



MEDICINE EXCLUSION LIST
JANUARY 2024

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	MENVERT	24MG TAB	BETAHISTINE	EXCLUSION
3000557	VERTIN	24MG TAB	BETAHISTINE	EXCLUSION
3006087	ZYGOVERT	24MG	BETAHISTINE	EXCLUSION
707452	SERC	24MG	BETAHISTINE HCL	EXCLUSION
720825	TREVIGO	24MG	BETAHISTINE HCL	EXCLUSION
3000025	BETADEXAMINE	SYR	BETAMETHASONE/DEXCHLORPHENIRAMINE	EXCLUSION
3004784	BETADEXAMINE	TAB	BETAMETHASONE/DEXCHLORPHENIRAMINE	EXCLUSION
713058	CELESTAMINE	SYR	BETAMETHASONE/DEXCHLORPHENIRAMINE	EXCLUSION
713066	CELESTAMINE	TAB	BETAMETHASONE/DEXCHLORPHENIRAMINE	EXCLUSION
822868	BETOPTIC S SINGLE DOSE 0.25ML	2.5MG/1ML OPD	BETAXOLOL	EXCLUSION
723401	ENTERODYNE		BISMUTH CARB / CALCIUM CARBONATE / TINCT MORPHINE	EXCLUSION
3002277	CARBAGLU	200MG	Carbglumic acid	New product under review
3006591	REAGILA	1.5MG	CARIPRAZINE	New product under review
3006593	REAGILA	3MG	CARIPRAZINE	New product under review
3006596	REAGILA	4.5MG	CARIPRAZINE	New product under review
3006597	REAGILA	6MG	CARIPRAZINE	New product under review
716677	COVOTOP 15ML		CHLORAMPHENICOL/BENZOCaine	EXCLUSION
720360	MYPROCAM	15MG	CYCLOBENZAPRINE	EXCLUSION
720361	MYPROCAM	30MG	CYCLOBENZAPRINE	EXCLUSION
3004987	DEPVEN 100 XL	100MG	DESVENLAFAXINE	EXCLUSION
3004986	DEPVEN 50 XL	50MG	DESVENLAFAXINE	EXCLUSION
3004437	DESLAFEKS	100MG	DESVENLAFAXINE	EXCLUSION
3004436	DESLAFEKS	50MG	DESVENLAFAXINE	EXCLUSION
3004327	DESLAFORE XR	100MG	DESVENLAFAXINE	EXCLUSION
3004326	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	AMFEA	5MG	DEXAMFETAMINE	EXCLUSION
3004466	AMFEA	10MG	DEXAMFETAMINE	EXCLUSION
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
3001785	TRULICITY PRE-FILLED PEN 0.5ML	1.5MG/ 5ML	DULAGLUTIDE	EXCLUSION
720929	JARDIANCE	10MG	EMPAGLIFLOZIN	EXCLUSION
721619	JARDIANCE	25MG	EMPAGLIFLOZIN	EXCLUSION
3004864	SPRAVATO SINGLE-USE	28MG/ 2ML	ESKETAMINE	EXCLUSION
707127	STRESAM	50MG	ETIFOXINE	EXCLUSION
878759	FLIXONASE NASULES	400MCG	FLUTICASONE	EXCLUSION
569024	GO-ON SYRINGE 2.5ML		HYALURONIC ACID	EXCLUSION
210946	INJECTION ARTHROVISC1 2ML		HYALURONIC ACID	EXCLUSION
210947	INJECTION ARTHROVISC3 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 REVISCON 2.0% 2.4ML	48MG INJ	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 4		HYALURONIC ACID	EXCLUSION

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
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 SULPHIPHENOBARB	EXCLUSION
711292	BUSCOPAN COMPOUND		HYOSCINE-N-BUTYLBROMIDE/DIPYRONE	EXCLUSION
762717	SCOPEX CO		HYOSCINE-N-BUTYLBROMIDE/DIPYRONE	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
3001433	IVERMECTIN POWDER		IVERMECTIN	EXCLUSION
711840	STROMECTOL (SECTION 21)		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
3006583	VYZULTA 5ML	.24MG/1ML	Latanoprostene bunod	New product under review
3006307	PREVYMIS	240MG	LETENMOVIR	New product under review
3006296	PREVYMIS CONCENTRATE FOR SOLUTION FOR	240MG/12ML	LETENMOVIR	New product under review
3000725	VERSATIS	PTD	LIDOCAINE	EXCLUSION
716645	VICTOZA PRE-FILLED PEN 3ML	6MG/1ML	LIRAGLUTIDE	EXCLUSION
3002858	VYVANSE	30MG	lisdexamfetamine	EXCLUSION
3002859	VYVANSE	50MG	lisdexamfetamine	EXCLUSION
3002860	VYVANSE	70MG	lisdexamfetamine	EXCLUSION
723894	EQUANIL	400MG	MEPROBAMATE	EXCLUSION
3006456	SYNGLUTRA 10/1000	10MG/1000MG	METFORMIN AND DAPAGLIFLOZIN	EXCLUSION
3006455	SYNGLUTRA 5/1000	5MG/1000MG	METFORMIN AND DAPAGLIFLOZIN	EXCLUSION
3004735	XIGDUO XR 10MG/1000MG	10MG/1000MG	METFORMIN AND DAPAGLIFLOZIN	EXCLUSION
3004733	XIGDUO XR 5MG/1000MG	5MG/1000MG	METFORMIN AND DAPAGLIFLOZIN	EXCLUSION
3002742	SYNJARDY 12.5/1000MG	12.5MG/1000MG	METFORMIN AND EMPAGLIFLOZIN	EXCLUSION
3002740	SYNJARDY 12.5/500MG	12.5MG/500MG	METFORMIN AND EMPAGLIFLOZIN	EXCLUSION
3002741	SYNJARDY 12.5/850MG	12.5MG/850MG	METFORMIN AND EMPAGLIFLOZIN	EXCLUSION
3002739	SYNJARDY 5/1000MG	5MG/1000MG	METFORMIN AND EMPAGLIFLOZIN	EXCLUSION
3002736	SYNJARDY 5/500MG	5MG/500MG	METFORMIN AND EMPAGLIFLOZIN	EXCLUSION
3002737	SYNJARDY 5/850MG	5MG/850MG	METFORMIN AND EMPAGLIFLOZIN	EXCLUSION
761141	ROBAXIN	500MG	METHOCARBAMOL	EXCLUSION
761168	ROBAXIN	750MG	METHOCARBAMOL	EXCLUSION
3006635	GLEMOLVE	10MG/5MG	Montelukast, combinations	New product under review
893900	STARLIX	120MG	NATEGLINIDE	EXCLUSION
718140	NEUROAID 11 MLC901		NEUROAID 11 MLC901	EXCLUSION
3002670	OFEV	100MG	NINTEDANIB	EXCLUSION
3002671	OFEV	150MG	NINTEDANIB	EXCLUSION
3005017	AKYZEO 300MG/0.5MG	300MG/5MG	PALONOSETRON, COMBINATIONS	New product under review
758345	PURITONE NO 1		PHENOLPHTHALEIN	EXCLUSION
859826	SB STRONGLAX		PHENOLPHTHALEIN	EXCLUSION
859818	SB3 LAXATIVE PILLS		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
723231	ENCEPHABOL		PYRITINOL HCL	EXCLUSION
3005782	RANEXA	375MG	Ranolazine	New product under review
3005783	RANEXA	500MG	Ranolazine	New product under review
3005800	RANEXA	750MG	Ranolazine	New product under review
3002456	HEBERPROT-P VIAL	.075MG	RECOMBINANT EPIDERMAL GROWTH FACTOR	EXCLUSION
814679	PULMOZYME	2.5MG/2.5ML	RHDNASE	EXCLUSION
721965	XIFAXAN	550MG	RIFAXIMIN	New product under review
824100	RILUTEK	60MG	RILUZOLE	EXCLUSION
3005819	EVRYSDI POWDER FOR ORAL SOLUTION	.75MG/1ML	Risdipiam	New product under review
715321	DAXAS	0.5MG	ROFLUMILAST	EXCLUSION
3005350	EVRENZO	100MG	ROXADUSTAT	New product under review
3005351	EVRENZO	150MG	ROXADUSTAT	New product under review
3005347	EVRENZO	20MG	ROXADUSTAT	New product under review

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
3005348	EVRENZO	50MG	ROXADUSTAT	New product under review
3005349	EVRENZO	70MG	ROXADUSTAT	New product under review
752983	PAROVEN	CAP	RUTOSIDES O-(BETA-HYDROXYETHYL)	EXCLUSION
3003249	OZEMPIC PRE-FILLED PEN 1.5ML	2MG/1.5ML	SEMAGLUTIDE	EXCLUSION
3003250	OZEMPIC PRE-FILLED PEN 3ML	4MG/3ML	SEMAGLUTIDE	EXCLUSION
3004233	SIVEXTRO	200MG	TEZIZOLID	New product under review
3004234	SIVEXTRO 200MG POWDER FOR SOLUTION FC	200MG	TEZIZOLID	New product under review
761001	RIOSTATIN		TETRACYCLINES/NYSTATIN/VITS	EXCLUSION
839108	TASMAR	100MG	TOLCAPONE	EXCLUSION
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
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
716215	VALDOXANE	25MG	AGOMELATINE	PRE-AUTHORISATION REQUIRED
3002581	ABILIFY MAINTENA POWD & SOLVENT FOR SU	400MG	ARIPIPRAZOLE	PRE-AUTHORISATION REQUIRED
3002583	ABILIFY MAINTENA POWDER & SOLVENT FOR	400MG	ARIPIPRAZOLE	PRE-AUTHORISATION REQUIRED
3003107	BUDEP XR	150MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3003108	BUDEP XR	300MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3003781	BUPROPION XR ADCC	150MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3006368	BUPYRA XL	150MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3006369	BUPYRA XL	300MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3006765	PRODYNA 150 MG XR	150MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3006766	PRODYNA 300 MG XR	300MG	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
3006543	DAPTICA	10MG	DAPAGLIFOZIN	PRE-AUTHORISATION REQUIRED
3006542	DAPTICA	5MG	DAPAGLIFOZIN	PRE-AUTHORISATION REQUIRED
3005567	DUFORZIG	10MG	DAPAGLIFOZIN	PRE-AUTHORISATION REQUIRED
723708	FORXIGA	5MG	DAPAGLIFOZIN	PRE-AUTHORISATION REQUIRED
723709	FORXIGA	10MG	DAPAGLIFOZIN	PRE-AUTHORISATION REQUIRED
3006122	DAGLIF	10MG	DAPAGLIFOZIN	PRE-AUTHORISATION REQUIRED
3006119	DAGLIF	5MG	DAPAGLIFOZIN	PRE-AUTHORISATION REQUIRED
3006449	SAGALATIN	10MG	DAPAGLIFOZIN	PRE-AUTHORISATION REQUIRED
3006448	SAGALATIN	5MG	DAPAGLIFOZIN	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

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
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
868590	COMTAN	200MG	ENTACAPONE	PRE-AUTHORISATION REQUIRED
3005273	ENKOBIST	200MG	ENTACAPONE	PRE-AUTHORISATION REQUIRED
706121	INSPIRA	25MG	EPLERENONE	PRE-AUTHORISATION REQUIRED
706135	INSPIRA	50MG	EPLERENONE	PRE-AUTHORISATION REQUIRED
711678	BYETTA	5 UG	EXENATIDE	PRE-AUTHORISATION REQUIRED
711684	BYETTA	10 UG	EXENATIDE	PRE-AUTHORISATION REQUIRED
853216	TALOX	400MG	FELBAMATE	PRE-AUTHORISATION REQUIRED
704128	TALOX SUSP	600MG/5ML	FELBAMATE	PRE-AUTHORISATION REQUIRED
810487	TRANSACT	40MG	FLURBIPROFEN	PRE-AUTHORISATION REQUIRED
723726	REMCPT XL	8MG	GALANTAMINE	PRE-AUTHORISATION REQUIRED
723727	REMCPT XL	16MG	GALANTAMINE	PRE-AUTHORISATION REQUIRED
723728	REMCPT 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
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	IWOLAN	5MG	IVABRADINE	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
721809	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 FRESENIUS SOLUTION FOR INFUSION B	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
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	MEMNIST	10MG	MEMANTINE	PRE-AUTHORISATION REQUIRED
721208	MEMOR	10MG	MEMANTINE	PRE-AUTHORISATION REQUIRED
3005797	NOALZH	10MG	MEMANTINE	PRE-AUTHORISATION REQUIRED
701109	GLUCOVANCE	250/1.25MG	METFORMIN/GLIBENCLAMIDE	PRE-AUTHORISATION REQUIRED
701111	GLUCOVANCE	500/2.5MG	METFORMIN/GLIBENCLAMIDE	PRE-AUTHORISATION REQUIRED

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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
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
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
714128	REVATIO	20MG	PHOSPHODIESTERASE INHIBITORS	PRE-AUTHORISATION REQUIRED
3001035	ESBRIET	287MG	PIRIFENIDONE	PRE-AUTHORISATION REQUIRED
715049	NOXAFIL	40MG/1ML	POSACONAZOLE	PRE-AUTHORISATION REQUIRED
3005303	NOXAFIL	100MG	POSACONAZOLE	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
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
716640	ONGLYZA	2.5MG	SAXAGLIPTIN	PRE-AUTHORISATION REQUIRED
716641	ONGLYZA	5MG	SAXAGLIPTIN	PRE-AUTHORISATION REQUIRED
720512	RENVELA	800MG TAB	SEVELAMER	PRE-AUTHORISATION REQUIRED
717785	JANUVIA	25MG	SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
717786	JANUVIA	50MG	SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
717787	JANUVIA	100MG	SITAGLIPTIN	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	18MCG	TIOTROPIUM	PRE-AUTHORISATION REQUIRED
1027834	INTRACINOL 1.1ML		TRIAMCINOLONE	PRE-AUTHORISATION REQUIRED
152122	OPHTHALMIC TRIAMCINOLONE ACETORIDE V	0.04	TRIAMCINOLONE	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
809594	SABRIL	500MG	VIGABATRIN	PRE-AUTHORISATION REQUIRED
715554	GALVUS	50MG	VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
721592	JALRA	50MG TAB	VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
3004451	ZOMVIL	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