

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/ 8ML | ADALIMUMAB | Pre-authorisation required |
| 3001720 | AMGEVITA PRE-FILLED SYRINGE 0.4ML | 20MG/ 4ML | ADALIMUMAB | Pre-authorisation required |
| 3001724 | AMGEVITA PRE-FILLED SYRINGE 0.8ML | 40MG/ 8ML | ADALIMUMAB | Pre-authorisation required |
| 705335 | HUMIRA 40MG PRE-FILLED SYR | 40MG/0.8ML | ADALIMUMAB | Pre-authorisation required |
| 3002029 | HUMIRA PEN 0.4ML | 40MG/ 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/ 2ML | ADALIMUMAB | Pre-authorisation required |
| 3002031 | HUMIRA PRE-FILLED SYRINGE 0.2ML | 40MG/ 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 |
| 700235 | AMBISOME (LIPOSOMAL) POWDER FOR INFUS | 50MG | AMPHOTERACIN | 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 |
| 3003512 | NUVIGIL | 150MG | ARMODAFINIL | Pre-authorisation required |
| 3003513 | NUVIGIL | 250MG | ARMODAFINIL | Pre-authorisation required |
| 3002826 | UNAMITY | 2MG | BARICITINIB | Pre-authorisation required |
| 3002876 | UNAMITY | 4MG | BARICITINIB | Pre-authorisation required |
| 3005442 | ABEVMY CONCENTRATE FOR SOLUTION FOR I | 100MG/4ML | BEVACIZUMAB | Pre-authorisation required |
| 3005441 | ABEVMY CONCENTRATE FOR SOLUTION FOR I | 400MG/16ML | BEVACIZUMAB | Pre-authorisation required |
| 706041 | AVASTIN | 25MG/1ML | BEVACIZUMAB | Pre-authorisation required |
| 706042 | AVASTIN | 25MG/1ML | BEVACIZUMAB | Pre-authorisation required |
| 3005458 | BEVAMYL CONCENTRATION FOR SOLUTION FO | 100MG/4ML | BEVACIZUMAB | Pre-authorisation required |
| 3005459 | BEVAMYL CONCENTRATION FOR SOLUTION FO | 400MG/16ML | BEVACIZUMAB | Pre-authorisation required |
| 3007989 | RIQVIVA CONCENTRATE FOR SOLUTION FOR I | 100MG/4ML | BEVACIZUMAB | Pre-authorisation required |
| 3007990 | RIQVIVA CONCENTRATE FOR SOLUTION FOR I | 400MG/16ML | 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 |
| 3005631 | XEOMIN 50 UNITS POWDER FOR SOLUTION FO | 50U | BOTULINUM TOXIN | Pre-authorisation required |
| 3005632 | XEOMIN 100 UNITS POWDER FOR SOLUTION F | 100U | BOTULINUM TOXIN | Pre-authorisation required |
| 3007544 | DYSPORT POWDER FOR SOLUTION FOR INJE | 300U | BOTULINUM TOXIN | Pre-authorisation required |
| 3002668 | YSIQO 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 ADCO | 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 |
| 3006368 | BUPYRA XL | 150MG | Bupropione Hydrochloride | Pre-authorisation required |
| 3006369 | BUPYRA XL | 300MG | Bupropione Hydrochloride | Pre-authorisation required |
| 3006765 | PRODYNA 150 MG XR | 150MG | Bupropione Hydrochloride | Pre-authorisation required |
| 3006766 | PRODYNA 300 MG XR | 300MG | Bupropione Hydrochloride | Pre-authorisation required |
| 714015 | SENSIPAR | 30MG | CINACALCET | Pre-authorisation required |
| 714016 | SENSIPAR | 60MG | CINACALCET | Pre-authorisation required |
| 3008256 | NEOTECLA | 30MG | CINACALCET | Pre-authorisation required |
| 3008257 | NEOTECLA | 60MG | CINACALCET | Pre-authorisation required |
| 3006122 | DAGLIF | 10MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 3006119 | DAGLIF | 5MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 3006543 | DAPTICA | 10MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 3006542 | DAPTICA | 5MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 3005567 | DUFORZIG | 10MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 723708 | FORXIGA | 5MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 723709 | FORXIGA | 10MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 3006449 | SAGALATIN | 10MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 3006448 | SAGALATIN | 5MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 3008056 | DAPIFLO | 10MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 3008055 | DAPIFLO | 5MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 3007449 | DIAXIGA | 10MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 3007448 | DIAXIGA | 5MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 3007449 | AVAXIGA | 3008398 | DAPAGLIFLOZIN | Pre-authorisation required |
| 3007448 | AVAXIGA | 3008397 | DAPAGLIFLOZIN | Pre-authorisation required |
| 3008198 | DEPAGLOZ | 10MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 3008197 | DEPAGLOZ | 5MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 3008475 | GLUDAPZIN | 10MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 3008474 | GLUDAPZIN | 5MG | DAPAGLIFLOZIN | Pre-authorisation required |
| 708144 | EXJADE | 125MG | DEFERASIROX | Pre-authorisation required |
| 708147 | EXJADE | 250MG | DEFERASIROX | Pre-authorisation required |
| 708148 | EXJADE | 500MG | DEFERASIROX | Pre-authorisation required |
| 3002164 | JADENU | 180MG | DEFERASIROX | Pre-authorisation required |
| 3000794 | JADENU | 360MG | DEFERASIROX | Pre-authorisation required |
| 719110 | DESFERAL | 500MG | DEFEROXAMINE | Pre-authorisation required |
| 716131 | PROLIA PREFILLED SYRINGE 1ML | 60MG/1ML | DENOSUMAB | Pre-authorisation required |
| 3004987 | DEPVEN 100 XL | 100MG | DESVENLAFAXINE | Pre-authorisation required |
| 3004437 | DESLAFEKS | 100MG | DESVENLAFAXINE | Pre-authorisation required |
| 3004327 | DESLAFORE XR | 100MG | DESVENLAFAXINE | Pre-authorisation required |
| 3002751 | EXLOV XR | 100MG | DESVENLAFAXINE | Pre-authorisation required |
| 3004350 | VOLOXIN | 100MG | DESVENLAFAXINE | Pre-authorisation required |
| 720595 | EXSIRA | 100MG SRT | DESVENLAFAXINE | Pre-authorisation required |
| 3004986 | DEPVEN 50 XL | 50MG | DESVENLAFAXINE | Pre-authorisation required |
| 3004436 | DESLAFEKS | 50MG | DESVENLAFAXINE | Pre-authorisation required |
| 3004326 | DESLAFORE XR | 50MG | DESVENLAFAXINE | Pre-authorisation required |
| 3002750 | EXLOV XR | 50MG | DESVENLAFAXINE | Pre-authorisation required |
| 3004347 | VOLOXIN | 50MG | DESVENLAFAXINE | Pre-authorisation required |
| 720594 | EXSIRA | 50MG SRT | DESVENLAFAXINE | 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 |

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| 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 | MACLEODS DONEPEZIL | 5MG | DONEPEZIL | Pre-authorisation required |
| 721162 | MACLEODS 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 |
| 3001765 | TRULICITY PRE-FILLED PEN 0.5ML | 1.5MG/5ML | DULAGLUTIDE | 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 |
| 3000863 | HEMLIBRA SOLUTION FOR INJECTION VIAL 0.4 | 60MG/4ML | EMICIZUMAB | Pre-authorisation required |
| 3000862 | HEMLIBRA SOLUTION FOR INJECTION VIAL 1M | 150MG/1ML | EMICIZUMAB | Pre-authorisation required |
| 3000864 | HEMLIBRA SOLUTION FOR INJECTION VIAL 1M | 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 |
| 3005273 | ENKOBIST | 200MG | ENTACAPONE | Pre-authorisation required |
| 706121 | INSPRA | 25MG | EPLERENONE | Pre-authorisation required |
| 706135 | INSPRA | 50MG | EPLERENONE | Pre-authorisation required |
| 702509 | ENBREL | 50MG INJ | ETANERCEPT | Pre-authorisation required |
| 721984 | ENBREL PS PRE-FILLED MYCLIC PEN | 50MG INJ | ETANERCEPT | Pre-authorisation required |
| 715051 | ENBREL PS SOLUTION FOR INJECTION PRE-FI | 50MG/1ML | ETANERCEPT | Pre-authorisation required |
| 715037 | ENBREL PS SOLUTION FOR INJECTION PREFIL | 25MG/0.5ML | ETANERCEPT | Pre-authorisation required |
| 3004305 | ERELZI PRE-FILLED SOL FOR INJ SENSO 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 |
| 718189 | FAMPYRA | 10MG | FAMPRIDINE | Pre-authorisation required |
| 3006856 | VABYSMO SOLUTION FOR INJECTION 0.05ML V | 6MG/0.05ML | Faricimab | Pre-authorisation required |
| 704128 | TALOXIA SUSP | 600MG/5ML | FELBAMATE | Pre-authorisation required |
| 722546 | FIDICID | 200MG | fidaxomicin | Pre-authorisation required |
| 3005254 | FILENGIA | 5MG | FINGOLIMOD | 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 | REMCEPT XL | 8MG | GALANTAMINE | Pre-authorisation required |
| 723727 | REMCEPT XL | 16MG | GALANTAMINE | Pre-authorisation required |
| 723728 | REMCEPT 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 PREFILLED SYRINGE 1ML | 20MG/1ML | GLATIRAMER ACETATE | Pre-authorisation required |
| 3005255 | COPAXONE PRE-FILLED PEN 1ML | 40MG/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 |
| 3006513 | TREMFYA PRE-FILLED PEN 1ML | 100MG/1ML | GUSELKUMAB | 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 |
| 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 |
| 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 | REMIFLIX 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 |
| 712306 | AVONEX PREFILLED SYRINGE 0.5ML | 30MCG/5ML | INTERFERON BETA-1A | Pre-authorisation required |
| 890887 | 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 |
| 888891 | REBIF 44 0.5ML 88MCG/1ML | 88MCG/1ML | INTERFERON BETA-1A | Pre-authorisation required |
| 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 | COPELLOR SOLUTION FOR INJECTION 1ML PR | 80MG/1ML | IXEKIZUMAB | Pre-authorisation required |
| 888171 | ARAVA | 20MG | LEFLUNOMIDE | Pre-authorisation required |
| 888175 | ARAVA | 10MG | LEFLUNOMIDE | Pre-authorisation required |
| 721806 | LUNAR | 20MG | LEFLUNOMIDE | Pre-authorisation required |

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| 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 |
| 3005593 | ELTURIN 600 | 600MG | LINEZOLID | Pre-authorisation required |
| 3004296 | LINEZOLID ASPEN SOLUTION FOR INFUSION B | 600MG/300ML | LINEZOLID | Pre-authorisation required |
| 722770 | LINEZOLID FRESINIUS 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 |
| 3005797 | NOALZH | 10MG | MEMANTINE | Pre-authorisation required |
| 3007453 | EMORIX | 10MG | MEMANTINE | Pre-authorisation required |
| 3006456 | SYNGLUTRA 10/1000 | 10MG/1000MG | METFORMIN AND DAPAGLIFOZIN | Pre-authorisation required |
| 3006455 | SYNGLUTRA 5/1000 | 5MG/1000MG | METFORMIN AND DAPAGLIFOZIN | Pre-authorisation required |
| 3004735 | XIGDUO XR 10MG/1000MG | 10MG/1000MG | METFORMIN AND DAPAGLIFOZIN | Pre-authorisation required |
| 3004733 | XIGDUO XR 5MG/1000MG | 5MG/1000MG | METFORMIN AND DAPAGLIFOZIN | Pre-authorisation required |
| 3002742 | SYNJARDY 12.5/1000MG | 12.5MG/1000MG | METFORMIN AND EMPAGLIFOZIN | Pre-authorisation required |
| 3002740 | SYNJARDY 12.5/500MG | 12.5MG/500MG | METFORMIN AND EMPAGLIFOZIN | Pre-authorisation required |
| 3002741 | SYNJARDY 12.5/850MG | 12.5MG/850MG | METFORMIN AND EMPAGLIFOZIN | Pre-authorisation required |
| 3002739 | SYNJARDY 5/1000MG | 5MG/1000MG | METFORMIN AND EMPAGLIFOZIN | Pre-authorisation required |
| 3002736 | SYNJARDY 5/500MG | 5MG/500MG | METFORMIN AND EMPAGLIFOZIN | Pre-authorisation required |
| 3002737 | SYNJARDY 5/850MG | 5MG/850MG | METFORMIN AND EMPAGLIFOZIN | Pre-authorisation required |
| 3008149 | METSITAG 50/1000 | 50MG/1000MG | METFORMIN AND SITAGLIPTIN | Pre-authorisation required |
| 3008148 | METSITAG 50/500 | 50/500MG | METFORMIN AND SITAGLIPTIN | 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 | METHYLAMINOLEVULINATE | Pre-authorisation required |
| 3004875 | MODAFINIL 100 IPHARMA | 100MG | MODAFINIL | Pre-authorisation required |
| 701388 | PROVIGIL | 100MG | MODAFINIL | Pre-authorisation required |
| 715826 | TYSAERI CONCENTRATION FOR SOLUTION VIA | 300MG | NATALIZUMAB | Pre-authorisation required |
| 3001857 | OCREVUS CONCENTRATE SOLUTION FOR INF | 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 0.5ML | 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 |
| 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 | PIRIFENIDONE | Pre-authorisation required |
| 3007082 | ESBRIET | 801MG | PIRIFENIDONE | Pre-authorisation required |
| 3007083 | ESBRIET | 267MG | PIRIFENIDONE | Pre-authorisation required |
| 715049 | NOXAFIL | 40MG/1ML | POSACONAZOLE | Pre-authorisation required |
| 3005303 | NOXAFIL | 100MG | 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 |
| 848573 | EXELON | 4.5MG | RIVASTIGMINE | Pre-authorisation required |
| 3005488 | KYRIZ | 1.5MG | RIVASTIGMINE | Pre-authorisation required |
| 3005489 | KYRIZ | 3MG | RIVASTIGMINE | Pre-authorisation required |
| 3005490 | KYRIZ | 4.5MG | RIVASTIGMINE | Pre-authorisation required |
| 3005491 | KYRIZ | 6MG | RIVASTIGMINE | Pre-authorisation required |
| 714613 | NPLATE POWDER FOR RECONSTITUTION VIAL | 250mcg | 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 |
| 722998 | COSENTYX PRE-FILLED SYRINGE | 150MG | SECUKINUMAB | Pre-authorisation required |
| 3006335 | COSENTYX PRE-FILLED SYRINGE 2ML | 300MG/2ML | SECUKINUMAB | Pre-authorisation required |
| 720512 | RENVELA | 800MG TAB | SEVELAMER | Pre-authorisation required |
| 714128 | REVATIO | 20MG | SILDENAFIL | Pre-authorisation required |

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| 3004506 | SYLVANT 100 POWDER FOR CONCENTRATE F | 100MG | SILTUXIMAB | Pre-authorisation required |
| 3004507 | SYLVANT 400 POWDER FOR CONCENTRATE F | 400MG | SILTUXIMAB | Pre-authorisation required |
| 717785 | JANUVIA | 25MG | SITAGLIPTIN | Pre-authorisation required |
| 717786 | JANUVIA | 50MG | SITAGLIPTIN | Pre-authorisation required |
| 717787 | JANUVIA | 100MG | SITAGLIPTIN | Pre-authorisation required |
| 3006065 | GLIZEB | 100MG | SITAGLIPTIN | Pre-authorisation required |
| 3006062 | GLIZEB | 25MG | SITAGLIPTIN | Pre-authorisation required |
| 3006063 | GLIZEB | 50MG | SITAGLIPTIN | Pre-authorisation required |
| 3003294 | HARVONI 90MG/400MG | 90MG/400MG | SOFOBUVIR AND LEDIPASVIR | Pre-authorisation required |
| 3003297 | EPLUSA 400MG/100MG | | SOFOBUVIR AND VELPATASVIR | Pre-authorisation required |
| 721520 | AUBAGIO | 14MG | TERIFLUNOMIDE | Pre-authorisation required |
| 3005306 | AUBAMIDE | 14MG | TERIFLUNOMIDE | Pre-authorisation required |
| 3005642 | AUBERIF | 14MG | TERIFLUNOMIDE | Pre-authorisation required |
| 3005318 | TERIFLUNOMIDE 14 TEVA | 14MG | TERIFLUNOMIDE | Pre-authorisation required |
| 3007589 | TERIFLUNOMIDE ADCO | 14MG | TERIFLUNOMIDE | Pre-authorisation required |
| 702800 | FORTEO | 250MCG/ML | TERIPARATIDE | Pre-authorisation required |
| 714152 | FORVENT (REFILL) | 18MCG | TIOTROPIUM | Pre-authorisation required |
| 714167 | FORVENT HANDIHALER COMPLETE | 18MCG | TIOTROPIUM | Pre-authorisation required |
| 3006100 | NEUMOTROPIO 30 INH CAPSULES WITH ZEPHI | 18MCG | TIOTROPIUM | Pre-authorisation required |
| 702523 | SPIRIVA MA COMPLETE | 18MCG | TIOTROPIUM | Pre-authorisation required |
| 702526 | SPIRIVA MA REFILL | 18MCG | TIOTROPIUM | Pre-authorisation required |
| 710897 | SPIRIVA RESPIMAT INHALER 60 DOSES | 2.5MCG | TIOTROPIUM | Pre-authorisation required |
| 3003750 | TIORES 30 INH CAPSULES WITH ZEPHIR INHAL | | TIOTROPIUM | Pre-authorisation required |
| 3003905 | TIOTOR 30 INH CAPSULES WITH ZELPHIR INHA | 16MCG | TIOTROPIUM | Pre-authorisation required |
| 715814 | ACTEMRA 200 VIAL 10ML | 200MG/1ML | TOCILIZUMAB | Pre-authorisation required |
| 715815 | ACTEMRA 400 VIAL 20ML | 400MG/20ML | TOCILIZUMAB | Pre-authorisation required |
| 715813 | ACTEMRA 80 VIAL 4ML | 80MG/4ML | TOCILIZUMAB | Pre-authorisation required |
| 723596 | ACTEMRA SC PREFILLED SYRINGE 0.9ML | 162MG/ 9ML | TOCILIZUMAB | Pre-authorisation required |
| 3000121 | XELJANZ | 5MG | TOFACITINIB | Pre-authorisation required |
| 1027834 | INTRACINOL 1.1ML | | TRIAMCINOLONE | Pre-authorisation required |
| 152122 | OPHTHALMIC TRIAMCINOLONE ACETORIDE VI | 0.04 | TRIAMCINOLONE | Pre-authorisation required |
| 1145117 | VITREAL S OPHTHALMIC SUSPENSION 2ML | | TRIAMCINOLONE | Pre-authorisation required |
| 3004821 | RINVOO | 15MG | UPADACITINIB | Pre-authorisation required |
| 715819 | STELARA | 45MG | USTEKINUMAB | Pre-authorisation required |
| 723615 | STELARA PREFILLED SYRINGE 1ML | 90MG/1ML | USTEKINUMAB | Pre-authorisation required |
| 723931 | STELARA SOLUTION FOR DILUTION VIAL 26ML | 130MG/26ML | USTEKINUMAB | Pre-authorisation required |
| 3003130 | CYTAMEG | 450MG | VALGANCICLOVIR | Pre-authorisation required |
| 703908 | VALCYTE 450 | 450MG | VALGANCICLOVIR | Pre-authorisation required |
| 719358 | VALCYTE POWDER FOR ORAL SOLUTION | 50MG/ML | VALGANCICLOVIR | Pre-authorisation required |
| 3001700 | VALHET | 450MG | VALGANCICLOVIR | Pre-authorisation required |
| 3003109 | VALVIR | 450MG | VALGANCICLOVIR | Pre-authorisation required |
| 3001963 | ENTYVIO VIAL POWDER FOR CONCENTRATE S | 300MG | VEDOLIZUMAB | Pre-authorisation required |
| 701240 | VISUDYNE POW F/SOLUTION F/INFUSION 15MG | 15MG | VERTEPORFIN | Pre-authorisation required |
| 809594 | SABRIL | 500MG | VIGABATRIN | Pre-authorisation required |
| 715554 | GALVUS | 50MG | VILDAGLIPTIN | Pre-authorisation required |
| 721592 | JALRA | 50MG | VILDAGLIPTIN | Pre-authorisation required |
| 3004451 | ZOMVIL | 50MG | VILDAGLIPTIN | Pre-authorisation required |
| 3008207 | VILEPTIN | 50MG | VILDAGLIPTIN | Pre-authorisation required |
| 3008205 | VILGLAV | 50MG | VILDAGLIPTIN | Pre-authorisation required |
| 717636 | GALVUS MET | 50MG/850MG | VILDAGLIPTIN/METFORMIN | Pre-authorisation required |
| 717637 | GALVUS MET | 50MG/1000MG | VILDAGLIPTIN/METFORMIN | Pre-authorisation required |
| 3000955 | JALRAMET 50/1000 | 50MG/1000MG | VILDAGLIPTIN/METFORMIN | Pre-authorisation required |
| 3000953 | JALRAMET 50/850 | 50MG/850MG | VILDAGLIPTIN/METFORMIN | Pre-authorisation required |
| 700832 | VFEND | 50MG | VORICONAZOLE | Pre-authorisation required |
| 700845 | VFEND | 200MG | VORICONAZOLE | Pre-authorisation required |
| 3005141 | VORISPORE 200 FC | 200MG | VORICONAZOLE | Pre-authorisation required |
| 3005140 | VORISPORE 50 FC | 50MG | VORICONAZOLE | Pre-authorisation required |
| 3006838 | VORICONAZOLE 200MG MYLAN | 200MG | VORICONAZOLE | Pre-authorisation required |
| 3007885 | VCIDE 200 FC | 200MG | VORICONAZOLE | Pre-authorisation required |
| 3007884 | VCIDE 50 FC | 50MG | VORICONAZOLE | Pre-authorisation required |