

EXCLUDED ITEMS

The following items are excluded from the acute and chronic benefits
 Also included are new products under review - these products will remain exclusions from the acute and chronic benefits while they are being clinically reviewed for reimbursement

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
3003512	NUVIGIL	150MG	ARMODAFINIL	New product under review
3003513	NUVIGIL	250MG	ARMODAFINIL	New product under review
720978	DAHIDE	24MG TAB	BETAHISTINE	Exclusion
720325	HIDRIST	24MG TAB	BETAHISTINE	Exclusion
723921	MENIVERT	24MG	BETAHISTINE	Exclusion
3000557	VERTIN	24MG TAB	BETAHISTINE	Exclusion
707452	SERC	24MG	BETAHISTINE HCL	Exclusion
720825	TREVIGO	24MG	BETAHISTINE HCL	Exclusion
822868	BETOPTIC S SINGLE DOSE 0.25ml	2.5MG/1ML OPD	BETAXOLOL	Exclusion
723401	ENTERODYNE		BISMUTH CARB / CALCIUM CARBONATE / TINCT MORPHINE	Exclusion
720360	MYPROCAM	15MG	CYCLOBENZAPRINE	Exclusion
720361	MYPROCAM	30MG	CYCLOBENZAPRINE	Exclusion
3004987	DEPVEN 100 XL	100MG	DESVENLAFAXINE	Exclusion
3004988	DEPVEN 50 XL	50MG	DESVENLAFAXINE	Exclusion
3004437	DESLAFEKS	100MG	DESVENLAFAXINE	Exclusion
3004438	DESLAFEKS	50MG	DESVENLAFAXINE	Exclusion
3004327	DESLAFORE XR	100MG	DESVENLAFAXINE	Exclusion
3004328	DESLAFORE XR	50MG	DESVENLAFAXINE	Exclusion
3002751	EXLOV XR	100MG	DESVENLAFAXINE	Exclusion
3002750	EXLOV XR	50MG	DESVENLAFAXINE	Exclusion
720594	EXSIRA	50MG SRT	DESVENLAFAXINE	Exclusion
720595	EXSIRA	100MG SRT	DESVENLAFAXINE	Exclusion
3004350	VOLOXIN	100MG	DESVENLAFAXINE	Exclusion
3004347	VOLOXIN	50MG	DESVENLAFAXINE	Exclusion
3004465	AMFEXA	5MG	DEXAMFETAMINE	New product under review
3004466	AMFEXA	10MG	DEXAMFETAMINE	New product under review
775983	VIBROCIL	12G	DIMETHINDENE MALEATE/PHENYLEPHRINE/NEOMYCIN	Exclusion
836540	VIBROCIL 15ML		DIMETHINDENE MALEATE/PHENYLEPHRINE/NEOMYCIN	Exclusion
775991	VIBROCIL MICRODOSER	15ML	DIMETHINDENE MALEATE/PHENYLEPHRINE/NEOMYCIN	Exclusion
3004236	TECFIDERA	120MG	DIMETHYL FUMARATE	New product under review
3004237	TECFIDERA	240MG	DIMETHYL FUMARATE	New product under review
3001765	TRULICITY PRE-FILLED PEN 0.5ML	1.5MG/ 5ML	DULAGLUTIDE	Exclusion
3004864	SPRAVATO SINGLE-USE	28MG/ 2ML	ESKETAMINE	Exclusion
707127	STRESAM	50MG	ETIFOXINE	Exclusion
878758	FLUXONASE NASULES	400MCG	FLUTICASONE	Exclusion
589024	GO-ON SYRINGE 2.5ML		HYALURONIC ACID	Exclusion
210946	INJECTION ARTHROVISC 1 2ML		HYALURONIC ACID	Exclusion
210947	INJECTION ARTHROVISC 3 2ML		HYALURONIC ACID	Exclusion
257649	INJECTION OPTIVISC 20 20MG PER 2ML	20MG/2ML	HYALURONIC ACID	Exclusion
257651	INJECTION OPTIVISC M 40MG PER 2ML +0.5%	40MG/2ML	HYALURONIC ACID	Exclusion
257650	INJECTION OPTIVISC PLUS 40MG PER 2ML	40MG/2ML	HYALURONIC ACID	Exclusion
257652	INJECTION OPTIVISC SINGLE 90MG PER 3ML	90MG/3ML	HYALURONIC ACID	Exclusion
1044785	INJECTION REVISCION 2.0% 2.4ML	48MG	HYALURONIC ACID	Exclusion
713683	SUPLASYN PREFILLED SYRINGE 2ML	20MG/2ML	HYALURONIC ACID	Exclusion
721958	SUPLASYN PRE-FILLED SYRINGE 6ML	60MG/6ML	HYALURONIC ACID	Exclusion
236799	SYNOCROM FORTE ONE SYRINGE 80MG PER 4ML		HYALURONIC ACID	Exclusion
236797	SYNOCROM FORTE SYRINGE 40MG PER 2ML		HYALURONIC ACID	Exclusion
236801	SYNOCROM MINI SYRINGE 10MG PER 1ML		HYALURONIC ACID	Exclusion
236800	SYNOCROM SYRINGE 20MG PER 2ML		HYALURONIC ACID	Exclusion
720405	SYNVISC PRE-FILLED SYRINGE 10ML	8MG/1ML	HYALURONIC ACID	Exclusion
848816	SYNVISC SYRINGE	16MG/2ML	HYALURONIC ACID	Exclusion
743348	MILLERSPAS		HYOSCINE HBR/HYOSCINE SULPHATROPINE SULPH/PHENOBARB	Exclusion
3002220	XULTOPHY PRE-FILLED PEN 3ML		Insulin degludec and liraglutide	Exclusion
3002922	SOLIQUA 33/100 PRE-FILLED PEN 3ML	33MCG/100U	INSULIN GLARGINE AND LIXISENATIDE	Exclusion
3002924	SOLIQUA 50/100 PRE-FILLED PEN 3ML	50MCG/100U	INSULIN GLARGINE AND LIXISENATIDE	Exclusion
711840	STROMECTOL (SECTION 21)		Ivermectin	Exclusion
3001433	IVERMECTIN POWDER		Ivermectin	Exclusion
3002852	ALICE (SECTION 21)	12MG	Ivermectin	Exclusion
3002851	ALICE (SECTION 21)	6MG	Ivermectin	Exclusion
3002838	IVERMECTIN (SECTION 21)	12MG	Ivermectin	Exclusion
3002893	IVERMECTIN (SECTION 21)	3MG	Ivermectin	Exclusion
3002836	IVERMECTIN (SECTION 21)	6MG	Ivermectin	Exclusion
3002835	PARAKIL (SECTION 21)	6MG	Ivermectin	Exclusion
3002895	PARAKIL (SECTION 21)	6MG	Ivermectin	Exclusion
3000725	VERSATIS	PTD	LIDOCAINE	New product under review
3000725	VERSATIS	PTD	LIDOCAINE	Exclusion
716645	VICTOZA PRE-FILLED PEN 3ML	6MG/1ML	LIRAGLUTIDE	Exclusion
3002858	VYVANSE	30MG	lisdexamfetamine	New product under review
3002859	VYVANSE	50MG	lisdexamfetamine	New product under review
3002860	VYVANSE	70MG	lisdexamfetamine	New product under review
723894	EQUANIL	400MG	MEPROBAMATE	Exclusion
3004735	XIGDUO XR 10MG/1000MG	10MG/1000MG	METFORMIN AND DAPAGLIFLOZIN	New product under review
3004733	XIGDUO XR 5MG/1000MG	5MG/1000MG	METFORMIN AND DAPAGLIFLOZIN	New product under review
761141	ROBAXIN	500MG	METHOCARBAMOL	Exclusion
761168	ROBAXIN	750MG	METHOCARBAMOL	Exclusion
893900	STARLIX	120MG	NATEGLINIDE	Exclusion
718140	NEUROAID 11 MLC901		NEUROAID 11 MLC901	Exclusion
3002670	OFEV	100MG	NINTEDANIB	Exclusion
3002671	OFEV	150MG	NINTEDANIB	Exclusion
3005017	AKYNZEO 300MG/0.5MG	300MG/ 5MG	PALONOSETRON, COMBINATIONS	New product under review
758345	PURITONE NO 1	TAB	PHENOLPHTHALEIN	Exclusion
859826	SB STRONGLAX	TAB	PHENOLPHTHALEIN	Exclusion
859818	SB3 LAXATIVE PILLS	TAB	PHENOLPHTHALEIN	Exclusion
747467	NOOTROPIL	400MG	PIRACETAM	Exclusion
747475	NOOTROPIL	800MG	PIRACETAM	Exclusion
747483	NOOTROPIL	1G/5ML	PIRACETAM	Exclusion
715257	EFIENT	5MG	PRASUGREL	Exclusion
715258	EFIENT	10MG	PRASUGREL	Exclusion
3002456	HEBERPROT-P VIAL	0.75MG	RECOMBINANT EPIDERMAL GROWTH FACTOR	Exclusion
814679	PULMOZYME	2.5MG/2.5ML	RHDNASE	Exclusion
721985	XIFAXAN	550MG	RIFAXIMIN	New product under review
824100	RILUTEK	58MG	RILUZOLE	Exclusion
715321	DAXAS	0.5MG	ROFLUMILAST	Exclusion
752983	PAROVEN	CAP	RUTOSIDES O-(BETA-HYDROXYETHYL)	Exclusion
3004685	UPTRAVI	1000MCG	SELEXIPAG	New product under review
3004694	UPTRAVI	1200MCG	SELEXIPAG	New product under review
3004695	UPTRAVI	1400MCG	SELEXIPAG	New product under review
3004700	UPTRAVI	1600MCG	SELEXIPAG	New product under review
3004322	UPTRAVI	200MCG	SELEXIPAG	New product under review
3004655	UPTRAVI	400MCG	SELEXIPAG	New product under review
3004642	UPTRAVI	600MCG	SELEXIPAG	New product under review

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
3004897	LIPTRAVI	800MCG	SELEXIPAG	New product under review
3003349	OZEMPIC PRE-FILLED PEN 1.5ML	2MG/1.5ML	SEMAGLUTIDE	Exclusion
3003250	OZEMPIC PRE-FILLED PEN 3ML	4MG/3ML	SEMAGLUTIDE	Exclusion
3003988	KIENDRA	25MG	SIPONIMOD	New product under review
3003990	KIENDRA	2MG	SIPONIMOD	New product under review
839108	TASMAR	100MG	TOLCAPONE	Exclusion
3004821	RINVOQ	15MG	UPADACITINIB	New product under review
723103	ENTRESTO	50MG	VALSARTAN AND SACUBITRIL	Exclusion
723105	ENTRESTO	200MG	VALSARTAN AND SACUBITRIL	Exclusion
723104	ENTRESTO	100MG	VALSARTAN AND SACUBITRIL	Exclusion
3003712	VYMADA	100MG	VALSARTAN AND SACUBITRIL	Exclusion
3003714	VYMADA	200MG	VALSARTAN AND SACUBITRIL	Exclusion
3003698	VYMADA	50MG	VALSARTAN AND SACUBITRIL	Exclusion
3004164	TRELEGY ELLIPTA 30 DOSES		VILANTEROL, UMECLIDINIUM BROMIDE AND FLUTICASONE FUROATE	Exclusion
723231	ENCEPHABOL		PYRITINOL HCL	Exclusion
761001	RIOSTATIN		TETRACYCLINES/INSTATIN/VITS	Exclusion
738107	LIMBITROL		AMITRIPTYLINE/CHLORDIAZEPOXIDE	Exclusion
716677	COVOTOP 15ML		CHLORAMPHENICOL/BENZOCIAINE	Exclusion
888609	RELENZA	5MG	ZANAMIVIR	Exclusion

ITEMS REQUIRING PRE-AUTHORISATION

The following items are excluded from the acute benefit because they require pre-authorisation on the CMM benefit for reimbursement where funds and scheme rules allow

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
715401	ORENCIA POWDER FOR RECONSTITUTION 15M	250MG	ABATACEPT	Pre-authorisation required
722109	ORENCIA PREFILLED SYRINGE 1ML	125MG	ABATACEPT	Pre-authorisation required
3001721	AMGEVITA PEN 0.8ML	40MG/0.8ML	ADALIMUMAB	Pre-authorisation required
3001720	AMGEVITA PRE-FILLED SYRINGE 0.4ML	20MG/0.4ML	ADALIMUMAB	Pre-authorisation required
3001724	AMGEVITA PRE-FILLED SYRINGE 0.8ML	40MG/0.8ML	ADALIMUMAB	Pre-authorisation required
705335	HUMIRA 40MG PRE-FILLED SYR	40MG/0.8ML	ADALIMUMAB	Pre-authorisation required
3002029	HUMIRA PEN 0.4ML	40MG/0.4ML	ADALIMUMAB	Pre-authorisation required
716266	HUMIRA PEN 0.8ML	40MG/0.8ML	ADALIMUMAB	Pre-authorisation required
3002034	HUMIRA PRE-FILLED SYRINGE 0.2ML	20MG/0.2ML	ADALIMUMAB	Pre-authorisation required
3002031	HUMIRA PRE-FILLED SYRINGE 0.4ML	40MG/0.4ML	ADALIMUMAB	Pre-authorisation required
722548	EYLEA VIAL 0.1ML	40MG/1ML	AFLIBERCEPT	Pre-authorisation required
716215	VALDOXANE	25MG	AGOMELATINE	Pre-authorisation required
3002316	PRALUENT PRE-FILLED PEN 1ML	150MG/1ML	ALIROCUMAB	Pre-authorisation required
3002315	PRALUENT PRE-FILLED PEN 1ML	75MG/1ML	ALIROCUMAB	Pre-authorisation required
723038	VOLIBRIS	10MG	AMBRISENTAN	Pre-authorisation required
723036	VOLIBRIS	5MG	AMBRISENTAN	Pre-authorisation required
3004119	VOLMARO	10MG	AMBRISENTAN	Pre-authorisation required
3004117	VOLMARO	5MG	AMBRISENTAN	Pre-authorisation required
723245	OTEZLA	30MG	APREMILAST	Pre-authorisation required
3002581	ABILIFY MAINTENA POWD & SOLVENT FOR SU	400MG	ARIPIRAZOLE	Pre-authorisation required
3002583	ABILIFY MAINTENA POWDER & SOLVENT FOR	400MG	ARIPIRAZOLE	Pre-authorisation required
3004078	LIPTRUZET 10/10	10MG/10MG	ATORVASTATIN AND EZETIMIBE	Pre-authorisation required
3004079	LIPTRUZET 10/20	10MG/20MG	ATORVASTATIN AND EZETIMIBE	Pre-authorisation required
3004080	LIPTRUZET 10/40	10MG/40MG	ATORVASTATIN AND EZETIMIBE	Pre-authorisation required
3002828	UNAMITY	2MG	BARCITINIB	Pre-authorisation required
3002876	UNAMITY	4MG	BARCITINIB	Pre-authorisation required
706041	AVASTIN	25MG/1ML	BEVACIZUMAB	Pre-authorisation required
706042	AVASTIN	25MG/1ML	BEVACIZUMAB	Pre-authorisation required
813850	BOTOX	0.025MCG	BOTULINUM TOXIN	Pre-authorisation required
720379	BOTOX VIAL	200U	BOTULINUM TOXIN	Pre-authorisation required
709214	BOTOX VIAL 50U	0.025MCG	BOTULINUM TOXIN	Pre-authorisation required
707625	DYSPORT	500IU	BOTULINUM TOXIN	Pre-authorisation required
3002668	VSIQ SOLUTION FOR INJECTION WITH FILTER	27.6MG/ 23ML	BROLUCIZUMAB	Pre-authorisation required
3003107	BUDEP XR	150MG	BUPROPION	Pre-authorisation required
3003108	BUDEP XR	300MG	BUPROPION	Pre-authorisation required
3003761	BUPROPION XR ADCC	150MG	BUPROPION	Pre-authorisation required
3001584	VOXRA XL	150MG	BUPROPION	Pre-authorisation required
3001582	VOXRA XL	300MG	BUPROPION	Pre-authorisation required
3004156	WELDEP XR	150MG	BUPROPION	Pre-authorisation required
3004157	WELDEP XR	300MG	BUPROPION	Pre-authorisation required
704070	WELLBUTRIN SR	150MG	BUPROPION	Pre-authorisation required
711008	WELLBUTRIN XL	150MG	BUPROPION	Pre-authorisation required
711009	WELLBUTRIN XL	300MG	BUPROPION	Pre-authorisation required
714015	SENSIPAR	30MG	CINACALCET	Pre-authorisation required
714016	SENSIPAR	60MG	CINACALCET	Pre-authorisation required
723708	FORXIGA	5MG	DAPAGLIFLOZIN	Pre-authorisation required
723709	FORXIGA	10MG	DAPAGLIFLOZIN	Pre-authorisation required
708144	EXIADE	125MG	DEFERASIROX	Pre-authorisation required
708147	EXIADE	250MG	DEFERASIROX	Pre-authorisation required
708148	EXIADE	500MG	DEFERASIROX	Pre-authorisation required
3002164	JADENUJ	180MG	DEFERASIROX	Pre-authorisation required
3000794	JADENUJ	360MG	DEFERASIROX	Pre-authorisation required
719110	DEFERAL	500MG	DEFEROXAMINE	Pre-authorisation required
716131	PROLIA PREFILLED SYRINGE 1ML	60MG/1ML	DENOSUMAB	Pre-authorisation required
720112	VOLTAREN PATCH	.14G	DICLOFENAC	Pre-authorisation required
723248	ALZIDO	5MG	DONEPEZIL	Pre-authorisation required
723249	ALZIDO	10MG	DONEPEZIL	Pre-authorisation required
837326	ARICEPT	5MG	DONEPEZIL	Pre-authorisation required
837334	ARICEPT	10MG	DONEPEZIL	Pre-authorisation required
720802	ARIMENTIA	5MG TAB	DONEPEZIL	Pre-authorisation required
720803	ARIMENTIA	10MG TAB	DONEPEZIL	Pre-authorisation required
720362	ARIMER	5MG	DONEPEZIL	Pre-authorisation required
720363	ARIMER	10MG	DONEPEZIL	Pre-authorisation required
722444	CURLOVON	5MG TAB	DONEPEZIL	Pre-authorisation required
722445	CURLOVON	10MG TAB	DONEPEZIL	Pre-authorisation required
715039	DONECEPT	5MG	DONEPEZIL	Pre-authorisation required
715040	DONECEPT	10MG	DONEPEZIL	Pre-authorisation required
3003951	DONECEPT ODT	10MG	DONEPEZIL	Pre-authorisation required
3003950	DONECEPT ODT	5MG	DONEPEZIL	Pre-authorisation required
723344	DONEPEZIL UNICORN	5MG	DONEPEZIL	Pre-authorisation required
723345	DONEPEZIL UNICORN	10MG	DONEPEZIL	Pre-authorisation required
720339	DONERIN	TAB	DONEPEZIL	Pre-authorisation required
720340	DONERIN	TAB	DONEPEZIL	Pre-authorisation required
722953	JUBEZIL	5MG	DONEPEZIL	Pre-authorisation required
722954	JUBEZIL	10MG	DONEPEZIL	Pre-authorisation required
721161	MAGLEODS DONEPEZIL	5MG	DONEPEZIL	Pre-authorisation required
721162	MAGLEODS DONEPEZIL	10MG	DONEPEZIL	Pre-authorisation required
722446	NEPIZEL	5MG	DONEPEZIL	Pre-authorisation required
722447	NEPIZEL	10MG	DONEPEZIL	Pre-authorisation required
722728	ZEPANALZ	5MG	DONEPEZIL	Pre-authorisation required
722729	ZEPANALZ	10MG	DONEPEZIL	Pre-authorisation required
3000171	REVOLADE	25MG	ELTROMBOPAG	Pre-authorisation required
3000172	REVOLADE	50MG	ELTROMBOPAG	Pre-authorisation required
3000720	HEMLIBRA SOLUTION FOR INJECTION VIAL 0.	105MG/7ML	EMICIZUMAB	Pre-authorisation required

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
3000863	HEMLIBRA SOLUTION FOR INJECTION VIAL 0.4	60MG/4ML	EMICIZUMAB	Pre-authorisation required
3000862	HEMLIBRA SOLUTION FOR INJECTION VIAL 1ML	150MG/1ML	EMICIZUMAB	Pre-authorisation required
3000864	HEMLIBRA SOLUTION FOR INJECTION VIAL 1ML	30MG/1ML	EMICIZUMAB	Pre-authorisation required
720929	JARDIANCE	10MG	EMPAGLIFLOZIN	Pre-authorisation required
721619	JARDIANCE	25MG	EMPAGLIFLOZIN	Pre-authorisation required
868590	COMTAN	200MG	ENTACAPONE	Pre-authorisation required
706121	INSPIRA	25MG	EPLERENONE	Pre-authorisation required
706135	INSPIRA	50MG	EPLERENONE	Pre-authorisation required
702509	ENBRELE		ETANERCEPT	Pre-authorisation required
721984	ENBRELE PS PRE-FILLED MYCLIC PEN	50MG INJ	ETANERCEPT	Pre-authorisation required
715051	ENBRELE PS SOLUTION FOR INJECTION PRE-FIL	50MG/1ML	ETANERCEPT	Pre-authorisation required
715037	ENBRELE PS SOLUTION FOR INJECTION PRE-FIL	25MG/0.5ML	ETANERCEPT	Pre-authorisation required
3004305	ERELZI PRE-FILLED SOL FOR INJ SENSU READ	50MG/1ML	ETANERCEPT	Pre-authorisation required
3004303	ERELZI PRE-FILLED SYRINGE SOL FOR INJ 0.	25MG/ 5ML	ETANERCEPT	Pre-authorisation required
3004304	ERELZI PRE-FILLED SYRINGE SOL FOR INJ 1M	50MG/1ML	ETANERCEPT	Pre-authorisation required
723152	REPATHA PRE-FILLED PEN 1ML	140MG/1ML	EVOLOCUMAB	Pre-authorisation required
711678	BYETTA	5 UG	EXENATIDE	Pre-authorisation required
711684	BYETTA	10 UG	EXENATIDE	Pre-authorisation required
3004104	EZENTIA	10MG	EZETIMBE	Pre-authorisation required
3003403	EZETIMBE 10 TEVA	10MG	EZETIMBE	Pre-authorisation required
3003866	EZETIMBE 10 UNICORN	10MG	EZETIMBE	Pre-authorisation required
704378	EZETROL	10MG	EZETIMBE	Pre-authorisation required
3003378	MEZIBE	10MG	EZETIMBE	Pre-authorisation required
3004792	MIBITEZ	10MG	EZETIMBE	Pre-authorisation required
3004783	NITASOL	10MG	EZETIMBE	Pre-authorisation required
3003423	TACTUS	10MG	EZETIMBE	Pre-authorisation required
3003883	TREZECOL	10MG	EZETIMBE	Pre-authorisation required
3004468	TRYZETOR	10MG	EZETIMBE	Pre-authorisation required
3003902	ZYTEZO	10MG	EZETIMBE	Pre-authorisation required
3003965	EZESIM 10MG/10MG	10MG/10MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
3003966	EZESIM 10MG/20MG	10MG/20MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
3003986	EZESIM 10MG/40MG	10MG/40MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
3003344	EZIMVA 10MG/10MG	10MG/10MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
3003345	EZIMVA 10MG/20MG	10MG/20MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
3003347	EZIMVA 10MG/40MG	10MG/40MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
715237	INEGY	10MG/10MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
715238	INEGY	10MG/20MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
715240	INEGY	10MG/40MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
715241	INEGY	10MG/80MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
3003826	MEZIBE PLUS 10MG/10MG	10MG/10MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
3003828	MEZIBE PLUS 10MG/20MG	10MG/20MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
3003897	MEZIBE PLUS 10MG/40MG	10MG/40MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
3003518	TRYZETOR PLUS 10MG/10MG	10MG/10MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
3003530	TRYZETOR PLUS 10MG/20MG	10MG/20MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
3003632	TRYZETOR PLUS 10MG/40MG	10MG/40MG	EZETIMBE/SIMVASTATIN	Pre-authorisation required
718169	FAMPYRA	10MG	FAMPRIDINE	Pre-authorisation required
853216	TALOXA	400MG	FELBAMATE	Pre-authorisation required
704128	TALOXA SUSP	600MG/5ML	FELBAMATE	Pre-authorisation required
3002561	MYELENEA	5MG	FINGOLIMOD	Pre-authorisation required
720446	TUVIGIN (WAS GILENYA)	0.5MG	FINGOLIMOD	Pre-authorisation required
810487	TRANSACT	40MG	FLURBIPROFEN	Pre-authorisation required
723726	REMCAPT XL	8MG	GALANTAMINE	Pre-authorisation required
723727	REMCAPT XL	16MG	GALANTAMINE	Pre-authorisation required
723728	REMCAPT XL	24MG	GALANTAMINE	Pre-authorisation required
714432	REMINYL CR	8MG	GALANTAMINE	Pre-authorisation required
714433	REMINYL CR	16MG	GALANTAMINE	Pre-authorisation required
714434	REMINYL CR	24MG	GALANTAMINE	Pre-authorisation required
708286	COPAXONE PRE-FILLED SYRINGE 1ML	20MG/1ML	GLATIRAMER ACETATE	Pre-authorisation required
719211	SIMPONI PRE-FILLED SYRINGE	50MG/0.5ML	GOLIMUMAB	Pre-authorisation required
3003116	SIMPONI SOLUTION PRE-FILLED PEN	45MG/45ML	GOLIMUMAB	Pre-authorisation required
3000057	TREMFYA PRE-FILLED SYRINGE 1ML	100MG/1ML	GUSELKUMAB	Pre-authorisation required
707783	BERIGLOBIN 2ML	160ML/1ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR EXTRAVASCULAR ADM.	Pre-authorisation required
707791	BERIGLOBIN 5ML	160ML/1ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR EXTRAVASCULAR ADM.	Pre-authorisation required
3004386	CUVITRU 10ML	2G/10ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR EXTRAVASCULAR ADM.	Pre-authorisation required
3004387	CUVITRU 20ML	4G/20ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR EXTRAVASCULAR ADM.	Pre-authorisation required
3004388	CUVITRU 40ML	8G/40ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR EXTRAVASCULAR ADM.	Pre-authorisation required
3004385	CUVITRU 5ML	1G/5ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR EXTRAVASCULAR ADM.	Pre-authorisation required
731463	INTRAGAM (NORM IMMUNOGLOBULIN IM)	5ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR EXTRAVASCULAR ADM.	Pre-authorisation required
731455	INTRAGAM (NORMAL IMMUNOGLOBULIN IM)	2ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR EXTRAVASCULAR ADM.	Pre-authorisation required
3001955	OCTANORM SOLUTION FOR INJECTION 12ML V	165MG/1ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR EXTRAVASCULAR ADM.	Pre-authorisation required
3001956	OCTANORM SOLUTION FOR INJECTION 24ML V	165MG/1ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR EXTRAVASCULAR ADM.	Pre-authorisation required
3001957	OCTANORM SOLUTION FOR INJECTION 48ML V	165MG/1ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR EXTRAVASCULAR ADM.	Pre-authorisation required
3001954	OCTANORM SOLUTION FOR INJECTION 6ML V	165MG/1ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR EXTRAVASCULAR ADM.	Pre-authorisation required
814806	ENDOBULIN 10000MG	10000MG	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
814792	ENDOBULIN 1000MG	1000MG	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
813532	ENDOBULIN 2500MG	2500MG	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
813540	ENDOBULIN 5000MG	5000MG	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
814784	ENDOBULIN 500MG	500MG	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
720015	IG VENA 100ML VIAL SOLUTION FOR INFUSION	5G/100ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
720190	IG VENA 200ML VIAL SOLUTION OR INFUSION	10G/200ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
810304	INTRAGLOBIN F 100ML	50MG/1ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
805807	INTRAGLOBIN F 10ML	50MG/1ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
803405	INTRAGLOBIN F 200ML	50MG/1ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
815985	INTRAGLOBIN F 20ML	50MG/1ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
803413	INTRAGLOBIN F 50ML	50MG/1ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
713090	OCTAGAM 100ML	50MG/1ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
713098	OCTAGAM 200ML	50MG/1ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
713089	OCTAGAM 50ML	50MG/1ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
800783	POLYGAM IMMUNOGLOB 100ML	3G	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
813656	POLYGAM IMMUNOGLOB 200ML	6G	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
819670	POLYGAM IMMUNOGLOB 400ML	12G	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
800775	POLYGAM IMMUNOGLOB 50ML	1G	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
3003928	REMIFLUX POWDER FOR CONCENTRATE FOR S	100MG	INFLIXIMAB	Pre-authorisation required
3001518	REMSIMA VIAL POWDER FOR RECONSTITUTIO	100MG	INFLIXIMAB	Pre-authorisation required
874930	REVELLEX VIAL POWDER FOR RECONSTITUTIO	100MG	INFLIXIMAB	Pre-authorisation required
840122	ROFERON-A 0.5ML PRE-FILLED SNR	3MIU	INTERFERON ALFA-2A	Pre-authorisation required
840157	ROFERON-A 0.5ML PRE-FILLED SNR	9MIU	INTERFERON ALFA-2A	Pre-authorisation required
840130	ROFERON-A 0.5ML PRE-FILLED	4.5MIU	INTERFERON ALFA-2A	Pre-authorisation required
840149	ROFERON-A PRE-FILLED SNR	6MIU	INTERFERON ALFA-2A	Pre-authorisation required
787485	INTRON A	10MIU	INTERFERON ALFA-2B	Pre-authorisation required
841684	INTRON A HSA-FREE SOL 2.5ML	25miu	INTERFERON ALFA-2B	Pre-authorisation required
869341	INTRON-A REDIPEN	10MIU	INTERFERON ALFA-2B	Pre-authorisation required
869325	INTRON-A REDIPEN	3MIU	INTERFERON ALFA-2B	Pre-authorisation required
869333	INTRON-A REDIPEN	5MIU	INTERFERON ALFA-2B	Pre-authorisation required
848166	AVONEX	30MCG	INTERFERON BETA-1A	Pre-authorisation required
712306	AVONEX PRE-FILLED SYRINGE 0.5ML	30MCG/ 5ML	INTERFERON BETA-1A	Pre-authorisation required
800887	REBIF 22 0.5ML	44MCG/1ML	INTERFERON BETA-1A	Pre-authorisation required
723226	REBIF 22 MULTIDOSE PRE-FILLED CARTRIDGE	66MCG/1.5ML	INTERFERON BETA-1A	Pre-authorisation required
717085	REBIF 22 REBIDOSE PRE-FILLED PEN 0.5ML	44MCG/1ML	INTERFERON BETA-1A	Pre-authorisation required
898891	REBIF 44 0.5ML 88MCG/1ML	88MCG/1ML	INTERFERON BETA-1A	Pre-authorisation required

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
723227	REBIF 44 MULTIDOSE PRE-FILLED CARTRIDGE	132MCG/1.5ML	INTERFERON BETA-1A	Pre-authorisation required
717093	REBIF 44 REBIDOSE PRE-FILLED PEN 0.5ML	88MCG/1ML	INTERFERON BETA-1A	Pre-authorisation required
700474	BETAFERON PRE FILLED SYR	9.6IU	INTERFERON BETA-1B	Pre-authorisation required
714557	IMMUKINE VIAL 0.5ML	0.1MG/0.5ML	INTERFERON GAMMA	Pre-authorisation required
710620	CORALAN	5MG	IVABRADINE	Pre-authorisation required
710621	CORALAN	7.5MG	IVABRADINE	Pre-authorisation required
3004756	IVABRADINE 5 UNICORN	5MG	IVABRADINE	Pre-authorisation required
3004757	IVABRADINE 7.5 UNICORN	7.5MG	IVABRADINE	Pre-authorisation required
3003702	IVACOR	5MG	IVABRADINE	Pre-authorisation required
3003703	IVACOR	7.5MG	IVABRADINE	Pre-authorisation required
3003505	IVOLAN	5MG	IVABRADINE	Pre-authorisation required
3004074	COPELOR SOLUTION FOR INJECTION 1ML PRI	80MG/1ML	IXEKIZUMAB	Pre-authorisation required
711080	FOSRENOL	500MG	LANTHANUM CARBONATE	Pre-authorisation required
898171	ARAVA	20MG	LEFLUNOMIDE	Pre-authorisation required
898175	ARAVA	10MG	LEFLUNOMIDE	Pre-authorisation required
721806	LUNAR	20MG	LEFLUNOMIDE	Pre-authorisation required
3000528	RAVALEF	10MG	LEFLUNOMIDE	Pre-authorisation required
3000529	RAVALEF	20MG	LEFLUNOMIDE	Pre-authorisation required
721609	RHEUMALEF	10MG	LEFLUNOMIDE	Pre-authorisation required
721610	RHEUMALEF	20MG	LEFLUNOMIDE	Pre-authorisation required
708000	STALEVO 100/25	TAB	LEVODOPA/CARBIDOPA/ENTACAPONE	Pre-authorisation required
708001	STALEVO 150/37.5	TAB	LEVODOPA/CARBIDOPA/ENTACAPONE	Pre-authorisation required
707999	STALEVO 50/12.5	TAB	LEVODOPA/CARBIDOPA/ENTACAPONE	Pre-authorisation required
723836	AKLID	600MG	LINEZOLID	Pre-authorisation required
3004298	LINEZOLID ASPEN SOLUTION FOR INFUSION B	600MG/300ML	LINEZOLID	Pre-authorisation required
722770	LINEZOLID FRESenius SOLUTION FOR INFUSI	600MG/300ML	LINEZOLID	Pre-authorisation required
721141	LINEZOLID HETERO	600MG	LINEZOLID	Pre-authorisation required
3003719	LINEZOLID LHC	600MG	LINEZOLID	Pre-authorisation required
721512	LINEZOLID SPECPHARM	600MG	LINEZOLID	Pre-authorisation required
722714	LINEZOLID TEVA	600MG	LINEZOLID	Pre-authorisation required
3003772	LINOKEM	600MG	LINEZOLID	Pre-authorisation required
3004929	VOXWIN IV SOLUTION FOR INFUSION BAG	600MG/300ML	LINEZOLID	Pre-authorisation required
3002381	ZENILID	600MG	LINEZOLID	Pre-authorisation required
3004431	ZENILID SOLUTION FOR INFUSION BAG 300ML	600MG/300ML	LINEZOLID	Pre-authorisation required
3003818	ZENOXPAR	600MG	LINEZOLID	Pre-authorisation required
700464	ZYVOXID	600MG	LINEZOLID	Pre-authorisation required
700466	ZYVOXID	SUSP	LINEZOLID	Pre-authorisation required
708873	ZYVOXID	INF	LINEZOLID	Pre-authorisation required
3004001	OPSUMIT	10MG	MACITENTAN	Pre-authorisation required
722117	COGNIMET	10MG	MEMANTINE	Pre-authorisation required
722967	EBITINE	10MG	MEMANTINE	Pre-authorisation required
705592	EBIXA	10MG	MEMANTINE	Pre-authorisation required
706181	EBIXA DROPS	10MG/1G	MEMANTINE	Pre-authorisation required
722058	MEMANTINE UNICHEM	10MG	MEMANTINE	Pre-authorisation required
722059	MEMINIST	10MG	MEMANTINE	Pre-authorisation required
721208	MEMOR	10MG	MEMANTINE	Pre-authorisation required
3002742	SYNJARDY 12.5/1000MG	12.5MG/1000MG	METFORMIN AND EMPAGLIFLOZIN	Pre-authorisation required
3002740	SYNJARDY 12.5/500MG	12.5MG/500MG	METFORMIN AND EMPAGLIFLOZIN	Pre-authorisation required
3002741	SYNJARDY 12.5/850MG	12.5MG/850MG	METFORMIN AND EMPAGLIFLOZIN	Pre-authorisation required
3002739	SYNJARDY 5/1000MG	5MG/1000MG	METFORMIN AND EMPAGLIFLOZIN	Pre-authorisation required
3002736	SYNJARDY 5/500MG	5MG/500MG	METFORMIN AND EMPAGLIFLOZIN	Pre-authorisation required
3002737	SYNJARDY 5/850MG	5MG/850MG	METFORMIN AND EMPAGLIFLOZIN	Pre-authorisation required
701109	GLUCOVANCE	250/1.25MG	METFORMIN/GLIBENCLAMIDE	Pre-authorisation required
701111	GLUCOVANCE	500/2.5MG	METFORMIN/GLIBENCLAMIDE	Pre-authorisation required
701112	GLUCOVANCE	500/5MG	METFORMIN/GLIBENCLAMIDE	Pre-authorisation required
717788	JANUMET	50MG/500MG	METFORMIN/SITAGLIPTIN	Pre-authorisation required
717790	JANUMET	50MG/850MG	METFORMIN/SITAGLIPTIN	Pre-authorisation required
717791	JANUMET	50MG/1000MG	METFORMIN/SITAGLIPTIN	Pre-authorisation required
705611	METVIX	160MG/G	METHYL AMINOLEVULINATE	Pre-authorisation required
3004875	MODAFINIL 100 IPHARMA	100MG	MODAFINIL	Pre-authorisation required
701388	PROVIGIL	100MG	MODAFINIL	Pre-authorisation required
715826	TYSABRI CONCENTRATION FOR SOLUTION VIA	300MG	NATALIZUMAB	Pre-authorisation required
3001857	OCREVUS CONCENTRATE SOLUTION FOR INFI	300MG/10ML	OCRELIZUMAB	Pre-authorisation required
3004851	BONSPRI SOLUTION FOR INJECTION PRE-FILL	20MG/4ML	OFATUMUMAB	Pre-authorisation required
720829	XOLAIR POWDER FOR SOLUTION VIAL	150MG VIAL	OMALIZUMAB	Pre-authorisation required
3002705	TREVICTA PRE-FILLED SYRINGE	175MG/875ML	PALIPERIDONE	Pre-authorisation required
3002704	TREVICTA PRE-FILLED SYRINGE	263MG/1.315ML	PALIPERIDONE	Pre-authorisation required
3002703	TREVICTA PRE-FILLED SYRINGE	350MG/1.75ML	PALIPERIDONE	Pre-authorisation required
3002702	TREVICTA PRE-FILLED SYRINGE	525MG/2.625ML	PALIPERIDONE	Pre-authorisation required
718469	XEPLION	50MG/0.50ML	PALIPERIDONE	Pre-authorisation required
718471	XEPLION	100MG/1.0ML	PALIPERIDONE	Pre-authorisation required
718470	XEPLION	75MG/0.75ML	PALIPERIDONE	Pre-authorisation required
718472	XEPLION	150MG/1.50ML	PALIPERIDONE	Pre-authorisation required
883856	SYNAGIS	50MG	PALIVIZUMAB	Pre-authorisation required
883864	SYNAGIS	100MG	PALIVIZUMAB	Pre-authorisation required
3000492	SYNAGIS SOLUTION FOR INJECTION VIAL 0.5M	100MG/1ML	PALIVIZUMAB	Pre-authorisation required
3000493	SYNAGIS SOLUTION FOR INJECTION VIAL 1ML	100MG/1ML	PALIVIZUMAB	Pre-authorisation required
704196	PEGASYS	135MCG	PEGINTERFERON ALFA-2A	Pre-authorisation required
704197	PEGASYS	180MCG	PEGINTERFERON ALFA-2A	Pre-authorisation required
707926	PEGINTRON REDIPEN	150MCG	PEGINTERFERON ALFA-2B	Pre-authorisation required
707925	PEGINTRON REDIPEN	120MCG	PEGINTERFERON ALFA-2B	Pre-authorisation required
707924	PEGINTRON REDIPEN	100MCG	PEGINTERFERON ALFA-2B	Pre-authorisation required
707922	PEGINTRON REDIPEN	50MCG	PEGINTERFERON ALFA-2B	Pre-authorisation required
707923	PEGINTRON REDIPEN	80MCG	PEGINTERFERON ALFA-2B	Pre-authorisation required
704053	PEG-INTRON STERILE POW FOR INJ	150MCG	PEGINTERFERON ALFA-2B	Pre-authorisation required
704052	PEG-INTRON STERILE POWDER FOR INJECTIO	0.5ML	PEGINTERFERON ALFA-2B	Pre-authorisation required
3000254	PLEGRIDY 63MCG/94MCG PER 0.5ML PREFILLED		PEGINTERFERON BETA-1A	Pre-authorisation required
3000259	PLEGRIDY PREFILLED PEN 0.5ML	125MCG/5ML	PEGINTERFERON BETA-1A	Pre-authorisation required
723048	FYCOMPA	2MG	PERAMPANEL	Pre-authorisation required
723049	FYCOMPA	4MG	PERAMPANEL	Pre-authorisation required
723050	FYCOMPA	6MG	PERAMPANEL	Pre-authorisation required
723024	FYCOMPA	8MG	PERAMPANEL	Pre-authorisation required
723051	FYCOMPA	10MG	PERAMPANEL	Pre-authorisation required
723052	FYCOMPA	12MG	PERAMPANEL	Pre-authorisation required
3001035	ESBRIET	267MG	PIRFENDONE	Pre-authorisation required
715049	NOXFIL	40MG/1ML	POSACONAZOLE	Pre-authorisation required
711524	LUCENTIS VIAL 0.23ML	10MG/1ML	RANIBIZUMAB	Pre-authorisation required
705474	RISPERDAL CONSTA	25MG	RISPERIDONE	Pre-authorisation required
705475	RISPERDAL CONSTA	37.5MG	RISPERIDONE	Pre-authorisation required
705476	RISPERDAL CONSTA	50MG	RISPERIDONE	Pre-authorisation required
3002656	BLITZIMA CONCENTRATE FOR SOLUTION FOR	100MG/10ML	RITUXIMAB	Pre-authorisation required
3002657	BLITZIMA CONCENTRATE FOR SOLUTION FOR	500MG/50ML	RITUXIMAB	Pre-authorisation required
853224	MABTHERA	100MG	RITUXIMAB	Pre-authorisation required
853232	MABTHERA	500MG	RITUXIMAB	Pre-authorisation required
3001131	MABTHERA SC SOLUTION FOR INJ VIAL	1400MG/11.7ML	RITUXIMAB	Pre-authorisation required
3005178	REDDITUX CONCENTRATE FOR SOLUTION FOR	100MG/10ML	RITUXIMAB	Pre-authorisation required
3005180	REDDITUX CONCENTRATE FOR SOLUTION FOR	500MG/50ML	RITUXIMAB	Pre-authorisation required
3001754	RISTOVA 100 VIAL 10ML	100MG/10ML	RITUXIMAB	Pre-authorisation required
3001755	RISTOVA 500 VIAL 50ML	500MG/50ML	RITUXIMAB	Pre-authorisation required
848565	EXELON	3MG	RIVASTIGMINE	Pre-authorisation required

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848573	EXELON	4.5MG	RIVASTIGMINE	Pre-authorisation required
714613	NPLATE POWDER FOR RECONSTITUTION VIAL	250mg	ROMPLOSTIM	Pre-authorisation required
716640	ONGLYZA	2.5MG	SAXAGLIPTIN	Pre-authorisation required
716641	ONGLYZA	5MG	SAXAGLIPTIN	Pre-authorisation required
723847	COSENTYX AUTO INJECTOR PEN 1ML	150MG/1ML	SECUKINUMAB	Pre-authorisation required