



## Polmed Exclusions List

Mar-22

Exclusions – Items completely excluded from the routine (and chronic benefit)

Pre-auth products – Items that require pre-authorization on the CMM benefit for reimbursement where funds and scheme rules allow

New products under review - Newly launched products that are being clinically reviewed for reimbursement

Nappi	Drug Name	Strength	Form	ATC	Active Ingredient/s	Exclusion Status
<b>A03 - DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS</b>						
743348	MILLERSPAS		TAB	A03CB02	BELLADONNA TOTAL ALKALOIDS AND PSYCHOLEPTICS	Exclusion
<b>A05 - BILE AND LIVER THERAPY</b>						
708593	BILRON	300MG	CAP	A05AA	BILE ACID PREPARATIONS	Exclusion
<b>A06 - DRUGS FOR CONSTIPATION</b>						
758345	PURITONE NO 1	250MG	TAB	A06AB04	PHENOLPHTHALEIN	Exclusion
859826	SB STRONGLAX		TAB	A06AB04	PHENOLPHTHALEIN	Exclusion
859818	SB3 LAXATIVE PILLS		TAB	A06AB04	PHENOLPHTHALEIN	Exclusion
<b>A07 - ANTI-DIARRHEALS AND INTESTINAL ANTI-INFECTIVES</b>						
721965	XIFAXAN	550MG	TAB	A07AA11	RIFAXIMIN	New product under review
<b>A10 - DRUGS USED IN DIABETES</b>						
3002220	XULTOPHY PRE-FILLED PEN 3ML		INJ	A10AE56	INSULIN DEGLUDEC AND LIRAGLUTIDE	Exclusion
3002922	SOLIQUA 33/100 PRE-FILLED PEN 3ML	33MCG/100U	INJ	A10AE54	INSULIN GLARGINE AND LIXISENATIDE	New product under review
3002924	SOLIQUA 50/100 PRE-FILLED PEN 3ML	50MCG/100U	INJ	A10AE54	INSULIN GLARGINE AND LIXISENATIDE	New product under review
3001765	TRULICITY PRE-FILLED PEN 0.5ML	1.5MG/5ML	INJ	A10BJ05	DULAGLUTIDE	Exclusion
711684	BYETTA	10MCG/1DOSE	INJ	A10BX04	EXENATIDE	Pre-authorization required
711678	BYETTA	5MCG/1DOSE	INJ	A10BX04	EXENATIDE	Pre-authorization required
723708	FORXIGA	5MG	TAB	A10BK01	DAPAGLIFLOZIN	Pre-authorization required
723709	FORXIGA	10MG	TAB	A10BK01	DAPAGLIFLOZIN	Pre-authorization required
715554	GALVUS	50MG	TAB	A10BH02	VILDAGLIPTIN	Pre-authorization required
721592	JALRA	50MG	TAB	A10BH02	VILDAGLIPTIN	Pre-authorization required
717637	GALVUS MET	50MG/1000MG	TAB	A10BD08	METFORMIN AND VILDAGLIPTIN	Pre-authorization required
717636	GALVUS MET	50MG/850MG	TAB	A10BD08	METFORMIN AND VILDAGLIPTIN	Pre-authorization required
701109	GLUCOVANCE	250MG/1.25MG	TAB	A10BD02	METFORMIN AND SULFONAMIDES	Pre-authorization required
701111	GLUCOVANCE	500MG/2.5MG	TAB	A10BD02	METFORMIN AND SULFONAMIDES	Pre-authorization required
701112	GLUCOVANCE	500MG/5MG	TAB	A10BD02	METFORMIN AND SULFONAMIDES	Pre-authorization required
3000955	JALRAMET 50/1000	50MG/1000MG	TAB	A10BD08	METFORMIN AND VILDAGLIPTIN	Pre-authorization required
3000953	JALRAMET 50/850	50MG/850MG	TAB	A10BD08	METFORMIN AND VILDAGLIPTIN	Pre-authorization required
717791	JANUMET	50MG/1000MG	TAB	A10BD07	METFORMIN AND SITAGLIPTIN	Pre-authorization required
717788	JANUMET	50MG/500MG	TAB	A10BD07	METFORMIN AND SITAGLIPTIN	Pre-authorization required
717790	JANUMET	50MG/850MG	TAB	A10BD07	METFORMIN AND SITAGLIPTIN	Pre-authorization required
3002742	SYNJARDY 12.5/1000MG	12.5MG/1000MG	TAB	A10BD20	METFORMIN AND EMPAGLIFLOZIN	Exclusion
3002740	SYNJARDY 12.5/500MG	12.5MG/500MG	TAB	A10BD20	METFORMIN AND EMPAGLIFLOZIN	Exclusion
3002741	SYNJARDY 12.5/850MG	12.5MG/850MG	TAB	A10BD20	METFORMIN AND EMPAGLIFLOZIN	Exclusion
3002739	SYNJARDY 5/1000MG	5MG/1000MG	TAB	A10BD20	METFORMIN AND EMPAGLIFLOZIN	Exclusion
3002736	SYNJARDY 5/500MG	5MG/500MG	TAB	A10BD20	METFORMIN AND EMPAGLIFLOZIN	Exclusion
3002737	SYNJARDY 5/850MG	5MG/850MG	TAB	A10BD20	METFORMIN AND EMPAGLIFLOZIN	Exclusion
717787	JANUVIA	100MG	TAB	A10BH01	SITAGLIPTIN	Pre-authorization required
717785	JANUVIA	25MG	TAB	A10BH01	SITAGLIPTIN	Pre-authorization required
717786	JANUVIA	50MG	TAB	A10BH01	SITAGLIPTIN	Pre-authorization required
3003249	OZEMPIC PRE-FILLED PEN 1.5ML	2MG/1.5ML	INJ	A10BJ06	SEMAGLUTIDE	Exclusion
3003250	OZEMPIC PRE-FILLED PEN 3ML	4MG/3ML	INJ	A10BJ06	SEMAGLUTIDE	Exclusion
720929	JARDIANCE	10MG	TAB	A10BK03	EMPAGLIFLOZIN	Pre-authorization required
721619	JARDIANCE	25MG	TAB	A10BK03	EMPAGLIFLOZIN	Pre-authorization required
716640	ONGLYZA	2.5MG	TAB	A10BH03	SAXAGLIPTIN	Pre-authorization required
716641	ONGLYZA	5MG	TAB	A10BH03	SAXAGLIPTIN	Pre-authorization required
893900	STARLIX	120MG	TAB	A10BX03	NATEGLINIDE	Pre-authorization required
716645	VICTOZA PRE-FILLED PEN 3ML	6MG/1ML	INJ	A10BX07	LIRAGLUTIDE	Pre-authorization required
<b>B01 - ANTITHROMBOTIC AGENTS</b>						
715258	EFIENT	10MG	TAB	B01AC22	PRASUGREL	Exclusion
715257	EFIENT	5MG	TAB	B01AC22	PRASUGREL	Exclusion
<b>C01 - CARDIAC THERAPY</b>						
714128	REVATIO	20MG	TAB	C01CE	PHOSPHODIESTERASE INHIBITORS	Pre-authorization required
710620	CORALAN	5MG	TAB	C01EB17	IVABRADINE	Pre-authorization required
710621	CORALAN	7.5MG	TAB	C01EB17	IVABRADINE	Pre-authorization required
3003702	IVACOR	5MG	TAB	C01EB17	IVABRADINE	Pre-authorization required
3003703	IVACOR	7.5MG	TAB	C01EB17	IVABRADINE	Pre-authorization required
3003505	IVOLAN	5MG	TAB	C01EB17	IVABRADINE	Pre-authorization required
<b>C02 - ANTI-HYPERTENSIVES</b>						
3004001	OPSUMIT	10MG	TAB	C02KX04	MACITENTAN	New product under review
<b>C03 - DIURETICS</b>						
706121	INSPRA	25MG	TAB	C03DA04	EPLERENONE	Pre-authorization required
706135	INSPRA	50MG	TAB	C03DA04	EPLERENONE	Pre-authorization required
<b>C05 - VASOPROTECTIVES</b>						
752983	PAROVEN	250MG	CAP	C05CA01	RUTOSIDE	Exclusion
<b>C09 - AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM</b>						
723103	ENTRESTO	50MG	TAB	C09DX04	VALSARTAN AND SACUBITRIL	Exclusion
723105	ENTRESTO	200MG	TAB	C09DX04	VALSARTAN AND SACUBITRIL	Exclusion

723104	ENTRESTO	100MG	TAB	C09DX04	VALSARTAN AND SACUBITRIL	Exclusion
3003712	VYMADA	100MG	TAB	C09DX04	VALSARTAN AND SACUBITRIL	Exclusion
3003714	VYMADA	200MG	TAB	C09DX04	VALSARTAN AND SACUBITRIL	Exclusion
3003698	VYMADA	50MG	TAB	C09DX04	VALSARTAN AND SACUBITRIL	Exclusion
<b>C10 - LIPID MODIFYING AGENTS</b>						
3004104	EZENTIA	10MG	TAB	C10AX09	EZETIMIBE	Pre-authorisation required
704378	EZETROL	10MG	TAB	C10AX09	EZETIMIBE	Pre-authorisation required
3003403	EZETIMIBE 10 TEVA	10MG	TAB	C10AX09	EZETIMIBE	Pre-authorisation required
3003866	EZETIMIBE 10 UNICORN	10MG	TAB	C10AX09	EZETIMIBE	Pre-authorisation required
3003378	MEZIBE	10MG	TAB	C10AX09	EZETIMIBE	Pre-authorisation required
3003902	ZYTEZO	10MG	TAB	C10AX09	EZETIMIBE	Pre-authorisation required
715237	INEGY	10MG/10MG	TAB	C10BA02	EZETIMIBE/SIMVASTATIN	Pre-authorisation required
715238	INEGY	10MG/20MG	TAB	C10BA02	EZETIMIBE/SIMVASTATIN	Pre-authorisation required
715240	INEGY	10MG/40MG	TAB	C10BA02	EZETIMIBE/SIMVASTATIN	Pre-authorisation required
715241	INEGY	10MG/80MG	TAB	C10BA02	EZETIMIBE/SIMVASTATIN	Pre-authorisation required
3003826	MEZIBE PLUS 10MG/10MG	10MG/10MG	TAB	C10BA02	EZETIMIBE/SIMVASTATIN	Pre-authorisation required
3003828	MEZIBE PLUS 10MG/20MG	10MG/20MG	TAB	C10BA02	EZETIMIBE/SIMVASTATIN	Pre-authorisation required
3003897	MEZIBE PLUS 10MG/40MG	10MG/40MG	TAB	C10BA02	EZETIMIBE/SIMVASTATIN	Pre-authorisation required
3003518	TRYZETOR PLUS 10MG/10MG	10MG/10MG	TAB	C10BA02	EZETIMIBE/SIMVASTATIN	Pre-authorisation required
3003530	TRYZETOR PLUS 10MG/20MG	10MG/20MG	TAB	C10BA02	EZETIMIBE/SIMVASTATIN	Pre-authorisation required
3003632	TRYZETOR PLUS 10MG/40MG	10MG/40MG	TAB	C10BA02	EZETIMIBE/SIMVASTATIN	Pre-authorisation required
3004078	LIPTRUZET 10/10	10MG/10MG	TAB	C10BA05	ATORVASTATIN AND EZETIMIBE	New product under review
3004079	LIPTRUZET 10/20	10MG/20MG	TAB	C10BA05	ATORVASTATIN AND EZETIMIBE	New product under review
3004080	LIPTRUZET 10/40	10MG/40MG	TAB	C10BA05	ATORVASTATIN AND EZETIMIBE	New product under review
<b>D03 PREPARATIONS FOR TREATMENT OF WOUNDS AND ULCERS</b>						
3002456	HEBERPROT-P VIAL	.075MG	INJ	D03B	RECOMBINANT EPIDERMAL GROWTH FACTOR	Exclusion
<b>D04 - DERMATOLOGICALS</b>						
3000725	VERSATIS		PTD	D04AB01	LIDOCAINE	Exclusion
<b>H05 - CALCIUM HOMEOSTASIS</b>						
702800	FORTEO	250mcg/1ML	INJ	H05AA02	TERIPARATIDE	Pre-authorisation required
<b>J01 - ANTIBACTERIALS FOR SYSTEMIC USE</b>						
723836	AKLID	600MG	TAB	J01XX08	LINEZOLID	Pre-authorisation required
722770	LINEZOLID FRESENIUS SOLUTION FOR INJECTIONS	600MG/300ML	TAB	J01XX08	LINEZOLID	Pre-authorisation required
721141	LINEZOLID HETERO	600MG	TAB	J01XX08	LINEZOLID	Pre-authorisation required
721512	LINEZOLID SPECPHARM	600MG	TAB	J01XX09	LINEZOLID	Pre-authorisation required
722714	LINEZOLID TEVA	600MG	TAB	J01XX08	LINEZOLID	Pre-authorisation required
3002381	ZENILID	600MG	TAB	J01XX09	LINEZOLID	Pre-authorisation required
700464	ZYVOXID	600MG	TAB	J01XX08	LINEZOLID	Pre-authorisation required
708873	ZYVOXID	200MG/100ML	INF	J01XX08	LINEZOLID	Pre-authorisation required
700466	ZYVOXID	100MG/5ML	SUS	J01XX08	LINEZOLID	Pre-authorisation required
761001	RIOSTATIN		CAP	J01AA20	TETRACYCLINES/NYSTATIN/VITS	Exclusion
<b>J02 - ANTIMYCOTICS FOR SYSTEMIC USE</b>						
715049	NOXAFIL	40MG/1ML	SUS	J02AC04	POSACONAZOLE	Pre-authorisation required
700845	VFEND	200MG	TAB	J02AC03	VORICONAZOLE	Pre-authorisation required
700832	VFEND	50MG	TAB	J02AC03	VORICONAZOLE	Pre-authorisation required
<b>J05 - ANTIVIRALS FOR SYSTEMIC USE</b>						
888609	RELENZA	5MG	KIT	J05AH01	ZANAMIVIR	Exclusion
712392	CIPLA-OSELTAMIVIR	75MG	CAP	J05AH02	OSELTAMIVIR	Exclusion
3002599	OSELFLU	75MG	CAP	J05AH02	OSELTAMIVIR	Exclusion
3003048	OSELTAMIVIR ADCO	30MG	CAP	J05AH02	OSELTAMIVIR	Exclusion
3003049	OSELTAMIVIR ADCO	45MG	CAP	J05AH02	OSELTAMIVIR	Exclusion
3003050	OSELTAMIVIR ADCO	75MG	CAP	J05AH02	OSELTAMIVIR	Exclusion
705808	TAMIFLU	12MG/1ML	SUS	J05AH02	OSELTAMIVIR	Exclusion
716752	TAMIFLU	30MG	CAP	J05AH02	OSELTAMIVIR	Exclusion
716751	TAMIFLU	45MG	CAP	J05AH02	OSELTAMIVIR	Exclusion
3000433	TAMIFLU	6MG/1ML	SUS	J05AH02	OSELTAMIVIR	Exclusion
705728	TAMIFLU	75MG	CAP	J05AH02	OSELTAMIVIR	Exclusion
3003130	CYTAMEG	450MG	TAB	J05AB14	VALGANCICLOVIR	Exclusion
703908	VALCYTE 450	450MG	TAB	J05AB14	VALGANCICLOVIR	Exclusion
719358	VALCYTE POWDER FOR ORAL SOLUTION	50MG/1ML	SOL	J05AB14	VALGANCICLOVIR	Exclusion
3001700	VALHET	450MG	TAB	J05AB14	VALGANCICLOVIR	Exclusion
3003109	VALVIR	450MG	TAB	J05AB15	VALGANCICLOVIR	Exclusion
<b>J07 - ANTIINFECTIVES FOR SYSTEMIC USE</b>						
3000826	VAXIGRIP TETRA	15MG	VAC	J07BB01	INFLUENZA, INACTIVATED, WHOLE VIRUS	Exclusion
710020	CERVARIX PRE-FILLED SYRINGE 0.5ML		VAC	J07BM02	Papillomavirus(human types 6,11, 16, 18)	Exclusion
710249	GARDASIL PRE-FILLED SYRINGE 0.5ML		VAC	J07BM02	Papillomavirus(human types 6,11, 16, 18)	Exclusion
<b>L01 - ANTINEOPLASTIC AGENTS</b>						
3002670	OFEV	100MG	CAP	L01EX09	NINTEDANIB	Exclusion
3002671	OFEV	150MG	CAP	L01EX09	NINTEDANIB	Exclusion
705611	METVIX	160MG/G	CRE	L01XD03	METHYL AMINOLEVULINATE	Pre-authorisation required
<b>L04 - IMMUNOSUPPRESSANTS</b>						
898175	ARAVA	20MG	TAB	L04AA13	LEFLUNOMIDE	Pre-authorisation required
898171	ARAVA	10MG	TAB	L04AA13	LEFLUNOMIDE	Pre-authorisation required
721806	LUNAR	20MG	TAB	L04AA13	LEFLUNOMIDE	Pre-authorisation required
3000528	RAVALEF	10MG	TAB	L04AA13	LEFLUNOMIDE	Pre-authorisation required

3000529	RAVALEF	20MG	TAB	L04AA13	LEFLUNOMIDE	Pre-authorisation required	
721609	RHEUMALEF	10MG	TAB	L04AA13	LEFLUNOMIDE	Pre-authorisation required	
721610	RHEUMALEF	20MG	TAB	L04AA13	LEFLUNOMIDE	Pre-authorisation required	
3001035	ESBRIET	267MG	CAP	L04AX05	PIRFENIDONE	Pre-authorisation required	
<b>M02 - TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN</b>							
810487	TRANSACT	40MG	PAD	M02AA19	FLURBIPROFEN	Pre-authorisation required	
720112	VOLTAREN PATCH	.14G	PLS	M02AA15	DICLOFENAC	Pre-authorisation required	
<b>M09 - OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM</b>							
569024	GO-ON SYRINGE 2.5ML		0 ZZZ	M09AX01	HYALURONIC ACID	Exclusion	
210946	INJECTION ARTHROVISC1 2ML			INJ	M09AX01	HYALURONIC ACID	Exclusion
210947	INJECTION ARTHROVISC3 2ML			INJ	M09AX01	HYALURONIC ACID	Exclusion
257649	INJECTION OPTIVISC 20 20MG PER 2ML	20MG/2ML		ZZZ	M09AX01	HYALURONIC ACID	Exclusion
257651	INJECTION OPTIVISC M 40MG PER 2ML 40.5%	40MG/2ML		ZZZ	M09AX01	HYALURONIC ACID	Exclusion
257650	INJECTION OPTIVISC PLUS 40MG PER 2ML	40MG/2ML		ZZZ	M09AX01	HYALURONIC ACID	Exclusion
257652	INJECTION OPTIVISC SINGLE 90MG PER 3ML	90MG/3ML		ZZZ	M09AX01	HYALURONIC ACID	Exclusion
1044785	INJECTION REVISCON 2.0% 2.4ML	48MG		INJ	M09AX01	HYALURONIC ACID	Exclusion
713683	SUPLASYN PREFILLED SYRINGE 2ML	20MG/2ML		INJ	M09AX01	HYALURONIC ACID	Exclusion
721958	SUPLASYN PRE-FILLED SYRINGE 6ML	60MG/6ML		INJ	M09AX01	HYALURONIC ACID	Exclusion
236799	SYNOCROM FORTE ONE SYRINGE 80MG PER 4ML			INJ	M09AX01	HYALURONIC ACID	Exclusion
236797	SYNOCROM FORTE SYRINGE 40MG PER 2ML			INJ	M09AX01	HYALURONIC ACID	Exclusion
236801	SYNOCROM MINI SYRINGE 10MG PER 1ML			INJ	M09AX01	HYALURONIC ACID	Exclusion
236800	SYNOCROM SYRINGE 20MG PER 2ML			INJ	M09AX01	HYALURONIC ACID	Exclusion
720405	SYNVISC PRE-FILLED SYRINGE 10ML	8MG/1ML		INJ	M09AX01	HYALURONIC ACID	Exclusion
848816	SYNVISC SYRINGE	16MG/2ML		INJ	M09AX01	HYALURONIC ACID	Exclusion
<b>N03 - ANTIEPILEPTICS</b>							
809594	SABRIL	500MG	TAB	N03AG04	VIGABATRIN	Pre-authorisation required	
853216	TALOX	400MG	TAB	N03AX10	FELBAMATE	Pre-authorisation required	
704128	TALOX SUSP	600MG/5ML	SUS	N03AX10	FELBAMATE	Pre-authorisation required	
723048	FYCOMPA	2MG	TAB	N03AX22	PERAMPANEL	Pre-authorisation required	
723049	FYCOMPA	4MG	TAB	N03AX22	PERAMPANEL	Pre-authorisation required	
723050	FYCOMPA	6MG	TAB	N03AX22	PERAMPANEL	Pre-authorisation required	
723024	FYCOMPA	8MG	TAB	N03AX22	PERAMPANEL	Pre-authorisation required	
723051	FYCOMPA	10MG	TAB	N03AX22	PERAMPANEL	Pre-authorisation required	
723052	FYCOMPA	12MG	TAB	N03AX22	PERAMPANEL	Pre-authorisation required	
<b>N04 - ANTI-PARKINSON DRUGS</b>							
868590	COMTAN	200MG	TAB	N04BX02	ENTACAPONE	Pre-authorisation required	
708000	STALEVO 100/25	100MG/25MG	TAB	N04BA03	LEVODOPA, DECARBOXYLASE INHIBITOR AND COMT INHIBITOR	Pre-authorisation required	
708001	STALEVO 150/37.5	150MG/37.5MG	TAB	N04BA03	LEVODOPA, DECARBOXYLASE INHIBITOR AND COMT INHIBITOR	Pre-authorisation required	
707999	STALEVO 50/12.5	50MG/12.5MG	TAB	N04BA03	LEVODOPA, DECARBOXYLASE INHIBITOR AND COMT INHIBITOR	Pre-authorisation required	
839108	TASMAR	100MG	TAB	N04BX01	TOLCAPONE	Exclusion	
<b>N05 - PSYCHOLEPTICS</b>							
3002581	ABILIFY MAINTENA POWD & SOLVENT FOR SUSP	400MG	INJ	N05AX12	Aripiprazole	Pre-authorisation required	
3002583	ABILIFY MAINTENA POWDER & SOLVENT FOR SU	400MG	INJ	N05AX12	Aripiprazole	Pre-authorisation required	
723894	EQUANIL	400MG	TAB	N05BC01	MEPROBAMATE	Exclusion	
705474	RISPERDAL CONSTA	25MG	VIAL	N05AX08	RISPERIDONE	Pre-authorisation required	
705475	RISPERDAL CONSTA	37.5MG	VIAL	N05AX08	RISPERIDONE	Pre-authorisation required	
705476	RISPERDAL CONSTA	50MG	VIAL	N05AX08	RISPERIDONE	Pre-authorisation required	
707127	STRESAM	50MG	CAP	N05BX03	ETIFOXINE	Exclusion	
3002705	TREVICTA PRE-FILLED SYRINGE	175MG/.875ML	INJ	N05AX13	PALIPERIDONE	Pre-authorisation required	
3002704	TREVICTA PRE-FILLED SYRINGE	263MG/1.315ML	INJ	N05AX13	PALIPERIDONE	Pre-authorisation required	
3002703	TREVICTA PRE-FILLED SYRINGE	350MG/1.75ML	INJ	N05AX13	PALIPERIDONE	Pre-authorisation required	
3002702	TREVICTA PRE-FILLED SYRINGE	525MG/2.625ML	INJ	N05AX13	PALIPERIDONE	Pre-authorisation required	
718471	XEPLION	100MG/1ML	INJ	N05AX13	PALIPERIDONE	Pre-authorisation required	
718469	XEPLION	50MG/.5ML	INJ	N05AX13	PALIPERIDONE	Pre-authorisation required	
718472	XEPLION	150MG/1.5ML	INJ	N05AX13	PALIPERIDONE	Pre-authorisation required	
718470	XEPLION	75MG/.75ML	INJ	N05AX13	PALIPERIDONE	Pre-authorisation required	
<b>N06 - PSYCHOANALEPTICS</b>							
716215	VALDOXANE	25MG	TAB	N06AX22	AGOMELATINE	Pre-authorisation required	
723231	ENCEPHABOL	100MG	TAB	N06BX02	PYRITINOL	Exclusion	
3003107	BUDEP XR	150MG	SRT	N06AX12	BUPROPIONE HYDROCHLORIDE	Pre-authorisation required	
3003108	BUDEP XR	300MG	SRT	N06AX12	BUPROPIONE HYDROCHLORIDE	Pre-authorisation required	
3003761	BUPROPION XR ADCO	150MG	SRT	N06AX12	BUPROPIONE HYDROCHLORIDE	Pre-authorisation required	
3001584	VOXRA XL	150MG	SRT	N06AX12	BUPROPIONE HYDROCHLORIDE	Pre-authorisation required	
3001582	VOXRA XL	300MG	SRT	N06AX12	BUPROPIONE HYDROCHLORIDE	Pre-authorisation required	
704070	WELLBUTRIN SR	150MG	SRT	N06AX12	BUPROPIONE HYDROCHLORIDE	Pre-authorisation required	
711008	WELLBUTRIN XL	150MG	TAB	N06AX12	BUPROPIONE HYDROCHLORIDE	Pre-authorisation required	
711009	WELLBUTRIN XL	300MG	TAB	N06AX12	BUPROPIONE HYDROCHLORIDE	Pre-authorisation required	
3002751	EXLOV XR	100MG	SRT	N06AX23	DESVENLAFAXINE	Exclusion	
3002750	EXLOV XR	50MG	SRT	N06AX23	DESVENLAFAXINE	Exclusion	
720594	EXSIRA	50MG	SRT	N06AX23	DESVENLAFAXINE	Exclusion	
720595	EXSIRA	100MG	SRT	N06AX23	DESVENLAFAXINE	Exclusion	
3002858	VYVANSE	30MG	CAP	N06BA12	lisdexamfetamine	New product under review	
3002859	VYVANSE	50MG	CAP	N06BA12	lisdexamfetamine	New product under review	
3002860	VYVANSE	70MG	CAP	N06BA12	lisdexamfetamine	New product under review	

3003512	NUVIGIL	150MG	TAB	N06BA13	Armodafinil	New product under review
3003513	NUVIGIL	250MG	TAB	N06BA13	Armodafinil	New product under review
723248	ALZIDO	5MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
723249	ALZIDO	10MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
837334	ARICEPT	10MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
837326	ARICEPT	5MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
714065	ARIKNOW	10MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
714066	ARIKNOW	5MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
720803	ARIMENTIA	10MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
720802	ARIMENTIA	5MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
720362	ARIMER	5MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
720363	ARIMER	10MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
722444	CURLOVON	5MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
722445	CURLOVON	10MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
715040	DONECEPT	10MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
715039	DONECEPT	5MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
3003951	DONECEPT ODT	10MG	MLT	N06DA03	DONEPEZIL	Pre-authorisation required
3003950	DONECEPT ODT	5MG	MLT	N06DA04	DONEPEZIL	Pre-authorisation required
723344	DONEPEZIL UNICORN	5MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
723345	DONEPEZIL UNICORN	10MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
720340	DONERIN	10MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
720339	DONERIN	5MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
722953	JUBEZIL	5MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
722954	JUBEZIL	10MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
721161	MACLEODS DONEPEZIL	5MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
721162	MACLEODS DONEPEZIL	10MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
722446	NEPIZEL	5MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
722447	NEPIZEL	10MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
722728	ZEPANALZ	5MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
722729	ZEPANALZ	10MG	TAB	N06DA02	DONEPEZIL	Pre-authorisation required
723726	REMCEPT XL	8MG	SRC	N06DA04	GALANTAMINE	Pre-authorisation required
723727	REMCEPT XL	16MG	SRC	N06DA04	GALANTAMINE	Pre-authorisation required
723728	REMCEPT XL	24MG	SRC	N06DA04	GALANTAMINE	Pre-authorisation required
714433	REMINYL CR	16MG	SRC	N06DA04	GALANTAMINE	Pre-authorisation required
714434	REMINYL CR	24MG	SRC	N06DA04	GALANTAMINE	Pre-authorisation required
714432	REMINYL CR	8MG	SRC	N06DA04	GALANTAMINE	Pre-authorisation required
722117	COGNIMET	10MG	TAB	N06DX01	MEMANTINE	Pre-authorisation required
722967	EBITINE	10MG	TAB	N06DX01	MEMANTINE	Pre-authorisation required
705592	EBIXA	10MG	TAB	N06DX01	MEMANTINE	Pre-authorisation required
706181	EBIXA DROPS	10MG/1G	DRP	N06DX01	MEMANTINE	Pre-authorisation required
722058	MEMANTINE UNICHEM	10MG	TAB	N06DX01	MEMANTINE	Pre-authorisation required
722059	MEMINIST	10MG	TAB	N06DX01	MEMANTINE	Pre-authorisation required
721208	MEMOR	10MG	TAB	N06DX01	MEMANTINE	Pre-authorisation required
701388	PROVIGIL	100MG	TAB	N06BA07	MODAFINIL	Pre-authorisation required
747483	NOOTROPIL	1G/5ML	INJ	N06BX03	PIRACETAM	Exclusion
747467	NOOTROPIL	400MG	CAP	N06BX03	PIRACETAM	Exclusion
747475	NOOTROPIL	800MG	TAB	N06BX03	PIRACETAM	Exclusion
848565	EXELON	3MG	CAP	N06DA03	RIVASTIGMINE	Pre-authorisation required
848573	EXELON	4.5MG	CAP	N06DA03	RIVASTIGMINE	Pre-authorisation required
738107	LIMBITROL	12.5MG/5MG	CAP	N06CA01	AMITRIPTYLINE AND PSYCHOLEPTICS	Exclusion
<b>N07 - OTHER NERVOUS SYSTEM DRUGS</b>						
720978	DAHIDE	24MG	TAB	N07CA01	BETAHISTINE	Exclusion
720325	HIDRIST	24MG	TAB	N07CA01	BETAHISTINE	Exclusion
720975	HIDRIST	16MG	TAB	N07CA01	BETAHISTINE	Exclusion
723921	MENIVERT	24MG	TAB	N07CA01	BETAHISTINE	Exclusion
707452	SERC	24MG	TAB	N07CA01	BETAHISTINE	Exclusion
720825	TREVIGO	24MG	TAB	N07CA01	BETAHISTINE	Exclusion
3000557	VERTIN	24MG	TAB	N07CA01	BETAHISTINE	Exclusion
824100	RILUTEK	50MG	TAB	N07XX02	RILUZOLE	Exclusion
<b>P02 - ANTIHELMINTICS</b>						
711840	STROMECTOL (SECTION 21)		TAB	P02CF01	IVERMECTIN	Exclusion
3001433	IVERMECTIN POWDER		POW		IVERMECTIN	Exclusion
3002852	ALICE (SECTION 21)	12MG	TAB	P02CF01	IVERMECTIN	Exclusion
3002851	ALICE (SECTION 21)	6MG	TAB	P02CF01	IVERMECTIN	Exclusion
3002838	IVERMECTIN (SECTION 21)	12MG	TAB	P02CF01	IVERMECTIN	Exclusion
3002893	IVERMECTIN (SECTION 21)	3MG	TAB	P02CF01	IVERMECTIN	Exclusion
3002836	IVERMECTIN (SECTION 21)	6MG	TAB	P02CF01	IVERMECTIN	Exclusion
3002835	PARAKIL (SECTION 21)	6MG	TAB	P02CF01	IVERMECTIN	Exclusion
3002895	PARAKIL (SECTION 21)	6MG	TAB	P02CF01	IVERMECTIN	Exclusion
<b>R01 - NASAL PREPARATIONS</b>						
878758	FLIXONASE NASULES	400MCG	CPS	R01AD08	FLUTICASONONE	Pre-authorisation required
<b>R03 - DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES</b>						
715321	DAXAS	.5MG	TAB	R03DX07	ROFLUMILAST	Exclusion
714152	FORVENT (REFILL)	18MCG	CPS	R03BB04	TIOTROPIUM BROMIDE	Pre-authorisation required
714167	FORVENT HANDIHALER COMPLETE	18MCG	KIT	R03BB04	TIOTROPIUM BROMIDE	Pre-authorisation required

702523	SPIRIVA MA COMPLETE		KIT	R03BB04	TIOTROPIUM BROMIDE	Pre-authorisation required
702526	SPIRIVA MA REFILL		CPS	R03BB04	TIOTROPIUM BROMIDE	Pre-authorisation required
710897	SPIRIVA RESPIMAT INHALER 60 DOSES	2.5MCG	INH	R03BB04	TIOTROPIUM BROMIDE	Pre-authorisation required
3003750	TIORES 30 INH CAPSULES WITH ZEPHIR INHAL		KIT	R03BB04	TIOTROPIUM BROMIDE	Pre-authorisation required
<b>R05 - COUGH AND COLD PREPARATIONS</b>						
814679	PULMOZYME	2.5MG/2.5ML	AMP	R05CB13	DORNASE ALFA (DESOXYRIBONUCLEASE)	Exclusion
<b>S01 - OPHTHALMOLOGICALS</b>						
822868	BETOPTIC S SINGLE DOSE 0.25ml	2.5MG/1ML	OPD	S01ED02	Betaxolol	Exclusion
1027834	INTRACINOL 1.1ML		SUS	S01BA05	TRIAMCINOLONE	Pre-authorisation required
152122	OPHTHALMIC TRIAMCINOLONE ACETORIDE VITREAL S	0,04	SUS	S01BA05	TRIAMCINOLONE	Pre-authorisation required
<b>S02 - OTOLOGICALS</b>						
716677	COVOTOP 15ML		DRP	S02AA30	CHLORAMPHENICOL/BENZOCAINE	Exclusion
<b>V03 - ALL OTHER THERAPEUTIC PRODUCTS</b>						
711080	FOSRENOL	500MG	CHU	V03AE03	LANTHANUM CARBONATE	Pre-authorisation required
711081	FOSRENOL	750MG	CHU	V03AE03	LANTHANUM CARBONATE	Pre-authorisation required
720512	REVELA	800MG	TAB	V03AE02	SEVELAMER	Pre-authorisation required