



MEDICINE EXCLUSION LIST
July 2026

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
3008699	BETAHISTINE 24 UNICORN	24MG	BETAHISTINE	EXCLUSION
720978	DAHIDE	24MG TAB	BETAHISTINE	EXCLUSION
720325	HIDRIST	24MG TAB	BETAHISTINE	EXCLUSION
723921	MENIVERT	24MG TAB	BETAHISTINE	EXCLUSION
3006227	REVIHIST	24MG	BETAHISTINE	EXCLUSION
3000557	VERTIN	24MG TAB	BETAHISTINE	EXCLUSION
3006087	ZYGOVERT	24MG	BETAHISTINE	EXCLUSION
3009936	ZYVENTI	24MG	BETAHISTINE	EXCLUSION
707452	SERC	24MG	BETAHISTINE HCL	EXCLUSION
720825	TREVIGO	24MG	BETAHISTINE HCL	EXCLUSION
3000025	BETADEXAMINE	SYR	BETAMETHASONE/DEXCHLORPHENIRAMINE	EXCLUSION
3004784	BETADEXAMINE	TAB	BETAMETHASONE/DEXCHLORPHENIRAMINE	EXCLUSION
713058	CELESTAMINE	SYR	BETAMETHASONE/DEXCHLORPHENIRAMINE	EXCLUSION
713066	CELESTAMINE	TAB	BETAMETHASONE/DEXCHLORPHENIRAMINE	EXCLUSION
822868	BETOPTIC S SINGLE DOSE 0.25ML	2.5MG/1ML OPD	BETAXOLOL	EXCLUSION
723401	ENTERODYNE		BISMUTH CARB / CALCIUM CARBONATE / TINCT MORPHINE	EXCLUSION
3002277	CARBAGLU	200MG	CARGLUMIC ACID	New product under review
3003124	LEDAGA	160MCG/1G	CHLORMETHINE	New product under review
3006735	PERGOVERIS 300IU/150IU PRE-FILLED PEN 3M	300IU/150IU	COMBINATIONS	New product under review
3006736	PERGOVERIS 900IU/450IU PRE-FILLED PEN 3M	900IU/450IU	COMBINATIONS	New product under review
720360	MYPROCAM	15MG	CYCLOBENZAPRINE	EXCLUSION
720361	MYPROCAM	30MG	CYCLOBENZAPRINE	EXCLUSION
3010186	PRIBEMAK	15MG	CYCLOBENZAPRINE	EXCLUSION
3010187	PRIBEMAK	30MG	CYCLOBENZAPRINE	EXCLUSION
3004987	DEPVEN 100 XL	100MG	DESVENLAFAXINE	EXCLUSION
3004986	DEPVEN 50 XL	50MG	DESVENLAFAXINE	EXCLUSION
3004437	DESLAFEKS	100MG	DESVENLAFAXINE	EXCLUSION
3004436	DESLAFEKS	50MG	DESVENLAFAXINE	EXCLUSION
3004327	DESLAFORE XR	100MG	DESVENLAFAXINE	EXCLUSION
3004326	DESLAFORE XR	50MG	DESVENLAFAXINE	EXCLUSION

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
3002751	EXLOV XR	100MG	DESVENLAFAXINE	EXCLUSION
3002750	EXLOV XR	50MG	DESVENLAFAXINE	EXCLUSION
720595	EXSIRA	100MG SRT	DESVENLAFAXINE	EXCLUSION
720594	EXSIRA	50MG SRT	DESVENLAFAXINE	EXCLUSION
3010629	REDIRUNO XR	50MG	DESVENLAFAXINE	EXCLUSION
3010630	REDIRUNO XR	100MG	DESVENLAFAXINE	EXCLUSION
3004350	VOLOXIN	100MG	DESVENLAFAXINE	EXCLUSION
3004347	VOLOXIN	50MG	DESVENLAFAXINE	EXCLUSION
3004466	AMFEXA	10MG	DEXAMFETAMINE	EXCLUSION
3007018	AMFEXA	20MG	DEXAMFETAMINE	EXCLUSION
3004465	AMFEXA	5MG	DEXAMFETAMINE	EXCLUSION
775983	VIBROCIL	12G	DIMETHINDENE MALEATE/PHENYLEPHRINE/NEOMYCIN	EXCLUSION
836540	VIBROCIL 15ML		DIMETHINDENE MALEATE/PHENYLEPHRINE/NEOMYCIN	EXCLUSION
775991	VIBROCIL MICRODOSER	15ML	DIMETHINDENE MALEATE/PHENYLEPHRINE/NEOMYCIN	EXCLUSION
3004236	TECFIDERA	120MG	DIMETHYL FUMARATE	New product under review
3004237	TECFIDERA	240MG	DIMETHYL FUMARATE	New product under review
3001765	TRULICITY PRE-FILLED PEN 0.5ML	1.5MG/.5ML	DULAGLUTIDE	EXCLUSION
3007936	AIZEMPA	10MG	EMPAGLIFLOZIN	EXCLUSION
3007941	AIZEMPA	25MG	EMPAGLIFLOZIN	EXCLUSION
3010449	EMPAGLIFLOZIN 10 MG PD	10MG	EMPAGLIFLOZIN	EXCLUSION
3010486	EMPAGLIFLOZIN 10 UNICORN	10MG	EMPAGLIFLOZIN	EXCLUSION
3010450	EMPAGLIFLOZIN 25 MG PD	25MG	EMPAGLIFLOZIN	EXCLUSION
3010487	EMPAGLIFLOZIN 25 UNICORN	25MG	EMPAGLIFLOZIN	EXCLUSION
3010960	INGLYFLO	10MG	EMPAGLIFLOZIN	EXCLUSION
3010961	INGLYFLO	25MG	EMPAGLIFLOZIN	EXCLUSION
720929	JARDIANCE	10MG	EMPAGLIFLOZIN	EXCLUSION
721619	JARDIANCE	25MG	EMPAGLIFLOZIN	EXCLUSION
3010457	PEMFEG	10MG	EMPAGLIFLOZIN	EXCLUSION
3010458	PEMFEG	25MG	EMPAGLIFLOZIN	EXCLUSION
3010282	STENIT	10MG	EMPAGLIFLOZIN	EXCLUSION
3010291	STENIT	25MG	EMPAGLIFLOZIN	EXCLUSION
3004864	SPRAVATO SINGLE-USE	28MG/.2ML	ESKETAMINE	EXCLUSION
3007704	FOXISTRES	50MG	ETIFOXINE	EXCLUSION
707127	STRESAM	50MG	ETIFOXINE	EXCLUSION
3010608	STRESIGEN	50MG	ETIFOXINE	EXCLUSION
3009305	FIRIALTA	10MG	FINERENONE	EXCLUSION
3009306	FIRIALTA	20MG	FINERENONE	EXCLUSION

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
878758	FLIXONASE NASULES	400MCG	FLUTICASONE	EXCLUSION
3010219	NAZULAIR 0.4ML AMPOULES	400MCG/.4ML	FLUTICASONE	EXCLUSION
3010668	BREZTRI AEROSPHERE 120 ACTUATIONS		FORMOTEROL, GLYCOPYRRONIUM BROMIDE AND BUDESONIDE	New product under review
3009193	COLUMVI CONCENTRATE FOR SOLUTION FOR I	2.5MG/2.5ML	GLOFITAMAB	New product under review
3009194	COLUMVI CONCENTRATE FOR SOLUTION FOR I	10MG/10ML	GLOFITAMAB	New product under review
717165	PERGOVERIS POWDER FOR SOLUTION + SOLVENT		GONADOTROPINS,COMBINATIONS	New product under review
569024	GO-ON SYRINGE 2.5ML		HYALURONIC ACID	EXCLUSION
210946	INJECTION ARTHROVISC1 2ML		HYALURONIC ACID	EXCLUSION
210947	INJECTION ARTHROVISC3 2ML		HYALURONIC ACID	EXCLUSION
257649	INJECTION OPTIVISC 20 20MG PER 2ML	20MG/2ML	HYALURONIC ACID	EXCLUSION
257651	INJECTION OPTIVISC M 40MG PER 2ML +0.5%	40MG/2ML	HYALURONIC ACID	EXCLUSION
257650	INJECTION OPTIVISC PLUS 40MG PER 2ML	40MG/2ML	HYALURONIC ACID	EXCLUSION
257652	INJECTION OPTIVISC SINGLE 90MG PER 3ML	90MG/3ML	HYALURONIC ACID	EXCLUSION
1044785	INJECTION REVISCON 2.0% 2.4ML	48MG INJ	HYALURONIC ACID	EXCLUSION
713683	SUPLASYN PREFILLED SYRINGE 2ML	20MG/2ML	HYALURONIC ACID	EXCLUSION
721958	SUPLASYN PRE-FILLED SYRINGE 6ML	60MG/6ML	HYALURONIC ACID	EXCLUSION
236799	SYNOCROM FORTE ONE SYRINGE 80MG PER 4M		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
3008999	SYNVISC ONE (SECTION 21) 10ML SYRINGE	8MG/1ML	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
711292	BUSCOPAN COMPOUND		HYOSCINE-N-BUTYLBROMIDE/DIPYRONE	EXCLUSION
762717	SCOPEX CO		HYOSCINE-N-BUTYLBROMIDE/DIPYRONE	EXCLUSION
3009061	PRIVIGEN SOLUTION FOR INFUSION 100ML VIA	10G/100ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	New product under review
3009056	PRIVIGEN SOLUTION FOR INFUSION 25ML VIAL	2.5G/25ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	New product under review
3009060	PRIVIGEN SOLUTION FOR INFUSION 50ML VIAL	5G/50ML	IMMUNOGLOBULINS, NORMAL HUMAN, FOR INTRAVASCULAR ADM.	New product under review
3002220	XULTOPHY PRE-FILLED PEN 3ML		INSULIN DEGLUDEC AND LIRAGLUTIDE	EXCLUSION
3002922	SOLIQUA 33/100 PRE-FILLED PEN 3ML	33MCG/100U	INSULIN GLARGINE AND LIXISENATIDE	EXCLUSION
3002924	SOLIQUA 50/100 PRE-FILLED PEN 3ML	50MCG/100U	INSULIN GLARGINE AND LIXISENATIDE	EXCLUSION
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

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
3001433	IVERMECTIN POWDER		IVERMECTIN	EXCLUSION
3002835	PARAKIL (SECTION 21)	6MG	IVERMECTIN	EXCLUSION
3002895	PARAKIL (SECTION 21)	6MG	IVERMECTIN	EXCLUSION
711840	STROMEKTOL (SECTION 21)		IVERMECTIN	EXCLUSION
3007716	DAYVIGO	10MG	LEMBOREXANT	EXCLUSION
3007710	DAYVIGO	5MG	LEMBOREXANT	EXCLUSION
3006307	PREVYMIS	240MG	LETERMOVIR	EXCLUSION
3006296	PREVYMIS CONCENTRATE FOR SOLUTION FOR	240MG/12ML	LETERMOVIR	EXCLUSION
3000725	VERSATIS	PTD	LIDOCAINE	EXCLUSION
3009098	GILIPTRA PRE-FILLED PEN 3ML	6MG/1ML	LIRAGLUTIDE	EXCLUSION
716645	VICTOZA PRE-FILLED PEN 3ML	6MG/1ML	LIRAGLUTIDE	EXCLUSION
3010361	DYSTRALEX	30MG	LISDEXAMFETAMINE	EXCLUSION
3010362	DYSTRALEX	50MG	LISDEXAMFETAMINE	EXCLUSION
3010363	DYSTRALEX	70MG	LISDEXAMFETAMINE	EXCLUSION
3010766	VYFOCIS	30MG	LISDEXAMFETAMINE	EXCLUSION
3010767	VYFOCIS	50MG	LISDEXAMFETAMINE	EXCLUSION
3010768	VYFOCIS	70MG	LISDEXAMFETAMINE	EXCLUSION
3002858	VYVANSE	30MG	LISDEXAMFETAMINE	EXCLUSION
3002859	VYVANSE	50MG	LISDEXAMFETAMINE	EXCLUSION
3002860	VYVANSE	70MG	LISDEXAMFETAMINE	EXCLUSION
723894	EQUANIL	400MG	MEPROBAMATE	EXCLUSION
3002742	SYNJARDY 12.5/1000MG	12.5MG/1000MG	METFORMIN AND EMPAGLIFLOZIN	EXCLUSION
3002740	SYNJARDY 12.5/500MG	12.5MG/500MG	METFORMIN AND EMPAGLIFLOZIN	EXCLUSION
3002741	SYNJARDY 12.5/850MG	12.5MG/850MG	METFORMIN AND EMPAGLIFLOZIN	EXCLUSION
3002739	SYNJARDY 5/1000MG	5MG/1000MG	METFORMIN AND EMPAGLIFLOZIN	EXCLUSION
3002736	SYNJARDY 5/500MG	5MG/500MG	METFORMIN AND EMPAGLIFLOZIN	EXCLUSION
3002737	SYNJARDY 5/850MG	5MG/850MG	METFORMIN AND EMPAGLIFLOZIN	EXCLUSION
3003182	METHOCARBAMOL 750 SHANUR	750MG	METHOCARBAMOL	EXCLUSION
3007425	MYLOSPAS	750MG	METHOCARBAMOL	EXCLUSION
761141	ROBAXIN	500MG	METHOCARBAMOL	EXCLUSION
761168	ROBAXIN	750MG	METHOCARBAMOL	EXCLUSION
3006635	GLEMOLV	10MG/5MG	MONTELUKAST, COMBINATIONS	EXCLUSION
3009553	LUMONT CO	10MG/5MG	MONTELUKAST, COMBINATIONS	EXCLUSION
3009743	MONTECET	10MG/5MG	MONTELUKAST, COMBINATIONS	EXCLUSION
893900	STARLIX	120MG	NATEGLINIDE	EXCLUSION
718140	NEUROAID 11 MLC901		NEUROAID 11 MLC901	EXCLUSION
3010330	BEYFORTUS SOLUTION FOR INJECTION PRE-FIL	100MG/1ML	NIRSEVIMAB	New product under review
3010329	BEYFORTUS SOLUTION FOR INJECTION PRE-FIL	50MG/.5ML	NIRSEVIMAB	New product under review
3009861	OLMETEC	10MG	OLMESARTAN MEDOXOMIL	New product under review

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
3009862	OLMETEC	20MG	OLMESARTAN MEDOXOMIL	New product under review
3009863	OLMETEC	40MG	OLMESARTAN MEDOXOMIL	New product under review
3005017	AKYNZEO 300MG/0.5MG	300MG/.5MG	PALONOSETRON, COMBINATIONS	EXCLUSION
758345	PURITONE NO 1		PHENOLPHTHALEIN	EXCLUSION
859826	SB STRONGLAX		PHENOLPHTHALEIN	EXCLUSION
859818	SB3 LAXATIVE PILLS		PHENOLPHTHALEIN	EXCLUSION
715258	EFIENT	10MG	PRASUGREL	EXCLUSION
715257	EFIENT	5MG	PRASUGREL	EXCLUSION
3005782	RANEXA	375MG	RANOLAZINE	EXCLUSION
3005783	RANEXA	500MG	RANOLAZINE	EXCLUSION
3005800	RANEXA	750MG	RANOLAZINE	EXCLUSION
3002456	HEBERPROT-P VIAL	.075MG	RECOMBINANT EPIDERMAL GROWTH FACTOR	EXCLUSION
3009204	YUPELRI SOLUTION FOR INHALATION	175MCG/3ML	REVEFENACIN	New product under review
814679	PULMOZYME	2.5MG/2.5ML	RHDNASE	EXCLUSION
3009788	RIAMILOVIR 250 PHARMACENTRIX	250MG	RIAMILOVIR	EXCLUSION
721965	XIFAXAN	550MG	RIFAXIMIN	New product under review
824100	RILUTEK	50MG	RILUZOLE	EXCLUSION
3005819	EVRYSDI POWDER FOR ORAL SOLUTION	.75MG/1ML	RISDIPLAM	New product under review
715321	DAXAS	0.5MG	ROFLUMILAST	EXCLUSION
3008856	DAXAS (SECTION 21)	500MCG	ROFLUMILAST	EXCLUSION
752983	PAROVEN	CAP	RUTOSIDES O-(BETA-HYDROXYETHYL)	EXCLUSION
3009178	KOSELUGO	10MG	SELUMETINIB	New product under review
3005996	KOSELUGO	25MG	SELUMETINIB	New product under review
3010821	IDEXIS SEMAGLUTIDE 1		SEMAGLUTIDE	EXCLUSION
3003249	OZEMPIC PRE-FILLED PEN 1.5ML	2MG/1.5ML	SEMAGLUTIDE	EXCLUSION
3003250	OZEMPIC PRE-FILLED PEN 3ML	4MG/3ML	SEMAGLUTIDE	EXCLUSION
3009555	WEGOVY PRE-FILLED PEN 1.5ML	.25MG/3.75ML	SEMAGLUTIDE	EXCLUSION
3009556	WEGOVY PRE-FILLED PEN 1.5ML	.5MG/3.75ML	SEMAGLUTIDE	EXCLUSION
3009557	WEGOVY PRE-FILLED PEN 3ML	1MG/.75ML	SEMAGLUTIDE	EXCLUSION
3009558	WEGOVY PRE-FILLED PEN 3ML	1.7MG/.75ML	SEMAGLUTIDE	EXCLUSION
3009559	WEGOVY PRE-FILLED PEN 3ML	2.4MG/.75ML	SEMAGLUTIDE	EXCLUSION
714751	DIACOMIT	250MG	STIRIPENTOL	New product under review
714753	DIACOMIT	500MG	STIRIPENTOL	New product under review
713146	DIACOMIT POWDER FOR ORAL SOLUTION	250MG	STIRIPENTOL	New product under review
714752	DIACOMIT POWDER FOR ORAL SOLUTION	500MG	STIRIPENTOL	New product under review
3004233	SIVEXTRO	200MG	TEDIZOLID	New product under review
3004234	SIVEXTRO 200MG POWDER FOR SOLUTION FOR	200MG	TEDIZOLID	New product under review
3010822	IDEXIS TIRZEPATIDE 10		TIRZEPATIDE	EXCLUSION
3009713	MOUNJARO 10 MG KWIKPEN MULTI-DOSE PRE-	10MG/.6ML	TIRZEPATIDE	EXCLUSION
3008782	MOUNJARO 10MG SOLUTION FOR INJECTION VI	10MG/.5ML	TIRZEPATIDE	EXCLUSION
3009714	MOUNJARO 12.5 MG KWIKPEN MULTI-DOSE PRE	12.5MG/.6ML	TIRZEPATIDE	EXCLUSION

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
3009715	MOUNJARO 15 MG KWIKPEN MULTI-DOSE PRE-	15MG/.6ML	TIRZEPATIDE	EXCLUSION
3009712	MOUNJARO 2.5 MG KWIKPEN MULTI-DOSE PRE-	2.5MG/.6ML	TIRZEPATIDE	EXCLUSION
3008715	MOUNJARO 2.5MG SOLUTION FOR INJECTION V	2.5MG/.5ML	TIRZEPATIDE	EXCLUSION
3008719	MOUNJARO 5MG SOLUTION FOR INJECTION VIA	5MG/.5ML	TIRZEPATIDE	EXCLUSION
3009728	MOUNJARO 7.5 MG KWIKPEN MULTI-DOSE PRE-	7.5MG/.6ML	TIRZEPATIDE	EXCLUSION
3008760	MOUNJARO 7.5MG SOLUTION FOR INJECTION V	7.5MG/.5ML	TIRZEPATIDE	EXCLUSION
3010215	MOUNJARO KWIKPEN MULTI-DOSE PRE-FILLED	5MG/.6ML	TIRZEPATIDE	EXCLUSION
3004917	ENHERTU LYOPHILIZED POWER FOR SOLUTION	100MG	TRASTUZUMAB DERUXTECAN	New product under review
3010664	ARNIZYD 103/97	200MG	VALSARTAN AND SACUBITRIL	EXCLUSION
3010661	ARNIZYD 26/24	50MG	VALSARTAN AND SACUBITRIL	EXCLUSION
3010663	ARNIZYD 51/49	100MG	VALSARTAN AND SACUBITRIL	EXCLUSION
723104	ENTRESTO	100MG	VALSARTAN AND SACUBITRIL	EXCLUSION
723105	ENTRESTO	200MG	VALSARTAN AND SACUBITRIL	EXCLUSION
723103	ENTRESTO	50MG	VALSARTAN AND SACUBITRIL	EXCLUSION
3009643	SACUVAN 24 MG/26 MG	50MG	VALSARTAN AND SACUBITRIL	EXCLUSION
3009644	SACUVAN 49 MG/51 MG	100MG	VALSARTAN AND SACUBITRIL	EXCLUSION
3009645	SACUVAN 97 MG/103 MG	200MG	VALSARTAN AND SACUBITRIL	EXCLUSION
3003712	VYMADA	100MG	VALSARTAN AND SACUBITRIL	EXCLUSION
3003714	VYMADA	200MG	VALSARTAN AND SACUBITRIL	EXCLUSION
3003698	VYMADA	50MG	VALSARTAN AND SACUBITRIL	EXCLUSION
3004164	TRELEGY ELLIPTA 30 DOSES		VILANTEROL, UMECLIDINIUM BROMIDE AND FLUTICASONE FUROATE	EXCLUSION
888609	RELENZA	5MG	ZANAMIVIR	EXCLUSION

ITEMS REQUIRING PRE-AUTHORISATION

The following items are excluded from the acute benefit because they require pre-authorisation on the CMM benefit for reimbursement where funds and scheme rules allow

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
3008903	ASU AFLIBERCEPT (SECTION 36) PRE-FILLED	40MG/1ML	AFLIBERCEPT	PRE-AUTHORISATION REQUIRED
716215	VALDOXANE	25MG	AGOMELATINE	PRE-AUTHORISATION REQUIRED
3002581	ABILIFY MAINTENA POWD & SOLVENT FOR SUS	400MG	ARIPIPRAZOLE	PRE-AUTHORISATION REQUIRED
3002583	ABILIFY MAINTENA POWDER & SOLVENT FOR S	400MG	ARIPIPRAZOLE	PRE-AUTHORISATION REQUIRED
3003512	NUVIGIL	150MG	ARMODAFINIL	PRE-AUTHORISATION REQUIRED
3003513	NUVIGIL	250MG	ARMODAFINIL	PRE-AUTHORISATION REQUIRED
3008476	ASU BEVACIZUMAB 0.2ML PRE-FILLED SYRINGE	25MG/1ML	BEVACACIZUMAB	PRE-AUTHORISATION REQUIRED
3003107	BUDEP XR	150MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3003108	BUDEP XR	300MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3008900	BUPROPION 150 XL DRL	150MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3008901	BUPROPION 300 XL DRL	300MG	BUPROPION	PRE-AUTHORISATION REQUIRED

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
3003761	BUPROPION XR ADCO	150MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3006368	BUPYRA XL	150MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3006369	BUPYRA XL	300MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3006765	PRODYNA 150 MG XR	150MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3006766	PRODYNA 300 MG XR	300MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3001584	VOXRA XL	150MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3001582	VOXRA XL	300MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3004156	WELDEP XR	150MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3004157	WELDEP XR	300MG	BUPROPION	PRE-AUTHORISATION REQUIRED
711008	WELLBUTRIN XL	150MG	BUPROPION	PRE-AUTHORISATION REQUIRED
711009	WELLBUTRIN XL	300MG	BUPROPION	PRE-AUTHORISATION REQUIRED
3008398	AVAXIGA	10MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3008397	AVAXIGA	5MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3006122	DAGLIF	10MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3006119	DAGLIF	5MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3011297	DAPACARO	10MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3009004	DAPAGLIFLOZIN 10 MG ASCEND	10MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3010490	DAPAGLIFLOZIN 10 UNICORN	10MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3009003	DAPAGLIFLOZIN 5 MG ASCEND	5MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3010489	DAPAGLIFLOZIN 5 UNICORN	5MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3008056	DAPIFLO	10MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3008055	DAPIFLO	5MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3006543	DAPTICA	10MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3006542	DAPTICA	5MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3008198	DEPAGLOZ	10MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3008197	DEPAGLOZ	5MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3007449	DIAXIGA	10MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3007448	DIAXIGA	5MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3005567	DUFORZIG	10MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
723709	FORXIGA	10MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
723708	FORXIGA	5MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3008475	GLUDAPZIN	10MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3008474	GLUDAPZIN	5MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3008853	REDIFARG	10MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3008852	REDIFARG	5MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3006449	SAGALATIN	10MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3006448	SAGALATIN	5MG	DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
720112	VOLTAREN PATCH	.14G	DICLOFENAC	PRE-AUTHORISATION REQUIRED
723249	ALZIDO	10MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
723248	ALZIDO	5MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
837334	ARICEPT	10MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
837326	ARICEPT	5MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
720803	ARIMENTIA	10MG TAB	DONEPEZIL	PRE-AUTHORISATION REQUIRED
720802	ARIMENTIA	5MG TAB	DONEPEZIL	PRE-AUTHORISATION REQUIRED
720363	ARIMER	10MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
720362	ARIMER	5MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
722445	CURLOVON	10MG TAB	DONEPEZIL	PRE-AUTHORISATION REQUIRED
722444	CURLOVON	5MG TAB	DONEPEZIL	PRE-AUTHORISATION REQUIRED
715040	DONECEPT	10MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
715039	DONECEPT	5MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
3003951	DONECEPT ODT	10MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
3003950	DONECEPT ODT	5MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
723345	DONEPEZIL UNICORN	10MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
723344	DONEPEZIL UNICORN	5MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
720339	DONERIN	TAB	DONEPEZIL	PRE-AUTHORISATION REQUIRED
720340	DONERIN	TAB	DONEPEZIL	PRE-AUTHORISATION REQUIRED
722954	JUBEZIL	10MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
722953	JUBEZIL	5MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
721162	MACLEODS DONEPEZIL	10MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
721161	MACLEODS DONEPEZIL	5MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
722447	NEPIZEL	10MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
722446	NEPIZEL	5MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
722729	ZEPANALZ	10MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
722728	ZEPANALZ	5MG	DONEPEZIL	PRE-AUTHORISATION REQUIRED
868590	COMTAN	200MG	ENTACAPONE	PRE-AUTHORISATION REQUIRED
3005273	ENKOBIST	200MG	ENTACAPONE	PRE-AUTHORISATION REQUIRED
706121	INSpra	25MG	EPLERENONE	PRE-AUTHORISATION REQUIRED
706135	INSpra	50MG	EPLERENONE	PRE-AUTHORISATION REQUIRED
711684	BYETTA	10 UG	EXENATIDE	PRE-AUTHORISATION REQUIRED
711678	BYETTA	5 UG	EXENATIDE	PRE-AUTHORISATION REQUIRED
704128	TALOXa SUSP	600MG/5ML	FELBAMATE	PRE-AUTHORISATION REQUIRED
722546	FIDICID	200MG	FIDAXOMICIN	PRE-AUTHORISATION REQUIRED
810487	TRANSACT	40MG	FLURBIPROFEN	PRE-AUTHORISATION REQUIRED
723727	REMCePT XL	16MG	GALANTAMINE	PRE-AUTHORISATION REQUIRED

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
723728	REMCEPT XL	24MG	GALANTAMINE	PRE-AUTHORISATION REQUIRED
723726	REMCEPT XL	8MG	GALANTAMINE	PRE-AUTHORISATION REQUIRED
714433	REMINYL CR	16MG	GALANTAMINE	PRE-AUTHORISATION REQUIRED
714434	REMINYL CR	24MG	GALANTAMINE	PRE-AUTHORISATION REQUIRED
714432	REMINYL CR	8MG	GALANTAMINE	PRE-AUTHORISATION REQUIRED
3010211	BRADHET	5MG	IVABRADINE	PRE-AUTHORISATION REQUIRED
3010212	BRADHET	7.5MG	IVABRADINE	PRE-AUTHORISATION REQUIRED
710620	CORALAN	5MG	IVABRADINE	PRE-AUTHORISATION REQUIRED
710621	CORALAN	7.5MG	IVABRADINE	PRE-AUTHORISATION REQUIRED
3004756	IVABRADINE 5 UNICORN	5MG	IVABRADINE	PRE-AUTHORISATION REQUIRED
3004757	IVABRADINE 7.5 UNICORN	7.5MG	IVABRADINE	PRE-AUTHORISATION REQUIRED
3003702	IVACOR	5MG	IVABRADINE	PRE-AUTHORISATION REQUIRED
3003703	IVACOR	7.5MG	IVABRADINE	PRE-AUTHORISATION REQUIRED
3003505	IVOLAN	5MG	IVABRADINE	PRE-AUTHORISATION REQUIRED
3008077	VIMCOSA	100MG	LACOSAMIDE	PRE-AUTHORISATION REQUIRED
3008088	VIMCOSA	150MG	LACOSAMIDE	PRE-AUTHORISATION REQUIRED
3008089	VIMCOSA	200MG	LACOSAMIDE	PRE-AUTHORISATION REQUIRED
3008087	VIMCOSA	50MG	LACOSAMIDE	PRE-AUTHORISATION REQUIRED
898175	ARAVA	10MG	LEFLUNOMIDE	PRE-AUTHORISATION REQUIRED
898171	ARAVA	20MG	LEFLUNOMIDE	PRE-AUTHORISATION REQUIRED
3009300	LEFLUNOMIDE 20 UNICORN	20MG	LEFLUNOMIDE	PRE-AUTHORISATION REQUIRED
3009233	LEFUNAR	10MG	LEFLUNOMIDE	PRE-AUTHORISATION REQUIRED
3009234	LEFUNAR	20MG	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
3005593	ELTURIN 600	600MG	LINEZOLID	PRE-AUTHORISATION REQUIRED
3009089	ELTURIN IV SOLUTION FOR INFUSION BAG 300	600MG/300ML	LINEZOLID	PRE-AUTHORISATION REQUIRED
3009572	LIDOHET	600MG	LINEZOLID	PRE-AUTHORISATION REQUIRED
3004296	LINEZOLID ASPEN SOLUTION FOR INFUSION BA	600MG/300ML	LINEZOLID	PRE-AUTHORISATION REQUIRED
722770	LINEZOLID FRESENIUS SOLUTION FOR INFUSIO	600MG/300ML	LINEZOLID	PRE-AUTHORISATION REQUIRED

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
721141	LINEZOLID HETERO	600MG	LINEZOLID	PRE-AUTHORISATION REQUIRED
3003719	LINEZOLID LHC	600MG	LINEZOLID	PRE-AUTHORISATION REQUIRED
721512	LINEZOLID SPECPHARM	600MG	LINEZOLID	PRE-AUTHORISATION REQUIRED
722714	LINEZOLID TEVA	600MG	LINEZOLID	PRE-AUTHORISATION REQUIRED
3008467	LINOACT IV SOLUTION FOR INFUSION 300ML	600MG/300ML	LINEZOLID	PRE-AUTHORISATION REQUIRED
3003772	LINOKEM	600MG	LINEZOLID	PRE-AUTHORISATION REQUIRED
3004929	VOXWIN IV SOLUTION FOR INFUSION BAG	600MG/300ML	LINEZOLID	PRE-AUTHORISATION REQUIRED
3002381	ZENILID	600MG	LINEZOLID	PRE-AUTHORISATION REQUIRED
3004431	ZENILID SOLUTION FOR INFUSION BAG 300ML	600MG/300ML	LINEZOLID	PRE-AUTHORISATION REQUIRED
3003818	ZENOXPAR	600MG	LINEZOLID	PRE-AUTHORISATION REQUIRED
700464	ZYVOXID	600MG	LINEZOLID	PRE-AUTHORISATION REQUIRED
708873	ZYVOXID	INF	LINEZOLID	PRE-AUTHORISATION REQUIRED
700466	ZYVOXID	SUSP	LINEZOLID	PRE-AUTHORISATION REQUIRED
898507	ZYVOXID 300ML	600MG/300ML	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
3007453	EMORIX	10MG	MEMANTINE	PRE-AUTHORISATION REQUIRED
722058	MEMANTINE UNICHEM	10MG	MEMANTINE	PRE-AUTHORISATION REQUIRED
722059	MEMINIST	10MG	MEMANTINE	PRE-AUTHORISATION REQUIRED
721208	MEMOR	10MG	MEMANTINE	PRE-AUTHORISATION REQUIRED
3005797	NOALZH	10MG	MEMANTINE	PRE-AUTHORISATION REQUIRED
717637	GALVUS MET	50MG/1000MG	METFORMIN and VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
717636	GALVUS MET	50MG/850MG	METFORMIN and VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
3000955	JALRAMET 50/1000	50MG/1000MG	METFORMIN and VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
3000953	JALRAMET 50/850	50MG/850MG	METFORMIN and VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
3009662	VILDAMET 50/1 000	50MG/1000MG	METFORMIN and VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
3009661	VILDAMET 50/850	50MG/850MG	METFORMIN and VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
3008858	VILEPTIN CO 50/1000	50MG/1000MG	METFORMIN and VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
3008857	VILEPTIN CO 50/850	50MG/850MG	METFORMIN and VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
3010959	REDIFARG XR 10 MG/1000 MG	10MG/1000MG	METFORMIN AND DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3010958	REDIFARG XR 5 MG/1000 MG	5MG/1000MG	METFORMIN AND DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3006456	SYNGLUTRA 10/1000	10MG/1000MG	METFORMIN AND DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3006455	SYNGLUTRA 5/1000	5MG/1000MG	METFORMIN AND DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3004735	XIGDUO XR 10MG/1000MG	10MG/1000MG	METFORMIN AND DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
3004733	XIGDUO XR 5MG/1000MG	5MG/1000MG	METFORMIN AND DAPAGLIFLOZIN	PRE-AUTHORISATION REQUIRED
717791	JANUMET	50MG/1000MG	METFORMIN and SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
717788	JANUMET	50MG/500MG	METFORMIN and SITAGLIPTIN	PRE-AUTHORISATION REQUIRED

NAPPI	DRUG NAME	STRENGTH	ACTIVE INGREDIENTS	EXCLUSION STATUS
717790	JANUMET	50MG/850MG	METFORMIN and SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
3008816	METPLITIN CO 50/1000	50MG/1000MG	METFORMIN and SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
3008817	METPLITIN CO 50/850	50MG/850MG	METFORMIN and SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
3008149	METSITAG 50/1000	50MG/1000MG	METFORMIN and SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
3008148	METSITAG 50/500	50MG/500MG	METFORMIN and SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
3009463	SALUMET 50/1000	50MG/1000MG	METFORMIN and SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
3009462	SALUMET 50/500	50MG/500MG	METFORMIN and SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
3008708	SITUVIAMET 50 MG/1000 MG	50MG/1000MG	METFORMIN and SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
701111	GLUCOVANCE	500/2.5MG	METFORMIN/GLIBENCLAMIDE	PRE-AUTHORISATION REQUIRED
701112	GLUCOVANCE	500/5MG	METFORMIN/GLIBENCLAMIDE	PRE-AUTHORISATION REQUIRED
705611	METVIX	160MG/G	METHYL AMINOLEVULINATE	PRE-AUTHORISATION REQUIRED
3004875	MODAFINIL 100 IPHARMA	100MG	MODAFINIL	PRE-AUTHORISATION REQUIRED
3009851	PROLERT	100MG	MODAFINIL	PRE-AUTHORISATION REQUIRED
701388	PROVIGIL	100MG	MODAFINIL	PRE-AUTHORISATION REQUIRED
3002705	TREVICTA PRE-FILLED SYRINGE	175MG/.875ML	PALIPERIDONE	PRE-AUTHORISATION REQUIRED
3002704	TREVICTA PRE-FILLED SYRINGE	263MG/1.315ML	PALIPERIDONE	PRE-AUTHORISATION REQUIRED
3002703	TREVICTA PRE-FILLED SYRINGE	350MG/1.75ML	PALIPERIDONE	PRE-AUTHORISATION REQUIRED
3002702	TREVICTA PRE-FILLED SYRINGE	525MG/2.625ML	PALIPERIDONE	PRE-AUTHORISATION REQUIRED
718471	XEPLION	100MG/1,0ML	PALIPERIDONE	PRE-AUTHORISATION REQUIRED
718469	XEPLION	50MG/0,50ML	PALIPERIDONE	PRE-AUTHORISATION REQUIRED
718472	XEPLION	150MG/1,50ML	PALIPERIDONE	PRE-AUTHORISATION REQUIRED
718470	XEPLION	75MG/0,75ML	PALIPERIDONE	PRE-AUTHORISATION REQUIRED
723051	FYCOMPA	10MG	PERAMPANEL	PRE-AUTHORISATION REQUIRED
723052	FYCOMPA	12MG	PERAMPANEL	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
714128	REVATIO	20MG	PHOSPHODIESTERASE INHIBITORS	PRE-AUTHORISATION REQUIRED
3001035	ESBRIET	267MG	PIRFENIDONE	PRE-AUTHORISATION REQUIRED
3007083	ESBRIET	267MG	PIRFENIDONE	PRE-AUTHORISATION REQUIRED
3007082	ESBRIET	801MG	PIRFENIDONE	PRE-AUTHORISATION REQUIRED
3009214	PIROFIBRA	267MG	PIRFENIDONE	PRE-AUTHORISATION REQUIRED
3005303	NOXAFIL	100MG	POSACONAZOLE	PRE-AUTHORISATION REQUIRED
715049	NOXAFIL	40MG/1ML	POSACONAZOLE	PRE-AUTHORISATION REQUIRED
705474	RISPERDAL CONSTA	25MG	RISPERIDONE	PRE-AUTHORISATION REQUIRED
705475	RISPERDAL CONSTA	37.5MG	RISPERIDONE	PRE-AUTHORISATION REQUIRED
705476	RISPERDAL CONSTA	50MG	RISPERIDONE	PRE-AUTHORISATION REQUIRED
848565	EXELON	3MG	RIVASTIGMINE	PRE-AUTHORISATION REQUIRED

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848573	EXELON	4.5MG	RIVASTIGMINE	PRE-AUTHORISATION REQUIRED
3005488	KYRIZ	1.5MG	RIVASTIGMINE	PRE-AUTHORISATION REQUIRED
3005489	KYRIZ	3MG	RIVASTIGMINE	PRE-AUTHORISATION REQUIRED
3005490	KYRIZ	4.5MG	RIVASTIGMINE	PRE-AUTHORISATION REQUIRED
3005491	KYRIZ	6MG	RIVASTIGMINE	PRE-AUTHORISATION REQUIRED
3007188	XADAGO	100MG	SAFINAMIDE	PRE-AUTHORISATION REQUIRED
3007186	XADAGO	50MG	SAFINAMIDE	PRE-AUTHORISATION REQUIRED
716640	ONGLYZA	2.5MG	SAXAGLIPTIN	PRE-AUTHORISATION REQUIRED
716641	ONGLYZA	5MG	SAXAGLIPTIN	PRE-AUTHORISATION REQUIRED
720512	RENVELA	800MG TAB	SEVELAMER	PRE-AUTHORISATION REQUIRED
3006065	GLIZEB	100MG	SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
3006062	GLIZEB	25MG	SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
3006063	GLIZEB	50MG	SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
717787	JANUVIA	100MG	SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
717785	JANUVIA	25MG	SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
717786	JANUVIA	50MG	SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
3008506	METPLITIN	100MG	SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
3008505	METPLITIN	50MG	SITAGLIPTIN	PRE-AUTHORISATION REQUIRED
702800	FORTEO	250MCG/ML	TERIPARATIDE	PRE-AUTHORISATION REQUIRED
714152	FORVENT (REFILL)	18MCG	TIOTROPIUM	PRE-AUTHORISATION REQUIRED
714167	FORVENT HANDIHALER COMPLETE	18MCG	TIOTROPIUM	PRE-AUTHORISATION REQUIRED
3006100	NEUMOTROPIO 30 INH CAPSULES WITH ZEPHIR	18MCG	TIOTROPIUM	PRE-AUTHORISATION REQUIRED
702523	SPIRIVA MA COMPLETE	18MCG	TIOTROPIUM	PRE-AUTHORISATION REQUIRED
702526	SPIRIVA MA REFILL	18MCG	TIOTROPIUM	PRE-AUTHORISATION REQUIRED
710897	SPIRIVA RESPIMAT INHALER 60 DOSES	2.5MCG	TIOTROPIUM	PRE-AUTHORISATION REQUIRED
3003750	TIORES 30 INH CAPSULES WITH ZEPHIR INHAL		TIOTROPIUM	PRE-AUTHORISATION REQUIRED
3003905	TIOTOR 30 INH CAPSULES WITH ZELPHIR INHA	16MCG	TIOTROPIUM	PRE-AUTHORISATION REQUIRED
1027834	INTRACINOL 1.1ML		TRIAMCINOLONE	PRE-AUTHORISATION REQUIRED
152122	OPHTHALMIC TRIAMCINOLONE ACETORIDE VIT	0.04	TRIAMCINOLONE	PRE-AUTHORISATION REQUIRED
1145117	VITREAL S OPHTHALMIC SUSPENSION 2ML		TRIAMCINOLONE	PRE-AUTHORISATION REQUIRED
3003130	CYTAMEG	450MG	VALGANCICLOVIR	PRE-AUTHORISATION REQUIRED
703908	VALCYTE 450	450MG	VALGANCICLOVIR	PRE-AUTHORISATION REQUIRED
719358	VALCYTE POWDER FOR ORAL SOLUTION	50MG/ML	VALGANCICLOVIR	PRE-AUTHORISATION REQUIRED
3001700	VALHET	450MG	VALGANCICLOVIR	PRE-AUTHORISATION REQUIRED
3008324	VALHET POWDER FOR ORAL SOLUTION	50MG/1ML	VALGANCICLOVIR	PRE-AUTHORISATION REQUIRED
3003109	VALVIR	450MG	VALGANCICLOVIR	PRE-AUTHORISATION REQUIRED
809594	SABRIL	500MG	VIGABATRIN	PRE-AUTHORISATION REQUIRED
715554	GALVUS	50MG	VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
3011190	HETVIGLAP	50MG	VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
721592	JALRA	50MG TAB	VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
3008161	VIDAMACE	50MG	VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED

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3009409	VILDAGLIPTIN 50 ACCORD	50MG	VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
3008207	VILEPTIN	50MG	VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
3008205	VILGLAV	50MG	VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
3004451	ZOMVIL	50MG	VILDAGLIPTIN	PRE-AUTHORISATION REQUIRED
3007885	VCIDE 200 FC	200MG	VORICONAZOLE	PRE-AUTHORISATION REQUIRED
3007884	VCIDE 50 FC	50MG	VORICONAZOLE	PRE-AUTHORISATION REQUIRED
700845	VFEND	200MG	VORICONAZOLE	PRE-AUTHORISATION REQUIRED
700832	VFEND	50MG	VORICONAZOLE	PRE-AUTHORISATION REQUIRED
3006838	VORICONAZOLE 200MG MYLAN	200MG	VORICONAZOLE	PRE-AUTHORISATION REQUIRED
3005141	VORISPORE 200 FC	200MG	VORICONAZOLE	PRE-AUTHORISATION REQUIRED
3005140	VORISPORE 50 FC	50MG	VORICONAZOLE	PRE-AUTHORISATION REQUIRED