

**Please Note:** All new drugs will be added to the MEL unless recommended for reimbursement by the Drug and Therapeutics (D&T) Committee.

Greyed cells represents products that are under review by D&T Committee

Exclusion\*: May be considered for pre-authorization in exceptional circumstances, on compassionate grounds, where funds and scheme rules allow.

Nappi	Drug Name	Strength/ Formulation	Active Ingredient/s	Exclusion status on chronic medicine benefit
878243	ACTOS	15MG	PIOGLITAZONE	Pre-authorization required
878251	ACTOS	30MG	PIOGLITAZONE	Pre-authorization required
827304	ADCO-LINCTOPENT		BROMHEXINE HCL/ORCIPRENALINE SO4	Exclusion
898183	ARAVA	100MG	LEFLUNOMIDE	Pre-authorization required
898175	ARAVA	10MG	LEFLUNOMIDE	Pre-authorization required
898171	ARAVA	20MG	LEFLUNOMIDE	Pre-authorization required
837334	ARICEPT	10MG	DONEPEZIL	Pre-authorization required
837326	ARICEPT	5MG	DONEPEZIL	Pre-authorization required
714065	ARIKNOW	10MG	DONEPEZIL	Pre-authorization required
714066	ARIKNOW	5MG	DONEPEZIL	Pre-authorization required
705756	AURASEPT 15ML		BENZOCAINE/PHENAZONE/CHLORIBUTOL	Exclusion
705780	AURONE 15ML	15ML	PHENAZONE	Exclusion
705799	AURONE FORTE 15ML	15ML	BENZOCAINE/PHENAZONE/CHLORIBUTOL	Exclusion
899496	AVANDIA	2MG	ROSIGLITAZONE	Pre-authorization required
899499	AVANDIA	4MG	ROSIGLITAZONE	Pre-authorization required
711769	AZILECT	1MG	RASAGILINE	Pre-authorization required
862037	BENLYN CHESTY		BROMHEXINE HCL/ORCIPRENALINE SO4	Exclusion
708593	BILRON	300MG	BILE SALTS/FERROUS SULFATE	Exclusion
710032	BISOLVON LINCTUS DA		BROMHEXINE HCL/ORCIPRENALINE SO4	Exclusion
813850	BOTOX	100U	BOTULINUM TOXOID VACCINE	Pre-authorization required
709214	BOTOX	50U	BOTULINUM TOXOID VACCINE	Pre-authorization required
710687	BRONKESE COMPOUND		BROMHEXINE HCL/ORCIPRENALINE SO4	Exclusion
711292	BUSCOPAN COMPOUND		HYOSCINE-N-BUTYLBROMIDE/DIPYRONE	Exclusion
711678	BYETTA	5 UG	EXENATIDE	Exclusion
711684	BYETTA	10 UG	EXENATIDE	Exclusion
713058	CELESTAMINE	SYR	BETAMETHASONE/DEXCHLORPHENIRAMINE	Exclusion
713066	CELESTAMINE	TAB	BETAMETHASONE/DEXCHLORPHENIRAMINE	Exclusion
710020	CERVARIX PRE-FILLED SYRINGE 0.5ML	VAC	Papillomavirus(human types 16,18)	Exclusion
707974	CIPLA PIOGLITAZONE 15	TAB	Pioglitazone hydrochloride	Pre-authorization required
707981	CIPLA PIOGLITAZONE 30	TAB	Pioglitazone hydrochloride	Pre-authorization required
868590	COMTAN	200MG	ENTACAPONE	Pre-authorization required
708286	COPAXONE PREFILLED SYRINGE 1ML	20MG/1ML	GLATIRAMER ACETATE	New product under review
710620	CORALAN	5MG	IVABRADINE	Exclusion
710621	CORALAN	7.5MG	IVABRADINE	Exclusion
716596	COVANCAINE 20ML		BENZOCAINE/PHENAZONE/SULPHACETAMIDE SODIUM/UREA	Exclusion
716677	COVOTOP 15ML		CHLORAMPHENICOL/BENZOCAINE	Exclusion
704094	DERMACYN WOUND CARE SOLUTION		OXYGENATED WATER/SODIUM HYPOCHLORITE/HYDROGEN PEROXIDE/NaCl/NaOH/OZONE	Exclusion
715040	DONECEPT	10MG	DONEPEZIL	Pre-authorization required
715039	DONECEPT	5MG	DONEPEZIL	Pre-authorization required
707625	DYSPORT	INJ	BOTULINUM TOXOID VACCINE	Pre-authorization required
705592	EBIXA	10MG	MEMANTINE	Pre-authorization required
706181	EBIXA DROPS	10MG/1G	MEMANTINE	Pre-authorization required
715257	EFIENT	5MG	PRASUGREL	Exclusion
715258	EFIENT	10MG	PRASUGREL	Exclusion
702509	ENBREL		TANERCEPT	Exclusion*
723231	ENCEPHABOL		PYRITINOL HCL	Exclusion
723401	ENTERODYNE		BISMUTH CARB / CALCIUM CARBONATE / TINCT MORPHINE	Exclusion
723894	EQUANIL	400MG	MEPROBAMATE	Exclusion
724351	ESSAVEN	CAP	AESCINATE/HEPARIN/ESSENTIAL PHOSPHO LIPIDS	Exclusion
724378	ESSAVEN	JEL	AESCINATE/HEPARIN/ESSENTIAL PHOSPHO LIPIDS	Exclusion
848557	EXELON	1.5MG	RIVASTIGMINE	Pre-authorization required
848565	EXELON	3MG	RIVASTIGMINE	Pre-authorization required
848573	EXELON	4.5MG	RIVASTIGMINE	Pre-authorization required
848581	EXELON	6MG	RIVASTIGMINE	Pre-authorization required
704378	EZETROL	10MG	EZETIMIBE	Pre-authorization required
840009	FAMOTIC 20ML		BENZOCAINE/PHENAZONE/CHLORIBUTOL	Exclusion
840017	FAMOTIC 500ML		BENZOCAINE/PHENAZONE/CHLORIBUTOL	Exclusion
819743	FLEMEZE BRONCH SYRUP	5MG/ML	BROMHEXINE HCL/ORCIPRENALINE SO4	Exclusion
878758	FLIXONASE NASULES	400MCG	FLUTICASONE	Exclusion
702800	FORTEO	250MCG/ML	TERIPARATIDE	Exclusion*
714167	FORVENT HANDIHALER COMPLETE	18MCG	TIOTROPIUM	Pre-authorization required
714152	FORVENT (REFILL)	18MCG	TIOTROPIUM	Pre-authorization required
711080	FOSRENOL	500MG	LANTHANUM CARBONATE	Exclusion
711081	FOSRENOL	750MG	LANTHANUM CARBONATE	Exclusion
715554	GALVUS	50MG	VILDAGLIPTIN	New product under review
710249	GARDASIL INJECTION	VAC	Papillomavirus(human types 6,11,16,18)	Exclusion
701109	GLUCOVANCE	250/1.25MG	METFORMIN/GLIBENCLAMIDE	Pre-authorization required
701111	GLUCOVANCE	500/2.5MG	METFORMIN/GLIBENCLAMIDE	Pre-authorization required
701112	GLUCOVANCE	500/5MG	METFORMIN/GLIBENCLAMIDE	Pre-authorization required
731129	HISTAGLOBIN	2ML	HUMAN GAMMAGLOBULIN/HISTAMINE	Exclusion
705335	HUMIRA	40MG	ADALIMUMAB	Exclusion*
848840	IMODIUM PLUS		LOPERAMIDE/SIMETHICONE	Exclusion
715237	INEGY	10MG/10MG	EZETIMIBE/SIMVASTATIN	Pre-authorization required
715238	INEGY	10MG/20MG	EZETIMIBE/SIMVASTATIN	Pre-authorization required
715240	INEGY	10MG/40MG	EZETIMIBE/SIMVASTATIN	Pre-authorization required
706121	INSPRA	25MG	EPLERENONE	Pre-authorization required
706135	INSPRA	50MG	EPLERENONE	Pre-authorization required
734802	KANTREXIL		KANAMYCIN / AMINOPENTAMIDE / PECTIN / BISMUTH CARB / ATTAPULGITE	Exclusion
734810	KANTREXIL		KANAMYCIN / AMINOPENTAMIDE / PECTIN / BISMUTH CARB / ATTAPULGITE	Exclusion
700958	KEPPRA	250MG	LEVETIRACETAM	Pre-authorization required
700959	KEPPRA	500MG	LEVETIRACETAM	Pre-authorization required
703165	KEPPRA	750MG	LEVETIRACETAM	Pre-authorization required
700310	LANTUS	1000IU	INSULIN GLARGINE	Pre-authorization required
700308	LANTUS	300IU	INSULIN GLARGINE	Pre-authorization required
710366	LANTUS L OPTISET PENSET 3ML	300IU	INSULIN GLARGINE	Pre-authorization required
701783	LANTUS OPTISET	300IU	INSULIN GLARGINE	Pre-authorization required
709860	LANTUS SOLOSTAR	300IU	INSULIN GLARGINE	Pre-authorization required
785849	LEGALON DRAGEES 70		SILYMARIN	Exclusion
705313	LEVEMIR FLEXPEN PREFILLED CARTR	100MG/1ML	INSULIN DETEMIR	Pre-authorization required
705312	LEVEMIR FLEXPEN PREFILLED MULTI	100MG/1ML	INSULIN DETEMIR	Pre-authorization required
737984	LIBRAX		CHLORDIAZEPOXIDE/CLIDINIUM BROMIDE	Exclusion

738107	LIMBITROL		AMITRIPTYLINE/CHLORDIAZEPoxide	Exclusion
711524	LUCENTIS VIAL 0.23ML	10MG/1ML	RANIBIZUMAB	Pre-authorization required
709806	LYRICA	150MG	PREGABALIN	Exclusion
709804	LYRICA	25MG	PREGABALIN	Exclusion
709805	LYRICA	75MG	PREGABALIN	Exclusion
742317	METALCAPTASE	300MG	PENICILLAMINE	Pre-authorization required
705611	METVIX	160MG/G	METHYL AMINOLEVULINATE	Exclusion
743348	MILLERSPAS		HYOSCINE HBR/HYOSCINE SULPH/ATROPINE SULPH/PHENOBARB	Exclusion
743976	MISTABRON 12.5ML NAS SPRAY		MESNA	Exclusion
747483	NOOTROPIL	1G/5ML	PIRACETAM	Exclusion
747467	NOOTROPIL	400MG	PIRACETAM	Exclusion
747475	NOOTROPIL	800MG	PIRACETAM	Exclusion
715049	NOXAFIL	40MG/1ML	POSACONAZOLE	New product under review
715401	ORENCIA POWDER FOR RECONSTITUTION 15ML	250MG	ABATACEPT	Exclusion*
751561	OTOPHEN 10G	10G	PHENAZONE	Exclusion
839981	OTOPHEN FORTE 10ML		BENZOCAINE/CHLORIBUTOL/DI-HODOHYDROXYQUINOLONE/EPHEDRINE HCL	Exclusion
752983	PAROVEN	CAP	RUTOSIDES O-(BETA-HYDROXYETHYL)	Exclusion
789422	PERMAX	0.05MG	PERGOLIDE	Pre-authorization required
789430	PERMAX	0.25MG	PERGOLIDE	Pre-authorization required
789449	PERMAX	1MG	PERGOLIDE	Pre-authorization required
898836	PEXOLA	0.125MG	PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE	Pre-authorization required
898848	PEXOLA	0.25MG	PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE	Pre-authorization required
898828	PEXOLA	1MG	PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE	Pre-authorization required
786349	PREPULSID FORTE	10MG	CISAPRIDE MONOHYDRATE	Exclusion
757667	PROPAIN FORTE	CAP	PHENOBARBITONE/PARACETAMOL/CODEINE/CAFFEINE/DIPHENHYDRAMINE	Exclusion
757659	PROPAIN FORTE	TAB	PHENOBARBITONE/PARACETAMOL/CODEINE/CAFFEINE/DIPHENHYDRAMINE	Exclusion
701388	PROVIGIL	100MG	MODAFINIL	Pre-authorization required
814679	PULMOZYME	2.5MG/2.5ML	RHDNASE	Exclusion
758345	PURITONE NO 1		PHENOLPHTHALEIN	Exclusion
758647	PYRIDIUM	100MG	PHENAZOPYRIDINE	Exclusion
714082	RAN-DONEPEZIL	10MG	DONEPEZIL	Pre-authorization required
714081	RAN-DONEPEZIL	5MG	DONEPEZIL	Pre-authorization required
888609	RELENZA	5MG	ZANAMIVIR	Exclusion
891883	REMINYL	12MG	GALANTAMINE	Pre-authorization required
891875	REMINYL	4MG	GALANTAMINE	Pre-authorization required
891878	REMINYL	8MG	GALANTAMINE	Pre-authorization required
714432	REMINYL CR	8MG	GALANTAMINE	Pre-authorization required
714433	REMINYL CR	16MG	GALANTAMINE	Pre-authorization required
714434	REMINYL CR	24MG	GALANTAMINE	Pre-authorization required
711329	RENAGEL	800MG	SEVELAMER	Exclusion
700647	REQUIP	0.25MG	ROPINIROLE	Pre-authorization required
700650	REQUIP	0.5MG	ROPINIROLE	Pre-authorization required
700652	REQUIP	1MG	ROPINIROLE	Pre-authorization required
700655	REQUIP	2MG	ROPINIROLE	Pre-authorization required
700658	REQUIP	5MG	ROPINIROLE	Pre-authorization required
711090	REQUIP XL	2MG	ROPINIROLE	Pre-authorization required
711091	REQUIP XL	4MG	ROPINIROLE	Pre-authorization required
711092	REQUIP XL	8MG	ROPINIROLE	Pre-authorization required
714128	REVATIO	20MG	SILDENAFIL	Exclusion*
874930	REVELLEX	100MG	INFLIXIMAB	Exclusion*
760501	RIDAURA	3MG	AURANOFIN	Pre-authorization required
824100	RILUTEK	50MG	RILUZOLE	Exclusion
761001	RIOSTATIN		TETRACYCLINES/NYSTATIN/VITS	Exclusion
705474	RISPERDAL CONSTA	25MG	RISPERIDONE	Pre-authorization required
705475	RISPERDAL CONSTA	37.5MG	RISPERIDONE	Pre-authorization required
705476	RISPERDAL CONSTA	50MG	RISPERIDONE	Pre-authorization required
761141	ROBAXIN	500MG	METHOCARBAMOL	Exclusion
761168	ROBAXIN	750MG	METHOCARBAMOL	Exclusion
761184	ROBAXISAL		METHOCARBAMOL/ASPIRIN	Exclusion
706781	ROTARIX POWDER FOR RECONSTITUTION	VAC	ROTA VIRUS, LIVE ATTENUATED	Exclusion
714133	ROTARIX LIQUID ORAL	VAC	ROTA VIRUS, LIVE ATTENUATED	Exclusion
809594	SABRIL	500MG	VIGABATRIN	Exclusion*
762717	SCOPEX CO		HYOSCINE-N-BUTYLBROMIDE/DIPYRONE	Exclusion
714015	SENSIPAR	30MG	Cmacalset	Pre-authorization required
714016	SENSIPAR	60MG	Cmacalset	Pre-authorization required
891902	SERC	16MG	BETAHISTINE HCL	Exclusion
707452	SERC	24MG	BETAHISTINE HCL	Exclusion
763942	SILOMAT COMPOUND		CLOBUTINOL/ORCIPRENALINE	Exclusion
702523	SPIRIVA MA COMPLETE	18MCG	TIOTROPIUM	Pre-authorization required
702528	SPIRIVA MA REFILL	18MCG	TIOTROPIUM	Pre-authorization required
710897	SPIRIVA RESPIMAT INHALER 60 DOSES	2.5MCG	TIOTROPIUM	Pre-authorization required
708000	STALEVO 100/25	TAB	LEVODOPA/CARBIDOPA/ENTACAPONE	Pre-authorization required
708001	STALEVO 150/37.5	TAB	LEVODOPA/CARBIDOPA/ENTACAPONE	Pre-authorization required
707999	STALEVO 50/12.5	TAB	LEVODOPA/CARBIDOPA/ENTACAPONE	Pre-authorization required
893900	STARLIX	120MG	NATEGLINIDE	Exclusion
704690	STRATTERA	10MG	ATOMOXETINE	Pre-authorization required
704691	STRATTERA	18MG	ATOMOXETINE	Pre-authorization required
704692	STRATTERA	25MG	ATOMOXETINE	Pre-authorization required
704693	STRATTERA	40MG	ATOMOXETINE	Pre-authorization required
704694	STRATTERA	60MG	ATOMOXETINE	Pre-authorization required
707127	STRESAM	50mg	ETIFOXINE	Exclusion
883864	SYNAGIS	100MG	PALIVIZUMAB	Exclusion
883856	SYNAGIS	50MG	PALIVIZUMAB	Exclusion
853216	TALOXIA	400MG	FELBAMATE	Exclusion*
704128	TALOXIA SUSP	600MG/5ML	FELBAMATE	Exclusion*
839108	TASMAR	100MG	TOLCAPONE	Exclusion
769193	TAVAN-SP54		SODIUM PENTOSAN POLYSULPHATE	Exclusion
810487	TRANSACT	40MG	FLURBIPROFEN	Pre-authorization required
773859	UNIVERSAL EAR 15ML		PHENAZONE/PROCAINE HCL/K-HYDROXYQUINOLONE	Exclusion
703908	VALCYTE 450	450MG	VALGANCICLOVIR	Exclusion
700845	VFEND	200MG	VORICONAZOLE	Exclusion
700832	VFEND	50MG	VORICONAZOLE	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
776386	VIROBIS	CRM	MOROXYDINE/CETRIMIDE/DIPHENHYDRAMINE	Exclusion
704070	WELLBUTRIN SR	150MG	BUPROPION	Pre-authorization required
711008	WELLBUTRIN XL	150MG	BUPROPION	Pre-authorization required
711009	WELLBUTRIN XL	300MG	BUPROPION	Pre-authorization required
700464	ZYVOXID	600MG	LINEZOLID	Exclusion
708873	ZYVOXID	INF	LINEZOLID	Exclusion

700466	ZYVOXID	SUSP	LINEZOLID	Exclusion
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