

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 PRE-FILLED SYRINGE 0.8ML	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 0.4ML	40MG/ 4ML	ADALIMUMAB	Pre-authorisation required
722548	EYLEA VIAL 0.1ML	40MG/1ML	AFLIBERCEPT	Pre-authorisation required
3008903	ASU AFLIBERCEPT (SECTION 36) PRE-FILLED INJECTION		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 VIAL 16ML	25MG/1ML	BEVACIZUMAB	Pre-authorisation required
706042	AVASTIN VIAL 4ML	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
3009314	BEVACIZUMAB 100 CIPLA CONCENTRATE FOR	100MG/4ML	BEVACIZUMAB	Pre-authorisation required
3009315	BEVACIZUMAB 400 CIPLA CONCENTRATE FOR	400MG/16ML	BEVACIZUMAB	Pre-authorisation required
3009227	BEVACIZUMAB 100 EQUITY CONCENTRATE FO	100MG/4ML	BEVACIZUMAB	Pre-authorisation required
3009229	BEVACIZUMAB 400 EQUITY CONCENTRATE FO	400MG/16ML	BEVACIZUMAB	Pre-authorisation required
3008478	ASU BEVACIZUMAB (SECTION 36) 0.2ML PRE-FILLED SYRINGE		BEVACIZUMAB	Pre-authorisation required
813850	BOTOX VIAL	0.025MCG	BOTULINUM TOXIN	Pre-authorisation required
720379	BOTOX VIAL	200U	BOTULINUM TOXIN	Pre-authorisation required
709214	BOTOX VIAL	0.025MCG	BOTULINUM TOXIN	Pre-authorisation required
707625	DYSPORET	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	DYSPORET POWDER FOR SOLUTION FOR INJEC	300U	BOTULINUM TOXIN	Pre-authorisation required
3002668	YSIQQ 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
711008	WELLBUTRIN XL	150MG	BUPROPION	Pre-authorisation required
711009	WELLBUTRIN XL	300MG	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
3008900	BUPROPION 150 XL DRL	150MG	BUPROPION	Pre-authorisation required
3008901	BUPROPION 300 XL DRL	300MG	BUPROPION	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
3008398	AVAXIGA	10MG	DAPAGLIFLOZIN	Pre-authorisation required
3008397	AVAXIGA	5MG	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
3008853	REDIFARG	10MG	DAPAGLIFLOZIN	Pre-authorisation required
3008852	REDIFARG	5MG	DAPAGLIFLOZIN	Pre-authorisation required
3009004	DAPAGLIFLOZIN 10 MG ASCEND	10MG	DAPAGLIFLOZIN	Pre-authorisation required
3009003	DAPAGLIFLOZIN 5 MG ASCEND	5MG	DAPAGLIFLOZIN	Pre-authorisation required
3010490	DAPAGLIFLOZIN 10 UNICORN	10MG	DAPAGLIFLOZIN	Pre-authorisation required
3010489	DAPAGLIFLOZIN 5 UNICORN	5MG	DAPAGLIFLOZIN	Pre-authorisation required
708144	EX-JADE	125MG	DEFERASIROX	Pre-authorisation required
708147	EX-JADE	250MG	DEFERASIROX	Pre-authorisation required
708148	EX-JADE	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
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	5MG	DONEPEZIL	Pre-authorisation required
720340	DONERIN	10MG	DONEPEZIL	Pre-authorisation required
722953	JUBEZIL	5MG	DONEPEZIL	Pre-authorisation required
722954	JUBEZIL	10MG	DONEPEZIL	Pre-authorisation required
721161	ENSORIN	5MG	DONEPEZIL	Pre-authorisation required
721162	ENSORIN	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 0.7	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 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
3010282	STENIT	10MG	EMPAGLIFLOZIN	Pre-authorisation required
3010291	STENIT	25MG	EMPAGLIFLOZIN	Pre-authorisation required
3007936	AIZEMPA	10MG	EMPAGLIFLOZIN	Pre-authorisation required
3007941	AIZEMPA	25MG	EMPAGLIFLOZIN	Pre-authorisation required
3010449	EMPAGLIFLOZIN 10 MG PD	10MG	EMPAGLIFLOZIN	Pre-authorisation required
3010488	EMPAGLIFLOZIN 10 UNICORN	10MG	EMPAGLIFLOZIN	Pre-authorisation required
3010450	EMPAGLIFLOZIN 25 MG PD	25MG	EMPAGLIFLOZIN	Pre-authorisation required
3010487	EMPAGLIFLOZIN 25 UNICORN	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 PRE-FILLED SYRINGE POWDER FOR		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 0.5	25MG/5ML	ETANERCEPT	Pre-authorisation required
3004304	ERELZI PRE-FILLED SYRINGE SOL FOR INJ 1ML	50MG/1ML	ETANERCEPT	Pre-authorisation required
723152	REPATHA PRE-FILLED PEN 1ML	140MG/1ML	EVOLUCUMAB	Pre-authorisation required
711678	BYETTA DISPOSABLE PEN 60 DOSE 1.2ML	5 UG	EXENATIDE	Pre-authorisation required
711684	BYETTA DISPOSABLE PEN 60 DOSES 2.4ML	10 UG	EXENATIDE	Pre-authorisation required
718169	FAMPYRA	10MG	FAMPRIDINE	Pre-authorisation required
3006856	VABYSMO SOLUTION FOR INJECTION 0.05ML V	6MG/05ML	FARICIMAB	Pre-authorisation required
3011108	VABYSMO (SECTION 21) SOLUTION FOR INJEC	6MG/5ML	FARICIMAB	Pre-authorisation required
704128	TALOXIA	600MG/5ML	FELBAMATE	Pre-authorisation required
722546	FIDICID	200MG	FIDAXOMIN	Pre-authorisation required
3005254	FILENGIA	5MG	FINGOLIMOD	Pre-authorisation required
3002561	MYELENEA	5MG	FINGOLIMOD	Pre-authorisation required
720446	TUVIGIN	0.5MG	FINGOLIMOD	Pre-authorisation required
810487	TRANSACT L.A.T.	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 PRE-FILLED SYRINGE 1ML	20MG/1ML	GLATIRAMER ACETATE	Pre-authorisation required
3005255	COPAXONE PRE-FILLED PEN 1ML	40MG/1ML	GLATIRAMER ACETATE	Pre-authorisation required
719211	SIMPONI SOLUTION PRE-FILLED PEN	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 P 2ML	160ML/1ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR EXTRAVASCULAR ADM.	Pre-authorisation required
707791	BERIGLOBIN P 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 SOLUTION FOR INFUSION	5G/100ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	Pre-authorisation required
720190	IG VENA 200ML VIAL SOLUTION FOR 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
3007243	SYBRAVA PRE-FILLED SYRINGE 1.5ML	284MG/1.5ML	INCLISIRAN	Pre-authorisation required

3003928	REMIFLIX POWDER FOR CONCENTRATE FOR S	100MG	NFLXIMAB	Pre-authorisation required
3001518	REMISIA VIAL POWDER FOR RECONSTITUTIO	100MG	NFLXIMAB	Pre-authorisation required
874930	REVELLEX VIAL POWDER FOR RECONSTITUTIO	100MG	NFLXIMAB	Pre-authorisation required
712306	AVONEX PREFILLED SYRINGE 0.5ML	30MCG/5ML	INTERFERON BETA-1A	Pre-authorisation required
880887	REBIF 22 PRE-FILLED SYRINGE 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 PRE-FILLED SYRINGE 0.5ML	88MCG/1ML	INTERFERON BETA-1A	Pre-authorisation required
717093	REBIF 44 REBIDOSE PRE-FILLED PEN 0.5ML	88MCG/1ML	INTERFERON BETA-1A	Pre-authorisation required
700474	BETAIFERON PRE-FILLED SYRINGE 1ML	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
3010211	BRADHET	5MG	IVABRADINE	Pre-authorisation required
3010212	BRADHET	7.5MG	IVABRADINE	Pre-authorisation required
3004074	COPELLOR SOLUTION FOR INJECTION 1ML PR	80MG/1ML	IXEKIZUMAB	Pre-authorisation required
3008077	VIMCOSA	100MG	LACOSAMIDE	Pre-authorisation required
3008088	VIMCOSA	150MG	LACOSAMIDE	Pre-authorisation required
3008089	VIMCOSA	200MG	LACOSAMIDE	Pre-authorisation required
3008087	VIMCOSA	50MG	LACOSAMIDE	Pre-authorisation required
888171	ARAVA	20MG	LEFLUNOMIDE	Pre-authorisation required
888175	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
3009300	LEFLUNOMIDE 20 UNICORN	20MG	LEFLUNOMIDE	Pre-authorisation required
3009233	LEFLUNAR	10MG	LEFLUNOMIDE	Pre-authorisation required
3009234	LEFLUNAR	20MG	LEFLUNOMIDE	Pre-authorisation required
708000	STALEVO 100/25	100MG/25MG	LEVODOPA/CARBIDOPA/ENTACAPONE	Pre-authorisation required
708001	STALEVO 150/37.5	150MG/37.5MG	LEVODOPA/CARBIDOPA/ENTACAPONE	Pre-authorisation required
707999	STALEVO 50/12.5	50MG/12.5MG	LEVODOPA/CARBIDOPA/ENTACAPONE	Pre-authorisation required
3009089	ELTURIN IV SOLUTION FOR INFUSION BAG 300	600MG/300ML	LINEZOLID	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 INFUSIO	600MG/300ML	LINEZOLID	Pre-authorisation required
721141	VOXWIN (WAS 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
3004829	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	100MG/5ML	LINEZOLID	Pre-authorisation required
708873	ZYVOXID	200MG/100ML	LINEZOLID	Pre-authorisation required
3008467	LINOACT IV SOLUTION FOR INFUSION 300ML	600MG/300ML	LINEZOLID	Pre-authorisation required
888507	ZYVOXID 300ML	600MG/300ML	LINEZOLID	Pre-authorisation required
3009572	LIDOHET	600MG	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
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 DAPAGLIFLOZIN	Pre-authorisation required
3006455	SYNGLUTRA 5/1000	5MG/1000MG	METFORMIN AND DAPAGLIFLOZIN	Pre-authorisation required
3004735	XIGDUO XR 10MG/1000MG	10MG/1000MG	METFORMIN AND DAPAGLIFLOZIN	Pre-authorisation required
3004733	XIGDUO XR 5MG/1000MG	5MG/1000MG	METFORMIN AND DAPAGLIFLOZIN	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
3008149	METSITAG 50/1000	50MG/1000MG	METFORMIN AND SITAGLIPTIN	Pre-authorisation required
3008148	METSITAG 50/500	50/500MG	METFORMIN AND SITAGLIPTIN	Pre-authorisation required
3008816	METPLTIN CO 50/1000	50MG/500MG	METFORMIN AND SITAGLIPTIN	Pre-authorisation required
3008817	METPLTIN CO 50/850	50MG/850MG	METFORMIN AND SITAGLIPTIN	Pre-authorisation required
3008708	SITUVIAMET 50 MG/1000 MG	50MG/1000MG	METFORMIN AND SITAGLIPTIN	Pre-authorisation required
3009463	SALUMET 50/1000	50MG/1000MG	METFORMIN AND SITAGLIPTIN	Pre-authorisation required
3009462	SALUMET 50/500	50MG/500MG	METFORMIN AND SITAGLIPTIN	Pre-authorisation required
701111	GLUCOVANCE 500MG/2.5MG	500/2.5MG	METFORMIN/GLIBENCLAMIDE	Pre-authorisation required
701112	GLUCOVANCE 500/5	500/5MG	METFORMIN/GLIBENCLAMIDE	Pre-authorisation required
717788	JANUMET 50MG/500 MG	50MG/500MG	METFORMIN/SITAGLIPTIN	Pre-authorisation required
717790	JANUMET 50MG/850MG	50MG/850MG	METFORMIN/SITAGLIPTIN	Pre-authorisation required
717791	JANUMET 50MG/1000MG	50MG/1000MG	METFORMIN/SITAGLIPTIN	Pre-authorisation required
705611	METVIX 2G	160MG/G	METHYL AMINOLEVULINATE	Pre-authorisation required
3004875	MODAFINIL 100 IPHARMA	100MG	MODAFINIL	Pre-authorisation required
701388	PROVIGIL	100MG	MODAFINIL	Pre-authorisation required
3009851	PROLERT	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 PREFILLED SYRINGE 0.5ML	50MG/0.50ML	PALIPERIDONE	Pre-authorisation required
718471	XEPLION PREFILLED SYRINGE 1ML	100MG/1.00ML	PALIPERIDONE	Pre-authorisation required
718470	XEPLION PREFILLED SYRINGE 0.75ML	75MG/0.75ML	PALIPERIDONE	Pre-authorisation required
718472	XEPLION PREFILLED SYRINGE 1.5ML	150MG/1.50ML	PALIPERIDONE	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 PRE-FILLED SYRINGE 0.5ML	135MCG	PEGINTERFERON ALFA-2A	Pre-authorisation required
704197	PEGASYS PRE-FILLED SYRINGE 0.5ML	180MCG	PEGINTERFERON ALFA-2A	Pre-authorisation required
3000254	PLEGRIDY 63MCG/4MCG PER 0.5ML PREFILLE	135MCG/0.5ML	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	PIRFENIDONE	Pre-authorisation required
3007082	ESBRIET	801MG	PIRFENIDONE	Pre-authorisation required
3007083	ESBRIET	267MG	PIRFENIDONE	Pre-authorisation required
3009214	PIROFIBRA	267MG	PIRFENIDONE	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 VIAL 10ML	100MG	RITUXIMAB	Pre-authorisation required
853232	MABTHERA VIAL 50ML	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
3009594	RITUXIMAB 100 CIPLA CONCENTRATE SOLUTIO	100MG/10ML	RITUXIMAB	Pre-authorisation required
3009595	RITUXIMAB 500 CIPLA CONCENTRATE SOLUTIO	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
3007188	XADAGO	100MG	SAFINAMIDE	Pre-authorisation required
3007186	XADAGO	50MG	SAFINAMIDE	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 SOLUTION FOR INJECTION PRE-FIL	300MG/2ML	SECUKINUMAB	Pre-authorisation required
720512	RENVELA	800MG TAB	SEVELAMER	Pre-authorisation required
714128	REVATIO	20MG	SILDENAFIL	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
3008506	METPLITIN	100MG	SITAGLIPTIN	Pre-authorisation required
3008505	METPLITIN	50MG	SITAGLIPTIN	Pre-authorisation required
3003294	HARVONI 90MG/400MG	90MG/400MG	SOFOSBUVIR AND LEDIPASVIR	Pre-authorisation required
3003297	EPCLUSA 400MG/100MG		SOFOSBUVIR 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
3009601	BAGIOCORD	14MG	TERIFLUNOMIDE	Pre-authorisation required
3005318	TERIFLUNOMIDE 14 TEVA	14MG	TERIFLUNOMIDE	Pre-authorisation required
3007589	TERIFLUNOMIDE ADCO	14MG	TERIFLUNOMIDE	Pre-authorisation required
3009601	BAGIOCORD	14MG	TERIFLUNOMIDE	Pre-authorisation required
702800	FORTEO SOLUTION FOR INJECTION PF PEN 2.	250MCG/ML	TERIPARATIDE	Pre-authorisation required
714152	FORVENT (REFILL)	18MCG	TIOTROPIUM	Pre-authorisation required
714167	FORVENT HANDHALER COMPLETE WITH 30 IN	18MCG	TIOTROPIUM	Pre-authorisation required
3006100	NEUMOTROPIO 30 INH CAPSULES WITH ZEPHI	18MCG	TIOTROPIUM	Pre-authorisation required
702523	SPIRIVA INH.CAPS 30 WITH HANDHALER	18MCG	TIOTROPIUM	Pre-authorisation required
702526	SPIRIVA (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 INHALER		TIOTROPIUM	Pre-authorisation required
3003905	TIOTOR 30 INH CAPSULES WITH ZEPHIR 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
723506	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 ACETONIDE 4%	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 PREFILLED SYRINGE 0.5ML	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
3007099	STELARA SOLUTION FOR INJECTION 0.5ML VIA	45MG/ 5ML	USTEKINUMAB	Pre-authorisation required
3010736	STELARA PRE-FILLED PEN 0.5ML	45MG/ 5ML	USTEKINUMAB	Pre-authorisation required
3010737	STELARA PRE-FILLED PEN 1ML	90MG/1ML	USTEKINUMAB	Pre-authorisation required
3003130	CYTAMEG	450MG	VALGANCICLOVIR	Pre-authorisation required
703908	VALCYTE	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
3008324	VALHET POWDER FOR ORAL SOLUTION	50MG/1ML	VALGANCICLOVIR	Pre-authorisation required
3001963	ENTYVIO VIAL POWDER FOR CONCENTRATE S	300MG	VEDOLIZUMAB	Pre-authorisation required
701240	VISUDYNE POW F/SOLUTION F/INFUSION	15MG	VERTEPORFIN	Pre-authorisation required
809594	SABRIL	500MG	VIGABATRIN	Pre-authorisation required
3008161	VIDAMACE	50MG	VILDAGLIPTIN	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
3008858	VILEPTIN CO 50/1000	50MG/1000MG	VILDAGLIPTIN/METFORMIN	Pre-authorisation required
3008857	VILEPTIN CO 50/850	50MG/850MG	VILDAGLIPTIN/METFORMIN	Pre-authorisation required
717636	GALVUS MET 50MG/850MG	50MG/850MG	VILDAGLIPTIN/METFORMIN	Pre-authorisation required
717637	GALVUS MET 50 MG/1000MG	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
3009662	VILDAMET 50/1 000	50MG/1000MG	VILDAGLIPTIN/METFORMIN	Pre-authorisation required
3009661	VILDAMET 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