



BONITAS ACUTE OUT-OF-FORMULARY LIST Feb-26

Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.

ATC Code	ATC Description	NAPPI	Drug Name	Strength	Drug Form
A02BC04	Rabeprazole	3005369	BAPREZ 10 EC	10MG	TAB
A02BC04	Rabeprazole	3005370	BAPREZ 20 EC	20MG	TAB
A02BC04	Rabeprazole	863106	PARIET	10MG	TAB
A02BC04	Rabeprazole	863114	PARIET	20MG	TAB
A02BC04	Rabeprazole	3007461	RABACI	10MG	TAB
A02BC04	Rabeprazole	3007463	RABACI	20MG	TAB
A02BC04	Rabeprazole	718384	RABEMED	10MG	TAB
A02BC04	Rabeprazole	718385	RABEMED	20MG	TAB
A02BC04	Rabeprazole	3007389	ULCOPRAZ	10MG	TAB
A02BC04	Rabeprazole	3007390	ULCOPRAZ	20MG	TAB
A02BC05	Esomeprazole	3008574	ESOCID OTC	ECT	14
A02BC05	Esomeprazole	3006887	ESOMEPRAZOLE 20 UNICORN	20MG	TAB
A02BC05	Esomeprazole	3005694	ESOMEPRAZOLE 20MG CIPLA	20MG	TAB
A02BC05	Esomeprazole	3006888	ESOMEPRAZOLE 40 UNICORN	40MG	TAB
A02BC05	Esomeprazole	3005695	ESOMEPRAZOLE 40MG CIPLA	40MG	TAB
A02BC05	Esomeprazole	3002447	ESOTAB	20MG	TAB
A02BC05	Esomeprazole	3002448	ESOTAB	40MG	TAB
A02BC05	Esomeprazole	3005257	FLUXTRIN	20MG	TAB
A02BC05	Esomeprazole	3005258	FLUXTRIN	40MG	TAB
A02BC05	Esomeprazole	3008323	FLUXTRIN OTC	TAB	14
A02BC05	Esomeprazole	3006963	JUBIGORD	20MG	TAB
A02BC05	Esomeprazole	3006964	JUBIGORD	40MG	TAB
A02BC05	Esomeprazole	721061	NECTIZOLE	20MG	TAB



**BONITAS ACUTE OUT-OF-FORMULARY LIST
Feb-26**

**Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.**

A02BC05	Esomeprazole	721062	NECTIZOLE	40MG	TAB
A02BC05	Esomeprazole	3008881	NECTIZOLE OTC	20MG	TAB
A02BC05	Esomeprazole	721089	NESOPRAM 20	20MG	TAB
A02BC05	Esomeprazole	721090	NESOPRAM 40	40MG	TAB
A02BC05	Esomeprazole	3006955	NEXES OTC	20MG	TAB
A02BC05	Esomeprazole	715868	NEXIAM	10MG	SAC
A02BC05	Esomeprazole	720048	NEXIAM	2.5MG	SAC
A02BC05	Esomeprazole	897132	NEXIAM	20MG	TAB
A02BC05	Esomeprazole	897125	NEXIAM	40MG	TAB
A02BC05	Esomeprazole	720053	NEXIAM	5MG	SAC
A02BC05	Esomeprazole	721056	NEXIFLUX	20MG	TAB
A02BC05	Esomeprazole	721057	NEXIFLUX	40MG	TAB
A02BC05	Esomeprazole	3005340	NEXILOK	20MG	TAB
A02BC05	Esomeprazole	3005341	NEXILOK	40MG	TAB
A02BC05	Esomeprazole	720753	NEXIPRAZ	20MG	TAB
A02BC05	Esomeprazole	720754	NEXIPRAZ	40MG	TAB
A02BC05	Esomeprazole	3005630	NEXIPRAZ OTC	20MG	TAB
A02BC05	Esomeprazole	718880	NEXMEZOL	40MG	TAB
A02BC05	Esomeprazole	721578	NEXOMEPE	20MG	TAB
A02BC05	Esomeprazole	721579	NEXOMEPE	40MG	TAB
A02BC05	Esomeprazole	3004572	NEXTELL	20MG	TAB
A02BC05	Esomeprazole	3004573	NEXTELL	40MG	TAB
A02BC05	Esomeprazole	718879	OMIFLYNT	20MG	TAB
A02BC05	Esomeprazole	3005139	TRULOC	20MG	TAB
A02BC05	Esomeprazole	3005142	TRULOC	40MG	TAB



BONITAS ACUTE OUT-OF-FORMULARY LIST Feb-26

Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.

A02BC05	Esomeprazole	3009659	TRUSFLUKS	20MG	TAB
A02BC05	Esomeprazole	3009660	TRUSFLUKS	40MG	TAB
A02BC05	Esomeprazole	720215	TRUSTAN	20MG	TAB
A02BC05	Esomeprazole	720217	TRUSTAN	40MG	TAB
A02BC06	Dexlansoprazole	3003955	DEXILANT	30MG	SRC
A02BC06	Dexlansoprazole	3003956	DEXILANT	60MG	SRC
A02BX13	Alginate acid	1074695	ANTACID ORAL SUSPENSION FLUX O SACHET 10		SAC
A02BX13	Alginate acid	716304	GAVISCON 250 PEPPERMINT		TAB
A02BX13	Alginate acid	862282	GAVISCON ADVANCE	500MG/5ML	SUS
A02BX13	Alginate acid	711145	GAVISCON ADVANCE 10ML		SAC
A02BX13	Alginate acid	711031	GAVISCON ADVANCE PEPPERMINT		SUS
A02BX13	Alginate acid	728462	GAVISCON ANISEED		SUS
A02BX13	Alginate acid	3003315	GAVISCON DOUBLE ACTION LIQUID		SUS
A02BX13	Alginate acid	718252	GAVISCON DOUBLE ACTION LIQUID 10ML		TAB
A02BX13	Alginate acid	837016	GAVISCON PEPPERMINT		SUS
A02BX13	Alginate acid	715428	GAVISCON PLUS		SUS
A02BX13	Alginate acid	717705	GAVISCON PLUS LIQUID 10ML		SAC
A02BX13	Alginate acid	890357	GELACID		SUS
A06AD65	MACROGOL, COMBINATIONS	3008507	COLPURG 13.72G	0.45MG/5ML	SAC
A06AD65	MACROGOL, COMBINATIONS	3004859	MOLATIVE ORANGE 13.7G		SAC
A06AD65	MACROGOL, COMBINATIONS	828165	MOVICOL 13.8G		SAC
A06AD65	MACROGOL, COMBINATIONS	3007295	PHOLIPEG HS LEMON FLAVOUR 6.86G		SAC
A06AD65	MACROGOL, COMBINATIONS	3007275	PHOLIPEG LEMON FLAVOUR 13.72G		SAC
A06AD65	MACROGOL, COMBINATIONS	723629	PURGOLENE 13.8G		SAC
A07EA06	Budesonide	3007081	BUDENOFALK	3MG	CAP



BONITAS ACUTE OUT-OF-FORMULARY LIST Feb-26

Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.

A07EA06	Budesonide	838896	ENTOCORD	3MG	CAP
A10AB01	Insulin (human)	733431	HUMULIN R VIAL 10ML	100IU/1ML	INJ
A10AB04	Insulin lispro	819468	HUMALOG VIAL 10ML	100IU/1ML	INJ
A10AB05	Insulin aspart	707927	NOVORAPID VIAL 10ML	100IU/1ML	INJ
A10AB06	Insulin glulisine	706040	APIDRA VIAL 10ML	100IU/1ML	INJ
A10AC01	Insulin (human)	733458	HUMULIN N VIAL 10ML	100IU/1ML	INJ
A10AC01	Insulin (human)	700183	PROTAPHANE FLEXPEN 3ML	100U/1ML	INJ
A10AC01	Insulin (human)	733482	PROTAPHANE HM(GE) VIAL 10ML	100IU/1ML	INJ
A10AD01	Insulin (human)	714977	ACTRAPHANE HM (GE) FLEXPEN 3ML	100IU/1ML	INJ
A10AD01	Insulin (human)	733512	ACTRAPHANE HM(GE) VIAL 10ML	100IU/1ML	INJ
A10AD01	Insulin (human)	783811	HUMULIN 30/70 VIAL 10ML	100IU/1ML	INJ
A10AD01	Insulin (human)	710299	INSUMAN COMB 30/70 CARTRIDGE 3ML	300iu/3ML	INJ
A10AD04	Insulin lispro	853437	HUMALOG MIX 25 VIAL 10ML	100IU/1ML	INJ
A10AD06	Insulin degludec and insulin aspart	722292	RYZODEG FLEXTOUCH PRE-FILLED PEN 3ML	100IU/1ML	INJ
A10AD30	Insulin combinations	702086	NOVOMIX 30 FLEXPEN 3ML	100IU	INJ
A10AD30	Insulin combinations	702089	NOVOMIX 30 PENFILL 3ML	100IU	INJ
A10AE04	INSULIN GLARGINE	700308	LANTUS CARTRIDGE 3ML	100IU/1ML	INJ
A10AE04	INSULIN GLARGINE	709860	LANTUS SOLOSTAR DISPOSABLE PEN 3ML	100IU/1ML	INJ
A10AE04	Insulin Glargine	700310	LANTUS VIAL 10ML	100IU/1ML	INJ
A10AE04	Insulin glargine	723815	TOUJEO PEN 1.5ML	300IU/1ML	INJ
A10AE06	insulin degludec	723864	TRESIBA FLEXTOUCH 3ML	100U/1ML	INJ
A10AE06	insulin degludec	720490	TRESIBA PENFILL 3ML	100U/1ML	INJ
A10BB02	Chlorpropamide	714062	HYPOMIDE	250MG	TAB
A10BB07	Glipizide	743666	MINIDIAB	5MG	TAB
A10BB12	Glimepiride	716716	ACCORD GLIMEPIRIDE	4MG	TAB



BONITAS ACUTE OUT-OF-FORMULARY LIST Feb-26

Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.

A10BB12	Glimepiride	831573	AMARYL	4MG	TAB
A10BB12	Glimepiride	717078	AUSTELL GLIMEPIRIDE	4MG	TAB
A10BB12	Glimepiride	704364	GLAMARYL 4MG	4MG	TAB
A10BB12	Glimepiride	707390	GLIMEPIRIDE 4 OETHMAAN	4MG	TAB
A10BB12	Glimepiride	710906	SULPHONUR	4MG	TAB
B01AC06	Acetylsalicylic acid	720585	DISPRIN EXTRA	500MG	EFT
B01AC06	Acetylsalicylic acid	3008075	MARSHPRIN	400MG	TAB
B01AC06	Acetylsalicylic acid	3007038	SOLUSPIRIN EXTRA STRENGTH	500MG	EFT
B03BB01	Folic acid	702348	FOLIC ACID	5MG	CAP
C01DA02	Glyceryl trinitrate	787256	NITROLINGUAL SPRAY 200 DOSE	0.4MG	OSP
C02AB01	Methyldopa	732079	HYPOTONE	500MG	TAB
C03CA01	Furosemide	780839	LASIX	80MG	TAB
C03CA01	Furosemide	735973	LASIX RETARD	60MG	CAP
C07AB02	Metoprolol	739251	LOPRESOR	100MG	TAB
C07AB04	Acebutolol	705056	BUTOBLOC 400MG	400MG	TAB
C07AB04	Acebutolol	763020	SECTRAL	100MG	CAP
C07AB04	Acebutolol	763039	SECTRAL	200MG	CAP
C07AG01	Labetalol	771627	TRANDATE	100MG	TAB
C07CB03	Atenolol and other diuretics	769592	TENORET 50 50MG/12.5MG	50MG/12.5MG	TAB
C07CB03	Atenolol and other diuretics	769568	TENORETIC 100MG/25MG	100MG/25MG	TAB
C07DA06	Timolol, thiazides and other diuretics	780472	SERVATRIN		TAB
C07FB07	Bisoprolol and amlodipine	3008520	EMCOR 10/10 FDC	10MG/10MG	TAB
C07FB07	Bisoprolol and amlodipine	3008519	EMCOR 10/5 FDC	10MG/5MG	TAB
C07FB07	Bisoprolol and amlodipine	3008518	EMCOR 5/10 FDC	5MG/10MG	TAB
C07FB07	Bisoprolol and amlodipine	3008517	EMCOR 5/5 FDC	5MG/5MG	TAB



BONITAS ACUTE OUT-OF-FORMULARY LIST Feb-26

Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.

C08CA03	Isradipine	782963	DYNACIRC	2.5MG	TAB
C08CA03	Isradipine	788325	DYNACIRC SRO	5MG	CAP
C08CA05	Nifedipine	711607	ADALAT XL	20MG	SRT
C08CA13	Lercanidipine	3005493	LERBLOK	10MG	TAB
C08CA13	Lercanidipine	3005494	LERBLOK	20MG	TAB
C08CA13	Lercanidipine	723574	LERCANIDIPINE TEVA	10MG	TAB
C08CA13	Lercanidipine	723575	LERCANIDIPINE TEVA	20MG	TAB
C08CA13	Lercanidipine	3004293	LERTENS	10MG	TAB
C08CA13	Lercanidipine	3004294	LERTENS	20MG	TAB
C08CA13	Lercanidipine	3004306	LERZAN	10MG	TAB
C08CA13	Lercanidipine	3004184	LERZAN	20MG	TAB
C08CA13	Lercanidipine	708037	ZANIDIP	20MG	TAB
C08CA13	Lercanidipine	704035	ZANIDIP 10	10MG	TAB
C08CA13	Lercanidipine	3005908	ZERCAP	10MG	TAB
C08CA13	Lercanidipine	3005907	ZERCAP	20MG	TAB
C08GA02	Amlodipine and diuretics	3003636	NATRIXAM 1.5MG/10MG	1.5MG/10MG	SRT
C08GA02	Amlodipine and diuretics	3003635	NATRIXAM 1.5MG/5MG	1.5MG/5MG	SRT
C09AA07	Benazepril	794058	CIBACE	10MG	TAB
C09BA07	Benazepril and diuretics	800279	CIBADREX 10 10MG/12.5MG	10MG/12.5MG	TAB
C09BA08	Cilazapril and diuretics	815055	INHIBACE PLUS 5MG/12.5MG	5MG/12.5MG	TAB
C09BB02	Enalapril and lercanidipine	711444	ZANERIL 10MG/10MG	10MG/10MG	TAB
C09BB02	Enalapril and lercanidipine	711445	ZANERIL 10MG/20MG	10MG/20MG	TAB
C09BB05	Ramipril and felodipine	862207	TRI-PLEN 2.5MG/2.5MG	2.5MG/2.5MG	TAB
C09BB05	Ramipril and felodipine	862215	TRI-PLEN FORTE 5MG/5MG	5MG/5MG	TAB
C09BB10	Trandolapril and verapamil	714625	TARKA	240MG/4MG	SRT



**BONITAS ACUTE OUT-OF-FORMULARY LIST
Feb-26**

**Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.**

C09BB10	Trandolapril and verapamil	714624	TARKA 180MG/2MG	180MG/2MG	SRT
C09BX01	perindopril, amlodipine and indapamide	723032	TRIPLIXAM 10/2.5/10MG		TAB
C09BX01	perindopril, amlodipine and indapamide	723033	TRIPLIXAM 10/2.5/5MG		TAB
C09BX01	perindopril, amlodipine and indapamide	723034	TRIPLIXAM 5/1.25/10MG		TAB
C09BX01	perindopril, amlodipine and indapamide	723031	TRIPLIXAM 5/1.25/5MG		TAB
C09BX02	Perindopril and bisoprolol	3005324	COSYREL 10MG/10MG	10MG/10MG	TAB
C09BX02	Perindopril and bisoprolol	3005323	COSYREL 10MG/5MG	10MG/5MG	TAB
C09BX02	Perindopril and bisoprolol	3005322	COSYREL 5MG/10MG	5MG/10MG	TAB
C09BX02	Perindopril and bisoprolol	3005321	COSYREL 5MG/5MG	5MG/5MG	TAB
C09CA03	Valsartan	710051	DIOVAN	320MG	TAB
C09CA03	Valsartan	3005423	NIOSAR	320MG	TAB
C09CA03	Valsartan	3004729	REGOVAL	320MG	TAB
C09DA01	Losartan and diuretics	723331	COZAAR COMP 100MG/12.5MG	100MG/12.5MG	TAB
C09DA02	Eprosartan and diuretics	708096	TEVETEN PLUS	600MG/12.5MG	TAB
C09DA03	Valsartan and diuretics	710048	CO-DIOVAN 320MG/12.5MG	320MG/12.5MG	TAB
C09DA03	Valsartan and diuretics	710050	CO-DIOVAN 320MG/25MG	320MG/25MG	TAB
C09DA03	Valsartan and diuretics	3005967	NIOSAR CO 320/12.5 MG	320MG/12.5MG	TAB
C09DA03	Valsartan and diuretics	3005968	NIOSAR CO 320/25 MG	320MG/25MG	TAB
C09DA06	Candesartan and diuretics	717580	ATACAND PLUS 32MG/12.5MG	32MG/12.5MG	TAB
C09DA06	Candesartan and diuretics	717723	ATACAND PLUS 32MG/25MG	32MG/25MG	TAB
C09DB01	Valsartan and amlodipine	719126	EXFORGE 10MG/320MG	10MG/320MG	TAB
C09DB01	Valsartan and amlodipine	719125	EXFORGE 5MG/320MG	5MG/320MG	TAB
C09DB01	Valsartan and amlodipine	3003233	VALDUO 10MG/320MG	10MG/320MG	TAB
C09DB06	Losartan and amlodipine	3000161	AMZAAR 5MG/100MG	100MG/5MG	TAB
C09DB06	Losartan and amlodipine	3000160	AMZAAR 5MG/50MG	50MG/5MG	TAB



**BONITAS ACUTE OUT-OF-FORMULARY LIST
Feb-26**

**Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.**

C09DX01	valsartan, amlodipine and hydrochlorothiazide	3007388	ARLOZYB CO 10/320/25MG	10MG/320MG	TAB
C09DX01	valsartan, amlodipine and hydrochlorothiazide	3009382	CALSAR CO 10/320/25 MG	10/320/25MG	TAB
C09DX01	valsartan, amlodipine and hydrochlorothiazide	3008515	CHLOVAMAL 10 MG/320 MG /25 MG	10/320/25MG	TAB
C09DX01	valsartan, amlodipine and hydrochlorothiazide	719127	CO EXFORGE 10MG/320MG/25MG	10MG/320MG	TAB
C09DX01	valsartan, amlodipine and hydrochlorothiazide	3008502	DIPTATRIS 10MG/320MG/25MG	10/320/25MG	TAB
C10AA03	Pravastatin	705212	ASPEN PRAVASTATIN	10MG	TAB
C10AA03	Pravastatin	705213	ASPEN PRAVASTATIN	20MG	TAB
C10AA03	Pravastatin	705214	ASPEN PRAVASTATIN	40MG	TAB
C10AA03	Pravastatin	715709	PIXETA	10MG	TAB
C10AA03	Pravastatin	715710	PIXETA	20MG	TAB
C10AA03	Pravastatin	715711	PIXETA	40MG	TAB
C10AA03	Pravastatin	705901	SANDOZ PRAVASTATIN	10MG	TAB
C10AA03	Pravastatin	705902	SANDOZ PRAVASTATIN	20MG	TAB
C10AA03	Pravastatin	705903	SANDOZ PRAVASTATIN	40MG	TAB
C10AA07	Rosuvastatin	723098	CRESAGEN	10MG	TAB
C10AA07	Rosuvastatin	723099	CRESAGEN	20MG	TAB
C10AA07	Rosuvastatin	723100	CRESAGEN	40MG	TAB
C10AA07	Rosuvastatin	723097	CRESAGEN	5MG	TAB
C10AA07	Rosuvastatin	705989	CRESTOR 10MG	10MG	TAB
C10AA07	Rosuvastatin	705988	CRESTOR 20MG	20MG	TAB
C10AA07	Rosuvastatin	705990	CRESTOR 40MG	40MG	TAB
C10AA07	Rosuvastatin	710892	CRESTOR	5MG	TAB
C10AA07	Rosuvastatin	3005358	CREVAS	10MG	TAB
C10AA07	Rosuvastatin	3006904	CREVAS	15MG	TAB
C10AA07	Rosuvastatin	3005359	CREVAS	20MG	TAB



**BONITAS ACUTE OUT-OF-FORMULARY LIST
Feb-26**

**Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.**

C10AA07	Rosuvastatin	3006905	CREVAS	30MG	TAB
C10AA07	Rosuvastatin	3005360	CREVAS	40MG	TAB
C10AA07	Rosuvastatin	3005357	CREVAS	5MG	TAB
C10AA07	Rosuvastatin	3006386	LYPOVAS	10MG	TAB
C10AA07	Rosuvastatin	3006387	LYPOVAS	20MG	TAB
C10AA07	Rosuvastatin	3006388	LYPOVAS	40MG	TAB
C10AA07	Rosuvastatin	3006385	LYPOVAS	5MG	TAB
C10AA07	Rosuvastatin	721807	ROCREST	10MG	TAB
C10AA07	Rosuvastatin	721809	ROCREST	20MG	TAB
C10AA07	Rosuvastatin	721810	ROCREST	40MG	TAB
C10AA07	Rosuvastatin	721858	ROSTOR	10MG	TAB
C10AA07	Rosuvastatin	721860	ROSTOR	20MG	TAB
C10AA07	Rosuvastatin	721861	ROSTOR	40MG	TAB
C10AA07	Rosuvastatin	721857	ROSTOR	5MG	TAB
C10AA07	Rosuvastatin	3009606	ROSUVAKEM	10MG	TAB
C10AA07	Rosuvastatin	3009607	ROSUVAKEM	20MG	TAB
C10AA07	Rosuvastatin	3009608	ROSUVAKEM	40MG	TAB
C10AA07	Rosuvastatin	3009605	ROSUVAKEM	5MG	TAB
C10AA07	Rosuvastatin	3004377	ROSUVASTATIN 10 ADCO	10MG	TAB
C10AA07	Rosuvastatin	3005070	ROSUVASTATIN 10 CIPLA	10MG	TAB
C10AA07	Rosuvastatin	3004702	ROSUVASTATIN 10 PHARMC	10MG	TAB
C10AA07	Rosuvastatin	3006406	ROSUVASTATIN 10MG SMART	10MG	TAB
C10AA07	Rosuvastatin	3004378	ROSUVASTATIN 20 ADCO	20MG	TAB
C10AA07	Rosuvastatin	3005071	ROSUVASTATIN 20 CIPLA	20MG	TAB
C10AA07	Rosuvastatin	3004701	ROSUVASTATIN 20 PHARMC	20MG	TAB



**BONITAS ACUTE OUT-OF-FORMULARY LIST
Feb-26**

**Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.**

C10AA07	Rosuvastatin	3006407	ROSUVASTATIN 20MG SMART	20MG	TAB
C10AA07	Rosuvastatin	3004379	ROSUVASTATIN 40 ADCO	40MG	TAB
C10AA07	Rosuvastatin	3005072	ROSUVASTATIN 40 CIPLA	40MG	TAB
C10AA07	Rosuvastatin	3004699	ROSUVASTATIN 40 PHARMC	40MG	TAB
C10AA07	Rosuvastatin	3004374	ROSUVASTATIN 5 ADCO	5MG	TAB
C10AA07	Rosuvastatin	3005069	ROSUVASTATIN 5 CIPLA	5MG	TAB
C10AA07	Rosuvastatin	3004703	ROSUVASTATIN 5 PHARMC	5MG	TAB
C10AA07	Rosuvastatin	3006405	ROSUVASTATIN 5MG SMART	5MG	TAB
C10AA07	Rosuvastatin	3000401	ROSUVASTATIN UNICORN	10MG	TAB
C10AA07	Rosuvastatin	3000402	ROSUVASTATIN UNICORN	20MG	TAB
C10AA07	Rosuvastatin	3000403	ROSUVASTATIN UNICORN	40MG	TAB
C10AA07	Rosuvastatin	3000400	ROSUVASTATIN UNICORN	5MG	TAB
C10AA07	Rosuvastatin	719251	ROSVATOR	10MG	TAB
C10AA07	Rosuvastatin	719252	ROSVATOR	20MG	TAB
C10AA07	Rosuvastatin	719253	ROSVATOR	40MG	TAB
C10AA07	Rosuvastatin	719249	ROSVATOR	5MG	TAB
C10AA07	Rosuvastatin	3003616	RUBISTOR	10MG	TAB
C10AA07	Rosuvastatin	3003617	RUBISTOR	20MG	TAB
C10AA07	Rosuvastatin	3003618	RUBISTOR	40MG	TAB
C10AA07	Rosuvastatin	3003615	RUBISTOR	5MG	TAB
C10AA07	Rosuvastatin	719194	STORWIN	10MG	TAB
C10AA07	Rosuvastatin	719195	STORWIN	20MG	TAB
C10AA07	Rosuvastatin	719197	STORWIN	40MG	TAB
C10AA07	Rosuvastatin	3004341	TOROLAR	10MG	TAB
C10AA07	Rosuvastatin	3004342	TOROLAR	20MG	TAB



**BONITAS ACUTE OUT-OF-FORMULARY LIST
Feb-26**

**Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.**

C10AA07	Rosuvastatin	3004343	TOROLAR	40MG	TAB
C10AA07	Rosuvastatin	3004340	TOROLAR	5MG	TAB
C10AA07	Rosuvastatin	3004140	TRINCHOL	10MG	TAB
C10AA07	Rosuvastatin	3004141	TRINCHOL	20MG	TAB
C10AA07	Rosuvastatin	3004142	TRINCHOL	40MG	TAB
C10AA07	Rosuvastatin	3004139	TRINCHOL	5MG	TAB
C10AA07	Rosuvastatin	3005279	VASROV	10MG	TAB
C10AA07	Rosuvastatin	3005280	VASROV	20MG	TAB
C10AA07	Rosuvastatin	3005282	VASROV	40MG	TAB
C10AA07	Rosuvastatin	3005278	VASROV	5MG	TAB
C10AA07	Rosuvastatin	719082	VUSOR	10MG	TAB
C10AA07	Rosuvastatin	719083	VUSOR	20MG	TAB
C10AA07	Rosuvastatin	719084	VUSOR	40MG	TAB
C10AA07	Rosuvastatin	719081	VUSOR	5MG	TAB
C10AA07	Rosuvastatin	3003547	XARTIGEN	10MG	TAB
C10AA07	Rosuvastatin	3003577	XARTIGEN	20MG	TAB
C10AA07	Rosuvastatin	3003602	XARTIGEN	40MG	TAB
C10AA07	Rosuvastatin	3003483	XARTIGEN	5MG	TAB
C10AA07	Rosuvastatin	717520	ZUVAMOR	10MG	TAB
C10AA07	Rosuvastatin	717521	ZUVAMOR	20MG	TAB
C10AA07	Rosuvastatin	717522	ZUVAMOR	40MG	TAB
C10AA07	Rosuvastatin	723655	ZUVAMOR	5MG	TAB
C10AA07	Rosuvastatin	3005362	ZYROVA	10MG	TAB
C10AA07	Rosuvastatin	3005363	ZYROVA	20MG	TAB
C10AA07	Rosuvastatin	3005361	ZYROVA	5MG	TAB



**BONITAS ACUTE OUT-OF-FORMULARY LIST
Feb-26**

**Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.**

C10BA06	rosuvastatin and ezetimibe	3008870	LYPSTAPLUS 10 MG/10 MG	TAB	30
C10BA06	rosuvastatin and ezetimibe	3008871	LYPSTAPLUS 20 MG/10 MG	TAB	30
C10BA06	rosuvastatin and ezetimibe	3007287	REGUCHOLE 10/10 MG	10MG/10MG	TAB
C10BA06	rosuvastatin and ezetimibe	3007288	REGUCHOLE 10/20 MG	10MG/20MG	TAB
C10BA06	rosuvastatin and ezetimibe	3007286	REGUCHOLE 10/5 MG	10MG/5MG	TAB
C10BA06	rosuvastatin and ezetimibe	3007207	ROSUZET 10 MG/10 MG	10MG/10MG	TAB
C10BA06	rosuvastatin and ezetimibe	3007208	ROSUZET 20MG/10MG	20MG/10MG	TAB
C10BA06	rosuvastatin and ezetimibe	3007209	ROSUZET 40MG/10MG	40MG/10MG	TAB
C10BA06	rosuvastatin and ezetimibe	3007066	ROSUZET 5 MG/10 MG	5MG/10MG	TAB
C10BX03	Atorvastatin and amlodipine	705835	CADUET 10MG/10MG	10MG/10MG	TAB
C10BX03	Atorvastatin and amlodipine	705836	CADUET 10MG/20MG	10MG/20MG	TAB
C10BX03	Atorvastatin and amlodipine	708835	CADUET 10MG/40MG	10MG/40MG	TAB
C10BX03	Atorvastatin and amlodipine	705837	CADUET 5MG/10MG	5MG/10MG	TAB
C10BX03	Atorvastatin and amlodipine	705838	CADUET 5MG/20MG	5MG/20MG	TAB
C10BX11	Atorvastatin, amlodipine and perindopril	3005329	TRIVERAM 10MG/5MG/5MG		TAB
C10BX11	Atorvastatin, amlodipine and perindopril	3005332	TRIVERAM 20MG/10MG/10MG		TAB
C10BX11	Atorvastatin, amlodipine and perindopril	3005331	TRIVERAM 20MG/10MG/5MG		TAB
C10BX11	Atorvastatin, amlodipine and perindopril	3005330	TRIVERAM 20MG/5MG/5MG		TAB
C10BX11	Atorvastatin, amlodipine and perindopril	3005333	TRIVERAM 40MG/10MG/10MG		TAB
D01AC03	Econazole	754498	PEVARYL CREAM	10MG/1G	CRE
D01AC20	Imidazoles/triazoles in combination with corticosteroids	739391	LOTRIDERM		CRE
D01AC20	Imidazoles/triazoles in combination with corticosteroids	709808	MAXADERM 1MG/10MG		CRE
D01AC20	Imidazoles/triazoles in combination with corticosteroids	754579	PEVISONE	15G	CRE
D01AC20	Imidazoles/triazoles in combination with corticosteroids	771937	TRAVOCORT	1MG/G	CRE
D07AC14	Methylprednisolone aceponate	793108	ADVANTAN	1MG/1G	CRE



**BONITAS ACUTE OUT-OF-FORMULARY LIST
Feb-26**

**Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.**

D07AC14	Methylprednisolone aceponate	793086	ADVANTAN	1MG/1G	OIN
D07AC14	Methylprednisolone aceponate	793116	ADVANTAN FATTY OINT	1MG/1G	OIN
D07AC14	Methylprednisolone aceponate	883180	ADVANTAN MILK	1MG/1G	CRE
D07AC14	Methylprednisolone aceponate	701417	ADVANTAN SCALP	1MG/1ML	SCL
D07CA01	Hydrocortisone and antibiotics	720973	FUCIDIN H	20MG/10MG	CRE
D07CC01	Betamethasone and antibiotics	720356	DIPROGENTA		CRE
D07CC01	Betamethasone and antibiotics	720364	DIPROGENTA		OIN
D07CC01	Betamethasone and antibiotics	720972	FUCIBET	20MG/1MG	CRE
D07XC01	Betamethasone	758760	QUADRIDERM		CRE
G04BD02	Flavoxate	3005691	FLOSPASM	200MG	TAB
G04BD02	Flavoxate	820113	URISPAS	200MG	TAB
G04BD04	Oxybutynin	710617	LYRINEL	10MG	SRT
G04BD04	Oxybutynin	710616	LYRINEL	5MG	SRT
G04BD06	Propiverine	703546	DETRUNORM	15MG	TAB
G04BD06	Propiverine	3006549	DETRUNORM PAED	5MG	TAB
G04BD06	Propiverine	720349	DETRUNORM XL	30MG	CAP
G04BD07	Tolterodine	700862	DETRUSITOL SR 2MG	2MG	SRC
G04BD07	Tolterodine	700871	DETRUSITOL SR 4MG	4MG	SRC
G04BD08	Solifenacin	3005791	BLADEONZ	10MG	TAB
G04BD08	Solifenacin	3005790	BLADEONZ	5MG	TAB
G04BD08	Solifenacin	3004138	FENENCE	10MG	TAB
G04BD08	Solifenacin	3004137	FENENCE	5MG	TAB
G04BD08	Solifenacin	3004479	FLOLOC	10MG	TAB
G04BD08	Solifenacin	3004478	FLOLOC	5MG	TAB
G04BD08	Solifenacin	3007940	FLOLOC CHEWS	10MG	CHU



**BONITAS ACUTE OUT-OF-FORMULARY LIST
Feb-26**

**Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.**

G04BD08	Solifenacin	3007939	FLOLOC CHEWS	5MG	CHU
G04BD08	Solifenacin	3007037	FURLIN	10MG	TAB
G04BD08	Solifenacin	3007023	FURLIN	5MG	TAB
G04BD08	Solifenacin	3005100	SOLESTAN	10MG	TAB
G04BD08	Solifenacin	3005116	SOLESTAN	5MG	TAB
G04BD08	Solifenacin	3006629	SOLIFENACIN 10 UNICORN	10MG	TAB
G04BD08	Solifenacin	3006628	SOLIFENACIN 5 UNICORN	5MG	TAB
G04BD08	Solifenacin	3004272	SOLIFENACIN TEVA	10MG	TAB
G04BD08	Solifenacin	3004271	SOLIFENACIN TEVA	5MG	TAB
G04BD08	Solifenacin	3003910	SOLIREST	10MG	TAB
G04BD08	Solifenacin	3003909	SOLIREST	5MG	TAB
G04BD08	Solifenacin	3005614	SOLVICYD	10MG	TAB
G04BD08	Solifenacin	3005613	SOLVICYD	5MG	TAB
G04BD08	Solifenacin	3004053	UTROVES	10MG	TAB
G04BD08	Solifenacin	3004052	UTROVES	5MG	TAB
G04BD08	Solifenacin	706217	VESICARE 10MG	10MG	TAB
G04BD08	Solifenacin	706214	VESICARE 5MG	5MG	TAB
G04BD08	Solifenacin	3004169	VESICONT	10MG	TAB
G04BD08	Solifenacin	3004168	VESICONT	5MG	TAB
G04BD08	Solifenacin	3004539	VESIFIN	10MG	TAB
G04BD08	Solifenacin	3004538	VESIFIN	5MG	TAB
G04BD09	Trospium	703904	URICON		TAB
G04BD10	Darifenacin	706046	ENABLEX 15MG	15MG	SRT
G04BD10	Darifenacin	706045	ENABLEX 7.5MG	7.5MG	SRT
G04BD10	DARIFENACIN	3005481	FLODEN CR	15MG	SRT



**BONITAS ACUTE OUT-OF-FORMULARY LIST
Feb-26**

**Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.**

G04BD10	DARIFENACIN	3005480	FLODEN CR	7.5MG	SRT
G04BD12	Mirabegron	722475	BETMIGA	25MG	SRT
G04BD12	Mirabegron	722789	BETMIGA	50MG	SRT
G04BD12	mirabegron	3007407	URTON	25MG	SRT
G04BD12	mirabegron	3007408	URTON	50MG	SRT
G04CA03	Terazosin	806374	HYTRIN	5MG	TAB
J01CR02	Amoxicillin and enzyme inhibitor	703449	AUGMENTIN SR	1000MG	TAB
J01FA15	Telithromycin	702607	KETEK	400MG	TAB
M01AE01	Ibuprofen	793671	BRUFEN RETARD	800MG	TAB
M01AE52	Naproxen and esomeprazole	718724	VIMOVO 500/20MG		TAB
M01AH05	Etoricoxib	723130	ADCO ETORICOXIB (WAS SPEC-ETORICOXIB)	120MG	TAB
M01AH05	Etoricoxib	723128	ADCO ETORICOXIB (WAS SPEC-ETORICOXIB)	60MG	TAB
M01AH05	Etoricoxib	723129	ADCO ETORICOXIB (WAS SPEC-ETORICOXIB)	90MG	TAB
M01AH05	Etoricoxib	709110	ARCOXIA	120MG	TAB
M01AH05	Etoricoxib	3001702	ARCOXIA	30MG	TAB
M01AH05	Etoricoxib	709108	ARCOXIA	60MG	TAB
M01AH05	Etoricoxib	709109	ARCOXIA	90MG	TAB
M01AH05	Etoricoxib	3001968	AZCURA	120MG	TAB
M01AH05	Etoricoxib	3001961	AZCURA	60MG	TAB
M01AH05	Etoricoxib	3001967	AZCURA	90MG	TAB
M01AH05	Etoricoxib	3001638	CORICIB	120MG	TAB
M01AH05	Etoricoxib	3002586	CORICIB	30MG	TAB
M01AH05	Etoricoxib	3001636	CORICIB	60MG	TAB
M01AH05	Etoricoxib	3001637	CORICIB	90MG	TAB
M01AH05	Etoricoxib	3004263	COXETORI	120MG	TAB



**BONITAS ACUTE OUT-OF-FORMULARY LIST
Feb-26**

**Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.**

M01AH05	Etoricoxib	3004261	COXETORI	60MG	TAB
M01AH05	Etoricoxib	3004262	COXETORI	90MG	TAB
M01AH05	Etoricoxib	3002300	EBOV	120MG	TAB
M01AH05	Etoricoxib	3002298	EBOV	60MG	TAB
M01AH05	Etoricoxib	3002299	EBOV	90MG	TAB
M01AH05	Etoricoxib	3002400	ECOXAR	120MG	TAB
M01AH05	Etoricoxib	3002397	ECOXAR	60MG	TAB
M01AH05	Etoricoxib	3002398	ECOXAR	90MG	TAB
M01AH05	Etoricoxib	3002933	ETIFLAM	120MG	TAB
M01AH05	Etoricoxib	3002930	ETIFLAM	60MG	TAB
M01AH05	Etoricoxib	3002931	ETIFLAM	90MG	TAB
M01AH05	Etoricoxib	3002678	ETOFLAM	120MG	TAB
M01AH05	Etoricoxib	3002676	ETOFLAM	60MG	TAB
M01AH05	Etoricoxib	3002677	ETOFLAM	90MG	TAB
M01AH05	Etoricoxib	3002099	ETORICOXIB AUSTELL	120MG	TAB
M01AH05	Etoricoxib	3002097	ETORICOXIB AUSTELL	60MG	TAB
M01AH05	Etoricoxib	3002098	ETORICOXIB AUSTELL	90MG	TAB
M01AH05	Etoricoxib	3003605	ETORICOXIB BIOTECH	120MG	TAB
M01AH05	Etoricoxib	3003603	ETORICOXIB BIOTECH	60MG	TAB
M01AH05	Etoricoxib	3003604	ETORICOXIB BIOTECH	90MG	TAB
M01AH05	Etoricoxib	723368	EXINEF	120MG	TAB
M01AH05	Etoricoxib	3001701	EXINEF	30MG	TAB
M01AH05	Etoricoxib	723366	EXINEF	60MG	TAB
M01AH05	Etoricoxib	723367	EXINEF	90MG	TAB
M01AH05	Etoricoxib	3003526	EXORICA	120MG	TAB



**BONITAS ACUTE OUT-OF-FORMULARY LIST
Feb-26**

**Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.**

M01AH05	Etoricoxib	3003524	EXORICA	60MG	TAB
M01AH05	Etoricoxib	3003525	EXORICA	90MG	TAB
M01AH05	Etoricoxib	3002545	EXTRIB	120MG	TAB
M01AH05	Etoricoxib	3002542	EXTRIB	30MG	TAB
M01AH05	Etoricoxib	3002543	EXTRIB	60MG	TAB
M01AH05	Etoricoxib	3002544	EXTRIB	90MG	TAB
M01AH05	Etoricoxib	3002324	EXXIB	120MG	TAB
M01AH05	Etoricoxib	3002321	EXXIB	60MG	TAB
M01AH05	Etoricoxib	3002323	EXXIB	90MG	TAB
M01AH05	Etoricoxib	3001966	MARACOXIA	120MG	TAB
M01AH05	Etoricoxib	3001918	MARACOXIA	60MG	TAB
M01AH05	Etoricoxib	3001965	MARACOXIA	90MG	TAB
M01AH05	Etoricoxib	3002056	RUMATOR	120MG	TAB
M01AH05	Etoricoxib	3002055	RUMATOR	60MG	TAB
M01AH05	Etoricoxib	3009469	RUMATOR	90MG	TAB
M01AH05	Etoricoxib	3002332	THRYTIX	120MG	TAB
M01AH05	Etoricoxib	3002330	THRYTIX	60MG	TAB
M01AH05	Etoricoxib	3002331	THRYTIX	90MG	TAB
M03BX01	Baclofen	738352	LIORESAL	25MG	TAB
N02BF01	Gabapentin	705262	NEURONTIN	600MG	TAB
N03AF01	Carbamazepine	769398	TEGRETOL 200	200MG	TAB
N05AX08	Risperidone	3001439	ZOXADON ODT	.5MG	MLT
N05AX08	Risperidone	3001440	ZOXADON ODT	1MG	MLT
N05AX08	Risperidone	3001441	ZOXADON ODT	2MG	MLT
N05CF02	Zolpidem	711597	STILNOX MR	12.5MG	SRT



BONITAS ACUTE OUT-OF-FORMULARY LIST Feb-26

Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.

N05CH01	Melatonin	3006992	CADIATEV	2MG	SRT
N05CH01	Melatonin	721635	CIRCADIN	2MG	SRT
N05CH01	Melatonin	3005561	MELNOC XR	2MG	SRT
N05CH01	Melatonin	3005566	NOCTRIN XR	2MG	SRT
N05CH01	Melatonin	3008220	VIGISOM	2MG	SRT
N06AA04	Clomipramine	703419	ANAFRANIL	10MG	TAB
N06AA04	Clomipramine	703427	ANAFRANIL	25MG	TAB
N06AA04	Clomipramine	781193	ANAFRANIL SR	75MG	SRT
N06AA04	Clomipramine	703381	CLOMIDEP	25MG	TAB
N06AA06	Trimipramine	772364	TYDAMINE	25MG	TAB
N06AA06	Trimipramine	772356	TYDAMINE	50MG	CAP
N06AA07	Lofepamine	723002	EMDALEN	70MG	TAB
N06AA21	Maprotiline	739529	LUDIOMIL	75MG	TAB
N06AB03	Fluoxetine	894249	PROHEXAL	40MG	DSP
N06AB05	Paroxetine	704904	ADCO-PAROXETINE	20MG	TAB
N06AB05	Paroxetine	703219	AROPAX	30MG	TAB
N06AB05	Paroxetine	704647	AROPAX CR	12.5MG	TAB
N06AB05	Paroxetine	704646	AROPAX CR	25MG	TAB
N06AB05	Paroxetine	711911	ARYAXEL	20MG	TAB
N06AB05	Paroxetine	707399	AUSTELL-PAROXETINE	20MG	TAB
N06AB05	Paroxetine	704792	DEPAROC	20MG	TAB
N06AB05	Paroxetine	718058	LENIO	20MG	TAB
N06AB05	Paroxetine	705186	PARAX	20MG	TAB
N06AB05	Paroxetine	716745	PAROXETINE UNICORN	20MG	TAB
N06AB05	Paroxetine	704794	PAXIL	20MG	TAB



BONITAS ACUTE OUT-OF-FORMULARY LIST Feb-26

Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.

N06AB05	Paroxetine	705122	SERRAPRESS	20MG	TAB
N06AB05	Paroxetine	717561	TEXINE	20MG	TAB
N06AB05	Paroxetine	705633	XET	20MG	TAB
N06AB06	Sertraline	712092	ARROW SERTRALINE	100MG	TAB
N06AB06	Sertraline	712093	ARROW SERTRALINE	50MG	TAB
N06AB06	Sertraline	3004129	ARYSERT	50MG	TAB
N06AB06	Sertraline	707293	AUSTELL SERTRALINE	100MG	TAB
N06AB06	Sertraline	707294	AUSTELL SERTRALINE	50MG	TAB
N06AB06	Sertraline	719973	DYNA SERTRALINE	100MG	TAB
N06AB06	Sertraline	719972	DYNA SERTRALINE	50MG	TAB
N06AB06	Sertraline	715935	SERDEP	100MG	TAB
N06AB06	Sertraline	705420	SERDEP	50MG	TAB
N06AB06	Sertraline	703999	SERLIFE	100MG	TAB
N06AB06	Sertraline	703132	SERLIFE	50MG	TAB
N06AB06	Sertraline	715350	SERTRA	50MG	TAB
N06AB06	Sertraline	709904	SERTRALINE WINTHROP	50MG	TAB
N06AB06	Sertraline	703993	TRALIDEP	100MG	TAB
N06AB06	Sertraline	703992	TRALIDEP	50MG	TAB
N06AB06	Sertraline	711991	ZOLID	100MG	TAB
N06AB06	Sertraline	711992	ZOLID	50MG	TAB
N06AB06	Sertraline	868833	ZOLOFT	50MG	TAB
N06AB06	Sertraline	708915	ZYLIN	50MG	TAB
N06AB08	Fluvoxamine	706443	FAVERIN	100MG	TAB
N06AB08	Fluvoxamine	805203	LUVOX BI-TABS	100MG	TAB
N06AX11	Mirtazapine	708239	ADCO-MIRTERON	15MG	TAB



**BONITAS ACUTE OUT-OF-FORMULARY LIST
Feb-26**

**Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.**

N06AX11	Mirtazapine	708242	ADCO-MIRTERON	30MG	TAB
N06AX11	Mirtazapine	709692	ASPEN MIRTAZAPINE	15MG	TAB
N06AX11	Mirtazapine	709693	ASPEN MIRTAZAPINE	30MG	TAB
N06AX11	Mirtazapine	710528	BERON	15MG	TAB
N06AX11	Mirtazapine	710529	BERON	30MG	TAB
N06AX11	Mirtazapine	721209	MIRADEP	15MG	TAB
N06AX11	Mirtazapine	721210	MIRADEP	30MG	TAB
N06AX11	Mirtazapine	3005175	MIRTANEO	15MG	TAB
N06AX11	Mirtazapine	3005176	MIRTANEO	30MG	TAB
N06AX11	Mirtazapine	710802	MYLAN MIRTAZAPINE	15MG	TAB
N06AX11	Mirtazapine	710803	MYLAN MIRTAZAPINE	30MG	TAB
N06AX11	Mirtazapine	714684	MYTRA	15MG	TAB
N06AX11	Mirtazapine	714685	MYTRA	30MG	TAB
N06AX11	Mirtazapine	897760	REMERON	15MG	TAB
N06AX11	Mirtazapine	842958	REMERON	30MG	TAB
N06AX11	Mirtazapine	708303	ZAPAMIRT	15MG	TAB
N06AX11	Mirtazapine	708304	ZAPAMIRT	30MG	TAB
R01AD05	Budesonide	703209	RHINOCORT AQUA 10ML 120DOSE	32MCG	AQS
R01AD05	Budesonide	703209	RHINOCORT AQUA 32MCG 120 DOSE	32MCG	AQS
R01AD05	Budesonide	703203	RHINOCORT AQUA 64MCG 120 DOSE	64MCG	AQS
R01AD08	Fluticasone	712866	AVAMYS 120 DOSE	27.5MCG/1DC	AQS
R01AD08	Fluticasone	3002590	GENEMIST 120 DOSE	27.5MCG/1DC	AQS
R01AD09	Mometasone	3006851	MOMETASONE NS KIARA 140 DOSE	50MCG	AQS
R01AD09	Mometasone	3004007	MONACT 140 DOSE	50MCG	AQS
R01AD09	Mometasone	883253	NASONEX AQUEOUS 140 DOSE	50MCG	AQS



**BONITAS ACUTE OUT-OF-FORMULARY LIST
Feb-26**

**Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.**

R01AD09	Mometasone	713968	NEXOMIST 140 METERED DOSES	50MCG	AQS
R01AD09	Mometasone	3004441	RHINIMET 140 DOSE	50MCG	AQS
R01AD09	Mometasone	716718	RINELON 60 DOSE	50MCG/1DOS	AQS
R01AD09	Mometasone	883261	RINELON AQUEOUS 140 DOSE	50MCG/1DOS	AQS
R01AD09	Mometasone	3004673	TRISONE NS 140 DOSE (WAS NETRIN NS)	50MCG	AQS
R01AD09	Mometasone	3004661	ZOMATE NS 140 DOSE	50MCG	AQS
R01AD11	Triamcinolone	895149	NASACOR T 120 DOSE	55MCG	NAS
R01AD11	Triamcinolone	721681	TRIAMIST 120 DOSE	55MCG/1DOS	NAS
R01AD13	Ciclesonide	718730	OMNAIR	50MCG	NAS
R01AD58	fluticasone, combinations	3007615	DYMISTA 17ML		NAS
R01AD59	mometasone, combinations	3001861	RYALTRIS 120 DOSE		NAS
R03AC02	Salbutamol	857289	VENTOLIN ACCUHALER	200MCG	ACC
R03BA01	Beclomethasone	864463	QVAR AUTOHALER 200DOSE	100MCG	ATH
R03BA01	Beclomethasone	864501	QVAR PRESS AND BREATH 200DOSE	100MCG	INH
R03DA20	Combinations of xanthines	765031	SOLPHYLLIN		SYR
R03DA54	Theophylline, combinations excl. psycholeptics	765023	SOLPHYLLEX		SYR
R03DB	Xanthines and adrenergics	746800	NETHAPRIN DOSPAN		TAB
R06AA04	Clemastine	769231	DEGORAN ALLERGY	1MG	TAB
R06AE09	Levocetirizine dihydrochloride	3006590	CETAWAY	.5MG/1ML	SOL
R06AE09	Levocetirizine dihydrochloride	3006882	CETORIN	2.5MG/5ML	SOL
R06AE09	Levocetirizine dihydrochloride	3006944	XYLEVE	.5MG/1ML	SOL
R06AE09	Levocetirizine dihydrochloride	720330	XYZAL	2.5MG/5ML	SOL
R06AX17	Ketotifen	797138	ZADITEN SRO	2MG	TAB
R06AX18	Acrivastine	792829	SEMPREX	8MG	CAP
R06AX22	Ebastine	847992	KESTINE	10MG	TAB



BONITAS ACUTE OUT-OF-FORMULARY LIST Feb-26

Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.

R06AX25	Mizolastine	884047	MIZOLLEN	10MG	TAB
R06AX26	Fexofenadine	709710	FASTWAY 180	180MG	TAB
R06AX26	Fexofenadine	714069	FENOFEX	180MG	TAB
R06AX26	Fexofenadine	710837	FEXAWAY	180MG	TAB
R06AX26	Fexofenadine	707200	FEXO	180MG	TAB
R06AX26	Fexofenadine	3005936	FEXOGEN	180MG	TAB
R06AX26	Fexofenadine	3009515	FEXOJET	180MG	TAB
R06AX26	Fexofenadine	3006473	FEXXTAB	180MG	TAB
R06AX26	Fexofenadine	3000603	POLLOFEX	180MG	TAB
R06AX26	Fexofenadine	848107	TELFAS	180MG	TAB
R06AX26	Fexofenadine	715771	TELFAS SUSPENSION	30MG/5ML	SUS
R06AX26	Fexofenadine	714053	TELLERGE	180MG	TAB
R06AX27	Desloratadine	3004617	AERZIT	2.5MG/5ML	SYR
R06AX27	Desloratadine	3009664	AVARINEX	2.5MG/5ML	SYR
R06AX27	Desloratadine	3006680	CLAREX	2.5MG/5ML	SOL
R06AX27	Desloratadine	3007538	DAZIT	2.5MG/5ML	SYR
R06AX27	Desloratadine	721616	DEHRIN	2.5MG/5ML	SOL
R06AX27	Desloratadine	702044	DESELEX	2.5MG/5ML	SYR
R06AX27	Desloratadine	3003432	DESENEZE	2.5MG/5ML	SYR
R06AX27	Desloratadine	720915	DESLOMED	2.5MG/5ML	SYR
R06AX27	Desloratadine	720028	NEOCLARITYNE	2.5MG/5ML	SYR
R06AX28	Rupatadine	3007514	RAPUTEZE	10MG	TAB
R06AX28	Rupatadine	3004542	RAZTROL	10MG	TAB
R06AX28	Rupatadine	3009721	RUALIDINE	10MG	TAB
R06AX28	Rupatadine	3002998	RUPALLERG	10MG	TAB



**BONITAS ACUTE OUT-OF-FORMULARY LIST
Feb-26**

**Products on this out-of-formulary list will attract a 20% co-payment if claimed on acute in 2025.
In conjunction to this, other rules may apply.**

R06AX28	Rupatadine	720955	RUPANASE	10MG	TAB
R06AX28	Rupatadine	3000324	RUPANASE JUNIOR	1MG/1ML	SOL
R06AX28	Rupatadine	3005404	RUTARN	10MG	TAB
R06AX28	Rupatadine	3003794	ZEALARGY	10MG	TAB
R06AX29	bilastine	3008438	ILAXTEN	20MG	TAB