



Chronic Medication Formulary for Additional Chronic Conditions

Standard Care 2024:
Suremed Challenger

momentum



TYB

Chronic Medication Formulary for Suremed Challenger Additional Chronic Conditions

The following additional chronic conditions are subject to funding review for the Suremed Challenger scheme option:

- Ankylosing spondylitis
- Major Depression
- Narcolepsy
- Obsessive Compulsive Disorder
- Osteoporosis
- Psoriasis

ANKYLOSING SPONDYLITIS

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

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

OBSESSIVE COMPULSIVE DISORDER

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

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
AMITRIPTYLINE HCL KIARA 25MG TAB	AMITRIPTYLINE HCL TAB 25 MG	TRICYCLICS	784230005	100	YES	
BUDEP XR 150MG TAB	BUPROPION HCL TAB ER 24HR 150 MG	NA/DA RE-UPDATE INHIBITORS	3003107001	30		YES
BUDEP XR 300MG TAB	BUPROPION HCL TAB ER 24HR 300 MG	NA/DA RE-UPDATE INHIBITORS	3003108001	30		YES
AUSTELL-CITALOPRAM 10MG TAB	CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)	SSRI	707396001	30	YES	
ADCO-TALOMIL 20MG TAB	CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)	SSRI	702769001	30	YES	
ARROW CITALOPRAM 40MG TAB	CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)	SSRI	713584001	30	YES	
CLOMIDEP 25MG TAB	CLOMIPRAMINE HCL TAB 25 MG	TRICYCLICS	703381001	50		YES
THADEN 25MG CAP	DOTHIEPIN HCL CAP 25 MG	TRICYCLICS	800198018	100	YES	
THADEN 75MG TAB	DOTHIEPIN HCL TAB 75 MG	TRICYCLICS	800201019	28	YES	
DULTA 30MG CAP	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	NORADRENALINE/SSRI	723857001	30		YES
DULTA 60MG CAP	DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	NORADRENALINE/SSRI	723858001	30		YES
ACCORD ESCITALOPRAM 10MG TAB	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQ)	SSRI	719547001	28	YES	
ACCORD ESCITALOPRAM 20MG TAB	ESCITALOPRAM OXALATE TAB 20 MG (BASE EQ)	SSRI	719548001	28	YES	
LEXAMIL 5MG TAB	ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)	SSRI	710374001	30		YES
RANFLOCS 20MG CAP	FLUOXETINE HCL CAP 20 MG	SSRI	700686001	30	YES	
FLUANXOL 0.5MG TAB	FLUPENTIXOL DIHYDROCHLORIDE TAB 0.5 MG	OTHER ANTI-PSYCHOTICS	726656003	30		YES
FLUANXOL 1MG TAB TAB	FLUPENTIXOL DIHYDROCHLORIDE TAB 1 MG	OTHER ANTI-PSYCHOTICS	726664006	30		YES
FAVERIN 100MG TAB	FLUVOXAMINE MALEATE TAB 100 MG	SSRI	706443001	30		YES
ETHIPRAMINE 10MG TAB	IMIPRAMINE HCL TAB 10 MG	TRICYCLICS	724661115	1000	YES	
ETHIPRAMINE 25MG TAB	IMIPRAMINE HCL TAB 25 MG	TRICYCLICS	724688110	1000	YES	
MIRADEP 15MG TAB	MIRTAZAPINE TAB 15 MG	TETRACYCLIC ANTI-DEPRESSANTS	721209001	30		YES
MIRADEP 30MG TAB	MIRTAZAPINE TAB 30 MG	TETRACYCLIC ANTI-DEPRESSANTS	721210001	30		YES
DEPNIL 300MG TAB	MOCLOBEMIDE TAB 300 MG	SELECTIVE MAO INHIBITORS	702008001	60	YES	
XET 20MG TAB	PAROXETINE HCL TAB 20 MG	SSRI	705633001	30		YES
DYNA SERTRALINE 100MG TAB	SERTRALINE HCL TAB 100 MG	SSRI	719973001	30		YES
DYNA SERTRALINE 50MG TAB	SERTRALINE HCL TAB 50 MG	SSRI	719972001	30		YES
ESPIRIDE 50MG CAP	SULPIRIDE CAP 50 MG	OTHER ANTIDEPRESSANTS	819654019	100	YES	
PARNATE 10MG TAB	TRANLYCPROMINE SULFATE TAB 10 MG	NON SELECTIVE MAO INHIBITORS	752975103	28		YES
MOLIPAXIN 100MG CAP	TRAZODONE HCL CAP 100 MG	OTHER ANTIDEPRESSANTS	744425018	100		YES
MOLIPAXIN 50MG CAP	TRAZODONE HCL CAP 50 MG	OTHER ANTIDEPRESSANTS	744417007	100		YES
VENLAFAXINE ADCO 150MG CAP	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQ)	NORADRENALINE/SSRI	719405001	30		YES
VENLAFAXINE ADCO 37.5MG CAP	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQ)	NORADRENALINE/SSRI	719402001	30		YES
VENLAFAXINE ADCO 75MG CAP	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQ)	NORADRENALINE/SSRI	719403001	30		YES
ODIVEN 37.5MG TAB	VENLAFAXINE HCL TAB 37.5 MG	NORADRENALINE/SSRI	710972001	60		YES
ODIVEN 75MG TAB	VENLAFAXINE HCL TAB 75 MG	NORADRENALINE/SSRI	710973001	60		YES

DEPRESSION

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
BUDEP XR 150MG TAB	BUPROPION HCL TAB ER 24HR 150 MG	NA/DA RE-UPDATE INHIBITORS	3003107001	30		YES
BUDEP XR 300MG TAB	BUPROPION HCL TAB ER 24HR 300 MG	NA/DA RE-UPDATE INHIBITORS	3003108001	30		YES
PARNATE 10MG TAB	TRANLYCYPROMINE SULFATE TAB 10 MG	NON SELECTIVE MAO INHIBITORS	752975103	28		YES
DULTA 30MG CAP	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	NORADRENALINE/SSRI	723857001	30		YES
DULTA 60MG CAP	DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	NORADRENALINE/SSRI	723858001	30		YES
VENLAFAXINE ADCO 150MG SRC	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	719405001	30		YES
VENLAFAXINE ADCO 37.5MG SRC	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	719402001	30		YES
VENLAFAXINE ADCO 75MG SRC	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	719403001	30		YES
ODIVEN 37.5MG TAB	VENLAFAXINE HCL TAB 37.5 MG	NORADRENALINE/SSRI	710972001	60		YES
ODIVEN 75MG TAB	VENLAFAXINE HCL TAB 75 MG	NORADRENALINE/SSRI	710973001	60		YES
ESPIRIDE 50MG CAP	SULPIRIDE CAP 50 MG	OTHER ANTIDEPRESSANTS	819654019	100	YES	
MOLIPAXIN 100MG CAP	TRAZODONE HCL CAP 100 MG	OTHER ANTIDEPRESSANTS	744425018	100		YES
MOLIPAXIN 50MG CAP	TRAZODONE HCL CAP 50 MG	OTHER ANTIDEPRESSANTS	744417007	100		YES
DEPNIL 300MG TAB	MOCLOBEMIDE TAB 300 MG	SELECTIVE MAO INHIBITORS	702008001	60	YES	
TALOMIL 20MG TAB	CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)	SSRI	702769001	30	YES	
ARROW CITALOPRAM 40MG TAB	CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)	SSRI	713584001	30	YES	
ACCORD ESCITALOPRAM 10MG	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)	SSRI	719547001	28	YES	
ACCORD ESCITALOPRAM 20MG	ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)	SSRI	719548001	28	YES	
LEXAMIL 5MG TAB	ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)	SSRI	710374001	30		YES
RANFLOCS 20MG CAP	FLUOXETINE HCL CAP 20 MG	SSRI	700686001	30	YES	
FAVERIN 100MG TAB	FLUVOXAMINE MALEATE TAB 100 MG	SSRI	706443001	30		YES
XET 20MG TAB	PAROXETINE HCL TAB 20 MG	SSRI	705633001	30		YES
DYNA SERTRALINE 100MG TAB	SERTRALINE HCL TAB 100 MG	SSRI	719973001	30		YES
DYNA SERTRALINE 50MG TAB	SERTRALINE HCL TAB 50 MG	SSRI	719972001	30		YES
LANTANON 10MG TAB	MIANSERIN HCL TAB 10 MG	TETRACYCLIC ANTI-DEPRESSANTS	735795002	30		YES
LANTANON 30MG TAB	MIANSERIN HCL TAB 30 MG	TETRACYCLIC ANTI-DEPRESSANTS	735817014	100		YES
MIRADEP 15MG TAB	MIRTAZAPINE TAB 15 MG	TETRACYCLIC ANTI-DEPRESSANTS	721209001	30		YES
MIRADEP 30MG TAB	MIRTAZAPINE TAB 30 MG	TETRACYCLIC ANTI-DEPRESSANTS	721210001	30		YES
AMITRIPTYLINE HCL KIARA TAB	AMITRIPTYLINE HCL TAB 25 MG	TRICYCLICS	784230005	100	YES	
CLOMIDEP 25MG TAB	CLOMIPRAMINE HCL TAB 25 MG	TRICYCLICS	703381001	50		YES
THADEN 25MG CAP	DOTHIEPIN HCL CAP 25 MG	TRICYCLICS	800198018	100	YES	
THADEN 75MG TAB	DOTHIEPIN HCL TAB 75 MG	TRICYCLICS	800201019	28	YES	
ETHIPRAMINE 10MG TAB	IMIPRAMINE HCL TAB 10 MG	TRICYCLICS	724661115	1000	YES	
ETHIPRAMINE 25MG TAB	IMIPRAMINE HCL TAB 25 MG	TRICYCLICS	724688110	1000	YES	

NARCOLEPSY

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

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

OSTEOPOROSIS

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

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

PSORIASIS

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

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional
REPIVATE CREAM	BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT)	CORTICO-STEROIDS TC	882934003	15	YES	
LENOVATE 0.1% OINT	BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT)	CORTICO-STEROIDS TC	800171004	15	YES	
BETNOVATE SC SCALP APP	BETAMETHASONE VALERATE SOLN 0.1% (BASE EQUIVALENT)	CORTICO-STEROIDS TC	824208005	30	YES	
DOVATE .5MG/GM CREAM	CLOBETASOL PROPIONATE CREAM 0.05%	CORTICO-STEROIDS TC	807249009	25	YES	
DOVATE .5MG/GM OINT	CLOBETASOL PROPIONATE OINT 0.05%	CORTICO-STEROIDS TC	807230006	25	YES	
CORTODERM CREAM	FLUOCINOLONE ACETONIDE CREAM 0.025%	CORTICO-STEROIDS TC	716278006	15	YES	
CORTODERM OINT	FLUOCINOLONE ACETONIDE OINT 0.025%	CORTICO-STEROIDS TC	716286009	15	YES	
DILUCORT CREAM	HYDROCORTISONE ACETATE CREAM 0.5%	CORTICO-STEROIDS TC	720011019	25	YES	
BIOCORT CREAM	HYDROCORTISONE ACETATE CREAM 1%	CORTICO-STEROIDS TC	807834009	25	YES	
DILUCORT OINT	HYDROCORTISONE ACETATE OINT 0.5%	CORTICO-STEROIDS TC	720038006	25	YES	
MYLOCORT 1GM/100GM OINT	HYDROCORTISONE ACETATE OINT 1%	CORTICO-STEROIDS TC	745448003	25	YES	
ADVANTAN CREAM	METHYLPREDNISOLONE ACEPONATE CREAM 1 MG/GM (0.1%)	CORTICO-STEROIDS TC	793108020	50	YES	
ADVANTAN CREAM	METHYLPREDNISOLONE ACEPONATE CREAM 1 MG/GM (0.1%)	CORTICO-STEROIDS TC	793108039	20	YES	
ADVANTAN MILK	METHYLPREDNISOLONE ACEPONATE LOTION 1 MG/ML (0.1%)	CORTICO-STEROIDS TC	883180007	20	YES	
ADVANTAN FATTY OINT	METHYLPREDNISOLONE ACEPONATE OINT 1 MG/GM (0.1%)	CORTICO-STEROIDS TC	793116031	20	YES	
ADVANTAN OINT	METHYLPREDNISOLONE ACEPONATE OINT 1 MG/GM (0.1%)	CORTICO-STEROIDS TC	793086043	20	YES	
ABITREXATE VIAL 2ML 25MG/1ML INJ	METHOTREXATE SODIUM INJ 25 MG/ML	CYTOSTATICS	782548009	1	YES	
ABITREXATE 2.5MG TAB	METHOTREXATE TAB 2.5 MG	CYTOSTATICS	712504001	100	YES	
SANDIMMUN NEORAL 100 CAP	CYCLOSPORINE MODIFIED CAP 100 MG	IMMUNOSUPPRESSAN	815926006	50		YES
SANDIMMUN NEORAL 25 CAP	CYCLOSPORINE MODIFIED CAP 25 MG	IMMUNOSUPPRESSAN	815918003	50		YES
BE-TAB FOLIC ACID 5MG TAB	FOLIC ACID TAB 5 MG	PRENATAL VITAMINS	810967015	100	YES	
COAL TAR SOLUTION BP	COAL TAR LIQUID	PSORIASIS	706044001	100	YES	
NEOTIGASON 10MG CAP	ACITRETIN CAP 10 MG	PSORIASIS	817732004	30		YES
NEOTIGASON 25MG CAP	ACITRETIN CAP 25 MG	PSORIASIS	817740007	30		YES
XAMIOL JEL	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE GEL 0.005-0.05%	PSORIASIS	717191001	30	YES	
DOVOBET OINT	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE OINT 0.005-0.05%	PSORIASIS	708636001	30	YES	

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

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