

SCRIPTPHARM

RISK MANAGEMENT

SCRIPTPHARM RISK MANAGEMENT CHRONIC MEDICINE FORMULARY NEDGROUP SAVINGS PLAN

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			FOR ISOTRETINOIN, THE PATIENT'S WEIGHT, DATE OF COMMENCEMENT WITH TREATMENT AND DURATION OF THERAPY IS REQUIRED.
	ACNE	ISOTRETINOIN 20MG	ACNETRET 20MG	711876			FOR ISOTRETINOIN, THE PATIENT'S WEIGHT, DATE OF COMMENCEMENT WITH TREATMENT AND DURATION OF THERAPY IS REQUIRED.
	SULPHONAMIDES AND COMBINATIONS	TRIMETHOPRIM 80MG; SULPHAMETHOXAZOLE 400MG	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		LORATADINE 10MG TAB	ALLERGEX NON DROWSY 10MG TAB	704275			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 5MG/5ML	ALLERGEX NON DROWSY 5MG/5ML	701640			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
	GLUCOCORTICOSTER OIDS	BECLOMETHASON E DIPROPIONATE 50UG AQUEOUS	CLENIL AQUEOUS NASAL SPRAY	897937	BECLATE AQUANASE 5MCG	820709	CLINICAL MOTIVATION REQUIRED IF PRESCRIBED TOGETHER WITH ANTI-HISTAMINE TABLETS
	GLUCOCORTICOSTER OIDS	FLUTICASONE 50MCG	FLOANASE	714595	FLOMIST NASAL SPRAY	704383	CLINICAL MOTIVATION REQUIRED IF PRESCRIBED TOGETHER WITH ANTI-HISTAMINE TABLETS
ALZHEIMER'S DISEASE							
G30	ALZHEIMER'S DISEASE	DONEPEZIL HCL 10MG	CURLOVON 10MG	722445			RESULTS OF MINI-MENTAL STATE EXAMINATION AND NEUROLOGIST PRESCRIPTION REQUIRED
	ALZHEIMER'S DISEASE	DONEPEZIL HCL 5MG	CURLOVON 5MG	722444			RESULTS OF MINI-MENTAL STATE EXAMINATION AND NEUROLOGIST PRESCRIPTION REQUIRED
	ALZHEIMER'S DISEASE	GALANTAMINE 8MG	REMINYL CR 8MG	891875			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	714432			RESULTS OF MINI-MENTAL STATE EXAMINATION AND NEUROLOGIST PRESCRIPTION REQUIRED
	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

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	ALZHEIMER'S DISEASE	RIVASTIGAMINE 6.0MG	EXELON 6.0 MG CAPS	848581			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			(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 20MG	ARROW CITALOPRAM	713583	TALOMIL 20MG	702769	(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)							
ONLY FOR PATIENTS UNDER 18 YEARS OF AGE	OTHERS	METHYLPHENIDATE HCL 10MG	RITALIN 10MG TABS	761044	METHYLPHENIDATE HCL-DOUGLAS	702505	PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
F90	OTHERS	METHYLPHENIDATE HCL 20MG	RITALIN LA 20MG CAPS	701627			PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	OTHERS	METHYLPHENIDATE HCL 18MG	CONTRAMYL XR 18MG TABS	723701	NEUCON 18MG TABS	723695	MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION
	OTHERS	METHYLPHENIDATE HCL 27MG	CONTRAMYL XR 27MG TABS	723702	NEUCON 27 MG TABS	723696	MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	OTHERS	METHYLPHENIDATE HCL 36MG	CONTRAMYL XR 36MG TABS	723704	NEUCON 36 MG TABS	723697	MOTIVATION, INCLUDING HISTORY OF THERAPY, REQUIRED. PAEDIATRICIAN/NEUROLOGIST/PSYCHIATRIST PRESCRIPTION.
	OTHERS	METHYLPHENIDATE HCL 54MG	CONTRAMYL XR 54MG TABS	723705	NEUCON 54 MG TABS	723698	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	TROLIC 5MG	818267	PANAFECORT 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	894303	ZYDUS-FLUOXETINE 20MG	705064	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 20MG	SERRAPRESS 20MG	705122	XET 20MG	705633	1ST LINE AGENT.
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	ESCITALOPRAM 10MG	ZYTOMIL 10MG	715402	ACCORD ESCITALOPRAM 10MG	719547	2ND LINE AGENT. THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	ESCITALOPRAM 20MG	ZYTOMIL 20MG	715403	ACCORD ESCITALOPRAM 20MG	719548	2ND LINE AGENT. THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	SELECTIVE SEROTONIN RE-UPTAKE INHIBITORS	SERTRALINE 50MG	A-SERTRALINE 5	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	ILLOVEX SR 37.5MG TABS	713648	VENLOR XR 37.5MG	706399	THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	SEROTONIN AND NORADRENALINE RE-UPTAKE INHIBITORS	VENLAFAXINE HCl 75MG	ILLOVEX SR 75MG TABS	713649	VENLOR XR 75MG	706402	THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	SEROTONIN AND NORADRENALINE RE-UPTAKE INHIBITORS	VENLAFAXINE HCl 150MG	ILLOVEX SR 150MG TABS	713650	VENLOR XR 150MG	706404	THERAPY MUST BE INITIATED BY A PSYCHIATRIST
	TRICYCLICS	AMITRIPTYLINE HCl 25MG	TREPILINE 25MG TAB	771996	GULF AMIRIPTYLINE 25MG	718746	THERAPY MUST BE INITIATED BY A PSYCHIATRIST

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	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
	ANTI-EPILEPTICS	LAMOTRIGINE 25MG	EPITEC 25MG TABS	704379			
	ANTI-EPILEPTICS	LAMOTRIGINE 50MG	LAMIDUS 50MG	710885	EPITEC 50MG TABS	704380	
	ANTI-EPILEPTICS	LAMOTRIGINE 100MG	LAMIDUS 100MG	710887	EPITEC 100MG TABS	704381	
	ANTI-EPILEPTICS	LAMOTRIGINE 200MG	LAMIDUS 200MG	710888	EPITEC 200MG TABS	704382	
	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-PSYCHOTICS	RISPERIDONE 1MG	RISNIA 1MG	717997	ZOXADON 1MG	711512	PSYCH MOTIVATION REQUIRED
	ANTI-PSYCHOTICS	RISPERIDONE 2MG	RISNIA 2MG	717998	ZOXADON 2MG	711513	PSYCH MOTIVATION REQUIRED
	OTHER	AGOMELATINE 25MG	VALDOXANE 25MG TAB	716215			THERAPY MUST BE INITIATED BY A PSYCHIATRIST
ECZEMA							
L20.9	EMOLIANTS AND LOTION	AQUEOUS CREAM 400G	EPI-MAX JUNIOR	711963			LIMITED TO 400 GRAM PER MONTH
L30.9	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
	EMOLIANTS AND LOTION	EMULSIFYING OINTMENT 500G	EPIZONE E	727797			LIMITED TO 500G PER MONTH
	CORTICO-STEROIDS	HYDROCORTISON E 25G	DILUCORT CREAM	720011	DILUCORT OINTMENT	720038	
	CORTICO-STEROIDS	HYDROCORTISON E 1G/100G	MYLOCORT 1GM/100GM CREAM	745472	MYLOCORT 1GM/100GM OINT	745448	

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	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
	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			
	FUNGICIDE	SELENIUM 25MG/ML	SELSUN SHAMPOO 2.5%	763179			LIMITED TO 100ML PER MONTH
	TOPICAL CORTICO-STEROIDS	FLUOCINOLONE 0.25MG/G	SYNALAR GEL 0.25MG/G	768294			LIMITED TO 30G PER MONTH
	CORTICO-STEROIDS	BETAMETHASONE 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 400MG	CIMLOK 400MG	854255			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 20MG	OMEZ 20MG	703459	NOZER 20MG	704629	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	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- BROMOCRIPTI NE 2.5MG	845639	ASPEN BROMOCRIPTINE 2.5MG	704593	SPECIALIST PRESCRIPTION REQUIRED
HYPOTENSION I95							
	VASOCONSTRICTOR	CAFEDRINE HCL 100MG; THEODRENKINE HCL 5MG	AKRINOR	701513			INCLUDE 2 NON- CONSECUTIVE BLOOD PRESSURE READINGS
INSOMNIA							
G47.0	OTHERS	ZOLPIDEM 10MG	ZOLNOXS	703986			(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	MENOGRINE 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	TREPILINE 25MG TAB	771996	GULF AMIRIPTYLINE 25MG	718746	
	TRICYCLICS	IMIPRAMINE HCI 10MG	ETHIPRAMINE 10MG TAB	724661			
	TRICYCLICS	IMIPRAMINE HCI 25MG	ETHIPRAMINE 25MG TAB	724688			

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
OBSESSIVE COMPULSIVE DISORDER							
	SELECTIVE SEROTONIN RE- UPTAKE INHIBITORS	CITALOPRAM HYDROBROMIDE 20MG	ARROW CITALOPRAM	713583	TALOMIL 20MG	702769	INIATED BY PSYCHIATRIST
	SELECTIVE SEROTONIN RE- UPTAKE INHIBITORS	FLUOXETINE HCl 20MG CAP	DEPROZAN 20MG	894303	NUZAK 20MG	840653	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	ACCORD ESCITALOPRA M 10MG	719547	ZYTOMIL 10MG	715402	INIATED BY PSYCHIATRIST
	SELECTIVE SEROTONIN RE- UPTAKE INHIBITORS	ESCITALOPRAM 20MG	ACCORD ESCITALOPRA M 20MG	719548	ZYTOMIL 20MG	715403	INIATED BY PSYCHIATRIST
	SELECTIVE SEROTONIN RE- UPTAKE INHIBITORS	SERTRALINE 50MG	A-SERTRALINE 5	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							
	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 25MG	MYLAN- DICLOFENAC 25MG	786012			
	NON SELECTIVE COX INHIBITORS	DICLOFENAC SOD 50MG TAB	MYLAN- DICLOFENAC 50MG	786020			
	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			
	NON SELECTIVE COX INHIBITORS	INDOMETHACIN 25MG	ARTHREXIN 25MG	704725			

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			MOTIVATION INDICATING THE RISK FACTORS CONSIDERED FOR THEIR USE OF CONVENTIONAL ANTI-INFLAMMATORY THERAPY
	SPECIFIC COX2 INHIBITORS - COXIB	CELCOXIB 200MG	COXLEON 200MG CAPS	723330			MOTIVATION INDICATING THE RISK FACTORS CONSIDERED FOR THEIR USE OF CONVENTIONAL ANTI-INFLAMMATORY THERAPY
	SPECIFIC COX2 INHIBITORS - COXIB	ETORICOXIB 60MG	SPEC ETORICOXIB 60MG	723128			MOTIVATION INDICATING THE RISK FACTORS CONSIDERED FOR THEIR USE OF CONVENTIONAL ANTI-INFLAMMATORY THERAPY
	SPECIFIC COX2 INHIBITORS - COXIB	ETORICOXIB 90MG	SPEC ETORICOXIB 90MG	723129			MOTIVATION INDICATING THE RISK FACTORS CONSIDERED FOR THEIR USE OF CONVENTIONAL ANTI-INFLAMMATORY THERAPY
	SPECIFIC COX2 INHIBITORS - COXIB	ETORICOXIB 120MG	SPEC ETORICOXIB 1200MG	723130			MOTIVATION INDICATING THE RISK FACTORS CONSIDERED FOR THEIR USE OF CONVENTIONAL ANTI-INFLAMMATORY THERAPY
OSTEOPOROSIS							
M80	BIPHOSPHONATES	ALENDRONATE 10MG	OSTEOBON 10MG TAB	703937			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
	VITAMIN D2	ERGOCALCIFEROL 50 000IU	CALCIFEROL	711640			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	CALCIUM	CA 500MG	H & B CALCIUM CAPS	711623			BONE DENSITOMETRY AND RISK FACTORS REQUIRED

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	CALCIUM	CA CARBONATE 1250MG	B-CAL CHEW	828289			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	CALCIUM	CALCIUM CARBONATE 1250MG; VITAMIN D3 400IU	B-CAL-D TAB	889211			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; CHOLECALCIFERO L 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
	CALCIUM	CA 500MG	H & B CALCIUM CAPS	711623			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
	CALCIUM	CA CARBONATE 1250MG; VITAMIN D3 400IU	B-CAL-D TAB	889211			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
	DUAL ACTION BONE AGENTS	STRONTIUM RANELATE	PROTOS 2G/SACHET	705534			BONE DENSITOMETRY AND RISK FACTORS REQUIRED
PSORIASIS							
	CORTICO-STEROIDS	CALCIPOTRIOL 50MCG, BETAMETHASONE DIPROPIANTE 0,5MG/G	DOVOBET OINTMENT	708636			INITIAL SPECIALIST PRESCRIPTION REQUIRED. LIMITED TO 30G PER MONTH

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
L40	CORTICO-STEROIDS	CALCIPOTRIOL 50MCG, BETAMETHASONE DIPROPIANTE 0,5MG/G	XAMIOL GEL	717191			INITIAL SPECIALIST PRESCRIPTION REQUIRED. LIMITED TO 30G PER MONTH
	CORTICO-STEROIDS	BETAMETHASONE [AS DIPROPIONATE] 0;5MG; SALICYLIC ACID 20MG/G	DIPROSALIC LOTION	828726			INITIAL SPECIALIST PRESCRIPTION REQUIRED
	CORTICO-STEROIDS	BETAMETHASONE [AS DIPROPIONATE] 0;5MG; SALICYLIC ACID 30MG/G	DIPROSALIC OINT	720380			INITIAL SPECIALIST PRESCRIPTION REQUIRED
	CORTICO-STEROIDS	BETAMETHASONE AS VALERATE	BETNOVATE SCALP LOTION	824208			INITIAL SPECIALIST PRESCRIPTION REQUIRED
	CYTOSTATICS	METHOTREXATE 2.5MG	ABITREXATE 2.5MG TAB	712504			
	DERMATOLOGICALS	CALCIPOTRIOL	DOVONEX SCALP	837393			INITIAL SPECIALIST PRESCRIPTION REQUIRED
	DERMATOLOGICALS	COAL TAR	POLYTAR	835595			INITIAL SPECIALIST PRESCRIPTION REQUIRED
	DERMATOLOGICALS	COAL TAR	TRITAR SHAMPOO	772615			INITIAL SPECIALIST PRESCRIPTION REQUIRED
	DERMATOLOGICALS	COAL TAR	COAL TAR SOLUTION	885596			
	DERMATOLOGICALS	TAZAROTENE 0.05%	ZORAK 0.05% GEL	837474			INITIAL SPECIALIST PRESCRIPTION REQUIRED
	DERMATOLOGICALS	TAZAROTENE 0.1%	ZORAK 0.1% GEL	837482			INITIAL SPECIALIST PRESCRIPTION REQUIRED
SJÖGREN'S DISEASE M35.0							
	ANALGESICS	PARACETAMOL 500MG	NAPAMOL 500MG	745723			
	5 AMINOSALICYLIC ACID DERIVATIVE	SULPHASALAZINE 500MG	SALAZOPYRIN 500MG	762008			TREATMENT TO BE INITIATED BY SPECIALIST
	5 AMINOSALICYLIC ACID DERIVATIVE	SULPHASALAZINE 500MG	SALAZOPYRIN EN 500	762016			TREATMENT TO BE INITIATED BY SPECIALIST
	CORTICOSTEROIDS	PREDNISON 5MG	TROLIC 5MG	818267	PANAFECORT 5MG	752304	TREATMENT TO BE INITIATED BY SPECIALIST
	CYTOSTATIC	METHOTREXATE 2.5	METHOTREXATE 2.5MG	742465			TREATMENT TO BE INITIATED BY SPECIALIST
	IMMUNOSUPPRESSIVE	AZATHIOPRINE 50MG	AZAMUN 50MG	701252			TREATMENT TO BE INITIATED BY SPECIALIST
	IMMUNOSUPPRESSIVE	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

CONDITION	MAJOR DRUG CLASS	GENERIC NAME	TRADE NAMES	NAPPI	TRADE NAMES	NAPPI	
	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			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 METHYLCELLULOS E 3MG/ML	TEARS NATURALE EYE DROPS	817562			TREATMENT TO BE INITIATED BY SPECIALIST

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