

Polmed Exclusions List

Sep-23

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

Pre-auth products – Items that require pre-authorisation 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 |
|--|-----------------------------------|---------------|------|---------|--|----------------------------|
| A03 - DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS | | | | | | |
| 743348 | MILLERSPAS | | TAB | A03CB02 | BELLADONNA TOTAL ALKALOIDS AND PSYCHOLEPTICS | Exclusion |
| A05 - BILE AND LIVER THERAPY | | | | | | |
| 708593 | BILRON | 300MG | CAP | A05AA | BILE ACID PREPARATIONS | Exclusion |
| A06 - DRUGS FOR CONSTIPATION | | | | | | |
| 758345 | PURITONE NO 1 | 250MG | TAB | A06AB04 | PHENOLPHTHALEIN | Exclusion |
| 859826 | SB STRONGLAX | | TAB | A06AB04 | PHENOLPHTHALEIN | Exclusion |
| 859818 | SB3 LAXATIVE PILLS | | TAB | A06AB04 | PHENOLPHTHALEIN | Exclusion |
| A07 - ANTI-DIARRHEALS AND INTESTINAL ANTI-INFECTIVES | | | | | | |
| 721965 | XIFAXAN | 550MG | TAB | A07AA11 | RIFAXIMIN | New product under review |
| A10 - DRUGS USED IN DIABETES | | | | | | |
| 3002220 | XULTOPHY PRE-FILLED PEN 3ML | | INJ | A10AE56 | INSULIN DEGLUDEK AND LIRAGLUTIDE | Exclusion |
| 3002922 | SOLIQUA 33/100 PRE-FILLED PEN 3ML | 33MCG/100U | INJ | A10AE54 | INSULIN GLARGINE AND LIXISENATIDE | Exclusion |
| 3002924 | SOLIQUA 50/100 PRE-FILLED PEN 3ML | 50MCG/100U | INJ | A10AE54 | INSULIN GLARGINE AND LIXISENATIDE | Exclusion |
| 3001765 | TRULICITY PRE-FILLED PEN 0.5ML | 1.5MG/5ML | INJ | A10BJ05 | DULAGLUTIDE | Exclusion |
| 711684 | BYETTA | 10MCG/1DOSE | INJ | A10BX04 | EXENATIDE | Pre-authorisation required |
| 711678 | BYETTA | 5MCG/1DOSE | INJ | A10BX04 | EXENATIDE | Pre-authorisation required |
| 3006122 | DAGLIF | 10MG | TAB | A10BK01 | DAPAGLIFLOZIN | Pre-authorisation required |
| 3006119 | DAGLIF | 5MG | TAB | A10BK01 | DAPAGLIFLOZIN | Pre-authorisation required |
| 3006543 | DAPTICA | 10MG | TAB | A10BK01 | DAPAGLIFLOZIN | Pre-authorisation required |
| 3006542 | DAPTICA | 5MG | TAB | A10BK01 | DAPAGLIFLOZIN | Pre-authorisation required |
| 3005567 | DUFORZIG | 10MG | TAB | A10BK01 | DAPAGLIFLOZIN | Pre-authorisation required |
| 723708 | FORXIGA | 5MG | TAB | A10BK01 | DAPAGLIFLOZIN | Pre-authorisation required |
| 723709 | FORXIGA | 10MG | TAB | A10BK01 | DAPAGLIFLOZIN | Pre-authorisation required |
| 3006449 | SAGALATIN | 10MG | TAB | A10BK01 | DAPAGLIFLOZIN | Pre-authorisation required |
| 3006448 | SAGALATIN | 5MG | TAB | A10BK01 | DAPAGLIFLOZIN | Pre-authorisation required |
| 715554 | GALVUS | 50MG | TAB | A10BH02 | VILDAGLIPTIN | Pre-authorisation required |
| 721592 | JALRA | 50MG | TAB | A10BH02 | VILDAGLIPTIN | Pre-authorisation required |
| 3004451 | ZOMVIL | 50MG | TAB | A10BH02 | VILDAGLIPTIN | Pre-authorisation required |
| 717637 | GALVUS MET | 50MG/1000MG | TAB | A10BD08 | METFORMIN AND VILDAGLIPTIN | Pre-authorisation required |
| 717636 | GALVUS MET | 50MG/850MG | TAB | A10BD08 | METFORMIN AND VILDAGLIPTIN | Pre-authorisation required |
| 701109 | GLUCOVANCE | 250MG/1.25MG | TAB | A10BD02 | METFORMIN AND SULFONAMIDES | Pre-authorisation required |
| 701111 | GLUCOVANCE | 500MG/2.5MG | TAB | A10BD02 | METFORMIN AND SULFONAMIDES | Pre-authorisation required |
| 701112 | GLUCOVANCE | 500MG/5MG | TAB | A10BD02 | METFORMIN AND SULFONAMIDES | Pre-authorisation required |
| 3000955 | JALRAMET 50/1000 | 50MG/1000MG | TAB | A10BD08 | METFORMIN AND VILDAGLIPTIN | Pre-authorisation required |
| 3000953 | JALRAMET 50/850 | 50MG/850MG | TAB | A10BD08 | METFORMIN AND VILDAGLIPTIN | Pre-authorisation required |
| 717791 | JANUMET | 50MG/1000MG | TAB | A10BD07 | METFORMIN AND SITAGLIPTIN | Pre-authorisation required |
| 717788 | JANUMET | 50MG/500MG | TAB | A10BD07 | METFORMIN AND SITAGLIPTIN | Pre-authorisation required |
| 717790 | JANUMET | 50MG/850MG | TAB | A10BD07 | METFORMIN AND SITAGLIPTIN | Pre-authorisation required |
| 3006456 | SYNGLUTRA 10/1000 | 10MG/1000MG | SRT | A10BD15 | METFORMIN AND DAPAGLIFLOZIN | Pre-authorisation required |
| 3006455 | SYNGLUTRA 5/1000 | 5MG/1000MG | SRT | A10BD15 | METFORMIN AND DAPAGLIFLOZIN | Pre-authorisation required |
| 3004735 | XIGDUO XR 10MG/1000MG | 10MG/1000MG | SRT | A10BD15 | METFORMIN AND DAPAGLIFLOZIN | Pre-authorisation required |
| 3004733 | XIGDUO XR 5MG/1000MG | 5MG/1000MG | SRT | A10BD15 | METFORMIN AND DAPAGLIFLOZIN | Pre-authorisation 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-authorisation required |
| 717785 | JANUVIA | 25MG | TAB | A10BH01 | SITAGLIPTIN | Pre-authorisation required |
| 717786 | JANUVIA | 50MG | TAB | A10BH01 | SITAGLIPTIN | Pre-authorisation 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-authorisation required |
| 721619 | JARDIANCE | 25MG | TAB | A10BK03 | EMPAGLIFLOZIN | Pre-authorisation required |
| 716640 | ONGLYZA | 2.5MG | TAB | A10BH03 | SAXAGLIPTIN | Pre-authorisation required |
| 716641 | ONGLYZA | 5MG | TAB | A10BH03 | SAXAGLIPTIN | Pre-authorisation required |
| 893900 | STARLIX | 120MG | TAB | A10BX03 | NATEGLINIDE | Pre-authorisation required |
| 716645 | VICTOZA PRE-FILLED PEN 3ML | 6MG/1ML | INJ | A10BX07 | LIRAGLUTIDE | Pre-authorisation required |
| A16 - OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS | | | | | | |
| 3002277 | CARBAGLU | 200MG | DSP | A16AA05 | CARGLUMIC ACID | New product under review |
| B01 - ANTITHROMBOTIC AGENTS | | | | | | |
| 715258 | EFIENT | 10MG | TAB | B01AC22 | PRASUGREL | Exclusion |
| 715257 | EFIENT | 5MG | TAB | B01AC22 | PRASUGREL | Exclusion |
| 3004685 | UPTRAVI | 1000MCG | TAB | B01AC27 | SELEXIPAG | New product under review |
| 3004694 | UPTRAVI | 1200MCG | TAB | B01AC27 | SELEXIPAG | New product under review |
| 3004695 | UPTRAVI | 1400MCG | TAB | B01AC27 | SELEXIPAG | New product under review |

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|--|--|-------------|-----|---------|-------------------------------------|----------------------------|
| 3004700 | UPTRAVI | 1600MCG | TAB | B01AC27 | SELEXIPAG | New product under review |
| 3004322 | UPTRAVI | 200MCG | TAB | B01AC27 | SELEXIPAG | New product under review |
| 3004655 | UPTRAVI | 400MCG | TAB | B01AC27 | SELEXIPAG | New product under review |
| 3004642 | UPTRAVI | 600MCG | TAB | B01AC27 | SELEXIPAG | New product under review |
| 3004697 | UPTRAVI | 800MCG | TAB | B01AC27 | SELEXIPAG | New product under review |
| B03 - ANTI-ANEAMIC PREPARATIONS | | | | | | |
| 3005350 | EVRENZO | 100MG | TAB | B03XA05 | Roxadustat | New product under review |
| 3005351 | EVRENZO | 150MG | TAB | B03XA05 | Roxadustat | New product under review |
| 3005347 | EVRENZO | 20MG | TAB | B03XA05 | Roxadustat | New product under review |
| 3005348 | EVRENZO | 50MG | TAB | B03XA05 | Roxadustat | New product under review |
| 3005349 | EVRENZO | 70MG | TAB | B03XA05 | Roxadustat | New product under review |
| C01 - CARDIAC THERAPY | | | | | | |
| 714128 | REVATIO | 20MG | TAB | C01CE | PHOSPHODIESTERASE INHIBITORS | Pre-authorisation required |
| 710620 | CORALAN | 5MG | TAB | C01EB17 | IVABRADINE | Pre-authorisation required |
| 710621 | CORALAN | 7.5MG | TAB | C01EB17 | IVABRADINE | Pre-authorisation required |
| 3004756 | IVABRADINE 5 UNICORN | 5MG | TAB | C01EB17 | IVABRADINE | Pre-authorisation required |
| 3004757 | IVABRADINE 7.5 UNICORN | 7.5MG | TAB | C01EB17 | IVABRADINE | Pre-authorisation required |
| 3003702 | IVACOR | 5MG | TAB | C01EB17 | IVABRADINE | Pre-authorisation required |
| 3003703 | IVACOR | 7.5MG | TAB | C01EB17 | IVABRADINE | Pre-authorisation required |
| 3003505 | IVOLAN | 5MG | TAB | C01EB17 | IVABRADINE | Pre-authorisation required |
| 3005782 | RANEXA | 375MG | SRT | C01EB18 | RANOLAZINE | New product under review |
| 3005783 | RANEXA | 500MG | SRT | C01EB18 | RANOLAZINE | New product under review |
| 3005800 | RANEXA | 750MG | SRT | C01EB18 | RANOLAZINE | New product under review |
| C02 - ANTI-HYPERTENSIVES | | | | | | |
| 3004001 | OPSUMIT | 10MG | TAB | C02KX04 | MACITENTAN | New product under review |
| C03 - DIURETICS | | | | | | |
| 706121 | INSPRA | 25MG | TAB | C03DA04 | EPLERENONE | Pre-authorisation required |
| 706135 | INSPRA | 50MG | TAB | C03DA04 | EPLERENONE | Pre-authorisation required |
| C05 - VASOPROTECTIVES | | | | | | |
| 752983 | PAROVEN | 250MG | CAP | C05CA01 | RUTOSIDE | Exclusion |
| C09 - AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM | | | | | | |
| 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 |
| D03 PREPARATIONS FOR TREATMENT OF WOUNDS AND ULCERS | | | | | | |
| 3002456 | HEBERPROT-P VIAL | .075MG | INJ | D03B | RECOMBINANT EPIDERMAL GROWTH FACTOR | Exclusion |
| D04 - DERMATOLOGICALS | | | | | | |
| 3000725 | VERSATIS | | PTD | D04AB01 | LIDOCAINE | Exclusion |
| H05 - CALCIUM HOMEOSTASIS | | | | | | |
| 702800 | FORTEO | 250mcg/1ML | INJ | H05AA02 | TERIPARATIDE | Pre-authorisation required |
| J01 - ANTIBACTERIALS FOR SYSTEMIC USE | | | | | | |
| 723836 | AKLID | 600MG | TAB | J01XX08 | LINEZOLID | Pre-authorisation required |
| 3005593 | ELTURIN 600 | 600MG | TAB | J01XX08 | LINEZOLID | Pre-authorisation required |
| 3004296 | LINEZOLID ASPEN SOLUTION FOR INFUSION BA | 600MG/300ML | INJ | J01XX08 | LINEZOLID | Pre-authorisation required |
| 722770 | LINEZOLID FRESENIUS SOLUTION FOR INEUSIO | 600MG/300ML | TAB | J01XX08 | LINEZOLID | Pre-authorisation required |
| 3003719 | LINEZOLID LHC | 600MG | 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 |
| 3003772 | LINOKEM | 600MG | TAB | J01XX08 | LINEZOLID | Pre-authorisation required |
| 3004929 | VOXWIN IV SOLUTION FOR INFUSION BAG | 600MG/300ML | INF | J01XX08 | LINEZOLID | Pre-authorisation required |
| 3002381 | ZENILID | 600MG | TAB | J01XX09 | LINEZOLID | Pre-authorisation required |
| 3004431 | ZENILID SOLUTION FOR INFUSION BAG 300ML | 600MG/300ML | INF | J01XX08 | LINEZOLID | Pre-authorisation required |
| 3003818 | ZENOXPAR | 600MG | TAB | J01XX08 | 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 |
| 3004233 | SIVEXTRO | 200MG | TAB | J01XX11 | TEDIZOLID | Pre-authorisation required |
| 761001 | RIOSTATIN | | CAP | J01AA20 | TETRACYCLINES/NYSTATIN/VITS | Exclusion |
| J02 - ANTIMYCOTICS FOR SYSTEMIC USE | | | | | | |
| 715049 | NOXAFIL | 40MG/1ML | SUS | J02AC04 | POSACONAZOLE | Pre-authorisation required |
| 3005303 | NOXAFIL | 100MG | TAB | J02AC05 | POSACONAZOLE | Pre-authorisation required |
| 700845 | VFEND | 200MG | TAB | J02AC03 | VORICONAZOLE | Pre-authorisation required |
| 700832 | VFEND | 50MG | TAB | J02AC03 | VORICONAZOLE | Pre-authorisation required |
| 3005141 | VORISPORE 200 FC | 200MG | TAB | J02AC03 | VORICONAZOLE | Pre-authorisation required |
| 3005140 | VORISPORE 50 FC | 50MG | TAB | J02AC03 | VORICONAZOLE | Pre-authorisation required |
| J05 - ANTIVIRALS FOR SYSTEMIC USE | | | | | | |
| 888609 | RELENZA | 5MG | KIT | J05AH01 | ZANAMIVIR | Exclusion |
| 712392 | CIPLA-OSELTAMIVIR | 75MG | CAP | J05AH02 | OSELTAMIVIR | Exclusion |
| 3002599 | OSELFU | 75MG | CAP | J05AH02 | OSELTAMIVIR | Exclusion |
| 3003048 | OSELTAMIVIR ADKO | 30MG | CAP | J05AH02 | OSELTAMIVIR | Exclusion |
| 3003049 | OSELTAMIVIR ADKO | 45MG | CAP | J05AH02 | OSELTAMIVIR | Exclusion |

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|---|---|---------------|-------|---------|--|----------------------------|-----------|
| 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 | |
| L01 - ANTINEOPLASTIC AGENTS | | | | | | | |
| 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 | |
| L04 - IMMUNOSUPPRESSANTS | | | | | | | |
| 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 | |
| 3004236 | TECFIDERA | 120MG | CAP | L04AX07 | DIMETHYL FUMARATE | New product under review | |
| 3004237 | TECFIDERA | 240MG | CAP | L04AX07 | DIMETHYL FUMARATE | New product under review | |
| M02 - TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN | | | | | | | |
| 810487 | TRANSACT | 40MG | PAD | M02AA19 | FLURBIPROFEN | Pre-authorisation required | |
| 720112 | VOLTAREN PATCH | .14G | PLS | M02AA15 | DICLOFENAC | Pre-authorisation required | |
| M09 - OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM | | | | | | | |
| 3005819 | EVRYSDI POWDER FOR ORAL SOLUTION | .75MG/1ML | SUS | M09AX10 | RISDIPLAM | New product under review | |
| 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 | |
| N03 - ANTIEPILEPTICS | | | | | | | |
| 809594 | SABRIL | 500MG | TAB | N03AG04 | VIGABATRIN | Pre-authorisation required | |
| 853216 | TALOXIA | 400MG | TAB | N03AX10 | FELBAMATE | Pre-authorisation required | |
| 704128 | TALOXIA 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 | |
| N04 - ANTI-PARKINSON DRUGS | | | | | | | |
| 868590 | COMTAN | 200MG | TAB | N04BX02 | ENTACAPONE | Pre-authorisation required | |
| 3005273 | ENKOBIST | 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 | |
| N05 - PSYCHOLEPTICS | | | | | | | |
| 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 | |

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| 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 |
| N06 - PSYCHOANALEPTICS | | | | | | |
| 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 |
| 3004156 | WELDEP XR | 150MG | SRT | N06AX12 | BUPROPIONE HYDROCHLORIDE | Pre-authorisation required |
| 3004157 | WELDEP XR | 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 |
| 3004987 | DEPVEN 100 XL | 100MG | SRT | N06AX23 | DESVENLAFAXINE | Exclusion |
| 3004986 | DEPVEN 50 XL | 50MG | SRT | N06AX23 | DESVENLAFAXINE | Exclusion |
| 3004437 | DESLAFEKS | 100MG | SRT | N06AX23 | DESVENLAFAXINE | Exclusion |
| 3004436 | DESLAFEKS | 50MG | SRT | N06AX23 | DESVENLAFAXINE | Exclusion |
| 3004327 | DESLAFORE XR | 100MG | SRT | N06AX23 | DESVENLAFAXINE | Exclusion |
| 3004326 | DESLAFORE XR | 50MG | SRT | N06AX23 | DESVENLAFAXINE | Exclusion |
| 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 |
| 3004350 | VOLOXIN | 100MG | SRT | N06AX23 | DESVENLAFAXINE | Exclusion |
| 3004347 | VOLOXIN | 50MG | SRT | N06AX23 | DESVENLAFAXINE | Exclusion |
| 3004465 | AMFEXA | 5MG | TAB | N06BA02 | DEXAMFETAMINE | Exclusion |
| 3004466 | AMFEXA | 10MG | TAB | N06BA02 | DEXAMFETAMINE | Exclusion |
| 3002858 | VYVANSE | 30MG | CAP | N06BA12 | lisdexamfetamine | Exclusion |
| 3002859 | VYVANSE | 50MG | CAP | N06BA12 | lisdexamfetamine | Exclusion |
| 3002860 | VYVANSE | 70MG | CAP | N06BA12 | lisdexamfetamine | Exclusion |
| 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 |

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| 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 |
| 3005797 | NOALZH | 10MG | TAB | N06DX01 | MEMANTINE | Pre-authorisation required |
| 3004875 | MODAFINIL 100 IPHARMA | 100MG | TAB | N06BA07 | MODAFINIL | 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 |
| 3005488 | KYRIZ | 1.5MG | CAP | N06DA03 | RIVASTIGMINE | Pre-authorisation required |
| 3005489 | KYRIZ | 3MG | CAP | N06DA03 | RIVASTIGMINE | Pre-authorisation required |
| 3005490 | KYRIZ | 4.5MG | CAP | N06DA03 | RIVASTIGMINE | Pre-authorisation required |
| 3005491 | KYRIZ | 6MG | CAP | N06DA03 | RIVASTIGMINE | Pre-authorisation required |
| 738107 | LIMBITROL | 12.5MG/5MG | CAP | N06CA01 | AMITRIPTYLINE AND PSYCHOLEPTICS | Exclusion |
| N07 - OTHER NERVOUS SYSTEM DRUGS | | | | | | |
| 720978 | DAHIDE | 24MG | TAB | N07CA01 | BETAHISTINE | Exclusion |
| 720325 | HIDRIST | 24MG | 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 |
| 3006087 | ZYGOVERT | 24MG | TAB | N07CA01 | BETAHISTINE | Exclusion |
| 824100 | RILUTEK | 50MG | TAB | N07XX02 | RILUZOLE | Exclusion |
| P02 - ANTIHELMINTICS | | | | | | |
| 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 |
| R01 - NASAL PREPARATIONS | | | | | | |
| 878758 | FLIXONASE NASULES | 400MCG | CPS | R01AD08 | FLUTICASONE | Pre-authorisation required |
| R03 - DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES | | | | | | |
| 3004164 | TRELEGY ELLIPTA 30 DOSES | | ACC | R03AL08 | Vilanterol, umeclidinium bromide and fluticasone furoate | Exclusion |
| 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 |
| 3006100 | NEUMOTROPIO 30 INH CAPSULES WITH ZEPHIR | 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 |
| 3003905 | TIOTOR 30 INH CAPSULES WITH ZELPHIR INHA | 16MCG | KIT | R03BB04 | TIOTROPIUM BROMIDE | Pre-authorisation required |
| R05 - COUGH AND COLD PREPARATIONS | | | | | | |
| 814679 | PULMOZYME | 2.5MG/2.5ML | AMP | R05CB13 | DORNASE ALFA (DESOXYRIBONUCLEASE) | Exclusion |
| S01 - OPHTHALMOLOGICALS | | | | | | |
| 3004660 | SIMBRINZA 5ML | | OPD | S01EC54 | BRINZOLAMIDE, COMBINATIONS | New product under review |
| 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 |
| S02 - OTOLOGICALS | | | | | | |
| 716677 | COVOTOP 15ML | | DRP | S02AA30 | CHLORAMPHENICOL/BENZOCAINE | Exclusion |
| V03 - ALL OTHER THERAPEUTIC PRODUCTS | | | | | | |
| 711080 | FOSRENOL | 500MG | CHU | V03AE03 | LANTHANUM CARBONATE | Pre-authorisation required |
| 720512 | REVELA | 800MG | TAB | V03AE02 | SEVELAMER | Pre-authorisation required |