



Chronic Medication Formulary for Prescribed Minimum Benefit Conditions

Managed Care Formulary 2026

Suremed Explorer

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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	
LENISOLONE 5MG TAB	PREDNISOLONE TAB 5 MG	CORTICOSTEROIDS	800155017	1000	YES	
PANAFCORT 5MG TAB	PREDNISONONE TAB 5 MG	CORTICOSTEROIDS	752304119	1000	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 HFA 200 DOSE 20MCG INH	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
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	
DULERA 100/5MCG INHALER 1	MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 100-5 MCG/ACT	COMBINATION BRONCHODILATORS	722934001	1	YES	
DULERA 200/5MCG INHALER 1	MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 200-5 MCG/ACT	COMBINATION BRONCHODILATORS	722933001	1	YES	
PANAFECORT 5MG TAB	PREDNISONE 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	
SANDOZ THEOPHYLL 200MG TA	THEOPHYLLINE TAB ER 12HR 200 MG	METHYLXANTHINES & COMBINATIONS	788368036	60		YES
SANDOZ THEOPHYLL 300MG TA	THEOPHYLLINE TAB ER 12HR 300 MG	METHYLXANTHINES & COMBINATIONS	788376020	60		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	
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	Clinical Criteria
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	
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	
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	
ZOXADON 0.5MG TAB	RISPERIDONE 0.5MG	ATYPICAL ANTI-PSYCHOTICS	711511001	30	YES	
ZOXADON 1MG TAB	RISPERIDONE 1MG	ATYPICAL ANTI-PSYCHOTICS	711512001	30	YES	
ZOXADON 2MG TAB	RISPERIDONE 2MG	ATYPICAL ANTI-PSYCHOTICS	711513001	30	YES	
ZOXADON 3MG TAB	RISPERIDONE 3MG	ATYPICAL ANTI-PSYCHOTICS	721750001	30		YES
ZOXADON 4MG TAB	RISPERIDONE 4MG	ATYPICAL ANTI-PSYCHOTICS	721752001	30		YES
OLEXAR 2.5MG TAB	OLANZAPINE 2.5MG	ATYPICAL ANTI-PSYCHOTICS	715657001	30		YES
OLEXAR 5MG TAB	OLANZAPINE 5MG	ATYPICAL ANTI-PSYCHOTICS	715658001	30		YES
OLEXAR 10MG TAB	OLANZAPINE 10MG	ATYPICAL ANTI-PSYCHOTICS	715659001	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	
HALOPERIDOL OETHMAAN 1,5MG TAB	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	
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	

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
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	
RANFLOCS 20MG CAP	FLUOXETINE HCL CAP 20 MG	SSRI	700686001	30	YES	
AMITRIPTYLINE 25MG HCL KIARA	AMITRIPTYLINE HCL TAB 25 MG	TRICYCLICS	784230005	100	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
ATROVENT HFA 200 DOSE 20MCG INH	IPRATROPIUM BROMIDE INHAL AEROSOL 20 MCG/ACT	ANTICHOLINERGICS	706543001	1	YES	
CPL ALLIANCE CEPHALEXIN 2	CEPHALEXIN CAP 250 MG	CEPHALOSPORINS	897880006	100		YES
CPL ALLIANCE CEPHALEXIN 5	CEPHALEXIN CAP 500 MG	CEPHALOSPORINS	897887006	100		YES
PANAFECORT 5MG TAB	PREDNISONE TAB 5 MG	CORTICOSTEROIDS	752304119	1000		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 INHALER 200	BECLOMETHASONE DIPROPIONATE INHAL AERO 42 MCG/ACT (50/VALVE)	GLUCOCORTICOIDS	827061005	1		YES
BECEZE 100MCG INHALER 200	BECLOMETHASONE DIPROPIONATE INHAL AERO 84 MCG/ACT(100/VALVE)	GLUCOCORTICOIDS	827088019	1		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
SANDOZ CO-AMOXICLAV 625MG	AMOXICILLIN & K CLAVULANATE TAB DISINT 500-125 MG	PENICILLINS	719283001	10		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
ASTHAVENT 200D ECOHALER	SALBUTAMOL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	SYMPATHOMIMETICS	849332001	1		YES
CYCLIDOX 100MG CAP	DOXYCYCLINE HCLATE 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	Captopril TAB 25 MG	ACE INHIBITORS	852619006	60	YES	
MYLAN CAPTOPRIL 50MG TAB	Captopril 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 20MG/12.5MG TAB	Lisinopril & Hydrochlorothiazide TAB 20-12.5 MG	ACE INHIBITORS	704438001	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	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	
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	
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 ANTIPYRETICS	706930029	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
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	
MYOPRIN 100MG TAB	ASPIRIN TAB 100MG	PLATELET AGGREGATION INHIBITORS	721258001	30	YES	
ASPIRIN TEVA 80MG TAB	ASPIRIN TAB DELAYED RELEASE 80 MG	PLATELET AGGREGATION INHIBITORS	712608001	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	
ADCO-VALSARTAN 160MG TAB	VALSARTAN TAB 160 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	723947001	30		YES
DIOVAN 320MG TAB	VALSARTAN TAB 320 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	710051001	28		YES
DIOVAN 40MG F/COATED TAB	VALSARTAN TAB 40 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	705488001	28		YES
ADCO-VALSARTAN 80MG TAB	VALSARTAN TAB 80 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	723946001	30		YES
CO-ZOMEVEK 160/12.5MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	715559001	28		YES
CO-ZOMEVEK 160/25MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	715560001	28		YES
CO-DIOVAN 320MG/12.5MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	710048001	28		YES
CO-DIOVAN 320MG/25MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	710050001	28		YES
CO-ZOMEVEK 80/12.5MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	715558001	28		YES
AMZAAR 5MG/100MG TAB	AMLODIPINE-LOSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBIN	3000161001	30	YES	
AMZAAR 5MG/50MG TAB	AMLODIPINE-LOSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBIN	3000160001	30	YES	
ARLOZYB CO 10/320/25MG TAB	AMLODIPINE-VALSARTAN-HCTZ	ANGIOTENSIN RECEPTOR ANTAGONIST COMBIN	3007388001	30		YES
CO-COPALIA 10MG/160MG/12.5MG TAB	AMLODIPINE-VALSARTAN-HCTZ	ANGIOTENSIN RECEPTOR ANTAGONIST COMBIN	3001675001	28		YES
CO-COPALIA 10MG/160MG/25MG TAB	AMLODIPINE-VALSARTAN-HCTZ	ANGIOTENSIN RECEPTOR ANTAGONIST COMBIN	3001666001	28		YES
CO-COPALIA 5MG/160MG/12.5MG TAB	AMLODIPINE-VALSARTAN-HCTZ	ANGIOTENSIN RECEPTOR ANTAGONIST COMBIN	3001732001	28		YES
CO-COPALIA 5MG/160MG/25MG TAB	AMLODIPINE-VALSARTAN-HCTZ	ANGIOTENSIN RECEPTOR ANTAGONIST COMBIN	3001659001	28		YES
VALDUO 10MG/320MG TAB	AMLODIPINE-VALSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBIN	3003233001	30		YES
EXFORGE 5MG/320MG TAB	AMLODIPINE-VALSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBIN	719125001	28		YES
VALDUO 10MG/160MG TAB	AMLODIPINE-VALSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBIN	3000683001	30		YES
VALDUO 5MG/160MG TAB	AMLODIPINE-VALSARTAN	ANGIOTENSIN RECEPTOR ANTAGONIST COMBIN	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	
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	

CARDIAC CONDITIONS (CARDIOMYOPATHY; CORONARY ARTERY DISEASE; DYSRHYTHMIAS; HYPERTENSION)						
Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
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 80MG	SOTALOL HYDROCHLORIDE 80MG	BETA RECEPTOR BLOCKERS	827991002	100		YES
SOTAHEXAL 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	
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 60MG	DILTIAZEM 60MG	CALCIUM CHANNEL BLOCKERS	822213029	60		YES
ZILDEM 90MG TAB	DILTIAZEM HCL TAB 90 MG	CALCIUM CHANNEL BLOCKERS	824364007	60		YES
ADCO-ZILDEM SR 180MG	DILTIAZEM 180MG	CALCIUM CHANNEL BLOCKERS	839183003	30		YES
ADCO-ZILDEM SR 240MG	DILTIAZEM 240MG	CALCIUM CHANNEL BLOCKERS	839191006	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 0.05MG/ML SYRUP	DIGOXIN ELIXIR 0.05 MG/ML	CARDIAC GLYCOSIDES	735744009	50	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
HYPOTONE 250MG TAB	METHYLDOPA TAB 250 MG	CENTRAL ACTING SYMPATHETIC NERVOUS SYST	732052017	500	YES	
HY-PO-TONE 500MG TAB	METHYLDOPA TAB 500 MG	CENTRAL ACTING SYMPATHETIC NERVOUS SYST	732079004	100		YES
CYNT 0.2MG TAB	MOXONIDINE TAB 0.2 MG	CENTRAL ACTING SYMPATHETIC NERVOUS SYST	712382001	28		YES
CYNT 0.4MG TAB	MOXONIDINE TAB 0.4 MG	CENTRAL ACTING SYMPATHETIC NERVOUS SYST	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

CARDIAC CONDITIONS (CARDIOMYOPATHY; CORONARY ARTERY DISEASE; DYSRHYTHMIAS; HYPERTENSION)						
Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
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 40MG TAB	FUROSEMIDE TAB 40 MG	DIURETICS	857769022	250	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	SPIRONOLACTONE TAB 25 MG	DIURETICS	769665004	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
PLAGROL 75MG TAB	CLOPIDOGREL BISULFATE TAB 75 MG (BASE EQUIV)	PLATELET AGGREGATION INHIBITORS	711423001	30		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	Captopril TAB 25 MG	ACE INHIBITORS	852619006	60	YES	
MYLAN CAPTOPRIL 50MG TAB	Captopril 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 20MG/12.5MG TAB	Lisinopril & Hydrochlorothiazide TAB 20-12.5 MG	ACE INHIBITORS	704438001	30	YES	
AUSTELL-LISINOPRIL 10MG TAB	Lisinopril TAB 10 MG	ACE INHIBITORS	712598001	30	YES	
AUSTELL-LISINOPRIL 20MG TAB	Lisinopril TAB 20 MG	ACE INHIBITORS	708189001	30	YES	
RAN-PERINDOPRIL 4MG TAB	Perindopril Erbumine TAB 4 MG	ACE INHIBITORS	710611001	30	YES	
SPEC-PERINDOPRIL 8MG TAB	Perindopril Erbumine TAB 8 MG	ACE INHIBITORS	712616001	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	
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	
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	
ZARTAN 50MG TAB	Losartan Potassium TAB 50 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	709225001	30	YES	
ZARTAN CO 100/25MG TAB	Losartan Potassium-Hydrochlorothiazide	ANGIOTENSIN RECEPTOR ANTAGONISTS	716217001	30	YES	
ADCO-VALSARTAN 160MG TAB	Valsartan TAB 160 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	723947001	30		YES
DIOVAN 320MG TAB	Valsartan TAB 320 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	710051001	28		YES
DIOVAN 40MG F/COATED TAB	Valsartan TAB 40 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	705488001	28		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	
ADCO-VALSARTAN 80MG TAB	Valsartan TAB 80 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	723946001	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
CO-ZOMEVEK 160/12.5MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	715559001	28		YES
CO-ZOMEVEK 160/25MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	715560001	28		YES
CO-DIOVAN 320MG/12.5MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	710048001	28		YES
CO-DIOVAN 320MG/25MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	710050001	28		YES
CO-ZOMEVEK 80/12.5MG TAB	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	ANGIOTENSIN RECEPTOR ANTAGONISTS	715558001	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	
SOTAHEXAL 80MG	SOTALOL HYDROCHLORIDE 80MG	BETA RECEPTOR BLOCKERS	827991002	100		YES
SOTAHEXAL 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	

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
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	
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	
MYLAN METHYLDOPA 250MG TAB	METHYLDOPA TAB 250 MG	CENTRAL ACTING SYMPATHETIC NERVOUS SYSTEM INHIBITO	785962026	500	YES	
CYNT 0.2MG TAB	MOXONIDINE TAB 0.2 MG	CENTRAL ACTING SYMPATHETIC NERVOUS SYSTEM INHIBITO	712382001	28		YES
CYNT 0.4MG TAB	MOXONIDINE TAB 0.4 MG	CENTRAL ACTING SYMPATHETIC NERVOUS SYSTEM INHIBITO	712383001	28		YES
REVELA 800MG TAB	SEVELAMER CARBONATE TAB 800 MG	CHELATING AGENTS, ION EXCHANGE PREPARATIONS	720512001	180		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
DEFULIDE 40MG 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	
SANDOZ SPIRONOLACTONE 25MG TAB	SPIRONOLACTONE TAB 25 MG	DIURETICS	769665004	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 INJ	EPOETIN ALFA INJ 2000 UNIT/ML	HAEMATINICS	839264003	5		YES
REPOTIN 4000U 1ML INJ	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

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
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
RECORMON 10000 PRE-FILL	EPOETIN BETA SOLN PREFILLED SYRINGE 10000 UNIT/ML	HAEMATINICS	705261001	6		YES
RECORMON 2000 PRE-FILL	EPOETIN BETA SOLN PREFILLED SYRINGE 2000 UNIT/0.3ML	HAEMATINICS	704772001	6		YES
RECORMON 4000U PRE-FILL	EPOETIN BETA SOLN PREFILLED SYRINGE 4000 UNIT/0.3ML	HAEMATINICS	704631001	6		YES
RECORMON 500U PRE-FILL	EPOETIN BETA SOLN PREFILLED SYRINGE 500 UNIT/0.3ML	HAEMATINICS	704632001	6		YES
RECORMON 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		
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		
FERROUS SULPHATE 75MG TAB	FERROUS SULFATE TAB 75 MG	HAEMATINICS	723553001	1000		
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
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 CAP	*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
ONE ALPHA 0.25MCG CAP	ALFACALCIDOL CAP 0.25 MCG	MINERALS AND VITAMIN D	750654007	30		YES
ONE ALPHA 1MCG CAP	ALFACALCIDOL CAP 1 MCG	MINERALS AND VITAMIN D	750662018	30		YES
ROCALTROL 0.25MCG CAP	CALCITRIOL CAP 0.25 MCG	MINERALS AND VITAMIN D	761249001	30		YES
PLENISH K 600MG TAB	POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	POTASSIUM	755753003	100		YES
RESERPINE 0.25MG TAB	RESERPINE	SYMPATHETIC NERVOUS BLOCKERS	760048010	28	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 HFA 200 DOSE 20MCG INH	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 INHALER	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	
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	
DULERA 100/5MCG INHALER 1	MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 100-5 MCG/ACT	COMBINATION BRONCHODILATORS	722934001	1	YES	
DULERA 200/5MCG INHALER 1	MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 200-5 MCG/ACT	COMBINATION BRONCHODILATORS	722933001	1	YES	
PANAFECORT 5MG TAB	PREDNISONE 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	
SANDOZ THEOPHYLL 200MG TAB	THEOPHYLLINE TAB ER 12HR 200 MG	METHYLXANTHINES & COMBINATIONS	788368036	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	
FORATEC HFA 120DOSE 12MCG	FORMOTEROL FUMARATE INHAL AEROSOL 12 MCG/ACT	SYMPATHOMIMETICS	710307001	1	YES	
ASTHAVENT 200D ECOHALER	SALBUTAMOL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	SYMPATHOMIMETICS	849332001	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
METAZOL 200MG TAB	METRONIDAZOLE TAB 200 MG	ANTI-PROTOZOAL AGENTS	793159059	1000		YES
METAZOL 400MG TAB	METRONIDAZOLE TAB 400 MG	ANTI-PROTOZOAL AGENTS	793167078	1000		YES
LENISOLONE 5MG TAB	PREDNISOLONE TAB 5 MG	CORTICOSTEROIDS	800155017	1000		YES
PANAFECORT 5MG TAB	PREDNISONE TAB 5 MG	CORTICOSTEROIDS	752304119	1000	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	
AZATHIOPRINE PCH 50MG TAB	AZATHIOPRINE TAB 50 MG	IMMUNOSUPPRESSANTS	712609001	100	YES	
ENTOCORD 2.3MG ENEMA	BUDESONIDE ENEMA KIT 0.02 MG/ML	OTHER GASTRO-INTESTINAL TRACT AGENTS	824593006	7		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
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	
BE-TAB FOLIC ACID 5MG TAB	FOLIC ACID TAB 5 MG	PRENATAL VITAMINS	810967006	1000		YES
BIOTECH CIPROFLOXACIN 250	CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV)	QUINOLONES	713792001	10		YES
CIFRAN 500MG TAB	CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV)	QUINOLONES	892147005	10		YES

Biologics reviewed as per protocol.

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 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
BAYER ASPIRIN 300MG TAB	ASPIRIN TAB 300 MG	ANALGESIC AND ANTIPYRETICS	706930029	30	YES
MYOPRIN 100MG TAB	ASPIRIN TAB 100MG	PLATELET AGGREGATION INHIBITORS	721258001	30	YES
ASPIRIN TEVA 80MG TAB	ASPIRIN TAB DELAYED RELEASE 80 MG	PLATELET AGGREGATION INHIBITORS	712608001	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
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
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
AMITRIPTYLINE 25MG HCL KIARA	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	
MYOPRIN 100MG TAB	ASPIRIN TAB 100MG	PLATELET AGGREGATION INHIBITORS	721258001	30	Yes	
ASPIRIN TEVA 80MG TAB	ASPIRIN TAB DELAYED RELEASE 80 MG	PLATELET AGGREGATION INHIBITORS	712608001	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	
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	
JALRA 50MG TAB	VILDAGLIPTIN TAB 50 MG	DPP-4 ANTAGONISTS	721592001	28		YES
JALRAMET 50/1000MG TAB	VILDAGLIPTIN-METFORMIN HCL TAB 50-1000 MG	DPP-4 ANTAGONISTS	3000955001	30		YES
JALRAMET 50/850MG TAB	VILDAGLIPTIN-METFORMIN HCL TAB 50-850 MG	DPP-4 ANTAGONISTS	3000953001	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	
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	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	
SANDOZ GLICLAZIDE 80MG TA	GLICLAZIDE TAB 80 MG	ORAL ANTI-DIABETIC AGENTS	834866005	60	YES	
DYNA GLICLAZIDE SR 30MG TAB	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	
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 500MG TAB	METFORMIN HCL TAB ER 24HR MODIFIED RELEASE 500 MG	ORAL ANTI-DIABETIC AGENTS	710196001	90		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
CIPLA PIOGLITAZONE 15MG TAB	PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV)	ORAL ANTI-DIABETIC AGENTS	707974001	30		YES
CIPLA PIOGLITAZONE 30MG TAB	PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV)	ORAL ANTI-DIABETIC AGENTS	707981001	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.						
AMITRIPTYLINE 25MG HCL KIARA	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
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	
LAMICTIN P 5MG DISP TAB	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 5 MG	ANTI-EPILEPTICS	813885019	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	
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	
SEDABARB	PHENOBARBITAL TAB 30 MG	BARBITURATES	814946003	1000	YES	
EPANUTIN 125MG/5ML SUSP	PHENYTOIN SODIUM SUSP 125 MG/5ML	ANTI-EPILEPTICS	723533016	237	YES	
PHENYTOIN SOD 100MG TAB	PHENYTOIN SODIUM PROMPT TAB 100 MG	ANTI-EPILEPTICS	754870016	90	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	

EPILEPSY						
Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
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	
BE-TAB FOLIC ACID 5MG TAB	FOLIC ACID TAB 5 MG	PRENATAL VITAMINS	810967006	1000	YES	

GLAUCOMA					
Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier
LOXOPTIC 0.5% 5ML DROPS	BETAXOLOL HCL OPTH SOLN 0.5%	GLAUCOMA	722010001	1	YES
LUMIGAN 0.01%	BIMATOPROST OPTH SOLN 0.01%	GLAUCOMA	716754001	1	YES
LUMIGAN 0.03% 3ML	BIMATOPROST OPTH SOLN 0.03%	GLAUCOMA	703666003	1	YES
GANFORT 3ML OPTH DROPS	BIMATOPROST-TIMOLOL MALEATE OPTH SOLN 0.03-0.5%	GLAUCOMA	714110001	1	YES
ALPHAGAN PURITE 1.5MG/1ML	BRIMONIDINE TARTRATE OPTH SOLN 0.15%	GLAUCOMA	709410001	1	YES
BRIMOCT 2MG/1ML OPTH DRP	BRIMONIDINE TARTRATE OPTH SOLN 0.2%	GLAUCOMA	721293001	1	YES
BRIMOCT CO 2MG/5ML OPD	BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPTH 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 OPTH SUSP 1%	GLAUCOMA	701523001	1	YES
AZARGA DROPS 5ML	BRINZOLAMIDE-TIMOLOL OPTH SUSP 1-0.5%	GLAUCOMA	717260001	1	YES
GLAUCOPRESS 2% OPHT DRP 5	DORZOLAMIDE HCL OPTH SOLN 2%	GLAUCOMA	720983001	1	YES
GLAUMIDE-CO 5ML DRP	DORZOLAMIDE HCL-TIMOLOL MALEATE OPTH SOLN 22.3-6.8 MG/ML	GLAUCOMA	721902001	1	YES
ATANA 50MCG/ML OPTH DRP	LATANOPROST OPTH SOLN 0.005%	GLAUCOMA	720971001	1	YES
CO-ATANA 2.5ML EYE DRP	LATANOPROST-TIMOLOL MALEATE OPTH SOLN 0.005-0.5%	GLAUCOMA	722712001	1	YES
TIMOPTOL-XE .25% 2.5ML	TIMOLOL MALEATE OPTH GEL FORMING SOLN 0.25%	GLAUCOMA	819816019	1	YES
TIMOPTOL-XE .5% 2.5ML DRO	TIMOLOL MALEATE OPTH GEL FORMING SOLN 0.5%	GLAUCOMA	819824003	1	YES
TRAVATAN 2.5ML EYE DROPS	TRAVOPROST OPTH SOLN 0.004%	GLAUCOMA	702534003	1	YES
DUOTRAV 2.5ML OPD	TRAVOPROST-TIMOLOL MALEATE OPTH SOLN 0.004-0.5%	GLAUCOMA	708877001	1	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 100MG	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
AUSTELL-SIMVASTATIN 10MG TAB	SIMVASTATIN TAB 10 MG	HMG-COA REDUCTASE INHIBITORS(STATINS)	705464001	30	YES	
AUSTELL-SIMVASTATIN 20MG TAB	SIMVASTATIN TAB 20 MG	HMG-COA REDUCTASE INHIBITORS(STATINS)	705465001	30	YES	
AUSTELL-SIMVASTATIN 40MG TAB	SIMVASTATIN TAB 40 MG	HMG-COA REDUCTASE INHIBITORS(STATINS)	705467001	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

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	

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
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	TRIHXYPHENIDYL 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

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	PREDNISONE TAB 5 MG	CORTICOSTEROIDS	752304119	1000	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	
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	
ABITREXATE VIAL 2ML 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	
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	
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	
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	
HALOPERIDOL OETHMAAN 1,5MG TAB	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	
ESPIRIDE 50MG CAP	SULPIRIDE CAP 50 MG	OTHER ANTIDEPRESSANTS	819654019	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	

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

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
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	
RANFLOCS 20MG CAP	FLUOXETINE HCL CAP 20 MG	SSRI	700686001	30	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	
PANAFcORT 5MG TAB	PREDNISONONE TAB 5 MG	CORTICOSTEROIDS	752304119	1000	YES	
REPIVATE CREAM	BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT)	CORTICO-STERIODS TOPICAL	882934003	15	YES	
LENOVATE 0.1% OINT	BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT)	CORTICO-STERIODS TOPICAL	800171004	15	YES	
BETNOVATE SC SCALP 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	
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	
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	
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	
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 VIAL 2ML 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 TAB	AZATHIOPRINE TAB 50 MG	IMMUNOSUPPRESSANTS	712609001	100	YES	
MYOPRIN 100MG TAB	ASPIRIN TAB 100MG	PLATELET AGGREGATION INHIBITORS	721258001	30		YES

SYSTEMIC LUPUS

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

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	
ASPIRIN TEVA 80MG TAB	ASPIRIN TAB DELAYED RELEASE 80 MG	PLATELET AGGREGATION INHIBITORS	712608001	30		YES

Chronic medication is authorised individually and each case 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 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.