINERAL COMBINATIONS | 700306003 | 60 | YES | |
| CALTRATE PLUS (2015 formulation) TAB | MULTIPLE MINERALS WITH VITAMINS TAB | MINERAL COMBINATIONS | 721063002 | 60 | YES | |

PSORIASIS

CONDITION REQUIREMENTS: Biologics and oral immunomodulators – Motivation from specialist in the field of treatment disorder

| Medicine Name | Active Ingredient | Therapeutic Group | NAPPI Code | Pack Size | First Tier | Additional |
|----------------------------------|---|--------------------------|-------------------|------------------|-------------------|-------------------|
| REPIVATE CREAM | BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT) | CORTICO-STEROIDS TC | 882934003 | 15 | YES | |
| LENOVATE 0.1% OINT | BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT) | CORTICO-STEROIDS TC | 800171004 | 15 | YES | |
| BETNOVATE SC SCALP APP | BETAMETHASONE VALERATE SOLN 0.1% (BASE EQUIVALENT) | CORTICO-STEROIDS TC | 824208005 | 30 | YES | |
| DOVATE .5MG/GM CREAM | CLOBETASOL PROPIONATE CREAM 0.05% | CORTICO-STEROIDS TC | 807249009 | 25 | YES | |
| DOVATE .5MG/GM OINT | CLOBETASOL PROPIONATE OINT 0.05% | CORTICO-STEROIDS TC | 807230006 | 25 | YES | |
| CORTODERM CREAM | FLUOCINOLONE ACETONIDE CREAM 0.025% | CORTICO-STEROIDS TC | 716278006 | 15 | YES | |
| CORTODERM OINT | FLUOCINOLONE ACETONIDE OINT 0.025% | CORTICO-STEROIDS TC | 716286009 | 15 | YES | |
| DILUCORT CREAM | HYDROCORTISONE ACETATE CREAM 0.5% | CORTICO-STEROIDS TC | 720011019 | 25 | YES | |
| BIOCORT CREAM | HYDROCORTISONE ACETATE CREAM 1% | CORTICO-STEROIDS TC | 807834009 | 25 | YES | |
| DILUCORT OINT | HYDROCORTISONE ACETATE OINT 0.5% | CORTICO-STEROIDS TC | 720038006 | 25 | YES | |
| MYLOCORT 1GM/100GM OINT | HYDROCORTISONE ACETATE OINT 1% | CORTICO-STEROIDS TC | 745448003 | 25 | YES | |
| ADVANTAN CREAM | METHYLPREDNISOLONE ACEPONATE CREAM 1 MG/GM (0.1%) | CORTICO-STEROIDS TC | 793108020 | 50 | YES | |
| ADVANTAN CREAM | METHYLPREDNISOLONE ACEPONATE CREAM 1 MG/GM (0.1%) | CORTICO-STEROIDS TC | 793108039 | 20 | YES | |
| ADVANTAN MILK | METHYLPREDNISOLONE ACEPONATE LOTION 1 MG/ML (0.1%) | CORTICO-STEROIDS TC | 883180007 | 20 | YES | |
| ADVANTAN FATTY OINT | METHYLPREDNISOLONE ACEPONATE OINT 1 MG/GM (0.1%) | CORTICO-STEROIDS TC | 793116031 | 20 | YES | |
| ADVANTAN OINT | METHYLPREDNISOLONE ACEPONATE OINT 1 MG/GM (0.1%) | CORTICO-STEROIDS TC | 793086043 | 20 | YES | |
| ABITREXATE VIAL 2ML 25MG/1ML INJ | METHOTREXATE SODIUM INJ 25 MG/ML | CYTOSTATICS | 782548009 | 1 | YES | |
| ABITREXATE 2.5MG TAB | METHOTREXATE TAB 2.5 MG | CYTOSTATICS | 712504001 | 100 | YES | |
| SANDIMMUN NEORAL 100 CAP | CYCLOSPORINE MODIFIED CAP 100 MG | IMMUNOSUPPRESSAN | 815926006 | 50 | | YES |
| SANDIMMUN NEORAL 25 CAP | CYCLOSPORINE MODIFIED CAP 25 MG | IMMUNOSUPPRESSAN | 815918003 | 50 | | YES |
| BE-TAB FOLIC ACID 5MG TAB | FOLIC ACID TAB 5 MG | PRENATAL VITAMINS | 810967006 | 1000 | YES | |
| COAL TAR SOLUTION BP | COAL TAR LIQUID | PSORIASIS | 706044001 | 100 | YES | |
| NEOTIGASON 10MG CAP | ACITRETIN CAP 10 MG | PSORIASIS | 817732004 | 30 | | YES |
| NEOTIGASON 25MG CAP | ACITRETIN CAP 25 MG | PSORIASIS | 817740007 | 30 | | YES |
| XAMIOL JEL | CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE GEL 0.005-0.05% | PSORIASIS | 717191001 | 30 | YES | |
| DOVOBET OINT | CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE OINT 0.005-0.05% | PSORIASIS | 708636001 | 30 | YES | |

Chronic medication is authorised individually and each case is reviewed on its own merit, in accordance with Scheme rules, managed healthcare principles and evidence based protocols. Not all chronic medication or formulation types (e.g. paediatric formulations) are listed on this formulary, but may be accessed via treatment algorithms on review of an application for authorisation.

Please note that formularies are reviewed on a regular basis by the Momentum TYB Pharmacy Benefit Management team to ensure that they comply with the latest local and international guidelines for the treatment of the listed conditions. MOMENTUM TYB reserves the right to amend the chronic formulary for the treatment of the listed conditions and may at any time remove, add or replace medicines listed in the formulary when new information becomes available.