

SCRIPTPHARM

RISK MANAGEMENT

SCRIPTPHARM RISK MANAGEMENT CHRONIC MEDICINE FORMULARY
Nedgroup Traditional, Comprehensive and Platinum non-PMB Formulary

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI		
ACNE (CYSTIC NODULAR ONLY)	L70.1							
		ACNE	21 BEIGE TABS: CYPROTERONE ACETATE 2MG; ETHINYLESTRADIOL 0.035MG 7 PLACEBO TABS	GINETTE TABS	897214			
		ACNE	ISOTRETINOIN 10MG	ACNETRET 10MG	711877	ORATANE 10MG	701469	FOR ISOTRETINOIN, THE PATIENT'S WEIGHT, DATE OF COMMENCEMENT WITH TREATMENT AND DURATION OF THERAPY IS REQUIRED.
		ACNE	ISOTRETINOIN 20MG	ACNETRET 20MG	711876	ORATANE 20MG	701471	FOR ISOTRETINOIN, THE PATIENT'S WEIGHT, DATE OF COMMENCEMENT WITH TREATMENT AND DURATION OF THERAPY IS REQUIRED.
		SULPHONAMIDES AND COMBINATIONS	TRIMETHOPRIM 80 MG; SULPHAMETHOXAZOLE 400 MG	MEDITRIM 480MG	700972			
		TETRACYCLINES	DOXYCYCLINE HCL 100MG	CYCLIDOX 100MG	716944			MAXIMUM 30 PER MONTH.
		TETRACYCLINES	MINOCYCLINE 100MG	CYCLIMYCIN 100MG	788295			MAXIMUM 60 PER MONTH.
		TETRACYCLINES	MINOCYCLINE 50MG	CYCLIMYCIN 50MG	788287			MAXIMUM 60 PER MONTH.
		TETRACYCLINES	OXYTETRACYCLINE HCL 250MG	OXY 250MG	895029			MAXIMUM 60 PER MONTH.
		ALLERGIC RHINITIS (WITH ASTHMA / <12 YEARS OLD)	J30					
ANTI-HISTAMINES	CETIRIZINE DIHYDROCHLORIDE 10MG TAB			AUSTELL CETIRIZINE 10MG	704359	ALLERMINE 10MG	703821	CLINICAL MOTIVATION REQUIRED IF PRESCRIBED TOGETHER WITH NASAL CORTICOSTEROID SPRAY
ANTI-HISTAMINES	CETIRIZINE 1MG/ML SYRUP			CETIRIZINE-HEXAL 1MG/1ML	708117			CLINICAL MOTIVATION REQUIRED IF PRESCRIBED TOGETHER WITH NASAL CORTICOSTEROID SPRAY
ANTI-HISTAMINES	PROMETHAZINE 10MG			PHENERGAN 10MG TABS	754749			CLINICAL MOTIVATION REQUIRED IF PRESCRIBED TOGETHER WITH NASAL CORTICOSTEROID SPRAY
ANTI-HISTAMINES	PROMETHAZINE 25MG			PHENERGAN 25MG TABS	754757			CLINICAL MOTIVATION REQUIRED IF PRESCRIBED TOGETHER WITH NASAL CORTICOSTEROID SPRAY

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	ANTI-HISTAMINES	LORATADINE 10MG TAB	ALLERGEX NON DROWSY 10MG TAB	704275	CLARITYNE 10MG TABS	785113	CLINICAL MOTIVATION REQUIRED IF PRESCRIBED TOGETHER WITH NASAL CORTICOSTEROID SPRAY
	ANTI-HISTAMINES	LORATADINE 5MG/5ML	ALLERGEX NON DROWSY 5MG/5ML	701640	AP LORATADINE 5MG/5ML	704886	CLINICAL MOTIVATION REQUIRED IF PRESCRIBED TOGETHER WITH NASAL CORTICOSTEROID SPRAY
	ANTI-HISTAMINES	DESLORATADINE 5MG	NEOLORIDIN 5MG	718710	ACUHIST 5MG	721528	PATIENT MUST HAVE TRIED AND FAILED ON FORMULARY LORATADINE
	ANTI-HISTAMINES	DESLORATADINE 2.5MG/5ML	NEOCLARITYNE 2.5MG/5ML	720028	ADCO DESLORATADINE 2.5MG/5ML	720915	PATIENT MUST HAVE TRIED AND FAILED ON FORMULARY LORATADINE
	GLUCOCORTICOSTEROIDS	BECLOMETHASONE DIPROPIONATE 50UG AQUEOUS	CLENIL AQUEOUS NASAL SPRAY	897937	BECLATE AQUANASE 5MCG	820709	CLINICAL MOTIVATION REQUIRED IF PRESCRIBED TOGETHER WITH ANTIHISTAMINE TABLETS
	GLUCOCORTICOSTEROIDS	BUDESONIDE 100MCG	BUDEFLAM AQUANASE 100MCG	864145			CLINICAL MOTIVATION REQUIRED IF PRESCRIBED TOGETHER WITH ANTIHISTAMINE TABLETS
	GLUCOCORTICOSTEROIDS	FLUTICASONE 27.5MCG	AVAMYS NASAL SPRAY	712866			CLINICAL MOTIVATION REQUIRED IF PRESCRIBED TOGETHER WITH ANTIHISTAMINE TABLETS
	GLUCOCORTICOSTEROIDS	CICLESONIDE 50MCG	OMNAIR NASAL SPRAY	718730			CLINICAL MOTIVATION REQUIRED IF PRESCRIBED TOGETHER WITH ANTIHISTAMINE TABLETS
	GLUCOCORTICOSTEROIDS	FLUTICASONE 50MCG	FLOXONASE	714595	FLOMIST NASAL SPRAY	704383	CLINICAL MOTIVATION REQUIRED IF PRESCRIBED TOGETHER WITH ANTIHISTAMINE TABLETS
ALZHEIMER'S DISEASE							
G30	ALZHEIMER'S DISEASE	DONEPEZIL HCL 10MG	CURLOVON 10MG	722445	DONECEPT 10MG	715040	RESULTS OF MINI-MENTAL STATE EXAMINATION AND NEUROLOGIST PRESCRIPTION REQUIRED
	ALZHEIMER'S DISEASE	DONEPEZIL HCL 5MG	CURLOVON 5MG	722444	DONECEPT 5MG	715039	RESULTS OF MINI-MENTAL STATE EXAMINATION AND NEUROLOGIST PRESCRIPTION REQUIRED
	ALZHEIMER'S DISEASE	GALANTAMINE 8MG	REMINYL CR 8MG	714432			RESULTS OF MINI-MENTAL STATE EXAMINATION AND NEUROLOGIST PRESCRIPTION REQUIRED
	ALZHEIMER'S DISEASE	GALANTAMINE 16MG	REMINYL CR 16MG	714433			RESULTS OF MINI-MENTAL STATE EXAMINATION AND NEUROLOGIST PRESCRIPTION REQUIRED
	ALZHEIMER'S DISEASE	GALANTAMINE 24MG	REMINYL CR 24MG	714434			RESULTS OF MINI-MENTAL STATE EXAMINATION AND NEUROLOGIST PRESCRIPTION REQUIRED

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	ALZHEIMER'S DISEASE	RIVASTIGAMINE 1.5MG	EXELON 1.5 MG CAPS	848557			RESULTS OF MINI-MENTAL STATE EXAMINATION AND NEUROLOGIST PRESCRIPTION REQUIRED
	ALZHEIMER'S DISEASE	RIVASTIGAMINE 3.0MG	EXELON 3.0 MG CAPS	848565			RESULTS OF MINI-MENTAL STATE EXAMINATION AND NEUROLOGIST PRESCRIPTION REQUIRED
	ALZHEIMER'S DISEASE	RIVASTIGAMINE 4.5MG	EXELON 4.5 MG CAPS	848573			RESULTS OF MINI-MENTAL STATE EXAMINATION AND NEUROLOGIST PRESCRIPTION REQUIRED
	ALZHEIMER'S DISEASE	RIVASTIGAMINE 6.0MG	EXELON 6.0 MG CAPS	848581			RESULTS OF MINI-MENTAL STATE EXAMINATION AND NEUROLOGIST PRESCRIPTION REQUIRED
	ALZHEIMER'S DISEASE	MEMANTINE HCL 10MG	EBIXA 10MG TABS	705592	MEMOR 10MG	721208	RESULTS OF MINI-MENTAL STATE EXAMINATION AND NEUROLOGIST PRESCRIPTION REQUIRED
	ALZHEIMER'S DISEASE	MEMANTINE HCL 10MG/G	EBIXA 10MG/G DROPS 50G	706181			RESULTS OF MINI-MENTAL STATE EXAMINATION AND NEUROLOGIST PRESCRIPTION REQUIRED
ANXIETY							
F41	OTHERS	BUSPIRONE HCL 10MG	PASRIN 10MG TAB	825719			(IF LINKED TO ANY OTHER PSYCHIATRIC CONDITIONS) BENZODIAZEPINES WILL NOT BE CONSIDERED
	SSRI	FLUOXETINE 20MG	DEPROZAN 20MG	894303	NUZAK 20MG	840653	(IF LINKED TO ANY OTHER PSYCHIATRIC CONDITIONS) BENZODIAZEPINES WILL NOT BE CONSIDERED
	SSRI	FLUOXETINE HCL 20MG CAP	LORIEN 20MG CAPS	821063	LORIEN 20MG TABS	700877	
	SSRI	CITALOPRAM HYDROBROMIDE 20MG	ARROW CITALOPRAM	713583	TALOMIL 20MG	702769	(IF LINKED TO ANY OTHER PSYCHIATRIC CONDITIONS) BENZODIAZEPINES WILL NOT BE CONSIDERED
	SSRI	PAROXETINE 20MG	AROPAX CR 12.5MG	704647			(IF LINKED TO ANY OTHER PSYCHIATRIC CONDITIONS) BENZODIAZEPINES WILL NOT BE CONSIDERED
	SSRI	PAROXETINE 20MG	SERRAPRESS 20MG	705122	XET 20MG	705633	(IF LINKED TO ANY OTHER PSYCHIATRIC CONDITIONS) BENZODIAZEPINES WILL NOT BE CONSIDERED
	BETA-BLOCKERS	PROPRANOLOL 40MG	INDOBLOK 40MG TAB	806560			(IF LINKED TO ANY OTHER PSYCHIATRIC CONDITIONS) BENZODIAZEPINES WILL NOT BE CONSIDERED
ATTENTION DEFICIT DISORDER (ADHD)							

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
ONLY FOR PATIENTS UNDER 18 YEARS OF AGE F90	OTHERS	METHYLPHENIDATE HCL 10MG	RITALIN 10MG TABS	761044	METHYLPHENIDATE HCL- DOUGLAS	702505	PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	OTHERS	METHYLPHENIDATE HCL 20MG	RITALIN LA 20MG CAPS	701627			PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	OTHERS	METHYLPHENIDATE HCL 18MG	NEUCON 18MG TABS	723695	CONTRAMYL XR 18MG TABS	723701	MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	OTHERS	METHYLPHENIDATE HCL 27MG	NEUCON 27 MG TABS	723696	CONTRAMYL XR 27MG TABS	723702	MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	OTHERS	METHYLPHENIDATE HCL 36MG	NEUCON 36 MG TABS	723697	CONTRAMYL XR 36MG TABS	723704	MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	OTHERS	METHYLPHENIDATE HCL 54MG	NEUCON 54 MG TABS	723698	CONTRAMYL XR 54MG TABS	723705	MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	ATYPICAL ANTI-PSYCHOTICS	RISPERIDONE 0.5MG	ZOXADON 0.5MG TABS	711511	RISPIDE 0.5MG	723314	MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	ATYPICAL ANTI-PSYCHOTICS	RISPERIDONE 1MG	ZOXADON 1MG TABS	711512	RISPIDE 1MG	723315	MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	ATYPICAL ANTI-PSYCHOTICS	RISPERIDONE 2MG	ZOXADON 2MG TABS	711513	RISPIDE 2MG	723316	MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	ATYPICAL ANTI-PSYCHOTICS	RISPERIDONE 3MG	ZOXADON 3MG TABS	721750			MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	ATYPICAL ANTI-PSYCHOTICS	RISPERIDONE 4MG	ZOXADON 4MG TABS	721752			MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	ATYPICAL ANTI-PSYCHOTICS	RISPERIDONE 1MG/ML	RISPERDAL 1MG/1ML	823163			MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
BEHCET'S DISEASE							
M35.2	IMMUNOSUPPRESSANTS	AZATHIOPRINE 50MG	AZATHIOPRINE PCH 50MG TABS	712609	AZAMUM 50MG TABS	701252	
	TOPICAL CORTICOSTEROIDS	HYDROCORTISONE 25G	DILUCORT CREAM	720011	DILUCORT CREAM	720038	
	TOPICAL CORTICOSTEROIDS	HYDROCORTISONE 1G/100G	MYLOCORT 1MG/100MG CREAM	745472	MYLOCORT 1MG/100MG OINT	745448	
	TOPICAL CORTICOSTEROIDS	BETAMETHASONE 1MG/G	TOPIVATE 1MG/MG CREAM	833037	BETNOVATE 1MG/MG OINTMENT	708348	
	TOPICAL CORTICOSTEROIDS	BETAMETHASONE 0.1%	LENOVATE 0.1% OINT	800171	LENOVATE 0.1% CREAM	800163	
	CORTICOSTEROIDS	HYDROCORTISONE 10MG	COVOCORT 10MG	716693			
	CORTICOSTEROIDS	FLUDROCORTISONE, 0.1MG	FLORINEF 0.1MG	726540			
	CORTICOSTEROIDS	PREDNISONE 5MG	BE-TABS PREDNISONE 5MG	788783			
	CORTICOSTEROIDS	PREDNISONE 5MG	TROLIC 5MG	818267	PANAFKORT 5MG	752304	
	CORTICOSTEROIDS	HYDROCORTISONE 10MG	COVOCORT 10MG	716693			
	CORTICOSTEROIDS	FLUDROCORTISONE, 0.1MG	FLORINEF 0.1MG	726540			
	CYTOSTATIC	CYCLOPHOSPHAMIDE 50MG	ENDOXAN 50MG	723274			
	CYTOSTATIC	METHOTREXATE 2.5	METHOTREXATE 2.5MG	742465			
	OTHER	CHLOROQUINE PHOSPHATE	PLASMOQUINE 200MG	794333			
	ANTI-GOUT	COLCHICINE 0.5MG	LENNON-COLCHICINE 0.5MG	715271			
	CORTICOSTEROID EYE DROPS	DEXAMETHASONE 1MG/ML	MAXIDEX 1MG/ML 5ML DROPS	740446			
	CORTICOSTEROID EYE DROPS	PREDNISOLONE 10MG/ML	PRED-FORT 5ML DROPS	756458			
DEPRESSION, MAJOR							

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
F33	MONO-AMINE OXIDASE INHIBITORS	MOCLOBEMIDE 150MG	DEPNIL 150MG TAB	897213			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	MONO-AMINE OXIDASE INHIBITORS	MOCLOBEMIDE 300MG	DEPNIL 300MG TAB	702008			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	CITALOPRAM HYDROBROMIDE 20MG	CILATE 20MG TAB	707888	TALOMIL 20MG	702769	1ST LINE AGENT.
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	FLUOXETINE HCl 20MG CAP	DEPROZAN 20MG CAPS	894303	NUZAK 20MG CAPS	840653	1ST LINE AGENT.
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	FLUOXETINE HCl 20MG CAP	LORIEN 20MG CAPS	821063	LORIEN 20MG TABS	700877	
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	PAROXETINE 12.5MG	AROPAX 12.5MG	704647			1ST LINE AGENT.
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	PAROXETINE 20MG	SERRAPRESS 20MG	705122	XET 20MG	705633	1ST LINE AGENT.
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	ESCITALOPRAM 10MG	LEXAMIL 10MG	710303	ZYTOMIL 10MG	715402	2ND LINE AGENT. THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	ESCITALOPRAM 20MG	LEXAMIL 20MG	710304	ZYTOMIL 20MG	715403	2ND LINE AGENT. THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	SERTRALINE 50MG	NA-SERTRALINE 50	719972	SERLIFE 50MG TAB	703132	
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	SERTRALINE 100MG	DYNA-SERTRALINE 100MG	719973	SERLIFE 100MG TAB	703999	
	SEROTONIN AND NORADRENALINE RE-UPTAKE INHIBITORS	VENLAFAXINE HCl 37.5MG	ODIVEN 37.5MG TABS	710972			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	SEROTONIN AND NORADRENALINE RE-UPTAKE INHIBITORS	VENLAFAXINE HCl 37.5MG	VENLOR XR 37.5MG	706399	VENLAFAXINE ADCO XR 37.5MG	719402	THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	SEROTONIN AND NORADRENALINE RE-UPTAKE INHIBITORS	VENLAFAXINE HCl 75MG	VENLOR XR 75MG	706402	VENLAFAXINE ADCO 75MG XR CAPS	719403	THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	SEROTONIN AND NORADRENALINE RE-UPTAKE INHIBITORS	VENLAFAXINE HCl 150MG	VENLOR XR 150MG	706404	VENLAFAXINE ADCO 150MG XR CAPS	719405	THERAPY MUST BE INITIATED BY A PSYCHIATRIST

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	TRICYCLICS	AMITRIPTYLINE HCl 25MG	TREPILINE 25MG TAB	771996	GULF AMIRIPTYLINE 25MG	718746	THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	TRICYCLICS	CLOMIPRAMINE HCl 10MG	EQUINORM 10MG	847410			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	TRICYCLICS	CLOMIPRAMINE HCl 25MG	CLOMIDEP 25MG	703381			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	TRICYCLICS	DOTHIEPIN HCl 25MG	THADEN 25MG CAPS	800198			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	TRICYCLICS	DOTHIEPIN HCl 75MG	THADEN 75MG CAPS	800201			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	TRICYCLICS	IMIPRAMINE HCl 10MG	ETHIPRAMINE 10MG TAB	724661			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	TRICYCLICS	IMIPRAMINE HCl 25MG	ETHIPRAMINE 25MG TAB	724688			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	OTHER	BUPROPION 150MG	WELLBUTRIN SR 150MG	704070			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	OTHER	BUPROPION 150MG	WELLBUTRIN XL 150MG	711008			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	OTHER	BUPROPION 300MG	WELLBUTRIN XL 300MG TAB	711009			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	OTHER	MIRTAZAPINE 15MG	MIRADEP 15MG	721209	MYLAN-MIRTAZAPINE 15MG	710802	PSYCH MOTIVATION REQUIRED
	OTHER	MIRTAZAPINE 30MG	MIRADEP 30MG	721210	MYLAN-MIRTAZAPINE 30MG	710803	PSYCH MOTIVATION REQUIRED
	ANTI-EPILEPTICS	LAMOTRIGINE 25MG	EPITEC 25MG TABS	704379			
	ANTI-EPILEPTICS	LAMOTRIGINE 50MG	EPITEC 50MG TABS	704380	LAMIDUS 50MG	710885	
	ANTI-EPILEPTICS	LAMOTRIGINE 100MG	EPITEC 100MG TABS	704381	LAMIDUS 100MG	710887	
	ANTI-EPILEPTICS	LAMOTRIGINE 200MG	EPITEC 200MG TABS	704382	LAMIDUS 200MG	710888	
	ANTI-EPILEPTICS	TOPIRAMATE 25MG	ADCO-TOPIRAMATE 25MG	710240	EPITOPZ 25MG TAB	710899	THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	ANTI-EPILEPTICS	TOPIRAMATE 50MG	ADCO-TOPIRAMATE 50MG	710241	EPITOPZ 50MG TAB	710900	THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	ANTI-EPILEPTICS	TOPIRAMATE 100MG	ADCO-TOPIRAMATE 100MG	710242	EPITOPZ 100MG TAB	710901	THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	ANTI-EPILEPTICS	TOPIRAMATE 100MG	ADCO-TOPIRAMATE 200MG	710243			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	ATYPICAL ANTI-PSYCHOTICS	RISPERIDONE 0.5MG	ZOXADON 0.5MG TABS	711511	RISPIDE 0.5MG	723314	MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	ATYPICAL ANTI-PSYCHOTICS	RISPERIDONE 1MG	ZOXADON 1MG TABS	711512	RISPIDE 1MG	723315	MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	ATYPICAL ANTI-PSYCHOTICS	RISPERIDONE 2MG	ZOXADON 2MG TABS	711513	RISPIDE 2MG	723316	MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	ATYPICAL ANTI-PSYCHOTICS	RISPERIDONE 3MG	ZOXADON 3MG TABS	721750			MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	ATYPICAL ANTI-PSYCHOTICS	RISPERIDONE 4MG	ZOXADON 4MG TABS	721752			MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	ATYPICAL ANTI-PSYCHOTICS	RISPERIDONE 1MG/ML	RISPERDAL 1MG/1ML	823163			MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	OTHER	AGOMELATINE 25MG	VALDOXANE 25MG TAB	716215			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	OTHER	BUPROPION 150MG	WELLBUTRIN SR 150MG	704070			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	OTHER	BUPROPION 150MG	WELLBUTRIN XL 150MG	711008			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	OTHER	BUPROPION 300MG	WELLBUTRIN XL 300MG	711009			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
ECZEMA							
L20.9	EMOLIENTS AND LOTION	AQUEOUS CREAM 400G	EPI-MAX JUNIOR	711963			LIMITED TO 400 GRAM PER MONTH
L30.9	EMOLIENTS AND LOTION	AQUEOUS CREAM 500G	EPIZONE A	723800			LIMITED TO 500 GRAM PER MONTH
	EMOLIENTS AND LOTION	EMULSIFYING OINTMENT 500G	UNG EMULSIFICANS	883164			LIMITED TO 500 GRAM PER MONTH
	EMOLIENTS AND LOTION	EMULSIFYING OINTMENT 500G	EPIZONE E	727797			LIMITED TO 500G PER MONTH
	CORTICO-STEROIDS	HYDROCORTISONE 25G	DILUCORT CREAM	720011	DILUCORT OINTMENT	720038	
	CORTICO-STEROIDS	HYDROCORTISONE 1G/100G	MYLOCORT 1GM/100GM CREAM	745472	MYLOCORT 1GM/100GM OINT	745448	
	CORTICO-STEROIDS	BETAMETHASONE 1MG/G	TOPIVATE 1MG/GM CREAM	833037	BETNOVATE 1MG/GM OINTMENT	708348	
	CORTICO-STEROIDS	BETAMETHASONE 0.1%	LENOVATE 0.1% OINT	800171	LENOVATE 0.1% CREAM	800163	
	CORTICO-STEROIDS	METHYLPREDNISOLONE 1MG/G	ADVANTAN CREAM	793108	ADVANTAN OINTMENT	793086	LIMITED TO 30G PER MONTH
	CORTICO-STEROIDS	METHYLPREDNISOLONE 1MG/G	ADVANTAN FATTY OINT	793116			LIMITED TO 30G PER MONTH

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	ANTI-HISTAMINES	CHLORPHENIRAMINE 2MG/5ML SYR	ALLERGEX 2MG/5ML SYR	702145			
	ANTI-HISTAMINES	CHLORPHENIRAMINE 4MG	ALLERGEX 4MG TABLET	702072	ALLERHIST 4MG CAP	702129	
	ANTI-HISTAMINES	CHLORPHENIRAMINE 4MG	RHINETON 4MG TABS	703162			
	ANTI-HISTAMINES	LORATADINE 10MG TAB	ALLERGEX NON DROWSY 10MG TAB	704275			
	ANTI-HISTAMINES	LORATADINE 5MG/5ML	ALLERGEX NON DROWSY 5MG/5ML	701640			
	FUNGICIDE	SELENIUM 25MG/ML	SELSUN SHAMPOO 2.5%	763179			LIMITED TO 100ML PER MONTH
	TOPICAL CORTICOSTEROIDS	FLUOCINOLONE 0.25MG/G	SYNALAR GEL 0.25MG/G	768294			LIMITED TO 30G PER MONTH
	CORTICOSTEROIDS	BETAMETHASON 1MG/G	BETNOVATE SCALP	824208			LIMITED TO 30ML PER MONTH
GASTRO-OESOPHAGEAL REFLUX DISEASE							
K21	HISTAMINE-2 RECEPTOR ANTAGONISTS	CIMETIDINE 200MG	CIMLOK 200MG	854247			GASTROSCOPY RESULTS REQUIRED - INCLUDE LOS ANGELES GRADING.
	HISTAMINE-2 RECEPTOR ANTAGONISTS	CIMETIDINE 200MG	BIO-CIMETIDINE 200MG	886978			GASTROSCOPY RESULTS REQUIRED - INCLUDE LOS ANGELES GRADING.
	HISTAMINE-2 RECEPTOR ANTAGONISTS	CIMETIDINE 400MG	CIMLOK 400MG	854255			GASTROSCOPY RESULTS REQUIRED - INCLUDE LOS ANGELES GRADING.
	HISTAMINE-2 RECEPTOR ANTAGONISTS	CIMETIDINE 400MG	BIO-CIMETIDINE 400MG	887003			GASTROSCOPY RESULTS REQUIRED - INCLUDE LOS ANGELES GRADING.
	HISTAMINE-2 RECEPTOR ANTAGONISTS	RANITIDINE HCl 150MG	HISTAK 150MG	841765	ULTAK 150MG	867934	GASTROSCOPY RESULTS REQUIRED - INCLUDE LOS ANGELES GRADING.
	HISTAMINE-2 RECEPTOR ANTAGONISTS	RANITIDINE HCl 300MG	HISTAK 300MG	841773	ULTAK 300MG	867942	GASTROSCOPY RESULTS REQUIRED - INCLUDE LOS ANGELES GRADING.
	PROTON PUMP INHIBITORS	LANSOPRAZOLE 15MG	LANCAP 15MG	708052			GASTROSCOPY RESULTS REQUIRED - INCLUDE LOS ANGELES GRADING.
	PROTON PUMP INHIBITORS	LANSOPRAZOLE 30MG	LANCAP 30MG	708053			GASTROSCOPY RESULTS REQUIRED - INCLUDE LOS ANGELES GRADING.
	PROTON PUMP INHIBITORS	OMEPRAZOLE 10MG	OMEZ 10MG	703461			GASTROSCOPY RESULTS REQUIRED - INCLUDE LOS ANGELES GRADING.
	PROTON PUMP INHIBITORS	OMEPRAZOLE 20MG	OMEZ 20MG	703459	NOZER 20MG	704629	GASTROSCOPY RESULTS REQUIRED - INCLUDE LOS ANGELES GRADING.
	PROTON PUMP INHIBITORS	PANTOPRAZOLE 20MG	PRAZOLOC 20MG	722767	PANTOCID 20MG	715610	GASTROSCOPY RESULTS REQUIRED - INCLUDE LOS ANGELES GRADING.
	PROTON PUMP INHIBITORS	PANTOPRAZOLE 40MG	PRAZOLOC 40MG	722768	PANTOCID 40MG	708031	GASTROSCOPY RESULTS REQUIRED - INCLUDE LOS ANGELES GRADING.

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
GOUT							
M10.99	ANTI-GOUT	COLCHICINE 0.5MG	LENNON- COLCHICINE 0.5MG	715271			
	ANTI-GOUT	ALLOPURINOL 300MG	SANDOZ ALLOPURINOL 300MG	738786	PURICOS 300MG TABS	758329	
	ANTI-GOUT	ALLOPURINOL 100MG	SANDOZ ALLOPURINOL 100MG	738778	PURICOS 100MG TABS	758310	
HYPERFUNCTION OF PITUITARY GLAND							
E22.8	HORMONE INHIBITORS	CABERGOLINE 0.5MG	DOSTINEX 0.5MG TAB	842109			SPECIALIST PRESCRIPTION REQUIRED
	HORMONE INHIBITORS	QUINAGOLIDE 150MCG	NORPROLAC 150MCG TAB	829048			SPECIALIST PRESCRIPTION REQUIRED
	HORMONE INHIBITORS	QUINAGOLIDE 75MCG	NORPROLAC 75MCG TABS	829021			SPECIALIST PRESCRIPTION REQUIRED
	HORMONE INHIBITORS	BROMOCRIPTINE 2.5MG	APO- BROMOCRIPTINE 2.5MG	845639	ASPEN BROMOCRIPTINE 2.5MG	704593	SPECIALIST PRESCRIPTION REQUIRED
INSOMNIA							
G47.0	OTHERS	ZOLPIDEM 10MG	ZOLNOXS	703986			(IF LINKED TO ANY OTHER PSYCHIATRIC CONDITION)
	OTHERS	MELATONIN 2MG	CIRCADIN	721635			(IF LINKED TO ANY OTHER PSYCHIATRIC CONDITION)
	OTHERS	ZOPICLONE 7.5MG	ZOPIVANE 7.5MG TAB	700722			(IF LINKED TO ANY OTHER PSYCHIATRIC CONDITION)
MIGRAINE(PROPH YLAXIS ONLY)							
G43	ANTI-MIGRAINE AGENTS	CLONIDINE HCL 0.025MG	MENOGRRAINE 0.025MG	788317			
	BETA-RECEPTOR BLOCKERS	PROPRANOLOL HCL 10MG	INDOBLOK 10MG	806552			
	BETA-RECEPTOR BLOCKERS	PROPRANOLOL HCL 40MG	INDOBLOK 40MG	806560			
	TRICYCLICS	AMITRIPTYLINE HCI 25MG	TREPLINE 25MG TAB	771996	GULF AMIRIPTYLINE 25MG	718746	
	TRICYCLICS	IMIPRAMINE HCI 10MG	ETHIPRAMINE 10MG TAB	724661			
	TRICYCLICS	IMIPRAMINE HCI 25MG	ETHIPRAMINE 25MG TAB	724688			
OBSESSIVE COMPULSIVE DISORDER							
F42	SELECTIVE SEROTONIN RE- UPTAKE INHIBITORS	CITALOPRAM HYDROBROMIDE 20MG	ARROW CITALOPRAM	713583	TALOMIL 20MG	702769	INIATED BY PSYCHIATRIST

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	FLUOXETINE HCl 20MG CAP	DEPROZAN 20MG CAPS	894303	NUZAK 20MG CAPS	840653	INIATED BY PSYCHIATRIST
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	FLUOXETINE HCl 20MG CAP	LORIEN 20MG CAPS	821063			
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	PAROXETINE 20MG	AROPAX CR 12.5MG	704647			INIATED BY PSYCHIATRIST
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	PAROXETINE 20MG	SERRAPRESS 20MG	705122	XET 20MG	705633	INIATED BY PSYCHIATRIST
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	ESCITALOPRAM 10MG	LEXAMIL 10MG	710303	ZYTOMIL 10MG	715402	INIATED BY PSYCHIATRIST
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	ESCITALOPRAM 20MG	LEXAMIL 20MG	710304	ZYTOMIL 20MG	715403	INIATED BY PSYCHIATRIST
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	SERTRALINE 50MG	NA-SERTRALINE 50	719972	SERDEP 50MG TAB	705420	INIATED BY PSYCHIATRIST
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	SERTRALINE 100MG	DYNA-SERTRALINE 100MG	719973	SERDEP100MG TAB	715935	INIATED BY PSYCHIATRIST
OSTEOARTHRITIS							
M15	ANALGESIC AND ANTIPYRETICS	PARACETAMOL 500MG TAB	NAPAMOL 500MG TAB	745723			
	NON SELECTIVE COX INHIBITORS	DICLOFENAC SOD. 100MG	PANAMOR SR 100MG TAB	827592			
	NON SELECTIVE COX INHIBITORS	DICLOFENAC SOD. 100MG	DIFEN SR 100MG	706314			
	NON SELECTIVE COX INHIBITORS	DICLOFENAC SOD 25MG	MYLAN-DICLOFENAC 25MG	786012			
	NON SELECTIVE COX INHIBITORS	DICLOFENAC SOD 50MG TAB	MYLAN-DICLOFENAC 50MG	786020			
	NON SELECTIVE COX INHIBITORS	INDOMETHACIN 25MG	ARTHREXIN 25MG	704725			
	NON SELECTIVE COX INHIBITORS	IBUPROFEN 200MG	RANFEN 200MG	824852			
	NON SELECTIVE COX INHIBITORS	IBUPROFEN 400MG	RANFEN 400MG	701654			
	NON SELECTIVE COX INHIBITORS	IBUPROFEN 600MG	SANDOZ IBUPROFEN 600MG TAB	782807			
	NON SELECTIVE COX INHIBITORS	NAPROXEN 250MG	NAPFLAM 250MG	806447			
	NON SELECTIVE COX INHIBITORS	NAPROXEN 500MG	NAPFLAM 500MG	808474			

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	SELECTIVE COX2 INHIBITORS	MELOXICAM 15MG	FLEXOCAM 15MG	704828	COXFLAM 15MG	899070	
	SELECTIVE COX2 INHIBITORS	MELOXICAM 7.5MG	FLEXOCAM 7.5MG	704829	COXFLAM 7.5MG	899066	
	SPECIFIC COX2 INHIBITORS - COXIB	CELCOXIB 100MG	COXLEON 100MG CAPS	723329	CELEBREX 100MG CAPS	862444	MOTIVATION INDICATING THE RISK FACTORS CONSIDERED FOR THEIR USE OVER CONVENTIONAL ANTI-INFLAMMATORY THERAPY
	SPECIFIC COX2 INHIBITORS - COXIB	CELCOXIB 200MG	COXLEON 200MG CAPS	723330	CELEBREX 200MG CAPS	862452	MOTIVATION INDICATING THE RISK FACTORS CONSIDERED FOR THEIR USE OVER CONVENTIONAL ANTI-INFLAMMATORY THERAPY
	SPECIFIC COX2 INHIBITORS - COXIB	ETORICOXIB 60MG	ARCOXIA 60MG TAB	709108	EXINEF 60MG	723366	MOTIVATION INDICATING THE RISK FACTORS CONSIDERED FOR THEIR USE OVER CONVENTIONAL ANTI-INFLAMMATORY THERAPY
	SPECIFIC COX2 INHIBITORS - COXIB	ETORICOXIB 90MG	ARCOXIA 90MG TAB	709109	EXINEF 90MG	723367	MOTIVATION INDICATING THE RISK FACTORS CONSIDERED FOR THEIR USE OVER CONVENTIONAL ANTI-INFLAMMATORY THERAPY
	SPECIFIC COX2 INHIBITORS - COXIB	ETORICOXIB 120MG	ARCOXIA 120MG TAB	709110	EXINEF 1200MG	723368	MOTIVATION INDICATING THE RISK FACTORS CONSIDERED FOR THEIR USE OVER CONVENTIONAL ANTI-INFLAMMATORY THERAPY
OSTEOPOROSIS							
M80	BIPHOSPHONATES	ALENDRONATE 10MG	OSTEOBON 10MG TAB	703937	OSTENA	715713	BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	BIPHOSPHONATES	ALENDRONATE 70MG	OSTEOBON 70MG TAB	705067	FEMAX 70MG TAB	718742	BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	BIPHOSPHONATES	ALENDRONATE 70MG; CHOLECALCIFEROL 70UG	FOSAVANCE 70MG TAB	721628			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	BIPHOSPHONATES	IBANDRONIC ACID 150MG TAB	BONIVA 150MG TAB	721721			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	BIPHOSPHONATES	RISEDRONATE 35MG	ACTAMAX 35MG TABS	716659			
	BIPHOSPHONATES	RISEDRONATE 150MG	ACTONEL 150MG TABS	722476			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	BIPHOSPHONATES	ZOLEDRONIC ACID 5MG/100ML	ZOCLASTA	723577			BONE DENSITOMETRY AND RISK FACTORS REQUIRED AND CLINICAL MOTIVATION
	BIPHOSPHONATES	ZOLEDRONIC ACID 4MG/100ML	ZOMETA	708533			BONE DENSITOMETRY AND RISK FACTORS REQUIRED AND CLINICAL MOTIVATION
	VITAMIN D2	ERGOCALCIFEROL 50 000IU	CALCIFEROL	711640			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	VITAMIN D3	CHOLECALCIFEROL 5000IU	D3 5000IU	715136			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	CALCIUM	CALCIUM CARBONATE 1250MG; VITAMIN D3 400IU	B-CAL-D TAB	889211	CALTRATE PLUS	715422	ONLY IN PROVEN OSTEOPOROSIS

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	CALCIUM	CA CARBONATE 1250MG; MG 125MG; VIT D 250IU	B-CAL-DM TAB	862010			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	CALCIUM	CA CARBONATE 1250MG	B-CAL CHEW	828289			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	SELECTIVE OESTROGEN RECEPTOR MODULATORS	RALOXIFENE HCL 60MG	EVISTA 60MG	847461			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
PAGET'S DISEASE							
M88	BIPHOSPHONATES	ALENDRONATE 10MG	OSTEOBON 10MG TAB	703937			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	BIPHOSPHONATES	ALENDRONATE 70MG	OSTENA	715712	FEMAX 70MG TAB	718742	BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	BIPHOSPHONATES	ALENDRONATE 70MG; CHOLECALCIFEROL 70UG	FOSAVANCE 70MG TAB	721628			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	BIPHOSPHONATES	IBANDRONIC ACID 150MG TAB	BONIVA 150MG TAB	721721			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	VITAMIN D2	ERGOCALCIFEROL 50 000IU	CALCIFEROL	71640			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	VITAMIN D3	CHOLECALCIFEROL 5000IU	D3 5000IU	715136			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	CALCIUM	CA CARBONATE 1250MG; VITAMIN D3 400IU	B-CAL-D TAB	889211	CALTRATE PLUS	715422	ONLY IN PROVEN OSTEOPOROSIS
	CALCIUM	CA CARBONATE 1250MG; MG 125MG; VIT D 250IU	B-CAL-DM TAB	862010			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	CALCIUM	CA CARBONATE 1250MG	B-CAL CHEW	828289			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	CALCIUM	CA CARBONATE 1250MG; VITAMIN D3 400IU	B-CAL-D TAB	889211	CALTRATE PLUS	715422	BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	SELECTIVE OESTROGEN RECEPTOR MODULATORS	RALOXIFENE HCL 60MG	EVISTA 60MG	847461			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	DUAL ACTION BONE AGENTS	STRONTIUM RANELATE	PROTOS 2G/SACHET	705534			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
PSORIASIS							
L40	EMOLIANTS AND LOTION	AQUEOUS CREAM 400G	EPI-MAX JUNIOR	711963			LIMITED TO 400 GRAM PER MONTH
	EMOLIANTS AND LOTION	AQUEOUS CREAM 500G	EPIZONE A	723800			LIMITED TO 500 GRAM PER MONTH
	EMOLIANTS AND LOTION	EMULSIFYING OINTMENT 500G	UNG EMULSIFICANS	883164			LIMITED TO 500 GRAM PER MONTH

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	EMOLIENTS AND LOTION	EMULSIFYING OINTMENT 500G	EPIZONE E	727797			LIMITED TO 500G PER MONTH
	CORTICO-STEROIDS	HYDROCORTISONE 25G	DILUCORT CREAM	720011	DILUCORT OINTMENT	720038	
	CORTICO-STEROIDS	HYDROCORTISONE 1G/100G	MYLOCORT 1GM/100GM CREAM	745472	MYLOCORT 1GM/100GM OINT	745448	
	CORTICO-STEROIDS	BETAMETHASONE 1MG/G	TOPIVATE 1MG/GM CREAM	833037	BETNOVATE 1MG/GM OINTMENT	708348	
	CORTICO-STEROIDS	BETAMETHASONE 0.1%	LENOVATE 0.1% OINT	800171	LENOVATE 0.1% CREAM	800163	
	CORTICO-STEROIDS	CALCIPOTRIOL 50MCG, BETAMETHASONE DIPROPIANTE 0,5MG/G	XAMIOL GEL	717191			SPECIALIST PRESCRIPTION REQUIRED. LIMITED TO 30GRAM PER MONTH
	CORTICO-STEROIDS	BETAMETHASONE [AS DIPROPIONATE] 0;5MG; SALICYLIC ACID 20MG/G	DIPROSALIC LOTION	828726			SPECIALIST PRESCRIPTION REQUIRED
	CORTICO-STEROIDS	BETAMETHASONE [AS DIPROPIONATE] 0;5MG; SALICYLIC ACID 30MG/G	DIPROSALIC OINT	720380			SPECIALIST PRESCRIPTION REQUIRED
	CORTICO-STEROIDS	BETAMETHASONE AS VALERATE	BETNOVATE SCALP LOTION	824208			SPECIALIST PRESCRIPTION REQUIRED
	CORTICO-STEROIDS	CLOBETASOL 0.5MG/G	DOVATE 0.5MG/G CREAM	807249			SPECIALIST PRESCRIPTION REQUIRED
	CORTICO-STEROIDS	CLOBETASOL 0.5MG/G	DOVATE 0.5MG/G OINTMENT	807230			SPECIALIST PRESCRIPTION REQUIRED
	CYTOSTATICS	METHOTREXATE 2.5MG	ABITREXATE 2.5MG TAB	712504	METHOTREXATE 2.5MG TAB	742465	
	DERMATOLOGICALS	CALCIPOTRIOL	DOVONEX SCALP	837393			SPECIALIST PRESCRIPTION REQUIRED
	DERMATOLOGICALS	COAL TAR	POLYTAR	835595			SPECIALIST PRESCRIPTION REQUIRED
	DERMATOLOGICALS	COAL TAR	EPIZONE LPC CREAM	707906			
	DERMATOLOGICALS	COAL TAR	TRITAR SHAMPOO	772615			SPECIALIST PRESCRIPTION REQUIRED
	DERMATOLOGICALS	COAL TAR	COAL TAR SOLUTION	885596			
	DERMATOLOGICALS	TAZAROTENE 0.05%	ZORAC 0.05% GEL	837474			SPECIALIST PRESCRIPTION REQUIRED
SJÖGREN'S DISEASE							
M35.0	ANALGESICS	PARACETAMOL 500MG	NAPAMOL 500MG	745723			

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	5 AMINOSALYCLIC ACID DERIVATIVE	SULPHASALAZINE 500MG	SALAZOPYRIN 500MG	762008			TREATMENT TO BE INITIATED BY SPECIALIST
	5 AMINOSALYCLIC ACID DERIVATIVE	SULPHASALAZINE 500MG	SALAZOPYRIN EN 500	762016			TREATMENT TO BE INITIATED BY SPECIALIST
	CORTICOSTEROIDS	PREDNISONE 5MG	BE-TABS PREDNISONE	788783			TREATMENT TO BE INITIATED BY SPECIALIST
	CORTICOSTEROIDS	PREDNISONE 5MG	TROLIC 5MG	818267	PANAF CORT 5MG	752304	
	CYTOSTATIC	METHOTREXATE 2.5	METHOTREXATE 2.5MG	742465			TREATMENT TO BE INITIATED BY SPECIALIST
	IMMUNOSUPPRESSIV E	AZATHIOPRINE 50MG	AZAMUN 50MG	701252			TREATMENT TO BE INITIATED BY SPECIALIST
	IMMUNOSUPPRESSIV E	CHLOROQUINE 200MG	PLASMOQUINE 200MG	794333			TREATMENT TO BE INITIATED BY SPECIALIST
	NSAID'S	INDOMETHACIN 100MG	ARTHREXIN 100MG SUPP.	704741			TREATMENT TO BE INITIATED BY SPECIALIST
	NSAID'S	INDOMETHACIN 25MG	BETACIN 25MG	787833			TREATMENT TO BE INITIATED BY SPECIALIST
	NSAID'S	IBUPROFEN 200MG	RANFEN 200MG	824852	ARTHREXIN 25MG	704725	TREATMENT TO BE INITIATED BY SPECIALIST
	NSAID'S	IBUPROFEN 400MG	RANFEN 400MG	701654			TREATMENT TO BE INITIATED BY SPECIALIST
	NSAID'S	IBUPROFEN 600MG	SANDOZ IBUPROFEN 600 MG	782807			TREATMENT TO BE INITIATED BY SPECIALIST
	SELECTIVE COX2 INHIBITORS	MELOXICAM 15MG	FLEXOCAM 15MG	704828	COXFLAM 15MG	899070	TREATMENT TO BE INITIATED BY SPECIALIST
	SELECTIVE COX2 INHIBITORS	MELOXICAM 7.5MG	FLEXOCAM 7.5MG	704829	COXFLAM 7.5MG	899066	TREATMENT TO BE INITIATED BY SPECIALIST
	NSAID'S	NAPROXEN 250MG	NAPFLAM 250MG	806447	ARROW MELOXICAM 7.5MG	711324	TREATMENT TO BE INITIATED BY SPECIALIST
	NSAID'S	NAPROXEN 500MG	NAPFLAM 500MG	808474			TREATMENT TO BE INITIATED BY SPECIALIST
	NSAID'S	DICLOFENAC 25MG	PANAMOR 25MG	752371			TREATMENT TO BE INITIATED BY SPECIALIST
	NSAID'S	DICLOFENAC 50MG	PANAMOR 50MG	752398			TREATMENT TO BE INITIATED BY SPECIALIST
	NSAID'S	DICLOFENAC SR 100MG	PANAMOR SR	827592			TREATMENT TO BE INITIATED BY SPECIALIST
	VITAMINS	FOLIC ACID 5MG	FOLIC ACID 5MG	711922	BE-TABS FOLIC 5MG	810967	TREATMENT TO BE INITIATED BY SPECIALIST
	OTHER OPHTHALMICS	WHITE PETROLATUM 573MG; MINOIL 425MG; LANOLIN ALCOHOLS 2MG/G	DURATEARS 3.5G EYE OINT	721719			TREATMENT TO BE INITIATED BY SPECIALIST
	OTHER OPHTHALMICS	DEXTRAN-70 1MG; HYDROXYPROPYL METHYLCELLULOSE 3MG/ML	TEARS NATURELE EYE DROPS	817562			TREATMENT TO BE INITIATED BY SPECIALIST

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