



Chronic Medication Formulary for Additional Chronic Conditions

Standard Care 2024:
RUMed

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ALLERGIC RHINITIS

CONDITION REQUIREMENTS: Only monotherapy will be approved in the absence of asthma. Combination treatment (nasal spray and oral medication) must be motivated for by a prescriber.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
CETIRIZINE-HEXAL 1MG/1ML SYR	CETIRIZINE HCL ORAL SOLN 1 MG/ML (5 MG/5ML)	ANTI-HISTAMINES	708117001	150	YES	
CETIRIZINE-HEXAL 10MG TAB	CETIRIZINE HCL TAB 10 MG	ANTI-HISTAMINES	703864001	30	YES	
ADCO DESLORATADINE 2.5MG/5ML SYR	DESLORATADINE SYRUP 0.5 MG/ML	ANTI-HISTAMINES	720915001	50		YES
ACUHIST 5MG TAB	DESLORATADINE TAB 5 MG	ANTI-HISTAMINES	721528001	10		YES
TELFAS 30MG/5ML SUSP	FEXOFENADINE HCL SUSP 30 MG/5ML (6 MG/ML)	ANTI-HISTAMINES	715771001	150		YES
FASTWAY 120MG TAB	FEXOFENADINE HCL TAB 120 MG	ANTI-HISTAMINES	709841001	10		YES
FASTWAY 180MG TAB	FEXOFENADINE HCL TAB 180 MG	ANTI-HISTAMINES	709710001	30		YES
XYZAL 0.5MG/ML ORAL SLN	LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5 MG/5ML (0.5 MG/ML)	ANTI-HISTAMINES	720330001	150		YES
CETIZAL 5MG TAB	LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	ANTI-HISTAMINES	722018002	30		YES
ALLERGEX NON DROWSY SYR	LORATADINE SYRUP 5 MG/5ML	ANTI-HISTAMINES	701640001	150	YES	
ALLERGEX NON DROWSY TAB	LORATADINE TAB 10 MG	ANTI-HISTAMINES	704275002	30	YES	
BECLATE AQUANASE 150DOSE 50MCG AQS	BECLOMETHASONE DIPROPIONATE NASAL SOLN 0.05%	GLUCOCORTICOSTEROIDS	820709018	1	YES	
SPEC-BUDESONIDE 100MCG AQS	BUDESONIDE NASAL INHAL 100 MCG/DOSE	GLUCOCORTICOSTEROIDS	712614001	1	YES	
OMNAIR 50MCG NASAL SUSP	CICLESONIDE NASAL SUSP 50 MCG/ACT	GLUCOCORTICOSTEROIDS	718730001	1		YES
AVAMYS 120 DOSE 27.5MCG AQS	FLUTICASONE FUROATE NASAL SUSP 27.5 MCG/SPRAY	GLUCOCORTICOSTEROIDS	712866001	1		YES
FLOMIST 120 DOSE 50MCG AQS	FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT	GLUCOCORTICOSTEROIDS	704383001	1	YES	
RINELON 60 DOSE 50MCG AQS	MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT	GLUCOCORTICOSTEROIDS	716718001	1		YES

ALZHEIMER'S DISEASE

CONDITION REQUIREMENTS: Initial application must be from specialist in the field of the treatment disorder. Completed Folstein's Mini Mental Examination State (MMSE) is required.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
ALZIDO 10MG TAB	DONEPEZIL HYDROCHLORIDE TAB 10 MG	ALZHEIMER DISEASE	723249001	28	YES	
ALZIDO 5MG TAB	DONEPEZIL HYDROCHLORIDE TAB 5 MG	ALZHEIMER DISEASE	723248001	28	YES	
REMCEPT XL 16MG SRC	GALANTAMINE HYDROBROMIDE CAP ER 24HR 16 MG	ALZHEIMER DISEASE	723727001	30		YES
REMCEPT XL 34MG SRC	GALANTAMINE HYDROBROMIDE CAP ER 24HR 24 MG	ALZHEIMER DISEASE	723728001	30		YES
REMCEPT XL 8MG SRC	GALANTAMINE HYDROBROMIDE CAP ER 24HR 8 MG	ALZHEIMER DISEASE	723726001	30		YES
EBIXA DROPS	MEMANTINE HCL ORAL SOLUTION 2 MG/ML	ALZHEIMER DISEASE	706181001	50		YES
COGNIMET 10MG TAB	MEMANTINE HCL TAB 10 MG	ALZHEIMER DISEASE	722117001	60		YES
EXELON 3.0 MG CAP	RIVASTIGMINE CAP 3 MG	ALZHEIMER DISEASE	848565002	56		YES
EXELON 4.5 MG CAP	RIVASTIGMINE CAP 4.5 MG	ALZHEIMER DISEASE	848573005	56		YES

ANKYLOSING SPONDYLITIS

CONDITION REQUIREMENTS: Initial application must be from a specialist in the field of the treatment disorder.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
BETANOID 0.5MG TAB	BETAMETHASONE TAB 0.5 MG	CORTICOSTEROIDS	826928005	20		YES
COVOCORT 10MG TAB	HYDROCORTISONE TAB 10 MG	CORTICOSTEROIDS	716693003	100		YES
MEDROL 16MG TAB	METHYLPREDNISOLONE TAB 16 MG	CORTICOSTEROIDS	741124009	50		YES
MEDROL 4MG TAB	METHYLPREDNISOLONE TAB 4 MG	CORTICOSTEROIDS	741116006	30		YES
CAPOID 5MG TAB	PREDNISOLONE TAB 5 MG	CORTICOSTEROIDS	814407013	1000		YES
PANAFKORT 5MG TAB	PREDNISON TAB 5 MG	CORTICOSTEROIDS	752304119	1000	YES	
DIFEN SR 100MG SRT	DICLOFENAC SODIUM CAP ER 24HR 100 MG	COX INHIBITORS	706314001	30		YES
MYLAN DICLOFENAC 50MG TAB	DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG	COX INHIBITORS	786020016	500	YES	
MYLAN DICLOFENAC 25 MG TAB	DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG	COX INHIBITORS	786012013	500	YES	
PANAMOR SR 75MG TAB	DICLOFENAC SODIUM TAB ER 24HR 75 MG	COX INHIBITORS	827584008	30		YES
IBUCINE 400MG TAB	IBUPROFEN TAB 200 MG	COX INHIBITORS	700318002	1000	YES	
IBUCINE 200MG TAB	IBUPROFEN TAB 400 MG	COX INHIBITORS	700316002	1000	YES	
BETACIN 25MG CAP	INDOMETHACIN CAP 25 MG	COX INHIBITORS	787833010	500	YES	
ARTHREXIN 50MG CAP	INDOMETHACIN CAP 50 MG	COX INHIBITORS	704733005	100		YES
MYLAN NAPROXEN 250MG TAB	NAPROXEN TAB 250 MG	COX INHIBITORS	810185024	250	YES	
BIO-NAPROXEN 500MG TAB	NAPROXEN TAB 500 MG	COX INHIBITORS	722843001	30	YES	
ROXIFEN 20MG CAP	PIROXICAM CAP 20 MG	COX INHIBITORS	701072001	30	YES	
COXLEON 100MG CAP	CELECOXIB CAP 100 MG	COXIB	723329001	60	YES	
COXLEON 200MG CAP	CELECOXIB CAP 200 MG	COXIB	723330001	30	YES	
SPEC ETORICOXIB 60MG TAB	ETORICOXIB TAB 60 MG	COXIB	723128001	28		YES
SPEC ETORICOXIB 90MG TAB	ETORICOXIB TAB 90 MG	COXIB	723129002	28		YES
SALAZOPYRIN 500MG TAB	SULFASALAZINE TAB 500 MG	OTHER GIT AGENTS	762008008	100	YES	
SALAZOPYRIN-EN 500MG TAB	SULFASALAZINE TAB DELAYED RELEASE 500 MG	OTHER MUSCULO-SKELETAL AGENTS	762016019	100	YES	
MEDOXICAM 15MG TAB	MELOXICAM TAB 15 MG	SELECTIVE COX2 INHIBITORS	718382002	30	YES	
MEDOXICAM 7.5MG TAB	MELOXICAM TAB 7.5 MG	SELECTIVE COX2 INHIBITORS	718381001	30	YES	

ANXIETY DISORDER, PANIC DISORDER, OBSESSIVE COMPULSIVE DISORDER AND POST-TRAUMATIC STRESS DISORDER

CONDITION REQUIREMENTS: Obsessive Compulsive Disorder: Initial application must be from a Psychiatrist. DSM Criteria to be submitted.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
AMITRIPTYLINE HCL KIARA 25MG TAB	AMITRIPTYLINE HCL TAB 25 MG	TRICYCLICS	784230005	100	YES	
BUDEP XR 150MG TAB	BUPROPION HCL TAB ER 24HR 150 MG	NA/DA RE-UPDATE INHIBITORS	3003107001	30		YES
BUDEP XR 300MG TAB	BUPROPION HCL TAB ER 24HR 300 MG	NA/DA RE-UPDATE INHIBITORS	3003108001	30		YES
AUSTELL-CITALOPRAM 10MG TAB	CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)	SSRI	707396001	30	YES	
ADCO-TALOMIL 20MG TAB	CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)	SSRI	702769001	30	YES	
ARROW CITALOPRAM 40MG TAB	CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)	SSRI	713584001	30	YES	
CLOMIDEP 25MG TAB	CLOMIPRAMINE HCL TAB 25 MG	TRICYCLICS	703381001	50		YES
THADEN 25MG CAP	DOTHIEPIN HCL CAP 25 MG	TRICYCLICS	800198018	100	YES	
THADEN 75MG TAB	DOTHIEPIN HCL TAB 75 MG	TRICYCLICS	800201019	28	YES	
DULTA 30MG CAP	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	NORADRENALINE/SSRI	723857001	30		YES
DULTA 60MG CAP	DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	NORADRENALINE/SSRI	723858001	30		YES
ACCORD ESCITALOPRAM 10MG TAB	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQ)	SSRI	719547001	28	YES	
ACCORD ESCITALOPRAM 20MG TAB	ESCITALOPRAM OXALATE TAB 20 MG (BASE EQ)	SSRI	719548001	28	YES	
LEXAMIL 5MG TAB	ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)	SSRI	710374001	30		YES
RANFLOCS 20MG CAP	FLUOXETINE HCL CAP 20 MG	SSRI	700686001	30	YES	
FLUANXOL 0.5MG TAB	FLUPENTIXOL DIHYDROCHLORIDE TAB 0.5 MG	OTHER ANTI-PSYCHOTICS	726656003	30		YES
FLUANXOL 1MG TAB TAB	FLUPENTIXOL DIHYDROCHLORIDE TAB 1 MG	OTHER ANTI-PSYCHOTICS	726664006	30		YES
FAVERIN 100MG TAB	FLUVOXAMINE MALEATE TAB 100 MG	SSRI	706443001	30		YES
ETHIPRAMINE 10MG TAB	IMIPRAMINE HCL TAB 10 MG	TRICYCLICS	724661115	1000	YES	
ETHIPRAMINE 25MG TAB	IMIPRAMINE HCL TAB 25 MG	TRICYCLICS	724688110	1000	YES	
MIRADEP 15MG TAB	MIRTAZAPINE TAB 15 MG	TETRACYCLIC ANTI-DEPRESSANTS	721209001	30		YES
MIRADEP 30MG TAB	MIRTAZAPINE TAB 30 MG	TETRACYCLIC ANTI-DEPRESSANTS	721210001	30		YES
DEPNIL 300MG TAB	MOCLOBEMIDE TAB 300 MG	SELECTIVE MAO INHIBITORS	702008001	60	YES	
XET 20MG TAB	PAROXETINE HCL TAB 20 MG	SSRI	705633001	30		YES
DYNA SERTRALINE 100MG TAB	SERTRALINE HCL TAB 100 MG	SSRI	719973001	30		YES
DYNA SERTRALINE 50MG TAB	SERTRALINE HCL TAB 50 MG	SSRI	719972001	30		YES
ESPIRIDE 50MG CAP	SULPIRIDE CAP 50 MG	OTHER ANTIDEPRESSANTS	819654019	100	YES	
PARNATE 10MG TAB	TRANLYCPROMINE SULFATE TAB 10 MG	NON SELECTIVE MAO INHIBITORS	752975103	28		YES
MOLIPAXIN 100MG CAP	TRAZODONE HCL CAP 100 MG	OTHER ANTIDEPRESSANTS	744425018	100		YES
MOLIPAXIN 50MG CAP	TRAZODONE HCL CAP 50 MG	OTHER ANTIDEPRESSANTS	744417007	100		YES
VENLAFAXINE ADCO 150MG CAP	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQ)	NORADRENALINE/SSRI	719405001	30		YES
VENLAFAXINE ADCO 37.5MG CAP	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQ)	NORADRENALINE/SSRI	719402001	30		YES
VENLAFAXINE ADCO 75MG CAP	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQ)	NORADRENALINE/SSRI	719403001	30		YES
ODIVEN 37.5MG TAB	VENLAFAXINE HCL TAB 37.5 MG	NORADRENALINE/SSRI	710972001	60		YES
ODIVEN 75MG TAB	VENLAFAXINE HCL TAB 75 MG	NORADRENALINE/SSRI	710973001	60		YES

ATTENTION DEFICIT HYPERACTIVITY DISORDER

CONDITION REQUIREMENTS: Condition covered for members aged 18 years and younger. In-house protocol applies. Initial application required from a specialist in the field of the treatment disorder. A thorough work-up to the positive diagnosis of ADHD by a GP, including motivation/evidence, will be reviewed.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
INIR 10MG CAP	ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)	OTHER CNS STIMULANTS	723775001	30		YES
INIR 18MG CAP	ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)	OTHER CNS STIMULANTS	723776001	30		YES
INIR 25MG CAP	ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)	OTHER CNS STIMULANTS	723778001	30		YES
INIR 40MG CAP	ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)	OTHER CNS STIMULANTS	723779001	30		YES
STRATTERA 60MG CAP	ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)	OTHER CNS STIMULANTS	704694001	28		YES
STRATTERA 80MG CAP	ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)	OTHER CNS STIMULANTS	716473001	28		YES
VYVANSE 30MG CAP	LISDEXAMFETAMINE CAP 30MG	OTHER CNS STIMULANTS	3002858001	30		YES
VYVANSE 50MG CAP	LISDEXAMFETAMINE CAP 50MG	OTHER CNS STIMULANTS	3002859001	30		YES
VYVANSE 70MG CAP	LISDEXAMFETAMINE CAP 70MG	OTHER CNS STIMULANTS	3002860001	30		YES
AMFEXA 5MG TAB (30)	DEXAMPHETAMINE	OTHER CNS STIMULANTS	3004465001	30		YES
AMFEXA 10MG TAB (30)	DEXAMPHETAMINE	OTHER CNS STIMULANTS	3004466001	30		YES
RITALIN LA 10MG CAP	METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA	OTHER CNS STIMULANTS	717254001	30	YES	
RITALIN LA 20MG CAP	METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA	OTHER CNS STIMULANTS	701627003	30	YES	
RITALIN LA 30MG CAP	METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA	OTHER CNS STIMULANTS	701630005	30	YES	
RITALIN LA 40MG CAP	METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA	OTHER CNS STIMULANTS	701632003	30	YES	
MEFEDINEL 18MG SR TAB	METHYLPHENIDATE HCL TAB ER 24HR 18 MG	OTHER CNS STIMULANTS	3003032001	30	YES	
MEFEDINEL 27MG SR TAB	METHYLPHENIDATE HCL TAB ER 24HR 27 MG	OTHER CNS STIMULANTS	3003034001	30	YES	
MEFEDINEL 36MG SR TAB	METHYLPHENIDATE HCL TAB ER 24HR 36 MG	OTHER CNS STIMULANTS	3003039001	30	YES	
MEFEDINEL 54MG SR TAB	METHYLPHENIDATE HCL TAB ER 24HR 54 MG	OTHER CNS STIMULANTS	3003040001	30	YES	
METHYLPHENIDATE HCL-DOUGLAS 10MG TA	METHYLPHENIDATE HCL TAB 10 MG	OTHER CNS STIMULANTS	702505001	30	YES	

BENIGN PROSTATIC HYPERTROPHY

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
RANTRAL MR 10MG TAB	ALFUZOSIN HCL TAB ER 24HR 10 MG	ALPHA-RECEPTOR BLOCKERS	715829001	30		YES
CARDURA XL 4MG TAB	DOXAZOSIN MESYLATE TAB ER 4 MG	ALPHA-RECEPTOR BLOCKERS	869856006	30		YES
CARDURA XL 8MG TAB	DOXAZOSIN MESYLATE TAB ER 8 MG	ALPHA-RECEPTOR BLOCKERS	869864009	30		YES
CARDUGEN 1MG TAB	DOXAZOSIN MESYLATE TAB 1 MG	ALPHA-RECEPTOR BLOCKERS	701425001	30	YES	
CARDUGEN 4MG TAB	DOXAZOSIN MESYLATE TAB 4 MG	ALPHA-RECEPTOR BLOCKERS	701426001	30	YES	
HYTRIN 1MG TAB	TERAZOSIN HCL TAB 1 MG	ALPHA-RECEPTOR BLOCKERS	806358009	10		YES
HYTRIN 10MG TAB	TERAZOSIN HCL TAB 10 MG	ALPHA-RECEPTOR BLOCKERS	810207001	28		YES
HYTRIN 2MG TAB	TERAZOSIN HCL TAB 2 MG	ALPHA-RECEPTOR BLOCKERS	806366028	28		YES
HYTRIN 5MG TAB	TERAZOSIN HCL TAB 5 MG	ALPHA-RECEPTOR BLOCKERS	806374004	28		YES
AVODART 0.5MG CAP	DUTASTERIDE CAP 0.5 MG	HORMONE INHIBITORS	703202001	30		YES
ACCORD FINASTERIDE 5MG TAB	FINASTERIDE TAB 5 MG	HORMONE INHIBITORS	716739001	30		YES
SILODYX 4MG CAP	SILODOSIN CAP 4 MG	OTHER URINARY TRACT AGENTS	719881001	30		YES
SILODYX 8MG CAP	SILODOSIN CAP 8 MG	OTHER URINARY TRACT AGENTS	719882001	30		YES
TAMSUL SR 0.4MG SRC	TAMSULOSIN HCL CAP ER 0.4 MG	OTHER URINARY TRACT AGENTS	710306001	30	YES	

DEPRESSION

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
BUDEP XR 150MG TAB	BUPROPION HCL TAB ER 24HR 150 MG	NA/DA RE-UPDATE INHIBITORS	3003107001	30		YES
BUDEP XR 300MG TAB	BUPROPION HCL TAB ER 24HR 300 MG	NA/DA RE-UPDATE INHIBITORS	3003108001	30		YES
PARNATE 10MG TAB	TRANLYCYPROMINE SULFATE TAB 10 MG	NON SELECTIVE MAO INHIBITORS	752975103	28		YES
DULTA 30MG CAP	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	NORADRENALINE/SSRI	723857001	30		YES
DULTA 60MG CAP	DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	NORADRENALINE/SSRI	723858001	30		YES
VENLAFAXINE ADCO 150MG SRC	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	719405001	30		YES
VENLAFAXINE ADCO 37.5MG SRC	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	719402001	30		YES
VENLAFAXINE ADCO 75MG SRC	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	NORADRENALINE/SSRI	719403001	30		YES
ODIVEN 37.5MG TAB	VENLAFAXINE HCL TAB 37.5 MG	NORADRENALINE/SSRI	710972001	60		YES
ODIVEN 75MG TAB	VENLAFAXINE HCL TAB 75 MG	NORADRENALINE/SSRI	710973001	60		YES
ESPIRIDE 50MG CAP	SULPIRIDE CAP 50 MG	OTHER ANTIDEPRESSANTS	819654019	100	YES	
MOLIPAXIN 100MG CAP	TRAZODONE HCL CAP 100 MG	OTHER ANTIDEPRESSANTS	744425018	100		YES
MOLIPAXIN 50MG CAP	TRAZODONE HCL CAP 50 MG	OTHER ANTIDEPRESSANTS	744417007	100		YES
DEPNIL 300MG TAB	MOCLOBEMIDE TAB 300 MG	SELECTIVE MAO INHIBITORS	702008001	60	YES	
ADCO-TALOMIL 20MG TAB	CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)	SSRI	702769001	30	YES	
ARROW CITALOPRAM 40MG TAB	CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)	SSRI	713584001	30	YES	
ACCORD ESCITALOPRAM 10MG	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)	SSRI	719547001	28	YES	
ACCORD ESCITALOPRAM 20MG	ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)	SSRI	719548001	28	YES	
LEXAMIL 5MG TAB	ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)	SSRI	710374001	30		YES
RANFLOCS 20MG CAP	FLUOXETINE HCL CAP 20 MG	SSRI	700686001	30	YES	
FAVERIN 100MG TAB	FLUVOXAMINE MALEATE TAB 100 MG	SSRI	706443001	30		YES
XET 20MG TAB	PAROXETINE HCL TAB 20 MG	SSRI	705633001	30		YES
DYNA SERTRALINE 100MG TAB	SERTRALINE HCL TAB 100 MG	SSRI	719973001	30		YES
DYNA SERTRALINE 50MG TAB	SERTRALINE HCL TAB 50 MG	SSRI	719972001	30		YES
LANTANON 10MG TAB	MIANSERIN HCL TAB 10 MG	TETRACYCLIC ANTI-DEPRESSANTS	735795002	30		YES
LANTANON 30MG TAB	MIANSERIN HCL TAB 30 MG	TETRACYCLIC ANTI-DEPRESSANTS	735817014	100		YES
MIRADEP 15MG TAB	MIRTAZAPINE TAB 15 MG	TETRACYCLIC ANTI-DEPRESSANTS	721209001	30		YES
MIRADEP 30MG TAB	MIRTAZAPINE TAB 30 MG	TETRACYCLIC ANTI-DEPRESSANTS	721210001	30		YES
AMITRIPTYLINE HCL KIARA TAB	AMITRIPTYLINE HCL TAB 25 MG	TRICYCLICS	784230005	100	YES	
CLOMIDEP 25MG TAB	CLOMIPRAMINE HCL TAB 25 MG	TRICYCLICS	703381001	50		YES
THADEN 25MG CAP	DOTHIEPIN HCL CAP 25 MG	TRICYCLICS	800198018	100	YES	
THADEN 75MG TAB	DOTHIEPIN HCL TAB 75 MG	TRICYCLICS	800201019	28	YES	
ETHIPRAMINE 10MG TAB	IMIPRAMINE HCL TAB 10 MG	TRICYCLICS	724661115	1000	YES	
ETHIPRAMINE 25MG TAB	IMIPRAMINE HCL TAB 25 MG	TRICYCLICS	724688110	1000	YES	

DERMATITIS/ECZEMA

CONDITION REQUIREMENTS: For prescription of topical calcineurin inhibitors and oral immunomodulators – motivation from specialist in the field of treatment disorder needed.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
REPIVATE CREAM	BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT)	CORTICO-STEROIDS TOPICAL	882934003	15	YES	
LENOVATE 0.1% OINT	BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT)	CORTICO-STEROIDS TOPICAL	800171004	15	YES	
BETNOVATE SC SCALP APP	BETAMETHASONE VALERATE SOLN 0.1% (BASE EQUIVALENT)	CORTICO-STEROIDS TOPICAL	824208005	30	YES	
DOVATE .5MG/GM CREAM	CLOBETASOL PROPIONATE CREAM 0.05%	CORTICO-STEROIDS TOPICAL	807249009	25	YES	
DOVATE .5MG/GM OINT	CLOBETASOL PROPIONATE OINT 0.05%	CORTICO-STEROIDS TOPICAL	807230006	25	YES	
CORTODERM CREAM	FLUOCINOLONE ACETONIDE CREAM 0.025%	CORTICO-STEROIDS TOPICAL	716278006	15	YES	
CORTODERM OINT	FLUOCINOLONE ACETONIDE OINT 0.025%	CORTICO-STEROIDS TOPICAL	716286009	15	YES	
DILUCORT CREAM	HYDROCORTISONE ACETATE CREAM 0.5%	CORTICO-STEROIDS TOPICAL	720011019	25	YES	
BIOCORT CREAM	HYDROCORTISONE ACETATE CREAM 1%	CORTICO-STEROIDS TOPICAL	807834009	25	YES	
DILUCORT OINT	HYDROCORTISONE ACETATE OINT 0.5%	CORTICO-STEROIDS TOPICAL	720038006	25	YES	
MYLOCORT 1GM/100GM OINT	HYDROCORTISONE ACETATE OINT 1%	CORTICO-STEROIDS TOPICAL	745448003	25	YES	
ADVANTAN CREAM	METHYLPREDNISOLONE ACEPONATE CREAM 1 MG/GM (0.1%)	CORTICO-STEROIDS TOPICAL	793108020	50	YES	
ADVANTAN CREAM	METHYLPREDNISOLONE ACEPONATE CREAM 1 MG/GM (0.1%)	CORTICO-STEROIDS TOPICAL	793108039	20	YES	
ADVANTAN MILK	METHYLPREDNISOLONE ACEPONATE LOTION 1 MG/ML (0.1%)	CORTICO-STEROIDS TOPICAL	883180007	20	YES	
ADVANTAN FATTY OINT	METHYLPREDNISOLONE ACEPONATE OINT 1 MG/GM (0.1%)	CORTICO-STEROIDS TOPICAL	793116023	50	YES	
ADVANTAN FATTY OINT	METHYLPREDNISOLONE ACEPONATE OINT 1 MG/GM (0.1%)	CORTICO-STEROIDS TOPICAL	793116031	20	YES	
ASPEN MOMETASONE CREAM	MOMETASONE FUROATE CREAM 0.1%	CORTICO-STEROIDS TOPICAL	705444001	20		YES
ELOCON LOT	MOMETASONE FUROATE LOTION 0.1%	CORTICO-STEROIDS TOPICAL	788791030	30		YES
ELOCON OINT	MOMETASONE FUROATE OINT 0.1%	CORTICO-STEROIDS TOPICAL	782025005	20		YES
SERTRALINE HCL TAB 100 MG	PIMECROLIMUS CREAM 1%	OTHER DERMATOLOGICALS	702081001	15		YES
PROTOPIC 0.03% OINT	TACROLIMUS OINT 0.03%	OTHER DERMATOLOGICALS	712758001	30		YES
PROTOPIC 0.1% OINT	TACROLIMUS OINT 0.1%	OTHER DERMATOLOGICALS	712759001	30		YES

GOUT

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
SANDOZ ALLOPURINOL 100MG TAB	ALLOPURINOL TAB 100 MG	ANTI-GOUT	738778036	30	YES	
SANDOZ ALLOPURINOL 300MG TAB	ALLOPURINOL TAB 300 MG	ANTI-GOUT	738786004	30	YES	
PROBEN 500MG TAB	PROBENECID TAB 500 MG	ANTI-GOUT	757152007	100		YES

HYPOPARATHYROIDISM

CONDITION REQUIREMENTS: Initial diagnosis from specialist in the field of treatment disorder.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
ENO TUMS ASSORTED FRUIT CHEW TAB	CALCIUM CARBONATE (ANTACID) CHEW TAB 500 MG	ANTACIDS	703359004	60		YES
CALCIUM GLUCONATE 300MG CHEW TAB	CALCIUM GLUCONATE CHEW TAB 300 MG	CALCIUM	721364001	1000		YES
CALPIN D (ALPHEN) TAB	CALCIUM 750 MG W/ VITAMIN D TAB	MINERAL COMBINATIONS	846155001	30		YES
CALPIN PLUS SWALLOW TAB	MULTIPLE MINERALS W/ VITAMINS TAB	MINERAL COMBINATIONS	700306003	60		YES
ONE ALPHA 0.25MCG CAP	ALFACALCIDOL CAP 0.25 MCG	MINERALS AND VITAMIN D	750654007	30		YES
ONE ALPHA 1MCG CAP	ALFACALCIDOL CAP 1 MCG	MINERALS AND VITAMIN D	750662018	30		YES
ROCALTROL 0.25MCG CAP	CALCITRIOL CAP 0.25 MCG	MINERALS AND VITAMIN D	761249001	30		YES
CALCIFEROL 50000IU TAB	ERGOCALCIFEROL TAB 50000 UNIT	MINERALS AND VITAMIN D	711640009	100		YES

URINARY INCONTINENCE

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
ENABLEX 15MG SR TAB	DARIFENACIN HYDROBROMIDE TAB ER 24HR 15 MG (BASE EQUIV)	ANTI-CHOLINERGICS	706046001	28		YES
ENABLEX 7.5MG SR TAB	DARIFENACIN HYDROBROMIDE TAB ER 24HR 7.5 MG (BASE EQUIV)	ANTI-CHOLINERGICS	706045001	28		YES
BETMIGA 25MG TAB	MIRABEGRON TAB ER 24 HR 25 MG	ANTI-CHOLINERGICS	722475001	30		YES
BETMIGA 50MG TAB	MIRABEGRON TAB ER 24 HR 50 MG	ANTI-CHOLINERGICS	722789001	30		YES
LYRINEL 10MG SR TAB	OXYBUTYNIN CHLORIDE TAB ER 24HR 10 MG	ANTI-CHOLINERGICS	710617001	30		YES
LYRINEL 5MG SR TAB	OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG	ANTI-CHOLINERGICS	710616001	30		YES
MYLAN OXYBUTYNIN 5MG TAB	OXYBUTYNIN CHLORIDE TAB 5 MG	ANTI-CHOLINERGICS	701893015	100	YES	
DETRUNORM XL 30MG CAP	PROPIVERINE HCL CAP ER 24HR 30 MG	ANTI-CHOLINERGICS	720349001	28		YES
DETRUNORM 15MG TAB	PROPIVERINE HCL TAB 15 MG	ANTI-CHOLINERGICS	703546001	30		YES
VESICARE 10MG TAB	SOLIFENACIN SUCCINATE TAB 10 MG	ANTI-CHOLINERGICS	706217001	30		YES
VESICARE 5MG TAB	SOLIFENACIN SUCCINATE TAB 5 MG	ANTI-CHOLINERGICS	706214001	30		YES
DETRUSITOL SR 2MG CAP	TOLTERODINE TARTRATE CAP ER 24HR 2 MG	ANTI-CHOLINERGICS	700862001	28		YES
DETRUSITOL SR 4MG CAP	TOLTERODINE TARTRATE CAP ER 24HR 4 MG	ANTI-CHOLINERGICS	700871001	28		YES

MENOPAUSE

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
FEMIGEL PUMP	ESTRADIOL GEL 0.06% (0.75 MG/1.25 GM METERED-DOSE PUMP)	OESTROGENS	819875007	80	YES	
ESTROFEM 1MG TAB	ESTRADIOL TAB 1 MG	OESTROGENS	893919004	28	YES	
ESTROFEM 2MG TAB	ESTRADIOL TAB 2 MG	OESTROGENS	825883008	28	YES	
ESTRADOT 25MCG TD PATCH	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	OESTROGENS	706049001	8	YES	
ESTRADOT 37.5MCG TD PATCH	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	OESTROGENS	706052001	8	YES	
ESTRADOT 50MCG TD PATCH	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	OESTROGENS	706053001	8	YES	
ESTRADOT 75MCG TD PATCH	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	OESTROGENS	706054001	8	YES	
ESTRADOT 100MCG TD PATCH	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	OESTROGENS	706055001	8	YES	
CLIMARA 50 PATCH	ESTRADIOL TD PATCH WEEKLY 0.05 MG/24HR	OESTROGENS	824631005	4	YES	
CLIMARA 100 PATCH	ESTRADIOL TD PATCH WEEKLY 0.1 MG/24HR	OESTROGENS	824658019	4	YES	
VAGIFEM 10MCG VAG TAB	ESTRADIOL VAGINAL TAB 10 MCG	OESTROGENS	721571001	18		YES
SYNAPAUSE E TAB	ESTRIOL SUCCINATE TAB 2 MG	OESTROGENS	827452004	30	YES	
SYNAPAUSE 1MG/GM VCR	ESTRIOL VAGINAL CREAM 1 MG/GM (0.1%)	OESTROGENS	832464007	15		YES
PREMARIN 0.3MG TAB	ESTROGENS, CONJUGATED TAB 0.3 MG	OESTROGENS	756725038	28	YES	
PREMARIN 0.625MG TAB	ESTROGENS, CONJUGATED TAB 0.625 MG	OESTROGENS	756733030	28	YES	
PREMARIN 1.25MG TAB	ESTROGENS, CONJUGATED TAB 1.25 MG	OESTROGENS	756741033	28	YES	
PREMARIN VCR	ESTROGENS, CONJUGATED VAGINAL CREAM 0.625 MG/GM	OESTROGENS	832448001	42		YES
DUPHASTON 10MG TAB	DYDROGESTERONE TAB 10 MG	PROGESTOGENS	795682018	30		YES
HEXAL-MPA 10MG TAB	MEDROXYPROGESTERONE ACETATE TAB 10 MG	PROGESTOGENS	706705001	30	YES	
HEXAL-MPA 5MG TAB	MEDROXYPROGESTERONE ACETATE TAB 5 MG	PROGESTOGENS	706704001	30	YES	
PRIMOLUT N 5MG TAB	NORETHINDRONE TAB 5 MG	PROGESTOGENS	757012019	30		YES
UTROGESTAN 100MG CAP	PROGESTERONE CAP 100 MG	PROGESTOGENS	851957005	30		YES
UTROGESTAN 200MG CAP	PROGESTERONE CAP 200 MG	PROGESTOGENS	717195001	15		YES
PREMELLE 2.5MG TAB	CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.625-2.5 MG	SEX HORMONE COMBINATIONS	853402019	28	YES	
PREMELLE 5MG TAB	CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.625-5 MG	SEX HORMONE COMBINATIONS	853410003	28	YES	
ANGELIQ FC TAB	DROSPIRENONE-ESTRADIOL TAB 2-1 MG	SEX HORMONE COMBINATIONS	703438001	28		YES
TRISEQUENS TAB	ESTRAD 2MG(12) &ESTRAD-NORETHIN 2-1MG(10) &ESTRAD TAB 1MG(6)	SEX HORMONE COMBINATIONS	825913004	28	YES	
ACTIVELLE TAB	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	SEX HORMONE COMBINATIONS	881112003	28	YES	
NOVOFEM TAB	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-1 MG	SEX HORMONE COMBINATIONS	704903001	28	YES	
KLIOGEST TAB	ESTRADIOL & NORETHINDRONE ACETATE TAB 2-1 MG	SEX HORMONE COMBINATIONS	820024007	28	YES	
POSTOVAL TAB	ESTRADIOL VAL 2 MG (11) &ESTRADIOL-NORGEST TAB 2-0.5 MG(10)	SEX HORMONE COMBINATIONS	825980003	28	YES	
CLIMEN TAB	ESTRADIOL VAL 2 MG &ESTRADIOL VAL-CYPROTERONE ACE TAB 2-1 MG	SEX HORMONE COMBINATIONS	818550007	28	YES	
FEMOSTON 1/10 TAB	ESTRADIOL 1MG (14) &ESTRADIOL-DYDROGESTERONE TAB 1-10MG (14)	SEX HORMONE COMBINATIONS	703108001	28	YES	
EVOREL SEQUI PATCH	ESTRADIOL 50 MCG & ESTRADIOL-NORETHIN 50-170 MCG TD SYS KIT	SEX HORMONE COMBINATIONS	837865018	8	YES	

MIGRAINE

CONDITION REQUIREMENTS: Prophylactic management of migraine only.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
TOPIEP 100MG TAB	TOPIRAMATE TAB 100 MG	ANTI-EPILEPTICS	708391001	60	YES	
TOPIEP 200MG TAB	TOPIRAMATE TAB 200 MG	ANTI-EPILEPTICS	708392001	60	YES	
TOPIEP 25MG TAB	TOPIRAMATE TAB 25 MG	ANTI-EPILEPTICS	708389001	60	YES	
TOPIEP 50MG TAB	TOPIRAMATE TAB 50 MG	ANTI-EPILEPTICS	708390001	60	YES	
NAVALPRO CR 200MG SRT	VALPROATE SODIUM TAB ER 200 MG	ANTI-EPILEPTICS	718465001	100	YES	
NAVALPRO CR 300MG SRT	VALPROATE SODIUM TAB ER 300 MG	ANTI-EPILEPTICS	718466001	100	YES	
NAVALPRO CR 500MG SRT	VALPROATE SODIUM TAB ER 500 MG	ANTI-EPILEPTICS	718468001	100	YES	
MENOGRAINE 0.025MG TAB	CLONIDINE HCL TAB 0.025 MG	ANTI-MIGRAINE AGENTS	788317016	100	YES	
INDOBLOK 10MG TAB	PROPRANOLOL HCL TAB 10 MG	BETA-RECEPTOR BLOCKERS	806552034	50	YES	
INDOBLOK 40MG TAB	PROPRANOLOL HCL TAB 40 MG	BETA-RECEPTOR BLOCKERS	806560029	1000	YES	
AMITRIPTYLINE 10MG TAB AUSTELL	AMITRIPTYLINE HCL TAB 10 MG	TRICYCLICS	3002709001	100	YES	
AMITRIPTYLINE HCL KIARA 25MG	AMITRIPTYLINE HCL TAB 25 MG	TRICYCLICS	784230005	100	YES	

NARCOLEPSY

CONDITION REQUIREMENTS: Initial application must be from a specialist in the field of the treatment disorder.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
NUVIGIL 150MG TAB	ARMODAFINIL 150MG	CENTRAL ANALEPTICS	3003512001	30		YES
NUVIGIL 250MG TAB	ARMODAFINIL 250MG	CENTRAL ANALEPTICS	3003513001	30		YES
RITALIN LA 10MG CAP	METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA)	OTHER CNS STIMULANTS	717254001	30	YES	
RITALIN LA 20MG CAP	METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA)	OTHER CNS STIMULANTS	701627003	30	YES	
RITALIN LA 30MG CAP	METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA)	OTHER CNS STIMULANTS	701630005	30	YES	
RITALIN LA 40MG CAP	METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA)	OTHER CNS STIMULANTS	701632003	30	YES	
MEFEDINEL 18MG SR TAB	METHYLPHENIDATE HCL TAB ER 24HR 18 MG	OTHER CNS STIMULANTS	3003032001	30	YES	
MEFEDINEL 27MG SR TAB	METHYLPHENIDATE HCL TAB ER 24HR 27 MG	OTHER CNS STIMULANTS	3003034001	30	YES	
MEFEDINEL 36MG SR TAB	METHYLPHENIDATE HCL TAB ER 24HR 36 MG	OTHER CNS STIMULANTS	3003039001	30	YES	
MEFEDINEL 54MG SR TAB	METHYLPHENIDATE HCL TAB ER 24HR 54 MG	OTHER CNS STIMULANTS	3003040001	30	YES	
METHYLPHENIDATE HCL-DOUGLAS 10MG TAB	METHYLPHENIDATE HCL TAB 10 MG	OTHER CNS STIMULANTS	702505001	30	YES	

NEUROPATHIC PAIN

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
DEGRANOL 200MG TAB	CARBAMAZEPINE TAB 200 MG	ANTI-EPILEPTICS	712493018	100	YES	
TEGRETOL CR 200MG TAB	CARBAMAZEPINE TAB ER 12HR 200 MG	ANTI-EPILEPTICS	779652002	30	YES	
TEGRETOL CR 400MG TAB	CARBAMAZEPINE TAB ER 12HR 400 MG	ANTI-EPILEPTICS	779660005	30	YES	
EPILEPTIN 100MG CAP	GABAPENTIN CAP 100 MG	ANTI-EPILEPTICS	707622001	100	YES	
EPILEPTIN 300MG CAP	GABAPENTIN CAP 300 MG	ANTI-EPILEPTICS	707623001	100	YES	
EPILEPTIN 400MG CAP	GABAPENTIN CAP 400 MG	ANTI-EPILEPTICS	707624001	100	YES	
EPILIM 100MG CRUSH TAB	VALPROATE SODIUM TAB 100 MG	ANTI-EPILEPTICS	821578006	100	YES	
NAVALPRO CR 200MG TAB	VALPROATE SODIUM TAB ER 200 MG	ANTI-EPILEPTICS	718465001	100	YES	
NAVALPRO CR 300MG TAB	VALPROATE SODIUM TAB ER 300 MG	ANTI-EPILEPTICS	718466001	100	YES	
NAVALPRO CR 500MG TAB	VALPROATE SODIUM TAB ER 500 MG	ANTI-EPILEPTICS	718468001	100	YES	
PREGABALIN 25 CIPLA 25MG CAP	PREGABALIN CAP 25 MG	ANTI-EPILEPTICS	3004724001	60	YES	
PREGABALIN 75 CIPLA 75MG CAP	PREGABALIN CAP 75 MG	ANTI-EPILEPTICS	3004725001	60	YES	
PREGABALIN 150 CIPLA 150MG CAP	PREGABALIN CAP 150MG	ANTI-EPILEPTICS	3004726001	60	YES	
DULTA 30MG CAP	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	NORADRENALINE/SSRI	723857001	30	YES	
DULTA 60MG CAP	DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	NORADRENALINE/SSRI	723858001	30	YES	
AMITRIPTYLINE 10MG TAB AUSTELL	AMITRIPTYLINE HCL TAB 10 MG	TRICYCLICS	3002709001	100	YES	
AMITRIPTYLINE HCL KIARA 25MG TAB	AMITRIPTYLINE HCL TAB 25 MG	TRICYCLICS	784230005	100	YES	

OSTEOARTHRITIS

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
DIFEN SR 100MG SRT	DICLOFENAC SODIUM CAP ER 24HR 100 MG	COX INHIBITORS	706314001	30		YES
MYLAN DICLOFENAC 25 MG TAB	DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG	COX INHIBITORS	786012013	500	YES	
MYLAN DICLOFENAC 50MG TAB	DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG	COX INHIBITORS	786020016	500	YES	
PANAMOR SR 75MG TAB	DICLOFENAC SODIUM TAB ER 24HR 75 MG	COX INHIBITORS	827584008	30		YES
IBUCINE 200MG TAB	IBUPROFEN TAB 200 MG	COX INHIBITORS	700316002	1000	YES	
IBUCINE 400MG TAB	IBUPROFEN TAB 400 MG	COX INHIBITORS	700318002	1000	YES	
BETACIN 25MG CAP	INDOMETHACIN CAP 25 MG	COX INHIBITORS	787833010	500	YES	
ARTHREXIN 50MG CAP	INDOMETHACIN CAP 50 MG	COX INHIBITORS	704733005	100		YES
MYLAN NAPROXEN TAB	NAPROXEN TAB 250 MG	COX INHIBITORS	810185024	250	YES	
BIO-NAPROXEN 500MG TAB	NAPROXEN TAB 500 MG	COX INHIBITORS	701072001	30	YES	
ROXIFEN 20MG CAP	PIROXICAM CAP 20 MG	COX INHIBITORS	701072001	30	YES	
COXLEON 100MG CAP	CELECOXIB CAP 100 MG	COXIB	723329001	60	YES	
COXLEON 200MG CAP	CELECOXIB CAP 200 MG	COXIB	723330001	30	YES	
SPEC ETORICOXIB 60MG TAB	ETORICOXIB TAB 60 MG	COXIB	723128001	28		YES
SPEC ETORICOXIB 90MG TAB	ETORICOXIB TAB 90 MG	COXIB	723129002	28		YES
MEDOXICAM 15MG TAB	MELOXICAM TAB 15 MG	SELECTIVE COX2 INHIBITORS	718382002	30	YES	
MEDOXICAM 7.5MG TAB	MELOXICAM TAB 7.5 MG	SELECTIVE COX2 INHIBITORS	718381001	30	YES	

OSTEOPOROSIS

CONDITION REQUIREMENTS: DEXA Bone mineral density and additional risk factors to be submitted.

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional Clinical Criteria Applied
OSTENA 10MG TAB	ALENDRONATE SODIUM TAB 10 MG	BISPHOSPHONATES	715712001	28	YES	
OSTEONATE 70MG TAB	ALENDRONATE SODIUM TAB 70 MG	BISPHOSPHONATES	715987001	4	YES	
BONIVA 150MG TAB	IBANDRONIC ACID 150MG TAB	BISPHOSPHONATES	721721001	1		YES
BONIVA3MG/3ML PRE-FILLED SYRINGE	IBANDRONIC ACID 3MG/3ML INJ	BISPHOSPHONATES	719931001	1		YES
ACTONEL ONCE-A-MONTH 150MG TAB	RISEDRONATE SODIUM TAB 150 MG	BISPHOSPHONATES	722476001	1		YES
ACTAMAX 35MG TAB	RISEDRONATE SODIUM TAB 35 MG	BISPHOSPHONATES	716659001	4		YES
ACLASTA 5MG/100ML INF	ZOLEDRONIC ACID IV SOLN 5 MG/100ML	BISPHOSPHONATES	709787001	1		YES
B-CAL CHEW TAB	CALCIUM CARBONATE CHEW TAB	CALCIUM	828289018	100	YES	
CALPIN D TAB	CALCIUM WITH VITAMIN D TAB	MINERAL COMBINATIONS	846155001	30	YES	
B-CAL-D SWALLOW TAB	CALCIUM WITH VITAMIN D TAB	MINERAL COMBINATIONS	889211012	60	YES	
CALPIN PLUS SWALLOW TAB	MULTIPLE MINERALS WITH VITAMINS TAB	MINERAL COMBINATIONS	700306003	60	YES	
CALTRATE PLUS (2015 formulation) TAB	MULTIPLE MINERALS WITH VITAMINS TAB	MINERAL COMBINATIONS	721063002	60	YES	

PSORIASIS

CONDITION REQUIREMENTS: Biologics and oral immunomodulators – Motivation from specialist in the field of treatment disorder

Medicine Name	Active Ingredient	Therapeutic Group	NAPPI Code	Pack Size	First Tier	Additional
REPIVATE CREAM	BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT)	CORTICO-STEROIDS TC	882934003	15	YES	
LENOVATE 0.1% OINT	BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT)	CORTICO-STEROIDS TC	800171004	15	YES	
BETNOVATE SC SCALP APP	BETAMETHASONE VALERATE SOLN 0.1% (BASE EQUIVALENT)	CORTICO-STEROIDS TC	824208005	30	YES	
DOVATE .5MG/GM CREAM	CLOBETASOL PROPIONATE CREAM 0.05%	CORTICO-STEROIDS TC	807249009	25	YES	
DOVATE .5MG/GM OINT	CLOBETASOL PROPIONATE OINT 0.05%	CORTICO-STEROIDS TC	807230006	25	YES	
CORTODERM CREAM	FLUOCINOLONE ACETONIDE CREAM 0.025%	CORTICO-STEROIDS TC	716278006	15	YES	
CORTODERM OINT	FLUOCINOLONE ACETONIDE OINT 0.025%	CORTICO-STEROIDS TC	716286009	15	YES	
DILUCORT CREAM	HYDROCORTISONE ACETATE CREAM 0.5%	CORTICO-STEROIDS TC	720011019	25	YES	
BIOCORT CREAM	HYDROCORTISONE ACETATE CREAM 1%	CORTICO-STEROIDS TC	807834009	25	YES	
DILUCORT OINT	HYDROCORTISONE ACETATE OINT 0.5%	CORTICO-STEROIDS TC	720038006	25	YES	
MYLOCORT 1GM/100GM OINT	HYDROCORTISONE ACETATE OINT 1%	CORTICO-STEROIDS TC	745448003	25	YES	
ADVANTAN CREAM	METHYLPREDNISOLONE ACEPONATE CREAM 1 MG/GM (0.1%)	CORTICO-STEROIDS TC	793108020	50	YES	
ADVANTAN CREAM	METHYLPREDNISOLONE ACEPONATE CREAM 1 MG/GM (0.1%)	CORTICO-STEROIDS TC	793108039	20	YES	
ADVANTAN MILK	METHYLPREDNISOLONE ACEPONATE LOTION 1 MG/ML (0.1%)	CORTICO-STEROIDS TC	883180007	20	YES	
ADVANTAN FATTY OINT	METHYLPREDNISOLONE ACEPONATE OINT 1 MG/GM (0.1%)	CORTICO-STEROIDS TC	793116031	20	YES	
ADVANTAN OINT	METHYLPREDNISOLONE ACEPONATE OINT 1 MG/GM (0.1%)	CORTICO-STEROIDS TC	793086043	20	YES	
ABITREXATE VIAL 2ML 25MG/1ML INJ	METHOTREXATE SODIUM INJ 25 MG/ML	CYTOSTATICS	782548009	1	YES	
ABITREXATE 2.5MG TAB	METHOTREXATE TAB 2.5 MG	CYTOSTATICS	712504001	100	YES	
SANDIMMUN NEORAL 100 CAP	CYCLOSPORINE MODIFIED CAP 100 MG	IMMUNOSUPPRESSAN	815926006	50		YES
SANDIMMUN NEORAL 25 CAP	CYCLOSPORINE MODIFIED CAP 25 MG	IMMUNOSUPPRESSAN	815918003	50		YES
BE-TAB FOLIC ACID 5MG TAB	FOLIC ACID TAB 5 MG	PRENATAL VITAMINS	810967015	100	YES	
COAL TAR SOLUTION BP	COAL TAR LIQUID	PSORIASIS	706044001	100	YES	
NEOTIGASON 10MG CAP	ACITRETIN CAP 10 MG	PSORIASIS	817732004	30		YES
NEOTIGASON 25MG CAP	ACITRETIN CAP 25 MG	PSORIASIS	817740007	30		YES
XAMIOL JEL	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE GEL 0.005-0.05%	PSORIASIS	717191001	30	YES	
DOVOBET OINT	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE OINT 0.005-0.05%	PSORIASIS	708636001	30	YES	

Chronic medication is authorised individually and each case is reviewed on its own merit, in accordance with Scheme rules, managed healthcare principles and evidence based protocols. Not all chronic medication or formulation types (e.g. paediatric formulations) are listed on this formulary, but may be accessed via treatment algorithms on review of an application for authorisation.

Please note that formularies are reviewed on a regular basis by the Momentum TYB Pharmacy Benefit Management team to ensure that they comply with the latest local and international guidelines for the treatment of the listed conditions. MOMENTUM TYB reserves the right to amend the chronic formulary for the treatment of the listed conditions and may at any time remove, add or replace medicines listed in the formulary when new information becomes available.