

**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
3002581	ABILIFY MAINTENA POWD & SOLVENT FOR SUSP	400MG	Aripiprazole	New product under review
3002583	ABILIFY MAINTENA POWDER & SOLVENT FOR SUSP	400MG	Aripiprazole	New product under review
720978	DAHIDE	24MG TAB	BETAHISTINE	Exclusion
720325	HIDRIST	24MG TAB	BETAHISTINE	Exclusion
720975	HIDRIST	16MG 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
3002751	EXLOV XR	100MG	DESVENLAFAXINE	Exclusion
3002750	EXLOV XR	50MG	DESVENLAFAXINE	Exclusion
720594	EXSIRA	50MG SRT	DESVENLAFAXINE	Exclusion
720595	EXSIRA	100MG SRT	DESVENLAFAXINE	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
3001765	TRULICITY PRE-FILLED PEN 0.5ML	1.5MG/0.5ML	DULAGLUTIDE	Exclusion
720929	JARDIANCE	10MG	EMPAGLIFLOZIN	Exclusion
721619	JARDIANCE	25MG	EMPAGLIFLOZIN	Exclusion
707127	STRESAM	50MG	ETIFOXINE	Exclusion
878758	FLIXONASE NASULES	400MCG	FLUTICASON	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	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 SULPH/ATROPINE SULPH/PHENOBARB	Exclusion
3002220	XULTOPHY PRE-FILLED PEN 3ML		Insulin degludec and liraglutide	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
3002219	SAXENDA PRE-FILLED PEN 3ML	6MG/1ML	LIRAGLUTIDE	New product under review
7116645	VICTOZA PRE-FILLED PEN 3ML	6MG/1ML	LIRAGLUTIDE	Exclusion
723894	EQUANIL	400MG	MEPROBAMATE	Exclusion
3002742	SYNJARDY 12.5/1000MG	12.5MG/1000MG	METFORMIN AND EMPAGLIFLOZIN	New product under review
3002740	SYNJARDY 12.5/500MG	12.5MG/500MG	METFORMIN AND EMPAGLIFLOZIN	New product under review
3002741	SYNJARDY 12.5/850MG	12.5MG/850MG	METFORMIN AND EMPAGLIFLOZIN	New product under review
3002739	SYNJARDY 5/1000MG	5MG/1000MG	METFORMIN AND EMPAGLIFLOZIN	New product under review
3002736	SYNJARDY 5/500MG	5MG/500MG	METFORMIN AND EMPAGLIFLOZIN	New product under review
3002737	SYNJARDY 5/850MG	5MG/850MG	METFORMIN AND EMPAGLIFLOZIN	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
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
814679	PULMOZYME	2.5MG/2.5ML	RHDNASE	Exclusion
721965	XIFAXAN	550MG	RIFAXIMIN	New product under review
824100	RILUTEK	50MG	RILUZOLE	Exclusion
715321	DAXAS	0.5MG	ROFLUMILAST	Exclusion
752983	PAROVEN	CAP	RUTOSIDES O-(BETA-HYDROXYETHYL)	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
708593	BILRON	300MG	BILE SALTS/FERROUS SULFATE	Exclusion
723231	ENCEPHABOL		PYRITINOL HCL	Exclusion
761001	RIOSTATIN		TETRACYCLINES/NYSTATIN/VITS	Exclusion
738107	LIMBITROL		AMITRIPTYLINE/CHLORDIAZEPOXIDE	Exclusion
716677	COVOTOP 15ML		CHLORAMPHENICOL/BENZOCAINE	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 15ML	250MG	ABATACEPT	Pre-authorisation required
722109	ORENCIA PREFILLED SYRINGE 1ML	125MG	ABATACEPT	Pre-authorisation required

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
705335	HUMIRA 40MG PRE-FILLED SYR	40MG/0.8ML	ADALIMUMAB	Pre-authorisation required
716266	HUMIRA PEN 0.8ML	40MG/0.8ML	ADALIMUMAB	Pre-authorisation required
3002029	HUMIRA PEN 0.4ML	40MG/4ML	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	AFIBERCEPT	Pre-authorisation required
716215	VALDOXANE	25MG	AGOMELATINE	Pre-authorisation required
723038	VOLIBRIS	10MG	AMBRISENTAN	Pre-authorisation required
723036	VOLIBRIS	5MG	AMBRISENTAN	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	DYSPOPT	500IU	BOTULINUM TOXIN	Pre-authorisation required
3001584	VOXRA XL	150MG	BUPROPION	Pre-authorisation required
3001582	VOXRA XL	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	EXJADE	125MG	DEFERASIROX	Pre-authorisation required
708147	EXJADE	250MG	DEFERASIROX	Pre-authorisation required
708148	EXJADE	500MG	DEFERASIROX	Pre-authorisation required
719110	DEFERAL	500MG	DEFEROXAMINE	Pre-authorisation required
720112	VOLTAREN PATCH	1.4G	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
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
3000171	REVOLADE	25MG	ELTROMBOPAG	Pre-authorisation required
3000172	REVOLADE	50MG	ELTROMBOPAG	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
868590	COMTAN	200MG	ENTACAPONE	Pre-authorisation required
706121	INSPIRA	25MG	EPLERENONE	Pre-authorisation required
706135	INSPIRA	50MG	EPLERENONE	Pre-authorisation required
702509	ENBREL		ETANERCEPT	Pre-authorisation required
721984	ENBREL PS PRE-FILLED MYCLIC PEN	50MG INJ	ETANERCEPT	Pre-authorisation required
715051	ENBREL PS SOLUTION FOR INJECTION PRE-FIL	50MG/1ML	ETANERCEPT	Pre-authorisation required
715037	ENBREL PS SOLUTION FOR INJECTION PREFILL	25MG/0.5ML	ETANERCEPT	Pre-authorisation required
711678	BYETTA	5 UG	EXENATIDE	Pre-authorisation required
711684	BYETTA	10 UG	EXENATIDE	Pre-authorisation required
704378	EZETROL	10MG	EZETIMIBE	Pre-authorisation required
715237	INEGY	10MG/10MG	EZETIMIBE/SIMVASTATIN	Pre-authorisation required
715238	INEGY	10MG/20MG	EZETIMIBE/SIMVASTATIN	Pre-authorisation required
715240	INEGY	10MG/40MG	EZETIMIBE/SIMVASTATIN	Pre-authorisation required
715241	INEGY	10MG/80MG	EZETIMIBE/SIMVASTATIN	Pre-authorisation required
853216	TALOXIA	400MG	FELBAMATE	Pre-authorisation required
704128	TALOXIA SUSP	600MG/5ML	FELBAMATE	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
719211	SIMPONI PRE-FILLED SYRINGE	50MG/0.5ML	GOLIMUMAB	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
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
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/2000ML	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
874930	REVELLEX VIAL POWDER FOR RECONSTITUTION	100MG	INFLIXIMAB	Pre-authorisation required

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
840122	ROFERON-A 0.5ML PREFILLED SNR	3MIU	INTERFERON ALFA-2A	Pre-authorisation required
840157	ROFERON-A 0.5ML PREFILLED SNR	9MIU	INTERFERON ALFA-2A	Pre-authorisation required
840130	ROFERON-A 0.5ML PREFILLED	4.5MIU	INTERFERON ALFA-2A	Pre-authorisation required
840149	ROFERON-A PREFILLED 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 PREFILLED SYRINGE 0.5ML	30MCG/5ML	INTERFERON BETA-1A	Pre-authorisation required
890987	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
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
711080	FOSRENOL	500MG	LANTHANUM CARBONATE	Pre-authorisation required
711081	FOSRENOL	750MG	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
722770	LINEZOLID FRESENIUS SOLUTION FOR INFUSIO	600MG/300ML	LINEZOLID	Pre-authorisation required
721141	LINEZOLID HETERO	600MG	LINEZOLID	Pre-authorisation required
721512	LINEZOLID SPECPHARM	600MG	LINEZOLID	Pre-authorisation required
722714	LINEZOLID TEVA	600MG	LINEZOLID	Pre-authorisation required
3002381	ZENILID	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	MEMINIST	10MG	MEMANTINE	Pre-authorisation required
721208	MEMOR	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
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
701388	PROVIGIL	100MG	MODAFINIL	Pre-authorisation required
715828	TYSABRI CONCENTRATION FOR SOLUTION VIAL	300MG	NATALIZUMAB	Pre-authorisation required
720829	XOLAIR POWDER FOR SOLUTION VIAL	150MG VIAL	OMALIZUMAB	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 INJECTION	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
715049	NOXAFIL	40MG/1ML	POSACONAZOLE	Pre-authorisation required
711524	LUCENTIS VIAL 0.23ML	10MG/1ML	RANBIZUMAB	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
853224	MABTHERA	100MG	RITUXIMAB	Pre-authorisation required
853232	MABTHERA	500MG	RITUXIMAB	Pre-authorisation required
848565	EXELON	3MG	RIVASTIGMINE	Pre-authorisation required
848573	EXELON	4.5MG	RIVASTIGMINE	Pre-authorisation required
714613	NPLATE POWDER FOR RECONSTITUTION VIAL	250mcg	ROMIPLOSTIM	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
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
721520	AUBAGIO	14MG	teriflunomide	Pre-authorisation required
702800	FORTEQ	250MCG/ML	TERIPARATIDE	Pre-authorisation required
714152	FORVENT (REFILL)	18MCG	TIOTROPIUM	Pre-authorisation required
714167	FORVENT HANDHALER COMPLETE	18MCG	TIOTROPIUM	Pre-authorisation required
702523	SPIRIVA MA COMPLETE	18MCG	TIOTROPIUM	Pre-authorisation required

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
702526	SPIRIVA MA REFILL	18MCG	TIOTROPIUM	Pre-authorisation required
710897	SPIRIVA RESPIMAT INHALER 60 DOSES	2.5MCG	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
1027834	INTRACINOL 1.1ML		TRIAMCINOLONE	Pre-authorisation required
152122	OPHTHALMIC TRIAMCINOLONE ACETORIDE VITR	0.04	TRIAMCINOLONE	Pre-authorisation required
715819	STELARA	45MG	USTEKINUMAB	Pre-authorisation required
723615	STELARA PREFILLED SYRINGE 1ML	90MG/1ML	USTEKINUMAB	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
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 TAB	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