



Chronic Medication Formulary
Energy and Fantasy Options
2026

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ADDISONS DISEASE

CONDITION REQUIREMENTS: Initial application by 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
FLORINEF 0.1MG TAB	FLUDROCORTISONE ACETATE TAB 0.1 MG	CORTICOSTEROIDS	726540005	100		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
LENISOLONE 5MG TAB	PREDNISOLONE TAB 5 MG	CORTICOSTEROIDS	800155017	1000	YES	
PANAFKORT 5MG TAB	PREDNISONONE TAB 5 MG	CORTICOSTEROIDS	752304119	1000	YES	

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
TELFAST 30MG/5ML SUSP	FEXOFENADINE HCL SUSP 30 MG/5ML (6 MG/ML)	ANTI-HISTAMINES	715771001	150		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

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
MEDIKINET MR 5MG SRC	METHYLPHENIDATE HCL TAB ER 24HR 5 MG	OTHER CNS STIMULANTS	3004460001	30	YES	
MEDIKINET MR 10MG SRC	METHYLPHENIDATE HCL TAB ER 24HR 10 MG	OTHER CNS STIMULANTS	3004461001	30	YES	
MEDIKINET MR 20MG SRC	METHYLPHENIDATE HCL TAB ER 24HR 20 MG	OTHER CNS STIMULANTS	3004462001	30	YES	
MEDIKINET MR 30MG SRC	METHYLPHENIDATE HCL TAB ER 24HR 30 MG	OTHER CNS STIMULANTS	3004463001	30	YES	
MEDIKINET MR 40MG SRC	METHYLPHENIDATE HCL TAB ER 24HR 40 MG	OTHER CNS STIMULANTS	3004464001	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	

ASTHMA

CONDITION CRITERIA: Diagnostic spirometry results or chest X ray where available. Motivation may be requested.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
ATROVENT 20 HFA 200DOSE	IPRATROPIUM BROMIDE INHAL AEROSOL 20 MCG/ACT	ANTICHOLINERGICS	706543001	1	YES	
INNUVAIR 100/6MCG 120 DOS	BECLOMETHASONE-FORMOTEROL INHAL AERO SOLN 100-6 MCG/ACT	COMBINATION BRONCHODILATORS	723841001	1	YES	
VANNAIR 160/4.5MCG INH 12	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	COMBINATION BRONCHODILATORS	720219001	1		YES
VANNAIR 80/4.5MCG INH 12	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	COMBINATION BRONCHODILATORS	720218001	1		YES
DUOVENT HFA 200DOSE INH	FENOTEROL-IPRATROPIUM AERO SOLN 50-20 MCG/ACT	COMBINATION BRONCHODILATORS	707882001	1		YES
RELVAR ELLIPTA 92/22UG INH	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/INH	COMBINATION BRONCHODILATORS	723300001	1	YES	
RELVAR ELLIPTA 184/22UG INH	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/INH	COMBINATION BRONCHODILATORS	723303001	1	YES	
SEREFLO DPI 50/250 60 DOSE ACCUHALER	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/DOSE	COMBINATION BRONCHODILATORS	3003305001	1	YES	
SEREFLO DPI 50/100 60 DOSE ACCUHALER	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/DOSE	COMBINATION BRONCHODILATORS	3003304001	1	YES	
SEREFLO DPI 50/500 60 DOSE ACCUHALER	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/DOSE	COMBINATION BRONCHODILATORS	3006972001	1	YES	
SEREFLO 25/125 GENTLEHALER	FLUTICASONE-SALMETEROL INHAL AEROSOL 125-25 MCG/ACT	COMBINATION BRONCHODILATORS	715190001	1	YES	
SEREFLO 25/250 GENTLEHALER	FLUTICASONE-SALMETEROL INHAL AEROSOL 250-25 MCG/ACT	COMBINATION BRONCHODILATORS	715191001	1	YES	
SEREFLO 25/50 GENTLEHALER	FLUTICASONE-SALMETEROL INHAL AEROSOL 50-25 MCG/ACT	COMBINATION BRONCHODILATORS	715189001	1	YES	
BEMRIST BREEZHALER 150/80 (30 CAPS & INH)	INDACATEROL- MOMETASONE INHAL CAP 150-80 MCG	COMBINATION BRONCHODILATORS	3004299001	1		YES
BEMRIST BREEZHALER 150/160 (30 CAPS & INH)	INDACATEROL- MOMETASONE INHAL CAP 150-160 MCG	COMBINATION BRONCHODILATORS	3004300001	1		YES
BEMRIST BREEZHALER 150/320 (30 CAPS & INH)	INDACATEROL- MOMETASONE INHAL CAP 150-320 MCG	COMBINATION BRONCHODILATORS	3004301001	1		YES
DULERA 100/5MCG INH	MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 100-5 MCG/ACT	COMBINATION BRONCHODILATORS	722934001	1	YES	
DULERA 200/5MCG INH	MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 200-5 MCG/ACT	COMBINATION BRONCHODILATORS	722933001	1	YES	
PANAFECORT 5MG TAB	PREDNISON TAB 5 MG	CORTICOSTEROIDS	752304119	1000		YES
BECLATE 200MCG INH 200	BECLOMETHASONE DIPROPIONATE INHAL AERO 200 MCG/ACT	GLUCOCORTICIDS	820083003	1	YES	
BECEZE 50MCG INH 200	BECLOMETHASONE DIPROPIONATE INHAL AERO 42 MCG/ACT (50/VALVE)	GLUCOCORTICIDS	827061005	1	YES	
BECEZE 100MCG INH 200	BECLOMETHASONE DIPROPIONATE INHAL AERO 84 MCG/ACT(100/VALVE)	GLUCOCORTICIDS	827088019	1	YES	
PULMICORT TURBU 200MCG 200	BUDESONIDE INHAL AERO POWD 200 MCG/INH (BREATH ACTIVATED)	GLUCOCORTICIDS	791431002	1	YES	
BUDEFLAM HFA 100MCG 300D	BUDESONIDE INHALER AEROSOL 100 MCG/ACT	GLUCOCORTICIDS	897462004	1	YES	
BUDEFLAM HFA 200MCG 300D	BUDESONIDE INHALER AEROSOL 200 MCG/ACT	GLUCOCORTICIDS	897469003	1	YES	
ALVESCO 160MCG 120DOSE INH	CICLESONIDE INHAL AEROSOL 160 MCG/ACT	GLUCOCORTICIDS	705269001	1		YES
ALVESCO 80MCG 60DOSE INH	CICLESONIDE INHAL AEROSOL 80 MCG/ACT	GLUCOCORTICIDS	705265001	1		YES
FLIXOTIDE ACUHALER 100MCG	FLUTICASONE PROPIONATE AER POW BA 100 MCG/BLISTER	GLUCOCORTICIDS	818453001	1	YES	
FLIXOTIDE ACUHALER 250MCG	FLUTICASONE PROPIONATE AER POW BA 250 MCG/BLISTER	GLUCOCORTICIDS	818461004	1	YES	
FLIXOTIDE ACUHALER 500MCG	FLUTICASONE PROPIONATE AER POW BA 500 MCG/BLISTER	GLUCOCORTICIDS	818488018	1	YES	
FLIXOTIDE 50MCG CFC FREE	FLUTICASONE PROPIONATE INHAL AEROSOL 44 MCG/ACT (50/VALVE)	GLUCOCORTICIDS	703275001	1	YES	
SINTAIR 4MG CHEW TAB	MONTELUKAST SODIUM CHEW TAB 4 MG (BASE EQUIV)	LEUKOTRIENE RECEPTOR ANTAGONISTS	718604001	30		YES
SINTAIR 5MG CHEW	MONTELUKAST SODIUM CHEW TAB 5 MG (BASE EQUIV)	LEUKOTRIENE RECEPTOR ANTAGONISTS	718605001	30		YES
SINTRINE ORAL GRANULES 4MG SAC	MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV)	LEUKOTRIENE RECEPTOR ANTAGONISTS	3005091001	28		YES
SINTAIR 10MG TAB	MONTELUKAST SODIUM TAB 10 MG (BASE EQUIV)	LEUKOTRIENE RECEPTOR ANTAGONISTS	718606001	30		YES
SANDOZ THEOPHYLL 200MG TAB	THEOPHYLLINE TAB ER 12HR 200 MG	METHYLXANTHINES & COMBINATIONS	788368036	60		YES
EUPHYLLIN RET 250MG TAB	THEOPHYLLINE TAB ER 12HR 250 MG	METHYLXANTHINES & COMBINATIONS	725005009	60		YES
SANDOZ THEOPHYLL 300MG TAB	THEOPHYLLINE TAB ER 12HR 300 MG	METHYLXANTHINES & COMBINATIONS	788376020	60		YES
BEROTEC 100 HFA 200DOSE	FENOTEROL HBR INHAL AEROSOL 100 MCG/ACT	SYMPATHOMIMETICS	706544001	1		YES
BRICANYL 0.5MG/DOSE 100DOSE	TERBUTALINE SULPH 0.5MG/DOSE 100DOSE	SYMPATHOMIMETICS	720748001	1		YES
ASTHAVENT 200D ECOHALER	SALBUTAMOL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	SYMPATHOMIMETICS	849332001	1	YES	
FORATEC HFA 120 DOSE 12MCG/DOSE	FORMOTEROL	SYMPATHOMIMETICS	710307001	1	YES	

ASTHMA

CONDITION CRITERIA: Diagnostic spirometry results or chest X ray where available. Motivation may be requested.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
SPACER ZEROSTAT	DEVICE	MEDICATION ADMINISTRATION AIDS	454299006	1		YES

BIPOLAR MOOD DISORDER

CONDITION CRITERIA: Initial application from Psychiatrist, DSM to be submitted. Renewal request may be from any prescriber, provided there are no changes in medication or dosage, which must be applied for with a Psychiatrist prescription.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
TEGRETOL 100MG/5ML SUSP	CARBAMAZEPINE SUSP 100 MG/5ML	ANTI-EPILEPTICS	769401007	250		YES
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
EPITEC 100MG TAB	LAMOTRIGINE TAB 100 MG	ANTI-EPILEPTICS	704381001	60	YES	
EPITEC 200MG TAB	LAMOTRIGINE TAB 200 MG	ANTI-EPILEPTICS	704382001	60	YES	
EPITEC 25MG TAB	LAMOTRIGINE TAB 25 MG	ANTI-EPILEPTICS	704379001	60	YES	
EPITEC 50MG TAB	LAMOTRIGINE TAB 50 MG	ANTI-EPILEPTICS	704380001	60	YES	
LAMICTIN P 5MG DISP TAB	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 5 MG	ANTI-EPILEPTICS	813885019	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	
SOLIAN 200MG TAB	AMISULPRIDE TAB 200 MG	ATYPICAL ANTI-PSYCHOTICS	892310001	30		YES
SOLIAN 50MG TAB	AMISULPRIDE TAB 50 MG	ATYPICAL ANTI-PSYCHOTICS	892309005	30		YES
ARIZOFY 5MG TAB	ARIPIRAZOLE TAB 5 MG	ATYPICAL ANTI-PSYCHOTICS	723961001	30	YES	
ARIZOFY 10MG TAB	ARIPIRAZOLE TAB 10 MG	ATYPICAL ANTI-PSYCHOTICS	723962001	30	YES	
ARIZOFY 15MG TAB	ARIPIRAZOLE TAB 15 MG	ATYPICAL ANTI-PSYCHOTICS	723963001	30	YES	
ASPEN CLOZAPINE 100MG TAB	CLOZAPINE TAB 100 MG	ATYPICAL ANTI-PSYCHOTICS	717082001	100	YES	
ASPEN CLOZAPINE 25MG TAB	CLOZAPINE TAB 25 MG	ATYPICAL ANTI-PSYCHOTICS	717081001	100	YES	
OLEXAR 10MG TAB	OLANZAPINE TAB 10 MG	ATYPICAL ANTI-PSYCHOTICS	715659001	30	YES	
OLEXAR 2.5MG	OLANZAPINE TAB 2.5 MG	ATYPICAL ANTI-PSYCHOTICS	715657001	30	YES	
OLEXAR 5MG TAB	OLANZAPINE TAB 5 MG	ATYPICAL ANTI-PSYCHOTICS	715658001	30	YES	
DOPAQUEL 100MG TAB	QUETIAPINE FUMARATE TAB 100 MG	ATYPICAL ANTI-PSYCHOTICS	716051001	90	YES	
SPEC QUETIAPINE 150MG TAB	QUETIAPINE FUMARATE TAB 150 MG	ATYPICAL ANTI-PSYCHOTICS	721710001	90	YES	
DOPAQUEL 200MG TAB	QUETIAPINE FUMARATE TAB 200 MG	ATYPICAL ANTI-PSYCHOTICS	716052001	60	YES	
DOPAQUEL 25MG TAB	QUETIAPINE FUMARATE TAB 25 MG	ATYPICAL ANTI-PSYCHOTICS	716050001	100	YES	
DOPAQUEL 300MG TAB	QUETIAPINE FUMARATE TAB 300 MG	ATYPICAL ANTI-PSYCHOTICS	716053001	60	YES	
AROQUET XR 150MG TAB	QUETIAPINE FUMARATE TAB ER 24HR 150 MG	ATYPICAL ANTI-PSYCHOTICS	3003728001	30		YES
AROQUET XR 200MG TAB	QUETIAPINE FUMARATE TAB ER 24HR 200 MG	ATYPICAL ANTI-PSYCHOTICS	3003732001	60		YES
AROQUET XR 300MG TAB	QUETIAPINE FUMARATE TAB ER 24HR 300 MG	ATYPICAL ANTI-PSYCHOTICS	3003733001	60		YES
AROQUET XR 400MG TAB	QUETIAPINE FUMARATE TAB ER 24HR 400 MG	ATYPICAL ANTI-PSYCHOTICS	3003734001	60		YES
AROQUET XR 50MG TAB	QUETIAPINE FUMARATE TAB ER 24HR 50 MG	ATYPICAL ANTI-PSYCHOTICS	3003727001	60		YES
ZOXADON 0.5MG TAB	RISPERIDONE TAB 0.5 MG	ATYPICAL ANTI-PSYCHOTICS	711511001	30	YES	

BIPOLAR MOOD DISORDER

CONDITION CRITERIA: Initial application from Psychiatrist, DSM to be submitted. Renewal request may be from any prescriber, provided there are no changes in medication or dosage, which must be applied for with a Psychiatrist prescription.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
ZOXADON 1MG TAB	RISPERIDONE TAB 1 MG	ATYPICAL ANTI-PSYCHOTICS	711512001	30	YES	
ZOXADON 2MG TAB	RISPERIDONE TAB 2 MG	ATYPICAL ANTI-PSYCHOTICS	711513001	30	YES	
ZOXADON 3MG TAB	RISPERIDONE TAB 3 MG	ATYPICAL ANTI-PSYCHOTICS	721750001	30	YES	
ZOXADON 4MG TAB	RISPERIDONE TAB 4 MG	ATYPICAL ANTI-PSYCHOTICS	721752001	30	YES	
HALOPERIDOL OETHMAAN 1,5MG TA	HALOPERIDOL CAP 1.5 MG	BUTYROPHENONES	730335003	60	YES	
HALOPERIDOL OETHMAAN 5MG TAB	HALOPERIDOL TAB 5 MG	BUTYROPHENONES	730327028	100	YES	
CAMCOLIT 250MG TAB	LITHIUM CARBONATE TAB 250 MG	LITHIUM	712078002	100	YES	
CAMCOLIT 400MG TAB	LITHIUM CARBONATE TAB 400 MG	LITHIUM	712086005	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	
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	
VENLOR XR 150MG SR CAP	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	706404001	30	YES	
VENLOR XR 37.5MG SR CAP	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	706399001	30	YES	
VENLOR XR 75MG CAP	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	706402001	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	
ETOMINE 40MG TAB	CLOTHIAPINE TAB 40 MG	OTHER ANTI-PSYCHOTICS	724777008	100		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	
CLOPIXOL 10MG TAB	ZUCLOPENTHIXOL DIHYDROCHLORIDE TAB 10 MG	OTHER ANTI-PSYCHOTICS	789798018	100	YES	
CLOPIXOL 2MG TAB	ZUCLOPENTHIXOL DIHYDROCHLORIDE TAB 2 MG	OTHER ANTI-PSYCHOTICS	796751005	100	YES	
LARGACTIL 100MG TAB	CHLORPROMAZINE HCL TAB 100 MG	PHENOTHIAZINES	735884006	56	YES	
LARGACTIL 25MG TAB	CHLORPROMAZINE HCL TAB 25 MG	PHENOTHIAZINES	735868019	56	YES	
LARGACTIL 50MG TAB	CHLORPROMAZINE HCL TAB 50 MG	PHENOTHIAZINES	735876003	56	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 TAB	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)	SSRI	719547001	28	YES	

BIPOLAR MOOD DISORDER

CONDITION CRITERIA: Initial application from Psychiatrist, DSM to be submitted. Renewal request may be from any prescriber, provided there are no changes in medication or dosage, which must be applied for with a Psychiatrist prescription.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
ACCORD ESCITALOPRAM 20MG TAB	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	
SANDOZ AMITRIPTYL 25MG 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	

BRONCHIECTASIS

CONDITION REQUIREMENTS: Initial application from a Specialist in the field of treatment disorder, diagnostic test results.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
ASTHAVENT 200D ECOHALER	SALBUTAMOL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	SYMPATHOMIMETICS	849332001	1		YES
ATROVENT 20 HFA 200DOSE	IPRATROPIUM BROMIDE INHAL AEROSOL 20 MCG/ACT	ANTICHOLINERGICS	706543001	1	YES	
VERCEF MR 375MG TAB	CEFACTOR MONOHYDRATE TAB ER 12HR 375 MG	CEPHALOSPORINS	838217001	10		YES
DACEF 500MG CAP	CEFADROXIL CAP 500 MG	CEPHALOSPORINS	821519018	10		YES
LIZORP 250MG TAB	CEFPROZIL TAB 250 MG	CEPHALOSPORINS	720375001	10		YES
LIZORP 500MG TAB	CEFPROZIL TAB 500 MG	CEPHALOSPORINS	720376001	10		YES
ZINNAT 125MG TAB	CEFUROXIME AXETIL TAB 125 MG	CEPHALOSPORINS	781320003	10		YES
ZEFURIME 250MG TAB	CEFUROXIME AXETIL TAB 250 MG	CEPHALOSPORINS	713006001	10		YES
ZEFURIME 500MG TAB	CEFUROXIME AXETIL TAB 500 MG	CEPHALOSPORINS	713007001	10		YES
CPL ALLIANCE CEPHALEXIN 250MG	CEPHALEXIN CAP 250 MG	CEPHALOSPORINS	897880006	100		YES
CPL ALLIANCE CEPHALEXIN 500MG	CEPHALEXIN CAP 500 MG	CEPHALOSPORINS	897887006	100		YES
CEFRIL 250MG CAP	CEPHRADINE CAP 250 MG	CEPHALOSPORINS	712957006	20		YES
PANAFACORT 5MG TAB	PREDNISON TAB 5 MG	CORTICOSTEROIDS	752304119	1000		YES
JUBAZI 250MG TAB	AZITHROMYCIN TAB 250 MG	ERYTHROMYCIN AND OTHER MACROLIDES	721676001	6		YES
ZITHROGEN 500MG TAB	AZITHROMYCIN TAB 500 MG	ERYTHROMYCIN AND OTHER MACROLIDES	705975001	3		YES
PURMYCIN 250MG CAP	ERYTHROMYCIN ESTOLATE CAP 250 MG	ERYTHROMYCIN AND OTHER MACROLIDES	758388012	100		YES
BECEZE 50MCG INH 200	BECLOMETHASONE DIPROPIONATE INHAL AERO 42 MCG/ACT (50/VALVE)	GLUCOCORTICIDS	827061005	1		YES
BECEZE 100MCG INH 200	BECLOMETHASONE DIPROPIONATE INHAL AERO 84 MCG/ACT(100/VALVE)	GLUCOCORTICIDS	827088019	1		YES
AUSTELL-AMOXICILLIN 250MG	AMOXICILLIN (TRIHYDRATE) CAP 250 MG	PENICILLINS	707499001	500		YES
AUSTELL-AMOXICILLIN 500MG	AMOXICILLIN (TRIHYDRATE) CAP 500 MG	PENICILLINS	705637001	500		YES
SANDOZ CO-AMOXICLAV 625MG	AMOXICILLIN & K CLAVULANATE TAB DISINT 500-125 MG	PENICILLINS	719283001	10		YES
SANDOZ CO-AMOXICLAV 1000MG	AMOXICILLIN & K CLAVULANATE TAB DISINT 875-125 MG	PENICILLINS	719284001	10		YES
AUGMENTIN SR 1000MG TAB	AMOXICILLIN & K CLAVULANATE TAB ER 12HR 1000-62.5 MG	PENICILLINS	703449001	28		YES
AUSTELL CO-AMOXICLAV 375MG	AMOXICILLIN & K CLAVULANATE TAB 250-125 MG	PENICILLINS	707407001	15		YES
AUSTELL CO-AMOXICLAV 625MG	AMOXICILLIN & K CLAVULANATE TAB 500-125 MG	PENICILLINS	707408001	15		YES
ADCO-AMOXICLAV BD 1000MG TAB	AMOXICILLIN & K CLAVULANATE TAB 875-125 MG	PENICILLINS	720898001	100		YES
CYCLIDOX 100MG CAP	DOXYCYCLINE HYCLATE CAP 100 MG	TETRACYCLINES	716944022	100		YES

CARDIAC CONDITIONS (CARDIOMYOPATHY; CORONARY ARTERY DISEASE; DYSRHYTHMIAS; HYPERTENSION)

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
MYLAN CAPTOPRIL 25MG TAB	CAPTAPRIL TAB 25 MG	ACE INHIBITORS	852619006	60	YES	
MYLAN CAPTOPRIL 50MG TAB	CAPTAPRIL TAB 50 MG	ACE INHIBITORS	899429009	60	YES	
ENAP CO 20MG/12.5MG TAB	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	ACE INHIBITORS	891287008	30	YES	
ALAPREN 10MG TAB	ENALAPRIL MALEATE TAB 10 MG	ACE INHIBITORS	881481009	28	YES	
ALAPREN 20MG TAB	ENALAPRIL MALEATE TAB 20 MG	ACE INHIBITORS	881503002	28	YES	
ALAPREN 5MG TAB	ENALAPRIL MALEATE TAB 5 MG	ACE INHIBITORS	881473006	28	YES	
LISORETIC 10MG/12.5MG TAB	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	ACE INHIBITORS	704437001	30	YES	
LISORETIC 10MG/12.5MG TAB	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	ACE INHIBITORS	704437001	30	YES	
ADCO-ZETOMAX 10MG TAB	LISINOPRIL TAB 10 MG	ACE INHIBITORS	862053005	30	YES	
ADCO-ZETOMAX 20MG TAB	LISINOPRIL TAB 20 MG	ACE INHIBITORS	862061008	30	YES	
PREXUM PLUS 2.5MG/0.625MG TAB	PERINDOPRIL ARGININE-INDAPAMIDE TAB 2.5-0.625 MG	ACE INHIBITORS	721507001	30	YES	
RAN-PERINDOPRIL 4MG TAB	PERINDOPRIL ERBUMINE TAB 4 MG	ACE INHIBITORS	710611001	30	YES	
PREXUM 5MG TAB	PERINDOPRIL ARGININE TAB 5 MG	ACE INHIBITORS	720387001	30	YES	
SPEC-PERINDOPRIL 8MG TAB	PERINDOPRIL ERBUMINE TAB 8 MG	ACE INHIBITORS	712616001	30	YES	
PREXUM 10MG TAB	PERINDOPRIL ARGININE TAB 10 MG	ACE INHIBITORS	714646001	30	YES	
SPEC-PERINDOPRIL PLUS 2MG TAB	PERINDOPRIL ERBUMINE-INDAPAMIDE TAB 2-0.625 MG	ACE INHIBITORS	713762001	30	YES	
PEARINDA PLUS 4MG/1.25MG TAB	PERINDOPRIL ERBUMINE-INDAPAMIDE TAB 4-1.25 MG	ACE INHIBITORS	714952001	30	YES	
TREXEVA PLUS 5MG/1.25MG TAB	PERINDOPRIL TOSILATE-INDAPAMIDE TAB 5-1.25 MG	ACE INHIBITORS COMBINATIONS	3003940001	30	YES	
PREXUM 10 PLUS 10MG/2.5MG TAB	PERINDOPRIL ARGININE-INDAPAMIDE TAB 10-2.5 MG	ACE INHIBITORS COMBINATIONS	721508001	30	YES	
REAPTAN 5MG/5MG TAB	PERINDOPRIL ARGININE-AMLODIPINE BESILATE 5-5MG	ACE INHIBITORS COMBINATIONS	3001150001	30	YES	
REAPTAN 5MG/10MG TAB	PERINDOPRIL ARGININE-AMLODIPINE BESILATE 5-10MG	ACE INHIBITORS COMBINATIONS	3001157001	30	YES	
REAPTAN 10MG/5MG TAB	PERINDOPRIL ARGININE-AMLODIPINE BESILATE 10-5MG	ACE INHIBITORS COMBINATIONS	3001158001	30	YES	
REAPTAN 10MG/10MG TAB	PERINDOPRIL ARGININE-AMLODIPINE BESILATE 10-10MG	ACE INHIBITORS COMBINATIONS	3001159001	30	YES	
TRIPLIXAM 10/2.5/10MG TAB	PERINDOPRIL ARGININE-INDAPAMIDE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	723032001	30	YES	
TRIPLIXAM 10/2.5/5MG TAB	PERINDOPRIL ARGININE-INDAPAMIDE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	723033001	30	YES	
TRIPLIXAM 5/1.25/10MG TAB	PERINDOPRIL ARGININE-INDAPAMIDE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	723034001	30	YES	
TRIPLIXAM 5/1.25/5MG TAB	PERINDOPRIL ARGININE-INDAPAMIDE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	723031001	30	YES	
PEARLOC 4MG/5MG TAB	PERINDOPRIL TERT BUTYLAMINE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	3003551001	30	YES	
PEARLOC 4MG/10MG TAB	PERINDOPRIL TERT BUTYLAMINE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	3003563001	30	YES	
PEARLOC 8MG/5MG TAB	PERINDOPRIL TERT BUTYLAMINE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	3003564001	30	YES	
PEARLOC 8MG/10MG TAB	PERINDOPRIL TERT BUTYLAMINE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	3003565001	30	YES	
PEARINDA PLUS 8MG/2.5MG TAB	PERINDOPRIL TERT BUTYLAMINE-INDAPAMIDE	ACE INHIBITORS COMBINATIONS	3003593001	30	YES	
RAMPIL 1.25MG CAP	RAMIPRIL CAP 1.25 MG	ACE INHIBITORS	705426001	30		YES
AUSTELL-RAMIPRIL 10MG CAP	RAMIPRIL CAP 10 MG	ACE INHIBITORS	705755001	30		YES
AUSTELL-RAMIPRIL 2.5MG CAP	RAMIPRIL CAP 2.5 MG	ACE INHIBITORS	705753001	30		YES
RAMPIL 5MG CAP	RAMIPRIL CAP 5 MG	ACE INHIBITORS	705428001	30		YES
CARLOC 12.5MG TAB	CARVEDILOL TAB 12.5 MG	ALPHA- AND BETA-RECEPTOR BLOCKERS	700168001	30	YES	
CARLOC 25MG TAB	CARVEDILOL TAB 25 MG	ALPHA- AND BETA-RECEPTOR BLOCKERS	897117006	30	YES	
CARLOC 6.25MG TAB	CARVEDILOL TAB 6.25 MG	ALPHA- AND BETA-RECEPTOR BLOCKERS	705459001	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	
PRATSIOL 1MG TAB	PRAZOSIN HCL TAB 1 MG	ALPHA-RECEPTOR BLOCKERS	782122019	100	YES	
PRATSIOL 2MG TAB	PRAZOSIN HCL TAB 2 MG	ALPHA-RECEPTOR BLOCKERS	782130003	100	YES	
BAYER ASPIRIN 300MG TAB	ASPIRIN TAB 300 MG	ANALGESIC AND ANTIPIYRETICS	7069300029	30	YES	
ZARTAN 50MG TAB	LOSARTAN POTASSIUM TAB 50 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	709225001	30	YES	
ZARTAN 100MG TAB	LOSARTAN POTASSIUM TAB 100 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	709964001	30	YES	

CARDIAC CONDITIONS (CARDIOMYOPATHY; CORONARY ARTERY DISEASE; DYSRHYTHMIAS; HYPERTENSION)						
Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
ZARTAN CO 50/12.5MG TAB	LOSARTAN POTASSIUM-HYDROCHLOROTHIAZIDE	ANGIOTENSIN RECEPTOR ANTAGONISTS	716216001	30	YES	
ZARTAN CO 100/25MG TAB	LOSARTAN POTASSIUM-HYDROCHLOROTHIAZIDE	ANGIOTENSIN RECEPTOR ANTAGONISTS	716217001	30	YES	
NIOSAR 160MG TAB	VALSARTAN TAB 160 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005264001	28		YES
NIOSAR 320MG TAB	VALSARTAN TAB 320 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005423001	28		YES
NIOSAR 40MG TAB	VALSARTAN TAB 40 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005425001	28		YES
NIOSAR 80MG TAB	VALSARTAN TAB 80 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005263001	30		YES
NIOSAR CO 160/12.5MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005849001	28		YES
NIOSAR CO 160/25MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005926001	28		YES
NIOSAR CO 320MG/12.5MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005967001	28		YES
NIOSAR CO 320MG/25MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005968001	28		YES
NIOSAR CO 80/12.5MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005827001	28		YES
AMZAAR 5MG/100MG TAB	AMLODIPINE-LOSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3000161001	30	YES	
AMZAAR 5MG/50MG TAB	AMLODIPINE-LOSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3000160001	30	YES	
ARLOZYB CO 10/320/25MG TAB	AMLODIPINE-VALSARTAN-HCTZ	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3007388001	30		YES
CO-COPALIA 10MG/160MG/12.5MG TAB	AMLODIPINE-VALSARTAN-HCTZ	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3001675001	28		YES
CO-COPALIA 10MG/160MG/25MG TAB	AMLODIPINE-VALSARTAN-HCTZ	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3001666001	28		YES
CO-COPALIA 5MG/160MG/12.5MG TAB	AMLODIPINE-VALSARTAN-HCTZ	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3001732001	28		YES
CO-COPALIA 5MG/160MG/25MG TAB	AMLODIPINE-VALSARTAN-HCTZ	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3001659001	28		YES
VALDUO 10MG/320MG TAB	AMLODIPINE-VALSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3003233001	30		YES
EXFORGE 5MG/320MG TAB	AMLODIPINE-VALSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	719125001	28		YES
VALDUO 10MG/160MG TAB	AMLODIPINE-VALSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3000683001	30		YES
VALDUO 5MG/160MG TAB	AMLODIPINE-VALSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3000682001	30		YES
HEXARONE 100MG TAB	AMIODARONE HCL TAB 100 MG	ANTI-ARRHYTHMICS	863157009	30	YES	
BIO-AMIODARONE 200MG TAB	AMIODARONE HCL TAB 200 MG	ANTI-ARRHYTHMICS	707851001	30	YES	
TAMBOCOR CR 100MG CAP	FLECAINIDE ACETATE CAP ER 24HR 100 MG	ANTI-ARRHYTHMICS	717802001	30		YES
TAMBOCOR CR 200MG CAP	FLECAINIDE ACETATE CAP ER 24HR 200 MG	ANTI-ARRHYTHMICS	717803001	30		YES
TAMBOCOR 100MG TAB	FLECAINIDE ACETATE TAB 100 MG	ANTI-ARRHYTHMICS	813915007	60		YES
CIPLA-WARFARIN 5MG TAB	WARFARIN SODIUM TAB 5 MG	ANTICOAGULANTS	709905001	100	YES	
TENOPRESS 100MG TAB	ATENOLOL TAB 100 MG	BETA-RECEPTOR BLOCKERS	705873001	30	YES	
TENOPRESS 25MG TAB	ATENOLOL TAB 25 MG	BETA-RECEPTOR BLOCKERS	705872001	30	YES	
TENOPRESS 50MG TAB	ATENOLOL TAB 50 MG	BETA-RECEPTOR BLOCKERS	705874001	30	YES	
BISOZYD 10/6.25MG TAB	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 10-6.25 MG	BETA-RECEPTOR BLOCKERS	718087001	30	YES	
BISOZYD CO 2.5/6.25 TAB	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG	BETA-RECEPTOR BLOCKERS	718082001	30	YES	
BISOZYD CO 5/6.25 TAB	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	BETA-RECEPTOR BLOCKERS	718086001	30	YES	
EMCOR 5/5 FDC TAB	BISOPROLOL-AMLODIPINE 5-5MG	BETA-RECEPTOR BLOCKERS	3008517001	30	YES	
EMCOR 5/10 FDC TAB	BISOPROLOL-AMLODIPINE 5-10MG	BETA-RECEPTOR BLOCKERS	3008518001	30	YES	
EMCOR 10/5 FDC TAB	BISOPROLOL-AMLODIPINE 10-5MG	BETA-RECEPTOR BLOCKERS	3008519001	30	YES	
EMCOR 10/10 FDC TAB	BISOPROLOL-AMLODIPINE 10-10MG	BETA-RECEPTOR BLOCKERS	3008520001	30	YES	
ADCO-BISOCOR 10MG TAB	BISOPROLOL FUMARATE TAB 10 MG	BETA-RECEPTOR BLOCKERS	703914001	30	YES	
EMCOR 2.5MG TAB	BISOPROLOL FUMARATE TAB 2.5 MG	BETA-RECEPTOR BLOCKERS	3003790001	30	YES	
ADCO-BISOCOR 5MG TAB	BISOPROLOL FUMARATE TAB 5 MG	BETA-RECEPTOR BLOCKERS	703913001	30	YES	
INDOBLOK 10MG TAB	PROPRANOLOL HCL TAB 10 MG	BETA-RECEPTOR BLOCKERS	806552034	1000	YES	
INDOBLOK 40MG TAB	PROPRANOLOL HCL TAB 40 MG	BETA-RECEPTOR BLOCKERS	806560029	1000	YES	
SOTAHEXAL 160MG TAB	SOTALOL HCL TAB 160 MG	BETA-RECEPTOR BLOCKERS	828009007	100	YES	
SOTAHEXAL 80MG TAB	SOTALOL HCL TAB 80 MG	BETA-RECEPTOR BLOCKERS	827991002	100	YES	
COSYREL 5MG/5MG TAB	BISOPROLOL FUMARATE-PERINDOPRIL ARGININE	BETA RECEPTOR BLOCKER COMBINATIONS	3005321001	30	YES	

CARDIAC CONDITIONS (CARDIOMYOPATHY; CORONARY ARTERY DISEASE; DYSRHYTHMIAS; HYPERTENSION)						
Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
COSYREL 5MG/10MG TAB	BISOPROLOL FUMARATE-PERINDOPRIL ARGININE	BETA RECEPTOR BLOCKER COMBINATIONS	3005322001	30	YES	
COSYREL 10MG/5MG TAB	BISOPROLOL FUMARATE-PERINDOPRIL ARGININE	BETA RECEPTOR BLOCKER COMBINATIONS	3005323001	30	YES	
COSYREL 10MG/10MG TAB	BISOPROLOL FUMARATE-PERINDOPRIL ARGININE	BETA RECEPTOR BLOCKER COMBINATIONS	3005324001	30	YES	
LOMANOR 10MG TAB	AMLODIPINE BESYLATE TAB 10 MG (BASE EQUIVALENT)	CALCIUM CHANNEL BLOCKERS	708353001	30	YES	
LOMANOR 5MG TAB	AMLODIPINE BESYLATE TAB 5 MG (BASE EQUIVALENT)	CALCIUM CHANNEL BLOCKERS	708352001	30	YES	
ADCO-ZILDEM 180MG SR CAP	DILTIAZEM HCL CAP ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	839183003	30		YES
ADCO-ZILDEM 240MG SR CAP	DILTIAZEM HCL CAP ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	839191006	30		YES
ADCO-ZILDEM 60MG TAB	DILTIAZEM HCL TAB 60 MG	CALCIUM CHANNEL BLOCKERS	822213029	60		YES
ZILDEM 90MG TAB	DILTIAZEM HCL TAB 90 MG	CALCIUM CHANNEL BLOCKERS	824364007	60		YES
FELODIPINE-HEXAL 10MG TAB	FELODIPINE TAB ER 24HR 10 MG	CALCIUM CHANNEL BLOCKERS	703902001	30		YES
PLENDIL 2.5MG TAB	FELODIPINE TAB ER 24HR 2.5 MG	CALCIUM CHANNEL BLOCKERS	821896008	30		YES
FELODIPINE-HEXAL 5MG TAB	FELODIPINE TAB ER 24HR 5 MG	CALCIUM CHANNEL BLOCKERS	703221001	30		YES
LERTENS 10MG TAB	LERCANIDIPINE HCL TAB 10 MG	CALCIUM CHANNEL BLOCKERS	3005493001	30		YES
LERTENS 20MG TAB	LERCANIDIPINE HCL TAB 20 MG	CALCIUM CHANNEL BLOCKERS	3005494001	30		YES
CIPALAT RETARD 20MG TAB	NIFEDIPINE TAB ER 12HR 20 MG	CALCIUM CHANNEL BLOCKERS	864153007	60	YES	
BIO NIFEDIPINE XL 30MG TAB	NIFEDIPINE TAB ER 24HR 30 MG	CALCIUM CHANNEL BLOCKERS	718083001	30		YES
BIO NIFEDIPINE XL 60MG TAB	NIFEDIPINE TAB ER 24HR 60 MG	CALCIUM CHANNEL BLOCKERS	718085001	30		YES
ISOPTIN 40MG TAB	VERAPAMIL HCL TAB 40 MG	CALCIUM CHANNEL BLOCKERS	734071019	100	YES	
VERAHEXAL 240 SR TAB	VERAPAMIL HCL TAB ER 240 MG	CALCIUM CHANNEL BLOCKERS	700071003	30	YES	
NATRIXAM 1.5MG/5MG SRT	INDAPAMIDE-AMLODIPINE	CALCIUM CHANNEL BLOCKER COMBINATIONS	3003635001	30	YES	
NATRIXAM 1.5MG/10MG SRT	INDAPAMIDE-AMLODIPINE	CALCIUM CHANNEL BLOCKER COMBINATIONS	3003636001	30	YES	
LANOXIN 0.25MG TAB	DIGOXIN TAB 250 MCG (0.25 MG)	CARDIAC GLYCOSIDES	735752001	100	YES	
LANOXIN 0.0625MG TAB	DIGOXIN TAB 62.5 MCG (0.0625 MG)	CARDIAC GLYCOSIDES	735760004	100		YES
LANOXIN 0.05MG/ML SYRUP	DIGOXIN ELIXIR 0.05 MG/ML	CARDIAC GLYCOSIDES	735744009	50	YES	
HYPOTONE 250MG TAB	METHYLDOPA TAB 250 MG	CENTRAL ACTING SYMPATHETIC NERVOUS SYSTEM INHIBITO	732052017	500	YES	
HYPOTONE 500MG TAB	METHYLDOPA TAB 500 MG	CENTRAL ACTING SYMPATHETIC NERVOUS SYSTEM INHIBITO	732079004	100		YES
CYNT 0.2MG TAB	MOXONIDINE TAB 0.2 MG	CENTRAL ACTING SYMPATHETIC NERVOUS SYSTEM INHIBITO	712382001	28		YES
PHYSIOTENS 0.3MG TAB	MOXONIDINE TAB 0.3 MG	CENTRAL ACTING SYMPATHETIC NERVOUS SYSTEM INHIBITO	851906001	28		YES
CYNT 0.4MG TAB	MOXONIDINE TAB 0.4 MG	CENTRAL ACTING SYMPATHETIC NERVOUS SYSTEM INHIBITO	712383001	28		YES
HYPERPHEN 10MG TAB	HYDRALAZINE HCL TAB 10 MG	DIRECT ACTING VASODILATORS	731714008	100	YES	
SANDOZ HYDRALAZINE 25MG TAB	HYDRALAZINE HCL TAB 25 MG	DIRECT ACTING VASODILATORS	761400001	30	YES	
HYPERPHEN 50MG TAB	HYDRALAZINE HCL TAB 50 MG	DIRECT ACTING VASODILATORS	731722019	100	YES	
LONITEN 10MG TAB	MINOXIDIL TAB 10 MG	DIRECT ACTING VASODILATORS	739243004	100		YES
LONITEN 5MG TAB	MINOXIDIL TAB 5 MG	DIRECT ACTING VASODILATORS	739235001	100		YES
ADCO-RETIC TAB	AMILORIDE & HYDROCHLOROTHIAZIDE TAB 5-50 MG	DIURETICS	780618009	100	YES	
DEFULIDE 40 MG TAB	FUROSEMIDE TAB 40 MG	DIURETICS	857769022	250	YES	
LASIX 500MG TAB	FUROSEMIDE TAB 500 MG	DIURETICS	735957010	100		YES
RIDAQ 12.5MG TAB	HYDROCHLOROTHIAZIDE TAB 12.5 MG	DIURETICS	710437001	30	YES	
GULF HYDROCHLOROTHIAZIDE 25MG TAB	HYDROCHLOROTHIAZIDE TAB 25 MG	DIURETICS	3001173001	30	YES	
CIPLA-INDAPAMIDE 2.5MG TAB	INDAPAMIDE TAB 2.5 MG	DIURETICS	710313001	30	YES	
SANDOZ SPIRONOLACTONE 25MG TAB	SPIRONOLACTONE TAB 25 MG	DIURETICS	769665004	30	YES	
TORSINAT 10MG TAB	TORSEMIDE TAB 10 MG	DIURETICS	3003210001	30		YES
TORSINAT 5MG TAB	TORSEMIDE TAB 5 MG	DIURETICS	3003209001	30		YES
SANDOZ ISOSORBIDE 5MG SL	ISOSORBIDE DINITRATE SL TAB 5 MG	ORGANIC NITRATES	784192006	50	YES	
SANDOZ ISOSORBIDE 10MG TAB	ISOSORBIDE DINITRATE TAB 10 MG	ORGANIC NITRATES	784206007	50	YES	
ISMO 20MG TAB	ISOSORBIDE MONONITRATE TAB 20 MG	ORGANIC NITRATES	734055005	60		YES

CARDIAC CONDITIONS (CARDIOMYOPATHY; CORONARY ARTERY DISEASE; DYSRHYTHMIAS; HYPERTENSION)

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
MONICOR SR 60MG TAB	ISOSORBIDE MONONITRATE TAB ER 24HR 60 MG	ORGANIC NITRATES	710251001	30	YES	
CORALAN 5MG TAB	IVABRADINE HCL TAB 5 MG (BASE EQUIV) (ANTIANGINA)	ORGANIC NITRATES	710620001	56		YES
CORALAN 7.5MG TAB	IVABRADINE HCL TAB 7.5 MG (BASE EQUIV) (ANTIANGINA)	ORGANIC NITRATES	710621001	56		YES
MYOPRIN 100MG TAB	ASPIRIN TAB 100 MG	PLATELET AGGREGATION INHIBITORS	721258001	30	YES	
ASPIRIN TEVA 80MG TAB	ASPIRIN TAB DELAYED RELEASE 80 MG	PLATELET AGGREGATION INHIBITORS	712608001	30	YES	
PLAGROL 75MG TAB	CLOPIDOGREL BISULFATE TAB 75 MG (BASE EQUIV)	PLATELET AGGREGATION INHIBITORS	711423001	30		YES
PLATO 100MG TAB	DIPYRIDAMOLE TAB 100 MG	PLATELET AGGREGATION INHIBITORS	720526019	100		YES
PLATO 25MG TAB	DIPYRIDAMOLE TAB 25 MG	PLATELET AGGREGATION INHIBITORS	755656008	100		YES
ULTIPOT 600MG TAB	POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	POTASSIUM	718911003	100		YES
RESERPINE 0.25MG TAB	RESERPINE 0.25MG TAB	SYMPATHETIC NERVOUS BLOCKERS	760048010	28	YES	

CHRONIC RENAL FAILURE

CONDITION REQUIREMENTS: Initial application from a Specialist in the field of treatment disorder. Pathology: U&E, eGFR. Iron studies and Haemoglobin when applying for EPO and/or iron replacement.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
MYLAN CAPTOPRIL 25MG TAB	CAPTAPRIL TAB 25 MG	ACE INHIBITORS	852619006	60	YES	
MYLAN CAPTOPRIL 50MG TAB	CAPTAPRIL TAB 50 MG	ACE INHIBITORS	899429009	60	YES	
ENAP CO 20MG/12.5MG TAB	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	ACE INHIBITORS	891287008	30	YES	
ALAPREN 10MG TAB	ENALAPRIL MALEATE TAB 10 MG	ACE INHIBITORS	881481009	28	YES	
ALAPREN 20MG TAB	ENALAPRIL MALEATE TAB 20 MG	ACE INHIBITORS	881503002	28	YES	
ALAPREN 5MG TAB	ENALAPRIL MALEATE TAB 5 MG	ACE INHIBITORS	881473006	28	YES	
LISORETIC 10MG/12.5MG TAB	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	ACE INHIBITORS	704437001	30	YES	
LISORETIC 10MG/12.5MG TAB	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	ACE INHIBITORS	704437001	30	YES	
ADCO-ZETOMAX 10MG TAB	LISINOPRIL TAB 10 MG	ACE INHIBITORS	862053005	30	YES	
ADCO-ZETOMAX 20MG TAB	LISINOPRIL TAB 20 MG	ACE INHIBITORS	862061008	30	YES	
PREXUM PLUS 2.5MG/0.625MG	PERINDOPRIL ARGININE-INDAPAMIDE TAB 2.5-0.625 MG	ACE INHIBITORS COMBINATIONS	721507001	30	YES	
RAN-PERINDOPRIL 4MG TAB	PERINDOPRIL ERBUMINE TAB 4 MG	ACE INHIBITORS	710611001	30	YES	
PREXUM 5MG TAB	PERINDOPRIL ARGININE TAB 5 MG	ACE INHIBITORS	720387001	30	YES	
SPEC-PERINDOPRIL 8MG TAB	PERINDOPRIL ERBUMINE TAB 8 MG	ACE INHIBITORS	712616001	30	YES	
PREXUM 10MG TAB	PERINDOPRIL ARGININE TAB 10 MG	ACE INHIBITORS	714646001	30	YES	
SPEC-PERINDOPRIL PLUS 2MG TAB	PERINDOPRIL ERBUMINE-INDAPAMIDE TAB 2-0.625 MG	ACE INHIBITORS	713762001	30	YES	
PEARINDA PLUS 4MG/1.25MG TAB	PERINDOPRIL ERBUMINE-INDAPAMIDE TAB 4-1.25 MG	ACE INHIBITORS	714952001	30	YES	
TREXEVA PLUS 5MG/1.25MG TAB	PERINDOPRIL TOSILATE-INDAPAMIDE TAB 5-1.25 MG	ACE INHIBITORS COMBINATIONS	3003940001	30	YES	
PREXUM 10 PLUS 10MG/2.5MG TAB	PERINDOPRIL ARGININE-INDAPAMIDE TAB 10-2.5 MG	ACE INHIBITORS COMBINATIONS	721508001	30	YES	
REAPTAN 5MG/5MG TAB	PERINDOPRIL ARGININE-AMLODIPINE BESILATE 5-5MG	ACE INHIBITORS COMBINATIONS	3001150001	30	YES	
REAPTAN 5MG/10MG TAB	PERINDOPRIL ARGININE-AMLODIPINE BESILATE 5-10MG	ACE INHIBITORS COMBINATIONS	3001157001	30	YES	
REAPTAN 10MG/5MG TAB	PERINDOPRIL ARGININE-AMLODIPINE BESILATE 10-5MG	ACE INHIBITORS COMBINATIONS	3001158001	30	YES	
REAPTAN 10MG/10MG TAB	PERINDOPRIL ARGININE-AMLODIPINE BESILATE 10-10MG	ACE INHIBITORS COMBINATIONS	3001159001	30	YES	
TRIPLIXAM 10/2.5/10MG TAB	PERINDOPRIL ARGININE-INDAPAMIDE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	723032001	30	YES	
TRIPLIXAM 10/2.5/5MG TAB	PERINDOPRIL ARGININE-INDAPAMIDE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	723033001	30	YES	
TRIPLIXAM 5/1.25/10MG TAB	PERINDOPRIL ARGININE-INDAPAMIDE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	723034001	30	YES	
TRIPLIXAM 5/1.25/5MG TAB	PERINDOPRIL ARGININE-INDAPAMIDE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	723031001	30	YES	
PEARLOC 4MG/5MG TAB	PERINDOPRIL TERT BUTYLAMINE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	3003551001	30	YES	
PEARLOC 4MG/10MG TAB	PERINDOPRIL TERT BUTYLAMINE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	3003563001	30	YES	
PEARLOC 8MG/5MG TAB	PERINDOPRIL TERT BUTYLAMINE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	3003564001	30	YES	
PEARLOC 8MG/10MG TAB	PERINDOPRIL TERT BUTYLAMINE-AMLODIPINE	ACE INHIBITORS COMBINATIONS	3003565001	30	YES	
PEARINDA PLUS 8MG/2.5MG TAB	PERINDOPRIL TERT BUTYLAMINE-INDAPAMIDE	ACE INHIBITORS COMBINATIONS	3003593001	30	YES	
RAMPIL 1.25MG CAP	RAMIPRIL CAP 1.25 MG	ACE INHIBITORS	705426001	30		YES
AUSTELL-RAMIPRIL 10MG CAP	RAMIPRIL CAP 10 MG	ACE INHIBITORS	705755001	30		YES
AUSTELL-RAMIPRIL 2.5MG CAP	RAMIPRIL CAP 2.5 MG	ACE INHIBITORS	705753001	30		YES
RAMPIL 5MG CAP	RAMIPRIL CAP 5 MG	ACE INHIBITORS	705428001	30		YES
CARLOC 12.5MG TAB	CARVEDILOL TAB 12.5 MG	ALPHA- AND BETA-RECEPTOR BLOCKERS	700168001	30	YES	
CARLOC 25MG TAB	CARVEDILOL TAB 25 MG	ALPHA- AND BETA-RECEPTOR BLOCKERS	897117006	30	YES	
CARLOC 6.25MG TAB	CARVEDILOL TAB 6.25 MG	ALPHA- AND BETA-RECEPTOR BLOCKERS	705459001	30	YES	
ZARTAN 50MG TAB	LOSARTAN POTASSIUM TAB 50 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	709225001	30	YES	
ZARTAN 100MG TAB	LOSARTAN POTASSIUM TAB 100 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	709964001	30	YES	
ZARTAN CO 50/12.5MG TAB	LOSARTAN POTASSIUM-HYDROCHLOROTHIAZIDE	ANGIOTENSIN RECEPTOR ANTAGONISTS	716216001	30	YES	
ZARTAN CO 100/25MG TAB	LOSARTAN POTASSIUM-HYDROCHLOROTHIAZIDE	ANGIOTENSIN RECEPTOR ANTAGONISTS	716217001	30	YES	
NIOSAR 160MG TAB	VALSARTAN TAB 160 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005264001	28		YES
NIOSAR 320MG TAB	VALSARTAN TAB 320 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005423001	28		YES
NIOSAR 40MG TAB	VALSARTAN TAB 40 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005425001	28		YES
NIOSAR 80MG TAB	VALSARTAN TAB 80 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005263001	28		YES

CHRONIC RENAL FAILURE

CONDITION REQUIREMENTS: Initial application from a Specialist in the field of treatment disorder. Pathology: U&E, eGFR. Iron studies and Haemoglobin when applying for EPO and/or iron replacement.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
NIOSAR CO 160/12.5MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005849001	28		YES
NIOSAR CO 160/25MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005926001	28		YES
NIOSAR CO 320MG/12.5MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005967001	28		YES
NIOSAR CO 320MG/25MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005968001	28		YES
NIOSAR CO 80/12.5MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	3005827001	28		YES
AMZAAR 5MG/100MG TAB	AMLODIPINE-LOSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3000161001	30	YES	
AMZAAR 5MG/50MG TAB	AMLODIPINE-LOSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3000160001	30	YES	
ARLOZYB CO 10/320/25MG TAB	AMLODIPINE-VALSARTAN-HCTZ	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3007388001	30		YES
CO-COPALIA 10MG/160MG/12.5MG TAB	AMLODIPINE-VALSARTAN-HCTZ	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3001675001	28		YES
CO-COPALIA 10MG/160MG/25MG TAB	AMLODIPINE-VALSARTAN-HCTZ	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3001666001	28		YES
CO-COPALIA 5MG/160MG/12.5MG TAB	AMLODIPINE-VALSARTAN-HCTZ	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3001732001	28		YES
CO-COPALIA 5MG/160MG/25MG TAB	AMLODIPINE-VALSARTAN-HCTZ	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3001659001	28		YES
VALDUO 10MG/320MG TAB	AMLODIPINE-VALSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3003233001	30		YES
EXFORGE 5MG/320MG TAB	AMLODIPINE-VALSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	719125001	28		YES
VALDUO 10MG/160MG TAB	AMLODIPINE-VALSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3000683001	30		YES
VALDUO 5MG/160MG TAB	AMLODIPINE-VALSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBINATIONS	3000682001	30		YES
ENO TUMS ASSORTED FRUIT F	CALCIUM CARBONATE (ANTACID) CHEW TAB 500 MG	ANTACIDS	703359004	60	YES	
TENOPRESS 100MG TAB	ATENOLOL TAB 100 MG	BETA-RECEPTOR BLOCKERS	705873001	30	YES	
TENOPRESS 25MG TAB	ATENOLOL TAB 25 MG	BETA-RECEPTOR BLOCKERS	705872001	30	YES	
TENOPRESS 50MG TAB	ATENOLOL TAB 50 MG	BETA-RECEPTOR BLOCKERS	705874001	30	YES	
BISOZYD 10/6.25MG TAB	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 10-6.25 MG	BETA-RECEPTOR BLOCKERS	718087001	30	YES	
BISOZYD CO 2.5/6.25 TAB	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG	BETA-RECEPTOR BLOCKERS	718082001	30	YES	
BISOZYD CO 5/6.25 TAB	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	BETA-RECEPTOR BLOCKERS	718086001	30	YES	
EMCOR 5/5 FDC TAB	BISOPROLOL-AMLODIPINE 5-5MG	BETA-RECEPTOR BLOCKERS	3008517001	30	YES	
EMCOR 5/10 FDC TAB	BISOPROLOL-AMLODIPINE 5-10MG	BETA-RECEPTOR BLOCKERS	3008518001	30	YES	
EMCOR 10/5 FDC TAB	BISOPROLOL-AMLODIPINE 10-5MG	BETA-RECEPTOR BLOCKERS	3008519001	30	YES	
EMCOR 10/10 FDC TAB	BISOPROLOL-AMLODIPINE 10-10MG	BETA-RECEPTOR BLOCKERS	3008520001	30	YES	
ADCO-BISOCOR 10MG TAB	BISOPROLOL FUMARATE TAB 10 MG	BETA-RECEPTOR BLOCKERS	703914001	30	YES	
EMCOR 2.5MG TAB	BISOPROLOL FUMARATE TAB 2.5 MG	BETA-RECEPTOR BLOCKERS	3003790001	30	YES	
ADCO-BISOCOR 5MG TAB	BISOPROLOL FUMARATE TAB 5 MG	BETA-RECEPTOR BLOCKERS	703913001	30	YES	
INDOBLOK 10MG TAB	PROPRANOLOL HCL TAB 10 MG	BETA-RECEPTOR BLOCKERS	806552034	1000	YES	
INDOBLOK 40MG TAB	PROPRANOLOL HCL TAB 40 MG	BETA-RECEPTOR BLOCKERS	806560029	1000	YES	
SOTAHXAL 80MG	SOTALOL HYDROCHLORIDE 80MG	BETA RECEPTOR BLOCKERS	827991002	100		YES
SOTAHXAL 160MG	SOTALOL HYDROCHLORIDE 160MG	BETA RECEPTOR BLOCKERS	828009007	100		YES
COSYREL 5MG/5MG TAB	BISOPROLOL FUMARATE-PERINDOPRIL ARGININE	BETA RECEPTOR BLOCKER COMBINATIONS	3005321001	30	YES	
COSYREL 5MG/10MG TAB	BISOPROLOL FUMARATE-PERINDOPRIL ARGININE	BETA RECEPTOR BLOCKER COMBINATIONS	3005322001	30	YES	
COSYREL 10MG/5MG TAB	BISOPROLOL FUMARATE-PERINDOPRIL ARGININE	BETA RECEPTOR BLOCKER COMBINATIONS	3005323001	30	YES	
COSYREL 10MG/10MG TAB	BISOPROLOL FUMARATE-PERINDOPRIL ARGININE	BETA RECEPTOR BLOCKER COMBINATIONS	3005324001	30	YES	
B-CAL CHEW	CALCIUM CARBONATE CHEW TAB 1250 MG (500 MG ELEMENTAL CA)	CALCIUM	828289018	100	YES	
CALSUBA CALCIUM CHEW	CALCIUM CARBONATE CHEW TAB 500 MG	CALCIUM	712027009	50	YES	
CALTRATE 300MG CHEW	CALCIUM CARBONATE CHEW TAB 750 MG	CALCIUM	712035001	30	YES	
CALCIUM-HEXAL EFF TAB	CALCIUM CARBONATE EFFER TAB 1250 MG	CALCIUM	825131014	10	YES	
CALCIUM GLUCONATE 300MG C	CALCIUM GLUCONATE CHEW TAB 300 MG	CALCIUM	721364001	1000	YES	
CALCIUM GLUCONATE (FAMS)	CALCIUM GLUCONATE TAB 300 MG (ELEMENTAL CA)	CALCIUM	874442001	1000	YES	
LOMANOR 10MG TAB	AMLODIPINE BESYLATE TAB 10 MG (BASE EQUIVALENT)	CALCIUM CHANNEL BLOCKERS	708353001	30	YES	
LOMANOR 5MG TAB	AMLODIPINE BESYLATE TAB 5 MG (BASE EQUIVALENT)	CALCIUM CHANNEL BLOCKERS	708352001	30	YES	
FELODIPINE-HEXAL 10MG TAB	FELODIPINE TAB ER 24HR 10 MG	CALCIUM CHANNEL BLOCKERS	703902001	30		YES

CHRONIC RENAL FAILURE

CONDITION REQUIREMENTS: Initial application from a Specialist in the field of treatment disorder. Pathology: U&E, eGFR. Iron studies and Haemoglobin when applying for EPO and/or iron replacement.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
PLENDIL 2.5MG TAB	FELODIPINE TAB ER 24HR 2.5 MG	CALCIUM CHANNEL BLOCKERS	821896008	30		YES
FELODIPINE-HEXAL 5MG TAB	FELODIPINE TAB ER 24HR 5 MG	CALCIUM CHANNEL BLOCKERS	703221001	30		YES
LERTENS 10MG TAB	LERCANIDIPINE HCL TAB 10 MG	CALCIUM CHANNEL BLOCKERS	3005493001	30		YES
LERTENS 20MG TAB	LERCANIDIPINE HCL TAB 20 MG	CALCIUM CHANNEL BLOCKERS	3005494001	30		YES
CIPALAT RETARD 20MG TAB	NIFEDIPINE TAB ER 12HR 20 MG	CALCIUM CHANNEL BLOCKERS	864153007	60	YES	
BIO NIFEDIPINE XL 30MG TAB	NIFEDIPINE TAB ER 24HR 30 MG	CALCIUM CHANNEL BLOCKERS	718083001	30		YES
BIO NIFEDIPINE XL 60MG TAB	NIFEDIPINE TAB ER 24HR 60 MG	CALCIUM CHANNEL BLOCKERS	718085001	30		YES
ISOPTIN 40MG TAB	VERAPAMIL HCL TAB 40 MG	CALCIUM CHANNEL BLOCKERS	734071019	100	YES	
VERAHEXAL 240 SR TAB	VERAPAMIL HCL TAB ER 240 MG	CALCIUM CHANNEL BLOCKERS	700071003	30	YES	
NATRIXAM 1.5MG/5MG SRT	INDAPAMIDE-AMLODIPINE	CALCIUM CHANNEL BLOCKER COMBINATIONS	3003635001	30	YES	
NATRIXAM 1.5MG/10MG SRT	INDAPAMIDE-AMLODIPINE	CALCIUM CHANNEL BLOCKER COMBINATIONS	3003636001	30	YES	
RENVELA 800MG TAB	SEVELAMER CARBONATE TAB 800 MG	CHELATING AGENTS, ION EXCHANGE PREPARATIONS	720512001	180		YES
DEFULIDE 40 MG TAB	FUROSEMIDE TAB 40 MG	DIURETICS	857769022	250	YES	
LASIX 500MG TAB	FUROSEMIDE TAB 500 MG	DIURETICS	735957010	100		YES
RIDAQ 12.5MG TAB	HYDROCHLOROTHIAZIDE TAB 12.5 MG	DIURETICS	710437001	30	YES	
GULF HYDROCHLOROTHIAZIDE 25MG TAB	HYDROCHLOROTHIAZIDE TAB 25 MG	DIURETICS	3001173001	30	YES	
ARANESP PREFIL SYR 10MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 10 MCG/0.4ML	HAEMATINICS	714017001	1		YES
ARANESP PREFIL SYR 100MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 100 MCG/0.5ML	HAEMATINICS	715975001	1		YES
ARANESP PREFIL SYR 150MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 150 MCG/0.3ML	HAEMATINICS	714021001	1		YES
ARANESP PREFIL SYR 20MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 20 MCG/0.5ML	HAEMATINICS	714018001	1		YES
ARANESP PREFIL SYR 30MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 30 MCG/0.3ML	HAEMATINICS	714019001	1		YES
ARANESP PREFIL SYR 300MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 300 MCG/0.6ML	HAEMATINICS	714022001	1		YES
ARANESP PREFIL SYR 40MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 40 MCG/0.4ML	HAEMATINICS	715971001	1		YES
ARANESP PREFIL SYR 50MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 50 MCG/0.5ML	HAEMATINICS	715973001	1		YES
ARANESP PREFIL SYR 60MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 60 MCG/0.3ML	HAEMATINICS	714020001	1		YES
ARANESP PREFIL SYR 80MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 80 MCG/0.4ML	HAEMATINICS	715974001	1		YES
REPOTIN 2000U 1ML	EPOETIN ALFA INJ 2000 UNIT/ML	HAEMATINICS	839264003	5		YES
REPOTIN 4000U 1ML	EPOETIN ALFA INJ 4000 UNIT/ML	HAEMATINICS	839272006	5		YES
EPREX PREFILL 2000U INJ	EPOETIN ALFA SOLN PREFILLED SYRINGE 1000 UNIT/0.5ML	HAEMATINICS	837318009	6		YES
EPREX PREFILL 10000U INJ	EPOETIN ALFA SOLN PREFILLED SYRINGE 10000 UNIT/ML	HAEMATINICS	839876009	6		YES
EPREX PREFILL 4000U INJ	EPOETIN ALFA SOLN PREFILLED SYRINGE 2000 UNIT/0.5ML	HAEMATINICS	820741019	6		YES
EPREX PREFILL 40000U/ML	EPOETIN ALFA SOLN PREFILLED SYRINGE 40000 UNIT/ML	HAEMATINICS	705487001	1		YES
EPREX PREFILL 6000U/0.6ML	EPOETIN ALFA SOLN PREFILLED SYRINGE 6000 UNIT/0.6ML	HAEMATINICS	712391001	6		YES
REORMON 10000 PRE-FILL	EPOETIN BETA SOLN PREFILLED SYRINGE 10000 UNIT/ML	HAEMATINICS	705261001	6		YES
REORMON 2000 PRE-FILL	EPOETIN BETA SOLN PREFILLED SYRINGE 2000 UNIT/0.3ML	HAEMATINICS	704772001	6		YES
REORMON 4000U PRE-FILL	EPOETIN BETA SOLN PREFILLED SYRINGE 4000 UNIT/0.3ML	HAEMATINICS	704631001	6		YES
REORMON 500U PRE-FILL	EPOETIN BETA SOLN PREFILLED SYRINGE 500 UNIT/0.3ML	HAEMATINICS	704632001	6		YES
REORMON 6000U PRE-FILL	EPOETIN BETA SOLN PREFILLED SYRINGE 6000 UNIT/0.3ML	HAEMATINICS	704630001	6		YES
AUTRIN CAP	FERROUS FUMARATE-VIT C-FOLIC ACID CAP 300-200-0.5 MG	HAEMATINICS	705853004	30		YES
AHA FERROUS SULPH 30MG TAB	FERROUS SULFATE TAB 30 MG	HAEMATINICS	705532001	100		YES
FERROUS SULPHATE 30MG TAB	FERROUS SULFATE TAB 30 MG	HAEMATINICS	877832005	1000		YES
FERROUS SULPHATE 75MG TAB	FERROUS SULFATE TAB 75 MG	HAEMATINICS	710372001	1000		YES
FERROUS SULPHATE 75MG TAB	FERROUS SULFATE TAB 75 MG	HAEMATINICS	710372002	5000		YES
FERROUS SULPHATE 75MG TAB	FERROUS SULFATE TAB 75 MG	HAEMATINICS	723553001	1000		YES
COSMOFER AMP 50MG/1ML 10MG	IRON DEXTRAN INJ 50 MG/ML (ELEMENTAL IRON)	HAEMATINICS	713080001	2		YES
FERRIMED DS 100MG CHEW	IRON POLYMALTOSE CHEW TAB 100 MG	HAEMATINICS	726087009	30		YES
FERRIMED CAP	IRON POLYMALTOSE-FOLIC ACID CAP 50-0.15 MG (FE EQUIV)	HAEMATINICS	725927003	60		YES

CHRONIC RENAL FAILURE

CONDITION REQUIREMENTS: Initial application from a Specialist in the field of treatment disorder. Pathology: U&E, eGFR. Iron studies and Haemoglobin when applying for EPO and/or iron replacement.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
MIRCERA 100MCG/0.3ML P/FI	METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 100 MCG/0.3ML	HAEMATINICS	712564001	1		YES
MIRCERA 120MCG/0.3ML P/FI	METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 120 MCG/0.3ML	HAEMATINICS	717045001	1		YES
MIRCERA 150MCG/0.3ML P/FI	METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 150 MCG/0.3ML	HAEMATINICS	712565001	1		YES
MIRCERA 200MCG/0.3ML P/FI	METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 200 MCG/0.3ML	HAEMATINICS	712567001	1		YES
MIRCERA 250MCG/0.3ML P/FI	METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 250 MCG/0.3ML	HAEMATINICS	712568001	1		YES
MIRCERA 30MCG/0.3ML P/FIL	METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 30 MCG/0.3ML	HAEMATINICS	717044001	1		YES
MIRCERA 360MCG/0.6ML P/FI	METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 360 MCG/0.6ML	HAEMATINICS	717046001	1		YES
MIRCERA 50MCG/0.3ML P/FIL	METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 50 MCG/0.3ML	HAEMATINICS	712562001	1		YES
MIRCERA 75MCG/0.3ML P/FIL	METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 75 MCG/0.3ML	HAEMATINICS	712563001	1		YES
REVITE CALCIUM + VIT D CA	*CALCIUM 350 MG W/ VITAMIN D CAP***	MINERAL COMBINATIONS	841013004	90		YES
CALCIUM CITRATE D	*CALCIUM 500 MG W/ VITAMIN D ORAL GRANULES***	MINERAL COMBINATIONS	895126005	150		YES
CALPIN PLUS SWALLOW	*CALCIUM 750 MG W/ VITAMIN D TAB***	MINERAL COMBINATIONS	700306005	30		YES
B-CAL-D CHEW	CALCIUM CARBONATE-VITAMIN D CHEW TAB 1250 MG-200 UNIT	MINERAL COMBINATIONS	821586009	100		YES
B-CAL-D TAB	CALCIUM CARBONATE-VITAMIN D TAB 1250 MG-400 UNIT	MINERAL COMBINATIONS	889211004	30		YES
ZODORAY 0.25MCG CAP	ALFACALCIDOL CAP 0.25 MCG	MINERALS AND VITAMIN D	3003368001	30		YES
ZODORAY 1MCG CAP	ALFACALCIDOL CAP 1 MCG	MINERALS AND VITAMIN D	3003367001	30		YES
ROCALTROL 0.25MCG CAP	CALCITRIOL CAP 0.25 MCG	MINERALS AND VITAMIN D	761249001	30		YES
PLENISH K 600MG TAB	POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	POTASSIUM	755753003	100		YES
CYNT 0.2MG TAB	MOXONIDINE TAB 0.2 MG	CENTRAL ACTING SYMPATHETIC NERVOUS SYSTEM INHIBITO	712382001	28		YES
PHYSIOTENS 0.3MG TAB	MOXONIDINE TAB 0.3 MG	CENTRAL ACTING SYMPATHETIC NERVOUS SYSTEM INHIBITO	851906001	28		YES
CYNT 0.4MG TAB	MOXONIDINE TAB 0.4 MG	CENTRAL ACTING SYMPATHETIC NERVOUS SYSTEM INHIBITO	712383001	28		YES
HYPERPHEN 10MG TAB	HYDRALAZINE HCL TAB 10 MG	DIRECT ACTING VASODILATORS	731714008	100	YES	
SANDOZ HYDRALAZINE 25MG TAB	HYDRALAZINE HCL TAB 25 MG	DIRECT ACTING VASODILATORS	761400001	30	YES	
HYPERPHEN 50MG TAB	HYDRALAZINE HCL TAB 50 MG	DIRECT ACTING VASODILATORS	731722019	100	YES	
LONITEN 10MG TAB	MINOXIDIL TAB 10 MG	DIRECT ACTING VASODILATORS	739243004	100		YES
LONITEN 5MG TAB	MINOXIDIL TAB 5 MG	DIRECT ACTING VASODILATORS	739235001	100		YES

Additional items available on specialist level and motivation.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

CONDITION REQUIREMENTS: Diagnostic Spirometry results.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
ATROVENT 20 HFA 200DOSE	IPRATROPIUM BROMIDE INHAL AEROSOL 20 MCG/ACT	ANTICHOLINERGICS	706543001	1	YES	
FORVENT REFILL 18MCG CAP	TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV)	ANTICHOLINERGICS	714152001	1		YES
TIORES 30 INH CAP WITH ZEPHIR IN	TIOTROPIUM BROMIDE INHAL CAP 10 MCG	ANTICHOLINERGICS	3003750001	1		YES
VANNAIR 160/4.5MCG INH 12	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	COMBINATION BRONCHODILATORS	720219001	1		YES
VANNAIR 80/4.5MCG INH 12	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	COMBINATION BRONCHODILATORS	720218001	1		YES
DUOVENT HFA 200DOSE INH	FENOTEROL-IPRATROPIUM AERO SOLN 50-20 MCG/ACT	COMBINATION BRONCHODILATORS	707882001	1	YES	
RELVAR ELLIPTA 92/22UG IN	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/INH	COMBINATION BRONCHODILATORS	723300001	1		YES
SEREFLO DPI 50/250 60 DOSE ACCU	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/DOSE	COMBINATION BRONCHODILATORS	3003305001	1	YES	
SEREFLO DPI 50/100 60 DOSE ACCU	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/DOSE	COMBINATION BRONCHODILATORS	3003304001	1	YES	
SEREFLO DPI 50/500 60 DOSE ACCU	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/DOSE	COMBINATION BRONCHODILATORS	3006972001	1	YES	
SEREFLO 25/125 GENTLEHALE	FLUTICASONE-SALMETEROL INHAL AEROSOL 125-25 MCG/ACT	COMBINATION BRONCHODILATORS	715190001	1	YES	
SEREFLO 25/250 GENTLEHALE	FLUTICASONE-SALMETEROL INHAL AEROSOL 250-25 MCG/ACT	COMBINATION BRONCHODILATORS	715191001	1	YES	
SEREFLO 25/50 GENTLEHALER	FLUTICASONE-SALMETEROL INHAL AEROSOL 50-25 MCG/ACT	COMBINATION BRONCHODILATORS	715189001	1	YES	
PANAFORT 5MG TAB	PREDNISONONE TAB 5 MG	CORTICOSTEROIDS	752304119	1000		YES
BECLATE 200MCG INHALER 20	BECLOMETHASONE DIPROPIONATE INHAL AERO 200 MCG/ACT	GLUCOCORTICIDS	820083003	1	YES	
BECEZE 50MCG INHALER 200	BECLOMETHASONE DIPROPIONATE INHAL AERO 42 MCG/ACT (50/VALVE)	GLUCOCORTICIDS	827061005	1	YES	
BECEZE 100MCG INHALER 200	BECLOMETHASONE DIPROPIONATE INHAL AERO 84 MCG/ACT(100/VALVE)	GLUCOCORTICIDS	827088019	1	YES	
PULMICORT TURBU 200MCG 20	BUDESONIDE INHAL AERO POWD 200 MCG/INH (BREATH ACTIVATED)	GLUCOCORTICIDS	791431002	1	YES	
BUDEFLAM HFA 100MCG 300D	BUDESONIDE INHALER AEROSOL 100 MCG/ACT	GLUCOCORTICIDS	897462004	1	YES	
BUDEFLAM HFA 200MCG 300D	BUDESONIDE INHALER AEROSOL 200 MCG/ACT	GLUCOCORTICIDS	897469003	1	YES	
ALVESCO 160MCG 120DOSE IN	CICLESONIDE INHAL AEROSOL 160 MCG/ACT	GLUCOCORTICIDS	705269001	1		YES
ALVESCO 80MCG 60DOSE INH	CICLESONIDE INHAL AEROSOL 80 MCG/ACT	GLUCOCORTICIDS	705265001	1		YES
FLIXOTIDE ACUHALER 100MCG	FLUTICASONE PROPIONATE AER POW BA 100 MCG/BLISTER	GLUCOCORTICIDS	818453001	1	YES	
FLIXOTIDE ACUHALER 250MCG	FLUTICASONE PROPIONATE AER POW BA 250 MCG/BLISTER	GLUCOCORTICIDS	818461004	1	YES	
FLIXOTIDE ACUHALER 500MCG	FLUTICASONE PROPIONATE AER POW BA 500 MCG/BLISTER	GLUCOCORTICIDS	818488018	1	YES	
FLIXOTIDE 50MCG CFC FREE	FLUTICASONE PROPIONATE INHAL AEROSOL 44 MCG/ACT (50/VALVE)	GLUCOCORTICIDS	703275001	1	YES	
SANDOZ THEOPHYLL 200MG TA	THEOPHYLLINE TAB ER 12HR 200 MG	METHYLXANTHINES & COMBINATIONS	788368036	60		YES
EUPHYLLIN RET 250MG TAB	THEOPHYLLINE TAB ER 12HR 250 MG	METHYLXANTHINES & COMBINATIONS	725005009	60		YES
SANDOZ THEOPHYLL 300MG TA	THEOPHYLLINE TAB ER 12HR 300 MG	METHYLXANTHINES & COMBINATIONS	788376020	60		YES
BEROTEC 100 HFA 200DOSE	FENOTEROL HBR INHAL AEROSOL 100 MCG/ACT	SYMPATHOMIMETICS	706544001	1	YES	
FORATEC HFA 120DOSE 12MCG	FORMOTEROL FUMARATE INHAL AEROSOL 12 MCG/ACT	SYMPATHOMIMETICS	710307001	1	YES	
ULTIBRO BREEZHALER 30 CAP	INDACATEROL-GLYCOPYRROLATE INHAL CAP 110-50 MCG	SYMPATHOMIMETICS	723867001	1		YES
ASTHAVENT 200D ECOHALER	SALBUTAMOL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	SYMPATHOMIMETICS	849332001	1	YES	
SEREVENT ACCUHALER 60DOSE	SALMETEROL XINAFOATE AER POW BA 50 MCG/DOSE (BASE EQUIV)	SYMPATHOMIMETICS	818496002	1	YES	
SEREVENT CFC-FREE 120DOSE	SALMETEROL XINAFOATE INHAL AEROSOL 21 MCG/ACT (25 MCG/VALVE)	SYMPATHOMIMETICS	708289001	1	YES	

ULCERATIVE COLITIS; CROHN'S DISEASE

CONDITION REQUIREMENTS: Initial application from a Specialist in the field of treatment disorder.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
AZATHIOPRINE PCH 50MG	AZATHIOPRINE TAB 50 MG	IMMUNOSUPPRESSANTS	712609001	100	YES	
ENTOCORD 3MG CAP	BUDESONIDE CAP 3 MG	OTHER GASTRO-INTESTINAL TRACT AGENTS	838896006	100		YES
ENTOCORD 2.3MG ENEMA	BUDESONIDE ENEMA KIT 0.02 MG/ML	OTHER GASTRO-INTESTINAL TRACT AGENTS	824593006	7	YES	
AUSTELL CIPROFLOX 250MG TAB	CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV)	QUINOLONES	704353001	10		YES
AUSTELL CIPROFLOX 500MG TAB	CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV)	QUINOLONES	704351001	10		YES
AUSTELL CIPROFLOX 750MG TAV	CIPROFLOXACIN HCL TAB 750 MG (BASE EQUIV)	QUINOLONES	704352002	100		YES
BE-TAB FOLIC ACID 5MG TAB	FOLIC ACID TAB 5 MG	PRENATAL VITAMINS	810967006	1000		YES
PURI-NETHOL 50MG TAB	MERCAPTOPYRINE TAB 50 MG	CYTOSTATICS	758302002	25		YES
PENTASA 1GM/100ML ENEMA	MESALAMINE ENEMA 1 GM	OTHER GASTRO-INTESTINAL TRACT AGENTS	721267001	7		YES
ASACOL ENEMA 2GM/50ML	MESALAMINE ENEMA 2 GM	OTHER GASTRO-INTESTINAL TRACT AGENTS	824127005	1		YES
PENTASA 1G SACH	MESALAMINE PACKET 1000 MG	OTHER GASTRO-INTESTINAL TRACT AGENTS	722335001	120		YES
PENTASA 2G SACH	MESALAMINE PACKET 2000 MG	OTHER GASTRO-INTESTINAL TRACT AGENTS	722336001	60		YES
PENTASA 1000MG SUPP	MESALAMINE SUPPOS 1000 MG	OTHER GASTRO-INTESTINAL TRACT AGENTS	714134001	28		YES
ASACOL 500MG SUPP	MESALAMINE SUPPOS 500 MG	OTHER GASTRO-INTESTINAL TRACT AGENTS	824135008	20		YES
MEZAVANT 1200MG TAB	MESALAMINE TAB DELAYED RELEASE 1.2 GM	OTHER GASTRO-INTESTINAL TRACT AGENTS	720355001	60		YES
ASACOL 400MG TAB	MESALAMINE TAB DELAYED RELEASE 400 MG	OTHER GASTRO-INTESTINAL TRACT AGENTS	783668007	90		YES
ASACOL 800MG TAB	MESALAMINE TAB DELAYED RELEASE 800 MG	OTHER GASTRO-INTESTINAL TRACT AGENTS	709076001	60		YES
PENTASA 500MG SR TAB	MESALAMINE TAB ER 500 MG	OTHER GASTRO-INTESTINAL TRACT AGENTS	890775004	100		YES
ABITREXATE 50MG/2ML	METHOTREXATE SODIUM INJ 25 MG/ML	CYTOSTATICS	782548009	1	YES	
ABITREXATE 2.5MG TAB	METHOTREXATE TAB 2.5 MG	CYTOSTATICS	712504001	100	YES	
ADCO-METRONIDAZOLE 200MG	METRONIDAZOLE TAB 200 MG	ANTI-PROTOZOAL AGENTS	742872009	250		YES
ADCO-METRONIDAZOLE 400MG	METRONIDAZOLE TAB 400 MG	ANTI-PROTOZOAL AGENTS	701076003	100		YES
AVEBACT 400MG TAB	MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV)	QUINOLONES	714067001	5		YES
LENISOLONE 5MG TAB	PREDNISOLONE TAB 5 MG	CORTICOSTEROIDS	800155017	1000		YES
PANAFACORT 5MG TAB	PREDNISONE TAB 5 MG	CORTICOSTEROIDS	752304119	1000	YES	
SALAZOPYRIN 500MG TAB	SULFASALAZINE TAB 500 MG	OTHER GASTRO-INTESTINAL TRACT AGENTS	762008008	100	YES	
SALAZOPYRIN-EN 500MG TAB	SULFASALAZINE TAB DELAYED RELEASE 500 MG	OTHER MUSCULO-SKELETAL AGENTS	762016019	100	YES	
Biologics reviewed as per protocol.						

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	TRANLYCPROMINE 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 TAB	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)	SSRI	719547001	28	YES	
ACCORD ESCITALOPRAM 20MG TAB	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
SANDOZ AMITRIPTYL 25MG TA	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	

DIABETES INSIPIDUS

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
DDAVP NASAL SPRAY 5ML	DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED)	ANTI-DIURETICS	837555019	1		YES
MINIRIN 60MCG MELT TAB	DESMOPRESSIN ACETATE ORALLY DISINTEGRATING TAB 60 MCG	ANTI-DIURETICS	3006595001	30		YES
MINIRIN 120MCG MELT TAB	DESMOPRESSIN ACETATE ORALLY DISINTEGRATING TAB 120 MCG	ANTI-DIURETICS	722060001	30		YES
MINIRIN 240MCG MELT TAB	DESMOPRESSIN ACETATE ORALLY DISINTEGRATING TAB 240 MCG	ANTI-DIURETICS	722061001	30		YES

DIABETES MELLITUS TYPE I

CONDITION REQUIREMENTS: Copy of initial diagnostic pathology (Fasting glucose, HbA1c, 2 hour post glucose tolerance test), list of any symptoms prior to diagnosis.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
BAYER ASPIRIN 300MG TAB	ASPIRIN TAB 300 MG	ANALGESIC AND ANTIPYRETICS	706930029	30	YES	
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
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
EPIILIM 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	
NOVOMIX 30 FLEXPEN 3ML	INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT/ML (70-30)	INSULINS	702086003	5	YES	
NOVORAPID PENFILL 3ML	INSULIN ASPART SOLN CARTRIDGE 100 UNIT/ML	INSULINS	897775004	5	YES	
RYZODEG FLEXTOUCH 100IU/M	INSULIN DEGLUDEC & ASPART SOLN PEN-INJ 100 UNIT/ML (70-30)	INSULINS	722292001	1		YES
BASAGLAR 100U/ML 3ML PREF	INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML	INSULINS	722454001	5	YES	
TOUJEO PEN 300IU/1ML INJ	INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML	INSULINS	723815001	3	YES	
APIDRA SOLOSTAR DISP PEN	INSULIN GLULISINE SOLN PEN-INJECTOR INJ 100 UNIT/ML	INSULINS	709861001	5	YES	
HUMALOG MIX50 CART 3ML	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (50-50)	INSULINS	705074001	5	YES	
HUMALOG MIX25 CART 3ML	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25)	INSULINS	861782003	5	YES	
HUMALOG KWIKPEN 100U/ML 3	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML	INSULINS	706760001	5	YES	
HUMULIN 30/70 KWIKPEN 3ML	INSULIN NPH & REGULAR SUSP PEN-INJ 100 UNIT/ML (70-30)	INSULINS	704456001	5	YES	
BIOSULIN N CARTRIDGE 3ML	INSULIN NPH (HUMAN) (ISOPHANE) SUSP CARTRIDGE 100 UNIT/ML	INSULINS	712768001	5	YES	
HUMULIN N CARTRIDGE 3ML (100U/1ML) INJ	INSULIN NPH (HUMAN) (ISOPHANE) SUSP CARTRIDGE 100 UNIT/ML	INSULINS	863556019	5	YES	
HUMULIN R CARTRIDGE 3ML	INSULIN REGULAR (HUMAN) SOLN CARTRIDGE 100 UNIT/ML	INSULINS	863564003	5	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
VENLOR XR 150MG SR CAP	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	706404001	30		YES
VENLOR XR 37.5MG SR CAP	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	706399001	30		YES
VENLOR XR 75MG CAP	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	706402001	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
MYOPRIN 100MG TAB	ASPIRIN TAB 100 MG	PLATELET AGGREGATION INHIBITORS	721258001	30	YES	
ASPIRIN TEVA 80MG TAB	ASPIRIN TAB DELAYED RELEASE 80 MG	PLATELET AGGREGATION INHIBITORS	712608001	30	YES	
SANDOZ AMITRIPTYL 25MG TA	AMITRIPTYLINE HCL TAB 25 MG	TRICYCLICS	784230005	100	YES	

DIABETES MELLITUS TYPE II

CONDITION REQUIREMENTS: Copy of initial diagnostic pathology (Fasting glucose, HbA1c, 2 hour post glucose tolerance test), list of any symptoms prior to diagnosis.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
BAYER ASPIRIN 300MG TAB	ASPIRIN TAB 300 MG	ANALGESIC AND ANTIPYRETICS	706930029	30	YES	
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
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
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	
ONGLYZA 2.5MG TAB	SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV)	DPP-4 ANTAGONISTS	716640001	30		YES
ONGLYZA 5MG TAB	SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)	DPP-4 ANTAGONISTS	716641001	30		YES
GLIZEB 100MG TAB	SITAGLIPTIN PHOSPHATE TAB 100 MG (BASE EQUIV)	DPP-4 ANTAGONISTS	3006065002	90		YES
GLIZEB 25MG TAB	SITAGLIPTIN PHOSPHATE TAB 25 MG (BASE EQUIV)	DPP-4 ANTAGONISTS	3006062002	90		YES
GLIZEB 50MG TAB	SITAGLIPTIN PHOSPHATE TAB 50 MG (BASE EQUIV)	DPP-4 ANTAGONISTS	3006063002	90		YES
JANUMET 50MG/1000MG TAB	SITAGLIPTIN-METFORMIN HCL TAB 50-1000 MG	DPP-4 ANTAGONISTS	717791001	56		YES
JANUMET 50MG/500 MG TAB	SITAGLIPTIN-METFORMIN HCL TAB 50-500 MG	DPP-4 ANTAGONISTS	717788001	56		YES
JANUMET 50MG/850MG TAB	SITAGLIPTIN-METFORMIN HCL TAB 50-850 MG	DPP-4 ANTAGONISTS	717790001	56		YES
JALRA 50MG TAB	VILDAGLIPTIN TAB 50 MG	DPP-4 ANTAGONISTS	721592001	28		YES
GALVUS MET 50/1000MG TAB	VILDAGLIPTIN-METFORMIN HCL TAB 50-1000 MG	DPP-4 ANTAGONISTS	717637001	30		YES
GALVUS MET 50/850MG TAB	VILDAGLIPTIN-METFORMIN HCL TAB 50-850 MG	DPP-4 ANTAGONISTS	717636001	30		YES
NOVOMIX 30 FLEXPEN 3ML	INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT/ML (70-30)	INSULINS	702086003	5	YES	
NOVORAPID PENFILL 3ML	INSULIN ASPART SOLN CARTRIDGE 100 UNIT/ML	INSULINS	897775004	5	YES	
RYZODEG FLEXTOUCH 100IU/M	INSULIN DEGLUDEC & ASPART SOLN PEN-INJ 100 UNIT/ML (70-30)	INSULINS	722292001	1		YES
BASAGLAR 100U/ML 3ML PREF	INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML	INSULINS	722454001	5	YES	
TOUJEO PEN 300IU/1ML INJ	INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML	INSULINS	723815001	3	YES	
APIDRA SOLOSTAR DISP PEN	INSULIN GLULISINE SOLN PEN-INJECTOR INJ 100 UNIT/ML	INSULINS	709861001	5	YES	
HUMALOG MIX50 CART 3ML	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (50-50)	INSULINS	705074001	5	YES	
HUMALOG MIX25 CART 3ML	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25)	INSULINS	861782003	5	YES	
HUMALOG KWIKPEN 100U/ML 3	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML	INSULINS	706760001	5	YES	
HUMULIN 30/70 KWIKPEN 3ML	INSULIN NPH & REGULAR SUSP PEN-INJ 100 UNIT/ML (70-30)	INSULINS	704456001	5	YES	
BIOSULIN N CARTRIDGE 3ML	INSULIN NPH (HUMAN) (ISOPHANE) SUSP CARTRIDGE 100 UNIT/ML	INSULINS	712768001	5	YES	
HUMULIN N CARTRIDGE 3ML	INSULIN NPH (HUMAN) (ISOPHANE) SUSP CARTRIDGE 100 UNIT/ML	INSULINS	863556019	5	YES	
HUMULIN R CARTRIDGE 3ML	INSULIN REGULAR (HUMAN) SOLN CARTRIDGE 100 UNIT/ML	INSULINS	863564003	5	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
VENLOR XR 150MG SR CAP	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	706404001	30		YES

DIABETES MELLITUS TYPE II

CONDITION REQUIREMENTS: Copy of initial diagnostic pathology (Fasting glucose, HbA1c, 2 hour post glucose tolerance test), list of any symptoms prior to diagnosis.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
VENLOR XR 37.5MG SR CAP	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	706399001	30		YES
VENLOR XR 75MG CAP	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	706402001	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
SANDOZ GLICLAZIDE 80MG TA	GLICLAZIDE TAB 80 MG	ORAL ANTI-DIABETIC AGENTS	834866005	60	YES	
DYNA GLICLAZIDE SR 30MG T	GLICLAZIDE TAB ER 24HR 30 MG	ORAL ANTI-DIABETIC AGENTS	716953001	60	YES	
DIAGLUCIDE MR 60MG TAB	GLICLAZIDE TAB ER 24HR 60 MG	ORAL ANTI-DIABETIC AGENTS	718247001	30	YES	
DYNACAZ 90MG MR SRT	GLICLAZIDE 90MG MR	ORAL ANTI-DIABETIC AGENTS	3005221001	30	YES	
AUSTELL GLIMEPIRIDE 1MG T	GLIMEPIRIDE TAB 1 MG	ORAL ANTI-DIABETIC AGENTS	717076001	30	YES	
AUSTELL GLIMEPIRIDE 2MG T	GLIMEPIRIDE TAB 2 MG	ORAL ANTI-DIABETIC AGENTS	717077001	30	YES	
AUSTELL GLIMEPIRIDE 4MG T	GLIMEPIRIDE TAB 4 MG	ORAL ANTI-DIABETIC AGENTS	717078001	30	YES	
GLYCOMIN 5MG TAB	GLIBENCLAMIDE TAB 5MG	ORAL ANTI-DIABETIC AGENTS	729361004	30	YES	
BIGSENS 1000MG TAB	METFORMIN HCL TAB 1000 MG	ORAL ANTI-DIABETIC AGENTS	709172001	60	YES	
BIGSENS 500MG TAB	METFORMIN HCL TAB 500 MG	ORAL ANTI-DIABETIC AGENTS	708281001	100	YES	
BIGSENS 850MG TAB	METFORMIN HCL TAB 850 MG	ORAL ANTI-DIABETIC AGENTS	708282001	60	YES	
GLUCOPHAGE XR 750MG TAB	METFORMIN HCL TAB ER 24HR 750 MG	ORAL ANTI-DIABETIC AGENTS	720925001	30		YES
GLUCOPHAGE XR 1000MG TAB	METFORMIN HCL TAB ER 24HR MODIFIED RELEASE 1000 MG	ORAL ANTI-DIABETIC AGENTS	720926001	30		YES
GLUCOPHAGE XR 500MG TAB	METFORMIN HCL TAB ER 24HR MODIFIED RELEASE 500 MG	ORAL ANTI-DIABETIC AGENTS	710196001	90		YES
CIPLA PIOGLITAZONE 15MG T	PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV)	ORAL ANTI-DIABETIC AGENTS	707974001	30		YES
CIPLA PIOGLITAZONE 30MG T	PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV)	ORAL ANTI-DIABETIC AGENTS	707981001	30		YES
DISPRIN CARDIOCARE 100MG	ASPIRIN DISINTEGRATING TAB 100 MG	PLATELET AGGREGATION INHIBITORS	847283003	30	YES	
MYOPRIN 100MG TAB	ASPIRIN TAB 100 MG	PLATELET AGGREGATION INHIBITORS	721258001	30	YES	
ASPIRIN TEVA 80MG TAB	ASPIRIN TAB DELAYED RELEASE 80 MG	PLATELET AGGREGATION INHIBITORS	712608001	30	YES	
DAGLIF 5MG TAB	DAPAGLIFLOZIN PROPANEDIOL TAB 5 MG (BASE EQUIVALENT)	SGLT2 INHIBITORS	3006119001	30		YES
DAGLIF 10MG TAB	DAPAGLIFLOZIN PROPANEDIOL TAB 10 MG (BASE EQUIVALENT)	SGLT2 INHIBITORS	3006122001	30		YES
JARDIANCE 10MG TAB	EMPAGLIFLOZIN TAB 10 MG	SGLT2 INHIBITORS	720929001	30		YES
JARDIANCE 25MG TAB	EMPAGLIFLOZIN TAB 25 MG	SGLT2 INHIBITORS	721619001	30		YES
SANDOZ AMITRIPTYL 25MG TA	AMITRIPTYLINE HCL TAB 25 MG	TRICYCLICS	784230005	100	YES	

EPILEPSY

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
TEGRETOL 100MG/5ML SUSP	CARBAMAZEPINE SUSP 100 MG/5ML	ANTI-EPILEPTICS	769401007	250	YES	
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	
CLONAM 0.5MG TAB	CLONAZEPAM TAB 0.5 MG	ANTI-EPILEPTICS	721545001	90		YES
CLONAM 2MG TAB	CLONAZEPAM TAB 2 MG	ANTI-EPILEPTICS	721546001	90		YES
BE-TAB FOLIC ACID 5MG TAB	FOLIC ACID TAB 5 MG	PRENATAL VITAMINS	810967006	1000	YES	
EPILEPTIN 100MG CAP	GABAPENTIN CAP 100 MG	ANTI-EPILEPTICS	707622001	100	YES	
EPILEPTIN 300MG CAP	GABAPENTIN CAP 300 MG	ANTI-EPILEPTICS	707623001	100	YES	
EPILEPTIN 400MG CAP	GABAPENTIN CAP 400 MG	ANTI-EPILEPTICS	707624001	100	YES	
EPITEC 100MG TAB	LAMOTRIGINE TAB 100 MG	ANTI-EPILEPTICS	704381001	60	YES	
EPITEC 200MG TAB	LAMOTRIGINE TAB 200 MG	ANTI-EPILEPTICS	704382001	60	YES	
EPITEC 25MG TAB	LAMOTRIGINE TAB 25 MG	ANTI-EPILEPTICS	704379001	60	YES	
EPITEC 50MG TAB	LAMOTRIGINE TAB 50 MG	ANTI-EPILEPTICS	704380001	60	YES	
LAMICTIN P 5MG DISP TAB	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 5 MG	ANTI-EPILEPTICS	813885019	100	YES	
DYNA LEVETIRACETAM 250MG	LEVETIRACETAM TAB 250 MG	ANTI-EPILEPTICS	718486001	60		YES
DYNA LEVETIRACETAM 500MG	LEVETIRACETAM TAB 500 MG	ANTI-EPILEPTICS	718485001	60		YES
DYNA LEVETIRACETAM 750MG	LEVETIRACETAM TAB 750 MG	ANTI-EPILEPTICS	718484001	60		YES
LEVESEIZE XR 1000MG SRT	LEVETIRACETAM TAB 1000 MG	ANTI-EPILEPTICS	3006359001	30		YES
TRILEPTAL FCT 300MG	OXCARBAZEPINE TAB 300 MG	ANTI-EPILEPTICS	892484008	50	YES	
TRILEPTAL FCT 600MG	OXCARBAZEPINE TAB 600 MG	ANTI-EPILEPTICS	892491020	50	YES	
PHENYTOIN SOD 100MG TAB	PHENYTOIN SODIUM PROMPT TAB 100 MG	ANTI-EPILEPTICS	754870016	90	YES	
EPANUTIN 125MG/5ML SUSP	PHENYTOIN SODIUM SUSP 125 MG/5ML	ANTI-EPILEPTICS	723533016	237	YES	
TOPLEP 100MG TAB	TOPIRAMATE TAB 100 MG	ANTI-EPILEPTICS	708391001	60	YES	
TOPLEP 200MG TAB	TOPIRAMATE TAB 200 MG	ANTI-EPILEPTICS	708392001	60	YES	
TOPLEP 25MG TAB	TOPIRAMATE TAB 25 MG	ANTI-EPILEPTICS	708389001	60	YES	
TOPLEP 50MG TAB	TOPIRAMATE TAB 50 MG	ANTI-EPILEPTICS	708390001	60	YES	
EPILIM 200MG/5ML LIQ	VALPROATE SODIUM LIQD 200 MG/5ML	ANTI-EPILEPTICS	780545001	300	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	
SEDABARB	PHENOBARBITAL TAB 30 MG	BARBITURATES	814946003	1000	YES	

GLAUCOMA					
Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier
LOXOPTIC 0.5% 5ML DROPS	BETAXOLOL HCL OPHTH SOLN 0.5%	GLAUCOMA	722010001	1	YES
LUMIGAN 0.01%	BIMATOPROST OPHTH SOLN 0.01%	GLAUCOMA	716754001	1	YES
LUMIGAN 0.03% 3ML	BIMATOPROST OPHTH SOLN 0.03%	GLAUCOMA	703666003	1	YES
GLAUPICO 3ML OPTH DROPS	BIMATOPROST-TIMOLOL MALEATE OPHTH SOLN 0.03-0.5%	GLAUCOMA	3008080001	1	YES
ALPHAGAN PURITE 1.5MG/1ML	BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	GLAUCOMA	709410001	1	YES
BRIMOCT 2MG/1ML OPHTH DRP	BRIMONIDINE TARTRATE OPHTH SOLN 0.2%	GLAUCOMA	721293001	1	YES
BRIMOCT CO 2MG/5ML OPD	BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPHTH SOLN 0.2-0.5%	GLAUCOMA	3005245001	1	YES
SIMBRINZA 5ML OPD	BRIMONIDINE 2MG-BRINZOLAMIDE 10MG COMBINATION	GLAUCOMA	3004660001	1	YES
AZOPTIC 5ML EYE SUSPENSIO	BRINZOLAMIDE OPHTH SUSP 1%	GLAUCOMA	701523001	1	YES
AZARGA DROPS 5ML	BRINZOLAMIDE-TIMOLOL OPHTH SUSP 1-0.5%	GLAUCOMA	717260001	1	YES
GLAUCOPRESS 2% OPHT DRP 5	DORZOLAMIDE HCL OPHTH SOLN 2%	GLAUCOMA	720983001	1	YES
GLAUMIDE-CO 5ML DRP	DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 22.3-6.8 MG/ML	GLAUCOMA	721902001	1	YES
ATANA 50MCG/ML OPHTH DRP	LATANOPROST OPHTH SOLN 0.005%	GLAUCOMA	720971001	1	YES
CO-ATANA 2.5ML EYE DRP	LATANOPROST-TIMOLOL MALEATE OPHTH SOLN 0.005-0.5%	GLAUCOMA	722712001	1	YES
TIMOPTOL-XE .25% 2.5ML	TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	GLAUCOMA	819816019	1	YES
TIMOPTOL-XE .5% 2.5ML DRO	TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	GLAUCOMA	819824003	1	YES
TRAVATAN 2.5ML EYE DROPS	TRAVOPROST OPHTH SOLN 0.004%	GLAUCOMA	702534003	1	YES
DUOTRAV 2.5ML OPD	TRAVOPROST-TIMOLOL MALEATE OPHTH SOLN 0.004-0.5%	GLAUCOMA	708877001	1	YES

GASTRO-OESOPHAGEAL REFLUX DISORDER (GORD)

CONDITION REQUIREMENTS: Gastroscopy report will be required for review

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Line	Additional clinical criteria applied
RANITIDINE BIOTECH 150MG	RANITIDINE HCL TAB 150 MG	HISTAMINE-2 RECEPTOR ANTAGONISTS	719669001	60		YES
RANITIDINE BIOTECH 300MG	RANITIDINE HCL TAB 300 MG	HISTAMINE-2 RECEPTOR ANTAGONISTS	718482001	30		YES
LANCAP 15MG CAP	LANSOPRAZOLE CAP DELAYED RELEASE 15 MG	PROTON PUMP INHIBITORS	708052001	30		YES
LANCAP 30MG CAP	LANSOPRAZOLE CAP DELAYED RELEASE 30 MG	PROTON PUMP INHIBITORS	708053001	30		YES
OMEZ 10MG CAP	OMEPRAZOLE MAGNESIUM TAB ER 10 MG	PROTON PUMP INHIBITORS	703461001	28		YES
PROBITOR 20MG CAP	OMEPRAZOLE MAGNESIUM TAB ER 20 MG	PROTON PUMP INHIBITORS	720812002	30		YES
PRAZOLOC 40MG ECT	PANTOPRAZOLE ECT 40MG	PROTON PUMP INHIBITORS	722768001	30		YES
PRAZOLOC 20MG ECT	PANTOPRAZOLE ECT 20MG	PROTON PUMP INHIBITORS	722767002	30		YES

GOUT

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

HAEMOPHILIA

CONDITION REQUIREMENTS: Initial application by 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
DDAVP 4MCG/ML 1ML INJ	DESMOPRESSIN ACETATE INJ 4 MCG/ML	ANTI-DIURETICS	717754006	10		YES
HAEMOSOLVE 300IU	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 300 UNIT	HAEMOSTATICS	841560005	1		YES
HAEMOSOLVE 500U	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500 UNIT	HAEMOSTATICS	800759028	1		YES
HAEMOSOLVE 1000U	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-1000 UNIT	HAEMOSTATICS	813648009	1		YES
HAEMOSOLVEX FACTOR IX 500	COAGULATION FACTOR IX FOR INJ 500-1500 UNIT	HAEMOSTATICS	800767004	1		YES
TRANIC 500MG TAB	TRANEXAMIC ACID TAB 500 MG	HAEMOSTATICS	716276001	30		YES

HYPERLIPIDAEMIA

CONDITION REQUIREMENTS: Initial diagnostic fasting lipogram containing total cholesterol, HDL, LDL and TG levels. Smoking status and Blood Pressure reading (with indication whether the reading is on or off hypertension treatment) must be submitted in order for Framingham Risk Score to be calculated.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
BAYER ASPIRIN 300MG TAB	ASPIRIN TAB 300 MG	ANALGESIC AND ANTIPYRETICS	706930029	30	YES	
MYOPRIN 100MG TAB	ASPIRIN TAB 100 MG	PLATELET AGGREGATION INHIBITORS	721258001	30	YES	
ASPIRIN TEVA 80MG TAB	ASPIRIN TAB DELAYED RELEASE 80 MG	PLATELET AGGREGATION INHIBITORS	712608001	30	YES	
SANDOZ BEZAFIBRATE SR 400MG	BEZAFIBRATE TAB ER 400 MG	FIBRATES	828300003	30		YES
ASPAVOR 10MG TAB	ATORVASTATIN CALCIUM TAB 10 MG (BASE EQUIVALENT)	HMG-COA REDUCTASE INHIBITORS(STATINS)	708121001	30	YES	
ASPAVOR 20MG TAB	ATORVASTATIN CALCIUM TAB 20 MG (BASE EQUIVALENT)	HMG-COA REDUCTASE INHIBITORS(STATINS)	708122001	30	YES	
ASPAVOR 40MG TAB	ATORVASTATIN CALCIUM TAB 40 MG (BASE EQUIVALENT)	HMG-COA REDUCTASE INHIBITORS(STATINS)	710912001	30	YES	
ASPAVOR 80MG TAB	ATORVASTATIN CALCIUM TAB 80 MG (BASE EQUIVALENT)	HMG-COA REDUCTASE INHIBITORS(STATINS)	720211001	30		YES
MEZIBE PLUS 10MG/10MG TAB	EZETIMIBE-SIMVASTATIN TAB 10-10 MG	HMG-COA REDUCTASE INHIBITORS(STATINS)	3003826001	30		YES
MEZIBE PLUS 10MG/20MG TAB	EZETIMIBE-SIMVASTATIN TAB 10-20 MG	HMG-COA REDUCTASE INHIBITORS(STATINS)	3003828001	30		YES
MEZIBE PLUS 10MG/40MG TAB	EZETIMIBE-SIMVASTATIN TAB 10-40 MG	HMG-COA REDUCTASE INHIBITORS(STATINS)	3003897001	30		YES
VUSOR 5MG TAB	ROSUVASTATIN TAB 5 MG	HMG-COA REDUCTASE INHIBITORS(STATINS)	719081001	30		YES
STORWIN 10MG TAB	ROSUVASTATIN CALCIUM TAB 10 MG	HMG-COA REDUCTASE INHIBITORS(STATINS)	719194001	30		YES
CREVAS 15MG TAB (30)	ROSUVASTATIN 15MG	HMG-COA REDUCTASE INHIBITORS(STATINS)	3006904001	30		YES
STORWIN 20MG TAB	ROSUVASTATIN CALCIUM TAB 20 MG	HMG-COA REDUCTASE INHIBITORS(STATINS)	719195001	30		YES
CREVAS 30MG TAB (30)	ROSUVASTATIN 30MG	HMG-COA REDUCTASE INHIBITORS(STATINS)	3006905001	30		YES
STORWIN 40MG TAB	ROSUVASTATIN CALCIUM TAB 40 MG	HMG-COA REDUCTASE INHIBITORS(STATINS)	719197001	30		YES
AUSTELL-SIMVASTATIN 10MG	SIMVASTATIN TAB 10 MG	HMG-COA REDUCTASE INHIBITORS(STATINS)	705464001	30	YES	
AUSTELL-SIMVASTATIN 20MG	SIMVASTATIN TAB 20 MG	HMG-COA REDUCTASE INHIBITORS(STATINS)	705465001	30	YES	
AUSTELL-SIMVASTATIN 40MG	SIMVASTATIN TAB 40 MG	HMG-COA REDUCTASE INHIBITORS(STATINS)	705467001	30	YES	
PRAVAFEN 40MG/160MG CAP	PRAVASTATIN 40MG/FENOFIBRATE 160MG	HIPOLIPIDAEMIC AGENTS OTHER	3002371001	30		YES

HYPOTHYROIDISM

CONDITION REQUIREMENTS: Copy of initial diagnostic pathology.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier
EUTHYROX 100MCG TAB	LEVOTHYROXINE SODIUM TAB 100 MCG	THYROID	713169002	30	YES
EUTHYROX 25MCG TAB	LEVOTHYROXINE SODIUM TAB 25 MCG	THYROID	713172002	30	YES
EUTHYROX 50MCG TAB	LEVOTHYROXINE SODIUM TAB 50 MCG	THYROID	713168002	30	YES
EUTHYROX 75MCG TAB	LEVOTHYROXINE SODIUM TAB 75 MCG	THYROID	3006092001	30	YES
TERTROXIN 20MCG TAB	LIOTHYRONINE SODIUM TAB 20 MCG	THYROID	769983006	50	YES

URINARY INCONTINENCE

CONDITION REQUIREMENTS: Medication needs to be prescribed by a urologist.

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
FENENCE 10MG TAB	SOLIFENACIN SUCCINATE TAB 10 MG	ANTI-CHOLINERGICS	3004138001	30		YES
FENENCE 5MG TAB	SOLIFENACIN SUCCINATE TAB 5 MG	ANTI-CHOLINERGICS	3004137001	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

MULTIPLE SCLEROSIS

CONDITION REQUIREMENTS: Initial application must be from a specialist in the field of treatment disorder. Application must include classification, number of relapses requiring IV corticosteroids and EDSS score.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
MYLAN OXYBUTYNIN HCL 5MG	OXYBUTYNIN CHLORIDE TAB 5 MG	ANTI-CHOLINERGICS	701893015	100	YES	
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	
TEVA BACLOFEN 10MG TAB	BACLOFEN TAB 10 MG	CENTRALLY ACTING MUSCLE RELAXANTS	712607001	30	YES	
LIORESAL 25MG TAB	BACLOFEN TAB 25 MG	CENTRALLY ACTING MUSCLE RELAXANTS	738352004	30	YES	
PANAFECORT 5MG TAB	PREDNISONE TAB 5 MG	CORTICOSTEROIDS	752304119	1000	YES	
COPAXONE PREFILLED SYR 20MG	GLATIRAMER ACETATE INJ KIT 20 MG/ML	IMMUNOSTIMULANTS	708286001	28		YES
COPAXONE PREFILLED SYR 40MG	GLATIRAMER ACETATE INJ KIT 40 MG/ML	IMMUNOSTIMULANTS	3005255001	28		YES
AVONEX PREFILLED 30MCG IN	INTERFERON BETA-1A FOR IM INJ KIT 30MCG (33MCG(6.6 MU)/VIAL)	IMMUNOSTIMULANTS	712306001	4		YES
REBIF 22MCG/0.5ML PREFILL	INTERFERON BETA-1A INJ 22 MCG/0.5ML (12MU/ML) (44 MCG/ML)	IMMUNOSTIMULANTS	890887007	12		YES
REBIF 44MCG/0.5ML PREFILL	INTERFERON BETA-1A INJ 44 MCG/0.5ML (24MU/ML) (88 MCG/ML)	IMMUNOSTIMULANTS	898891004	12		YES
BETAFERON PRE-FILLED SYR	INTERFERON BETA-1B FOR INJ 0.3 MG	IMMUNOSTIMULANTS	700474003	15		YES
AMITRIPTYLINE 25MG HCL KIARA	AMITRIPTYLINE HCL TAB 25 MG	TRICYCLICS	784230005	100	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	

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	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	

PARKINSON'S DISEASE

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
AKINETON 2MG TAB	BIPERIDEN HCL TAB 2 MG	ANTI-CHOLINERGICS ANTI-PARKINSONS	701491019	50	YES	
DISIPAL 50MG TAB	ORPHENADRINE HCL TAB 50 MG	ANTI-CHOLINERGICS ANTI-PARKINSONS	720542006	100	YES	
BENZHEXOL 2MG TAB	TRIHENXYPHENIDYL HCL TAB 2 MG	ANTI-CHOLINERGICS ANTI-PARKINSONS	713210001	100	YES	
NORFLEX 100MG TAB	ORPHENADRINE CITRATE TAB 100 MG	CENTRALLY ACTING MUSCLE RELAXANTS	747521018	50	YES	
SYMADIN 100MG CAP	AMANTADINE HCL CAP 100 MG	DOPAMINERGICS ANTI-PARKINSONS	700500003	20	YES	
MADOPAR HBS CAP	BENSERAZIDE & LEVODOPA CAP 25-100 MG	DOPAMINERGICS ANTI-PARKINSONS	828483019	100	YES	
MADOPAR TAB	BENSERAZIDE & LEVODOPA TAB 50-200 MG	DOPAMINERGICS ANTI-PARKINSONS	739928007	100	YES	
LECARDOP 25/100 TAB	CARBIDOPA-LEVODOPA TAB 25-100 MG	DOPAMINERGICS ANTI-PARKINSONS	3000000001	100	YES	
LECARDOP 25/250 TAB	CARBIDOPA-LEVODOPA TAB 25-250 MG	DOPAMINERGICS ANTI-PARKINSONS	3000001001	100	YES	
SINEMET CR 50/200MG TAB	CARBIDOPA & LEVODOPA TAB ER 50-200 MG	DOPAMINERGICS ANTI-PARKINSONS	794635008	100	YES	
OXPOLA 0.125MG TAB	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.125 MG	DOPAMINERGICS ANTI-PARKINSONS	719542001	100	YES	
OXPOLA 0.25MG TAB	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.25 MG	DOPAMINERGICS ANTI-PARKINSONS	719543001	100	YES	
MYLAN PRAMIPEXOLE 1MG TAB	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1 MG	DOPAMINERGICS ANTI-PARKINSONS	722750001	100	YES	
STALEVO 50/12.5 TAB	CARBIDOPA-LEVODOPA-ENTACAPONE TAB 12.5-50-200 MG	OTHER ANTI-PARKINSON AGENTS	707999001	100	YES	
STALEVO 100/25MG TAB	CARBIDOPA-LEVODOPA-ENTACAPONE TAB 25-100-200 MG	OTHER ANTI-PARKINSON AGENTS	708000001	100	YES	
STALEVO 150/37.5 TAB	CARBIDOPA-LEVODOPA-ENTACAPONE TAB 37.5-150-200 MG	OTHER ANTI-PARKINSON AGENTS	708001001	100	YES	
COMTAN 200MG TAB	ENTACAPONE TAB 200 MG	OTHER ANTI-PARKINSON AGENTS	868590002	100		YES
RASAPAR 1MG TAB	RASAGILINE MESYLATE TAB 1 MG (BASE EQUIV)	OTHER ANTI-PARKINSON AGENTS	3004978001	28		YES

PSORIASIS

CONDITION REQUIREMENTS: Biologics and oral immunomodulators – Motivation from specialist in the field of treatment disorder. Topical corticosteroids are reimbursed from the acute medication benefit.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
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	IMMUNOSUPPRESSANTS	815926006	50		YES
SANDIMMUN NEORAL 25 CAP	CYCLOSPORINE MODIFIED CAP 25 MG	IMMUNOSUPPRESSANTS	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

RHEUMATOID ARTHRITIS

CONDITION REQUIREMENTS: Initial application from a specialist in the field of treatment disorder, Disease Activity Scores.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
PLASMOQUINE 200MG CAP	CHLOROQUINE SULFATE CAP 200 MG	ANTI-PROTOZOAL AGENTS	794333001	20	YES	
PANAFECORT 5MG TAB	PREDNISONONE TAB 5 MG	CORTICOSTEROIDS	752304119	1000	YES	
FORTFEN SR 100MG CAP	DICLOFENAC SODIUM CAP ER 24HR 100 MG	COX INHIBITORS	791547078	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	
MYLAN NAPROXEN TAB	NAPROXEN TAB 250 MG	COX INHIBITORS	810185024	250	YES	
NAPFLAM 500MG TAB	NAPROXEN TAB 500 MG	COX INHIBITORS	808474006	30	YES	
VIMOVO 500/20MG TAB	NAPROXEN-ESOMEPRAZOLE MAGNESIUM TAB DR 500-20 MG	COX INHIBITORS	718724001	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
ABITREXATE 2ML VIAL (25MG/1ML)	METHOTREXATE SODIUM INJ 25 MG/ML	CYTOSTATICS	782548009	1	YES	
ABITREXATE 2.5MG TAB	METHOTREXATE TAB 2.5 MG	CYTOSTATICS	712504001	100	YES	
AZATHIOPRINE PCH 50MG	AZATHIOPRINE TAB 50 MG	IMMUNOSUPPRESSANTS	712609001	100		YES
SALAZOPYRIN 500MG TAB	SULFASALAZINE TAB 500 MG	OTHER GASTRO-INTESTINAL TRACT AGENTS	762008008	100	YES	
RHEUMALEF 10MG TAB	LEFLUNOMIDE TAB 10 MG	OTHER MUSCULO-SKELETAL AGENTS	898171008	30		YES
RHEUMALEF 20MG TAB	LEFLUNOMIDE TAB 20 MG	OTHER MUSCULO-SKELETAL AGENTS	721609001	30		YES
SALAZOPYRIN-EN 500MG TAB	SULFASALAZINE TAB DELAYED RELEASE 500 MG	OTHER MUSCULO-SKELETAL AGENTS	762016019	100	YES	
BE-TAB FOLIC ACID 5MG TAB	FOLIC ACID TAB 5 MG	PRENATAL VITAMINS	810967006	1000		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	

SCHIZOPHRENIA

CONDITION CRITERIA: Initial application from Psychiatrist, DSM to be submitted. Renewal request may be from any prescriber, provided there are no changes in medication or dosage, which must be applied for with a Psychiatrist prescription.

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	
EPITEC 100MG TAB	LAMOTRIGINE TAB 100 MG	ANTI-EPILEPTICS	704381001	60	YES	
EPITEC 200MG TAB	LAMOTRIGINE TAB 200 MG	ANTI-EPILEPTICS	704382001	60	YES	
EPITEC 25MG TAB	LAMOTRIGINE TAB 25 MG	ANTI-EPILEPTICS	704379001	60	YES	
EPITEC 50MG TAB	LAMOTRIGINE TAB 50 MG	ANTI-EPILEPTICS	704380001	60	YES	
TRILEPTAL FCT 300MG	OXCARBAZEPINE TAB 300 MG	ANTI-EPILEPTICS	892484008	50		YES
TRILEPTAL FCT 600MG	OXCARBAZEPINE TAB 600 MG	ANTI-EPILEPTICS	892491020	50		YES
TOPLEP 100MG TAB	TOPIRAMATE TAB 100 MG	ANTI-EPILEPTICS	708391001	60	YES	
TOPLEP 200MG TAB	TOPIRAMATE TAB 200 MG	ANTI-EPILEPTICS	708392001	60	YES	
TOPLEP 25MG TAB	TOPIRAMATE TAB 25 MG	ANTI-EPILEPTICS	708389001	60	YES	
TOPLEP 50MG TAB	TOPIRAMATE TAB 50 MG	ANTI-EPILEPTICS	708390001	60	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	
SOLIAN 200MG TAB	AMISULPRIDE TAB 200 MG	ATYPICAL ANTI-PSYCHOTICS	892310001	30		YES
SOLIAN 50MG TAB	AMISULPRIDE TAB 50 MG	ATYPICAL ANTI-PSYCHOTICS	892309005	30		YES
ARIZOFY 10MG TAB	ARIPIPRAZOLE TAB 10 MG	ATYPICAL ANTI-PSYCHOTICS	723962001	30	YES	
ARIZOFY 15MG TAB	ARIPIPRAZOLE TAB 15 MG	ATYPICAL ANTI-PSYCHOTICS	723963001	30	YES	
ARIZOFY 5MG TAB	ARIPIPRAZOLE TAB 5 MG	ATYPICAL ANTI-PSYCHOTICS	723961001	30	YES	
ASPEN CLOZAPINE 100MG TAB	CLOZAPINE TAB 100 MG	ATYPICAL ANTI-PSYCHOTICS	717082001	100		YES
ASPEN CLOZAPINE 25MG TAB	CLOZAPINE TAB 25 MG	ATYPICAL ANTI-PSYCHOTICS	717081001	100		YES
OLEXAR 10MG TAB	OLANZAPINE TAB 10 MG	ATYPICAL ANTI-PSYCHOTICS	715659001	30	YES	
OLEXAR 2.5MG	OLANZAPINE TAB 2.5 MG	ATYPICAL ANTI-PSYCHOTICS	715657001	30	YES	
OLEXAR 5MG TAB	OLANZAPINE TAB 5 MG	ATYPICAL ANTI-PSYCHOTICS	715658001	30	YES	
DOPAQUEL 100MG TAB	QUETIAPINE FUMARATE TAB 100 MG	ATYPICAL ANTI-PSYCHOTICS	716051001	90	YES	
SPEC QUETIAPINE 150MG TAB	QUETIAPINE FUMARATE TAB 150 MG	ATYPICAL ANTI-PSYCHOTICS	721710001	90	YES	
DOPAQUEL 200MG TAB	QUETIAPINE FUMARATE TAB 200 MG	ATYPICAL ANTI-PSYCHOTICS	716052001	60	YES	
DOPAQUEL 25MG TAB	QUETIAPINE FUMARATE TAB 25 MG	ATYPICAL ANTI-PSYCHOTICS	716050001	100	YES	
DOPAQUEL 300MG TAB	QUETIAPINE FUMARATE TAB 300 MG	ATYPICAL ANTI-PSYCHOTICS	716053001	60	YES	
AROQUET XR 150MG TAB	QUETIAPINE FUMARATE TAB ER 24HR 150 MG	ATYPICAL ANTI-PSYCHOTICS	3003728001	30		YES
AROQUET XR 200MG TAB	QUETIAPINE FUMARATE TAB ER 24HR 200 MG	ATYPICAL ANTI-PSYCHOTICS	3003732001	60		YES
AROQUET XR 300MG TAB	QUETIAPINE FUMARATE TAB ER 24HR 300 MG	ATYPICAL ANTI-PSYCHOTICS	3003733001	60		YES
AROQUET XR 400MG TAB	QUETIAPINE FUMARATE TAB ER 24HR 400 MG	ATYPICAL ANTI-PSYCHOTICS	3003734001	60		YES
AROQUET XR 50MG TAB	QUETIAPINE FUMARATE TAB ER 24HR 50 MG	ATYPICAL ANTI-PSYCHOTICS	3003727001	60		YES
ZOXADON 0.5MG	RISPERIDONE TAB 0.5 MG	ATYPICAL ANTI-PSYCHOTICS	711511001	30	YES	

SCHIZOPHRENIA

CONDITION CRITERIA: Initial application from Psychiatrist, DSM to be submitted. Renewal request may be from any prescriber, provided there are no changes in medication or dosage, which must be applied for with a Psychiatrist prescription.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
ZOXADON 1MG TAB	RISPERIDONE TAB 1 MG	ATYPICAL ANTI-PSYCHOTICS	711512001	30	YES	
ZOXADON 2MG TAB	RISPERIDONE TAB 2 MG	ATYPICAL ANTI-PSYCHOTICS	711513001	30	YES	
ZOXADON 3MG TAB	RISPERIDONE TAB 3 MG	ATYPICAL ANTI-PSYCHOTICS	721750001	30	YES	
ZOXADON 4MG TAB	RISPERIDONE TAB 4 MG	ATYPICAL ANTI-PSYCHOTICS	721752001	30	YES	
GEODON 20MG CAP	ZIPRASIDONE HCL CAP 20 MG	ATYPICAL ANTI-PSYCHOTICS	703465001	60		YES
GEODON 40MG CAP	ZIPRASIDONE HCL CAP 40 MG	ATYPICAL ANTI-PSYCHOTICS	703468001	60		YES
GEODON 60MG CAP	ZIPRASIDONE HCL CAP 60 MG	ATYPICAL ANTI-PSYCHOTICS	703475001	60		YES
GEODON 80MG CAP	ZIPRASIDONE HCL CAP 80 MG	ATYPICAL ANTI-PSYCHOTICS	703476001	60		YES
HALOPERIDOL OETHMAAN 1,5MG TA	HALOPERIDOL CAP 1.5 MG	BUTYROPHENONES	730335003	60	YES	
HALOPERIDOL OETHMAAN 5MG TAB	HALOPERIDOL TAB 5 MG	BUTYROPHENONES	730327028	100	YES	
CAMCOLIT 250MG TAB	LITHIUM CARBONATE TAB 250 MG	LITHIUM	712078002	100	YES	
CAMCOLIT 400MG TAB	LITHIUM CARBONATE TAB 400 MG	LITHIUM	712086005	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	
PARNATE 10MG TAB	TRANLYCPROMINE 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	
VENLOR XR 150MG SR CAP	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	706404001	30	YES	
VENLOR XR 37.5MG SR CAP	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	706399001	30	YES	
VENLOR XR 75MG CAP	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	706402001	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	
FLUANXOL DEP 20MG/1ML INJ	FLUPENTIXOL DECANOATE IM SOLN 20 MG/ML	OTHER ANTI-PSYCHOTICS	726672009	1		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	
CLOPIXOL DEPOT 200MG IJ	ZUCLOPENTHIXOL DECANOATE IM IN OIL 200 MG/ML	OTHER ANTI-PSYCHOTICS	714852007	1		YES
CLOPIXOL 10MG TAB	ZUCLOPENTHIXOL DIHYDROCHLORIDE TAB 10 MG	OTHER ANTI-PSYCHOTICS	789798018	100	YES	
CLOPIXOL 2MG TAB	ZUCLOPENTHIXOL DIHYDROCHLORIDE TAB 2 MG	OTHER ANTI-PSYCHOTICS	796751005	100	YES	
LARGACTIL 100MG TAB	CHLORPROMAZINE HCL TAB 100 MG	PHENOTHIAZINES	735884006	56	YES	
LARGACTIL 25MG TAB	CHLORPROMAZINE HCL TAB 25 MG	PHENOTHIAZINES	735868019	56	YES	
LARGACTIL 50MG TAB	CHLORPROMAZINE HCL TAB 50 MG	PHENOTHIAZINES	735876003	56	YES	
MODECATE 25MG INJ 1ML	FLUPHENAZINE DECANOATE INJ 25 MG/ML	PHENOTHIAZINES	744301009	5		YES
STELAZINE 1MG TAB	TRIFLUOPERAZINE HCL TAB 1 MG (BASE EQUIVALENT)	PHENOTHIAZINES	766410005	50	YES	

SCHIZOPHRENIA

CONDITION CRITERIA: Initial application from Psychiatrist, DSM to be submitted. Renewal request may be from any prescriber, provided there are no changes in medication or dosage, which must be applied for with a Psychiatrist prescription.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
STELAZINE 5MG TAB	TRIFLUOPERAZINE HCL TAB 5 MG (BASE EQUIVALENT)	PHENOTHIAZINES	766437019	50	YES	
STELAZINE 5MG TAB	TRIFLUOPERAZINE HCL TAB 5 MG (BASE EQUIVALENT)	PHENOTHIAZINES	766437027	250	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	
SANDOZ AMITRIPTYL 25MG TA	AMITRIPTYLINE HCL TAB 25 MG	TRICYCLICS	784230005	100	YES	
CLOMIDEP 25MG TAB	CLOMIPRAMINE HCL TAB 25 MG	TRICYCLICS	703381001	50	YES	
ANAFRANIL SR 75MG TAB	CLOMIPRAMINE HCL TAB ER 75 MG	TRICYCLICS	781193001	30		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	

SYSTEMIC LUPUS

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

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
CIPLA-WARFARIN 5MG TAB	WARFARIN TAB 5MG	ANTICOAGULANTS	709905001	100		YES
PLASMOQUINE 200MG CAP	CHLOROQUINE SULFATE CAP 200 MG	ANTI-PROTOZOAL AGENTS	794333001	20	YES	
LENISOLONE 5MG TAB	PREDNISOLONE TAB 5 MG	CORTICOSTEROIDS	800155017	1000	YES	
PANAF CORT 5MG TAB	PREDNISONE TAB 5 MG	CORTICOSTEROIDS	752304119	1000	YES	
TOPIVATE 0.1% CREAM	BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT)	CORTICO-STERIODS TOPICAL	833037005	15	YES	
LENOVATE 0.1% OINT	BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT)	CORTICO-STERIODS TOPICAL	800171004	15	YES	
BETNOVATE SC SCALP APPLIC	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	807834018	20	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	793108039	20	YES	
ADVANTAN MILK	METHYLPREDNISOLONE ACEPONATE LOTION 1 MG/ML (0.1%)	CORTICO-STERIODS TOPICAL	883180007	20	YES	
ADVANTAN OINTMENT	METHYLPREDNISOLONE ACEPONATE OINT 1 MG/GM (0.1%)	CORTICO-STERIODS TOPICAL	793086043	20	YES	
FORTFEN SR 100MG CAP	DICLOFENAC SODIUM CAP ER 24HR 100 MG	COX INHIBITORS	791547078	30		YES
MYLAN DICLOFENAC 25 MG TA	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	
MYLAN NAPROXEN TAB	NAPROXEN TAB 250 MG	COX INHIBITORS	810185024	250	YES	
NAPFLAM 500MG TAB	NAPROXEN TAB 500 MG	COX INHIBITORS	808474006	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	7		YES
ENDOXAN 1000MG INJ	CYCLOPHOSPHAMIDE FOR INJ 1 GM	CYTOSTATICS	723304009	1		YES
ENDOXAN VIAL 500MG POWD F	CYCLOPHOSPHAMIDE FOR INJ 500 MG	CYTOSTATICS	723282014	1		YES
ENDOXAN 50MG TAB	CYCLOPHOSPHAMIDE TAB 50 MG	CYTOSTATICS	723274002	50		YES
ABITREXATE 2ML VIAL (25MG/1ML)	METHOTREXATE SODIUM INJ 25 MG/ML	CYTOSTATICS	782548009	1	YES	
ABITREXATE 2.5MG TAB	METHOTREXATE TAB 2.5 MG	CYTOSTATICS	712504001	100	YES	

SYSTEMIC LUPUS

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

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
AZATHIOPRINE PCH 50MG TAB	AZATHIOPRINE TAB 50 MG	IMMUNOSUPPRESSANTS	712609001	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	

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.