

Polmed Exclusions List

Nov-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           |
|--|-----------------------------------|---------------|------|---------|--|----------------------------|
| <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            | 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 |
| <b>A16 - OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS</b>  |                                   |               |      |         |  |                            |
| 3002277  | CARBAGLU                          | 200MG         | DSP  | A16AA05 | CARGLUMIC ACID                               | New product under review   |
| <b>B01 - ANTITHROMBOTIC AGENTS</b>                           |                                   |               |      |         |  |                            |
| 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   |

|  |  |             |     |         |                                     |                            |
|--|--|-------------|-----|---------|-------------------------------------|----------------------------|
| 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   |
| <b>B03 - ANTI-ANEAMIC PREPARATIONS</b>                     |  |             |     |         |                                     |                            |
| 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   |
| <b>C01 - CARDIAC THERAPY</b>                               |  |             |     |         |                                     |                            |
| 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   |
| <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-authorisation required |
| 706135   | INSPRA                                   | 50MG        | TAB | C03DA04 | EPLERENONE                          | Pre-authorisation 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>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 |
| 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 |
| 3004234  | SIVEXTRO 200MG POWDER FOR SOLUTION       | 200MG       | INF | J01XX11 | TEDIZOLID                           | New product under review   |
| 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 |
| 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 |
| <b>J05 - ANTIVIRALS FOR SYSTEMIC USE</b>                   |  |             |     |         |                                     |                            |
| 888609   | RELENZA                                  | 5MG         | KIT | J05AH01 | ZANAMIVIR                           | Exclusion                  |
| 712392   | CIPLA-OSELTAMIVIR                        | 75MG        | CAP | J05AH02 | OSELTAMIVIR                         | Exclusion                  |
| 3002599  | OSELFU                                   | 75MG        | CAP | J05AH02 | OSELTAMIVIR                         | Exclusion                  |
| 3003048  | OSELTAMIVIR ADCO                         | 30MG        | CAP | J05AH02 | OSELTAMIVIR                         | Exclusion                  |

|   |  |              |       |         |  |                            |
|---|--|--------------|-------|---------|--|----------------------------|
| 3003049   | OSELTAMIVIR ADKO                         | 45MG         | CAP   | J05AH02 | OSELTAMIVIR  | Exclusion                  |
| 3003050   | OSELTAMIVIR ADKO                         | 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                  |
| 3006307   | PREVYMIS                                 | 240MG        | TAB   | J05AX18 | Letemovir  | New product under review   |
| 3006296   | PREVYMIS CONCENTRATE FOR SOLUTION FOR IN | 240MG/12ML   | INF   | J05AX18 | Letemovir  | New product under review   |
| <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 |
| 3004236   | TECFIDERA                                | 120MG        | CAP   | L04AX07 | DIMETHYL FUMARATE                                    | New product under review   |
| 3004237   | TECFIDERA                                | 240MG        | CAP   | L04AX07 | DIMETHYL FUMARATE                                    | New product under review   |
| <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> |  |              |       |         |  |                            |
| 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 +0.5%  | 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 PRE-FILLED 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                                    | 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 |
| 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                  |
| <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 |
| 3006591                       | REAGILA                     | 1.5MG         | CAP | N05AX15 | Cariprazine              | New product under review   |
| 3006593                       | REAGILA                     | 3MG           | CAP | N05AX15 | Cariprazine              | New product under review   |
| 3006596                       | REAGILA                     | 4.5MG         | CAP | N05AX15 | Cariprazine              | New product under review   |
| 3006597                       | REAGILA                     | 6MG           | CAP | N05AX15 | Cariprazine              | New product under review   |
| <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 |
| 3006368                       | BUPYRA XL                   | 150MG         | SRT | N06AX12 | BUPROPIONE HYDROCHLORIDE | Pre-authorisation required |
| 3006369                       | BUPYRA XL                   | 300MG         | SRT | N06AX12 | BUPROPIONE HYDROCHLORIDE | Pre-authorisation required |
| 3006765                       | PRODYNA 150 MG XR           | 150MG         | SRT | N06AX12 | BUPROPIONE HYDROCHLORIDE | Pre-authorisation required |
| 3006766                       | PRODYNA 300 MG XR           | 300MG         | 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 | N06DA03 | 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 |

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|--|--|-------------|-----|---------|--|----------------------------|
| 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 |
| 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 |
| <b>N07 - OTHER NERVOUS SYSTEM DRUGS</b>            |  |             |     |         |  |                            |
| 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                  |
| <b>P02 - ANTIHELMINTICS</b>                        |  |             |     |         |  |                            |
| 711840   | STROMEKTOL (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 | FLUTICASONE  | Pre-authorisation required |
| <b>R03 - DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES</b> |  |             |     |         |  |                            |
| 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 |
| <b>R05 - COUGH AND COLD PREPARATIONS</b>           |  |             |     |         |  |                            |
| 814679   | PULMOZYME                                    | 2.5MG/2.5ML | AMP | R05CB13 | DORNASE ALFA (DESOXYRIBONUCLEASE)                        | Exclusion                  |
| <b>S01 - OPHTHALMOLOGICALS</b>                     |  |             |     |         |  |                            |
| 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 |             | 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 |
| 720512   | RENVELA                                      | 800MG       | TAB | V03AE02 | SEVELAMER  | Pre-authorisation required |