

Prime Cure Medicine Formulary 2016

PLEASE NOTE: Provider Trade Names are not listed on formulary, allowing for any generic substitution below or equal to Mediscor Reference Pricing (MRP)

Abbreviations for CDL (Chronic Disease List) conditions:

ADS - Addison's Disease; AST - Asthma; BCE - Bronchiectasis; BMD - Bipolar Mood Disorder; CHF - Cardiac Heart Failure; CMY - Cardiomyopathy; COP - Chronic Obstructive Pulmonary Disease; CRD - Chronic Renal Disease; CSD - Crohn's Disease; DBI - Diabetes Insipidus; DM1 - Diabetes Mellitus Type 1; DM2 - Diabetes Mellitus Type 2; DYS - Dysrhythmias; EPL - Epilepsy; GLC - Glaucoma; HAE - Haemophilia; HYL - Hyperlipidaemia; HYP - Hypertension; UC - Ulcerative Colitis; CAD (IHD) - Coronary Artery Disease (Ischaemic Heart Disease); MSS - Multiple Sclerosis; PAR - Parkinson's disease; RHA - Rheumatoid Arthritis; SCZ - Schizophrenia; SLE - Systemic Lupus Erythematosus; TDH - Hypothyroidism



KEY TO QUANTITIES AND LIMITATIONS

1. "Therapeutic-ChroniLine™" means the 1st month's chronic medication (on formulary) can be obtained from the DSP (Designated Service Provider), thereafter registration with Mediscor ChroniLine™ is required.
2. "Therapeutic-ChroniLine™ Pre-Auth" means the medication is approved subject to registration with Mediscor ChroniLine™.
3. "Consumables - Clinic use only" means the medication may only be administered by a DSP at the rooms. Injectables are consumables. No scripting to patients to collect from DSP pharmacies.
4. "Therapeutic-ChroniLine 30 days/gastroscopy 90 days" means the medication is approved initially for 30 days with Mediscor ChroniLine™ and requires additional medical information for further approval.
5. "Max Rx/5 days every 120 days" means a script filled to a maximum of 5 days medication supply every 120 days can be claimed.
6. "HIV DMP" means Prime Cure's HIV/AIDS Disease Management Programme.
7. All items marked as either Chronic or PMB, to be supplied by a Registered DSP Chronic Medication Supplier (DSP Pharmacy, approved GP or contracted Courier Pharmacy).
8. All items marked as Acute may be supplied by the General Practitioner (provided the GP is registered with Prime Cure as a dispensing provider), alternatively dispensed by a contracted DSP pharmacy (where GP is non-dispensing only)
9. Benefits for medicine are subject to Mediscor Reference Price (MRP). Should the cost of the item exceed the MRP, the patient will be liable for payment of the difference in cost. If this is the case, please inform the patient that the cost difference will be for his/her own personal account.
10. Medication formulary contact details: Tel: 0861 665 665 OR Email: pcauth@mediscor.co.za or chronicdep@primecure.co.za

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Chronic	CDL Conditions	Quantities and Limitations
1. CENTRAL NERVOUS SYSTEM								
1.1 Central nervous system stimulants								
1.1.1	Central Analeptics	NONE LISTED						
1.1.2	Respiratory stimulants	Naloxone HCl Inj 0.02 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Naloxone HCl Inj 0.4 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
1.1.3	Others	NONE LISTED						
1.2 Sedative hypnotics								
1.2.1	Benzodiazepines	Midazolam HCl Inj 5 MG/ML (Base Equivalent)	INJ	SOLN	A			Consumables - Clinic use only
1.2.2	Barbiturates	Phenobarbitone Tab 30 MG	OR	TABS		C	EPL	Therapeutic - ChroniLine
1.2.3	Others	Zopiclone Tab 7.5 MG	OR	TABS	A			Max quantity 30 tabs every 90 days
1.3 Anxiolytics								
1.3.1	Benzodiazepines	Alprazolam Tab 0.25 MG	OR	TABS	A			Max Rx/5 days every 120 days
		Alprazolam Tab 0.5 MG	OR	TABS	A			Max Rx/5 days every 120 days
		Alprazolam Tab 1 MG	OR	TABS	A			Max Rx/5 days every 120 days
		Bromazepam Tab 3 MG	OR	TABS	A			Max Rx/5 days every 120 days
		Bromazepam Tab 6 MG	OR	TABS	A			Max Rx/5 days every 120 days
		Diazepam Inj 5 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Diazepam Tab 5 MG	OR	TABS	A			Max Rx/5 days every 120 days
		Diazepam Tab 10 MG	OR	TABS	A			Max Rx/5 days every 120 days
		Lorazepam Inj 4 MG/ML	INJ	SOLN	A			Therapeutic - ChroniLine Pre-Auth
		Lorazepam Tab 1 MG	OR	TABS	A			Max Rx/5 days every 120 days
		Oxazepam Tab 10 MG	OR	TABS	A			Max Rx/5 days every 120 days
		Oxazepam Tab 15 MG	OR	TABS	A			Max Rx/5 days every 120 days
		Oxazepam Tab 30 MG	OR	TABS	A			Max Rx/5 days every 120 days
1.3.2	Others	Hydroxyzine HCl IM Soln 50 MG/ML	IM	SOLN	A			Consumables - Clinic use only
		Hydroxyzine HCl Syrup 10 MG/5ML	OR	SYRP	A			Max quantity 200ml per annum
1.4 Anti-depressants								
1.4.1	Tricyclic	Amitriptyline HCl Tab 10 MG	OR	TABS		C	MSS, SCZ	Therapeutic - ChroniLine
		Amitriptyline HCl Tab 25 MG	OR	TABS		C	MSS, SCZ	Therapeutic - ChroniLine
		Imipramine HCl Tab 10 MG	OR	TABS		C	MSS, SCZ	Therapeutic - ChroniLine
		Imipramine HCl Tab 25 MG	OR	TABS		C	MSS, SCZ	Therapeutic - ChroniLine
1.4.2	Non-tryclic	NONE LISTED						
1.4.3	Mono-amine oxidase inhibitors	NONE LISTED						
1.4.4	Selective serotonin re-uptake inhibitors (SSRIs)	Citalopram Hydrobromide Tab 20 MG (Base Equiv)	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Citalopram Hydrobromide Tab 40 MG (Base Equiv)	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Fluoxetine HCl Cap 20 MG	OR	CAPS		C	BMD, SCZ	Therapeutic - ChroniLine
1.4.5	Serotonin and noradrenaline re-uptake inhibitors (SNRIs)	NONE LISTED						
1.4.6	Noradrenaline (and dopamine) re-uptake inhibitors	NONE LISTED						
1.4.7	Tetracyclic	NONE LISTED						
1.4.8	Melatonergic specific	NONE LISTED						
1.4.9	Lithium	Lithium Carbonate Tab 250 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine

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		Lithium Carbonate Tab 400 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Lithium Carbonate Tab CR 450 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
1.4.10	Others	Sulpiride Cap 50 MG	OR	CAPS		C	SCZ	Therapeutic - ChroniLine Pre-Auth
1.5 Anti-psychotics								
1.5.1	Phenothiazines	Chlorpromazine HCl Tab 25 MG	OR	TABS		C	SCZ	Therapeutic - ChroniLine Pre-Auth
		Chlorpromazine HCl Tab 50 MG	OR	TABS		C	SCZ	Therapeutic - ChroniLine Pre-Auth
		Chlorpromazine HCl Tab 100 MG	OR	TABS		C	SCZ	Therapeutic - ChroniLine Pre-Auth
		Fluphenazine Decanoate Inj 25 MG/ML	IM	SOLN		C	SCZ	Therapeutic - ChroniLine Pre-Auth
1.5.2	Butyrophenones	Haloperidol Lactate Inj 5 MG/ML	INJ	SOLN	A			Therapeutic - ChroniLine Pre-Auth
		Haloperidol Lactate Inj 10 MG/ML	INJ	SOLN	A			Therapeutic - ChroniLine Pre-Auth
		Haloperidol Tab 5 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
1.5.3	Atypical anti-Psychotics	Clozapine Tab 25 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Clozapine Tab 100 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
1.5.4	Others	Flupentixol Decanoate IM Soln 20 MG/ML	IM	SOLN		C	BMD, SCZ	Therapeutic - ChroniLine Pre-Auth
		Zuclophenixol Decanoate IM in Oil 200 MG/ML	IM	SOLN		C	BMD, SCZ	Therapeutic - ChroniLine Pre-Auth
		Zuclophenixol Dihydrochloride Tab 2 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Zuclophenixol Dihydrochloride Tab 10 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
1.6 Anti-epileptics								
1.6	Anti-epileptics	Carbamazepine Susp 100 MG/5ML	OR	SUSP		C	BMD, EPL, MSS, SCZ	Therapeutic - ChroniLine
		Carbamazepine Tab 200 MG	OR	TABS		C	BMD, EPL, MSS, SCZ	Therapeutic - ChroniLine
		Carbamazepine Tab SR 12HR 200 MG	OR	TB12		C	BMD, EPL, MSS, SCZ	Therapeutic - ChroniLine
		Carbamazepine Tab SR 12HR 400 MG	OR	TB12		C	BMD, EPL, MSS, SCZ	Therapeutic - ChroniLine
		Clonazepam Conc for Inj 1 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Clonazepam Tab 0.5 MG	OR	TABS		C	EPL	Therapeutic - ChroniLine
		Clonazepam Tab 2 MG	OR	TABS		C	EPL	Therapeutic - ChroniLine
		Ethosuximide 250mg/5ml syrup	OR	SYRP		C	EPL	Therapeutic - ChroniLine
		Lamotrigine Tab 25 MG	OR	TABS		C	BMD, EPL, SCZ	Therapeutic - ChroniLine
		Lamotrigine Tab 50 MG	OR	TABS		C	BMD, EPL, SCZ	Therapeutic - ChroniLine
		Lamotrigine Tab 100 MG	OR	TABS		C	BMD, EPL, SCZ	Therapeutic - ChroniLine
		Lamotrigine Tab 200 MG	OR	TABS		C	BMD, EPL, SCZ	Therapeutic - ChroniLine
		Lamotrigine Tab Chewable Dispersible 2 MG	OR	TABS		C	BMD, EPL, SCZ	Therapeutic - ChroniLine
		Lamotrigine Tab Chewable Dispersible 5 MG	OR	TABS		C	BMD, EPL, SCZ	Therapeutic - ChroniLine
		Oxcarbazepine Tab 300 MG	OR	TABS		C	EPL	Therapeutic - ChroniLine
		Oxcarbazepine Tab 600 MG	OR	TABS		C	EPL	Therapeutic - ChroniLine
		Phenytoin Sodium Inj 50 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Phenytoin Sodium Susp 125 MG/5ML	OR	SUSP		C	EPL	Therapeutic - ChroniLine
		Phenytoin Sodium Prompt Tab 100 MG	OR	TABS		C	EPL	Therapeutic - ChroniLine
		Topiramate Tab 25 MG	OR	TABS		C	EPL	Therapeutic - ChroniLine
		Topiramate Tab 50 MG	OR	TABS		C	EPL	Therapeutic - ChroniLine
		Topiramate Tab 100 MG	OR	TABS		C	EPL	Therapeutic - ChroniLine
		Topiramate Tab 200 MG	OR	TABS		C	EPL	Therapeutic - ChroniLine
		Topiramate Sprinkle Cap 15 MG	OR	CAPS		C	EPL	Therapeutic - ChroniLine
		Valproate Sodium For IV Soln 400 MG	IV	SOLN	A			Consumables - Clinic use only
		Valproate Sodium Liqd 200 MG/5ML	OR	SOLN		C	BMD, EPL, SCZ	Therapeutic - ChroniLine
		Valproate Sodium Syrup 250 MG/5ML (Base Equiv)	OR	SYRP		C	BMD, EPL, SCZ	Therapeutic - ChroniLine
		Valproate Sodium Tab 100 MG	OR	TABS		C	BMD, EPL, SCZ	Therapeutic - ChroniLine
		Valproate Sodium Tab CR 200 MG	OR	TABS		C	BMD, EPL, SCZ	Therapeutic - ChroniLine
		Valproate Sodium Tab CR 300 MG	OR	TBCR		C	BMD, EPL, SCZ	Therapeutic - ChroniLine
		Valproate Sodium Tab CR 500 MG	OR	TBCR		C	BMD, EPL, SCZ	Therapeutic - ChroniLine
		Valproic Acid Cap 150 MG	OR	CAPS		C	BMD, EPL, SCZ	Therapeutic - ChroniLine
		Valproic Acid Cap 300 MG	OR	CAPS		C	BMD, EPL, SCZ	Therapeutic - ChroniLine
		Valproic Acid Cap Delayed Release 500 MG	OR	CAPS		C	BMD, EPL, SCZ	Therapeutic - ChroniLine
1.7 Anti-Parkinson agents								
1.7.1	Dopaminergics	Amantadine HCl Cap 100 MG	OR	CAPS		C	PAR	Therapeutic - ChroniLine Pre-Auth
		Carbidopa & Levodopa Tab 25-100 MG	OR	TABS		C	PAR	Therapeutic - ChroniLine
		Carbidopa & Levodopa Tab 25-250 MG	OR	TABS		C	PAR	Therapeutic - ChroniLine
		Ropinirole Hydrochloride Tab 0.25 MG	OR	TABS		C	PAR	Therapeutic - ChroniLine Pre-Auth
		Ropinirole Hydrochloride Tab 0.5 MG	OR	TABS		C	PAR	Therapeutic - ChroniLine Pre-Auth
		Ropinirole Hydrochloride Tab 1 MG	OR	TABS		C	PAR	Therapeutic - ChroniLine Pre-Auth
		Ropinirole Hydrochloride Tab 2 MG	OR	TABS		C	PAR	Therapeutic - ChroniLine Pre-Auth
		Ropinirole Hydrochloride Tab 5 MG	OR	TABS		C	PAR	Therapeutic - ChroniLine Pre-Auth
1.7.2	Anti-cholinergics	Biperiden Lactate Inj 5 MG/ML	INJ	SOLN	A			Consumables - Clinic use only

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Chronic	CDL Conditions	Quantities and Limitations
		Biperiden HCl Tab 2 MG	OR	TABS		C	PAR	Therapeutic - ChroniLine
		Orphenadrine HCl Tab 50 MG	OR	TABS		C	PAR	Therapeutic - ChroniLine
		Trihexyphenidyl HCl Tab 2 MG	OR	TABS		C	PAR	Therapeutic - ChroniLine
1.7.3	Others	Selegiline HCl Tab 5 MG	OR	TABS		C	PAR	Therapeutic - ChroniLine
1.8 Anti-vertigo and anti-emetic agents								
1.8	Anti-vertigo and anti-emetic agents	Bucizine-Pyridoxine Tab 25-50 MG	OR	TABS	A			Max 30/Rx & 3 Rx/annum (Gender)
		Cyclizine HCl Syrup 12.5 MG/5ML	OR	SYRP	A			Max 1 package/Rx & 3 Rx/annum
		Cyclizine HCl Tab 50 MG	OR	TABS	A			Max 1 package/Rx & 3 Rx/annum
		Cyclizine HCl Supp 50 MG	RE	SUPP	A			Max 1 package/Rx & 3 Rx/annum
		Cyclizine HCl Supp 100 MG	RE	SUPP	A			Max 1 package/Rx & 3 Rx/annum
		Fructose-Dextrose-Phosphoric Acid Oral Soln	OR	SOLN	A			Max 200ml/Rx & 3 Rx/annum
		Metoclopramide HCl Inj 5 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Metoclopramide HCl Syrup 5 MG/5ML	OR	SYRP	A			Max 1 package/Rx & 3 Rx/annum
		Metoclopramide HCl Tab 10 MG	OR	TABS	A			Max 30/Rx & 3 Rx/annum
		Phosphorated Carbohydrate Syrup	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Prochlorperazine Inj 12.5 MG/ML	IM	SOLN	A			Consumables - Clinic use only
		Prochlorperazine Maleate Tab 5 MG	OR	TABS	A			Max 30/Rx & 3 Rx/annum
1.9 Anti-migraine agents								
1.9	Anti-Migraine agents	Clonidine HCl Tab 0.025 MG	OR	TABS	A			Max 3 Rx/annum
1.10 Alzheimer's disease								
1.10	Alzheimer's disease	NONE LISTED						
2. ANAESTHETICS								
2.1 General anaesthetics								
2.1	General anaesthetics	NONE LISTED						
2.2 Local anaesthetics								
2.2	Local Anaesthetics	Bupivacaine HCl Inj 0.5%	INJ	SOLN	A			Consumables - Clinic use only
		Lidocaine HCl Inj 10%	INJ	SOLN	A			Consumables - Clinic use only
		Lidocaine HCl Inj 20%	INJ	SOLN	A			Consumables - Clinic use only
		Lidocaine HCl Local Inj 1%	INJ	SOLN	A			Consumables - Clinic use only
		Lidocaine HCl Local Inj 2%	INJ	SOLN	A			Consumables - Clinic use only
		Lidocaine Inj 2% w/ Epinephrine-1:80000	INJ	SOLN	A			Consumables - Clinic use only
2.2.1	Surface anaesthetics	Tetracaine HCl Cream 1%	EX	CREA	A			Max 1 Rx/annum
2.3 Muscle relaxants								
2.3	Muscle relaxants	NONE LISTED						
3. ANALGESICS								
3.1 Narcotic analgesics								
3.1	Narcotic Analgesics	Morphine Sulfate Inj 10 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Morphine Sulfate Inj 15 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Morphine Sulfate Tab CR 10 MG	OR	TABS	A			Therapeutic - ChroniLine Pre-Auth
		Morphine Sulfate Tab CR 30 MG	OR	TABS	A			Therapeutic - ChroniLine Pre-Auth
		Pethidine HCl Inj 25 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Pethidine HCl Inj 50 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
3.2 Analgesics and antipyretics								
3.2	Analgesic and Antipyretics	Aspirin Tab 300 MG	OR	TABS		C	CHF, CMY, DYS, CAD, HYL, DMI, DM2, SLE, RHA	Therapeutic - ChroniLine
		Ibuprofen Susp 100 MG/5ML	OR	SUSP	A			Max 200ml/Rx & 3 Rx/annum
		Mefenamic Acid Susp 50mg/5ml	OR	SUSP	A			Max 200ml/Rx & 3 Rx/annum
		Mefenamic Acid Cap 250 MG	OR	CAPS	A			Max Rx/5 days & 3 Rx/annum
		Paracetamol Elixir 120 MG/5ML	OR	ELIX	A	C	HAE	Max 200ml/Rx & 3 Rx/annum
		Paracetamol Tab 500 MG	OR	TABS	A			Max Rx/5 days & 3 Rx/annum
		Paracetamol Tab 500 MG	OR	TABS		C	HAE, MSS, RHA, SLE	Therapeutic - ChroniLine
3.3 Combinations								
3.3	Combination Analgesics	Paracetamol w/ Codeine Tab 500-10 MG	OR	TABS	A			Max Rx/5 days & 3 Rx/annum
		Paracetamol w/ Codeine Tab 500-10 MG	OR	TABS		C	HAE, MSS, SLE	Therapeutic - ChroniLine
		Paracetamol w/ Codeine Tab 500-8 MG	OR	TABS	A			Max Rx/5 days & 3 Rx/annum
		Paracetamol-Meprobamate-Caff-Cod Tab 320-150-32-8 MG	OR	TABS	A			Max Rx/5 days & 3 Rx/annum
		Paracetamol-Promethazine w/ Codeine Syrup 120-6.5-5 MG/5ML	OR	SYRP	A			Max 100ml/Rx & 3 Rx/annum
3.4 Others								
3.4	Other Analgesics	Tramadol HCl Cap 50 MG	OR	CAPS		C	HAE, MSS	Therapeutic - ChroniLine Pre-Auth
4. MUSCULO-SKELETAL AGENTS								
4.1 Non-steroidal anti-inflammatory agents								
4.1.1	COX inhibitors	Diclofenac Sodium IM Inj Soln 25 MG/ML	IM	SOLN	A			Consumables - Clinic use only
		Diclofenac Sodium Tab Delayed Release 25 MG	OR	TBEC	A	C	RHA, SLE	Max Rx/5 days & 2 Rx/annum / Therapeutic - ChroniLine

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Chronic	CDL Conditions	Quantities and Limitations
		Diclofenac Sodium Tab Delayed Release 50 MG	OR	TBEC	A	C	RHA, SLE	Max Rx/5 days & 2 Rx/annum / Therapeutic - ChroniLine
		Ibuprofen Tab 200 MG	OR	TABS	A	C	RHA, SLE	Max Rx/5 days & 2 Rx/annum / Therapeutic - ChroniLine
		Ibuprofen Tab 400 MG	OR	TABS	A	C	RHA, SLE	Max Rx/5 days & 2 Rx/annum / Therapeutic - ChroniLine
		Indomethacin Cap 25 MG	OR	CAPS	A	C	RHA, SLE	Therapeutic - ChroniLine
		Naproxen Tab 250 MG	OR	TABS	A	C	RHA, SLE	Max Rx/5 days & 2 Rx/annum / Therapeutic - ChroniLine
		Naproxen Tab 500 MG	OR	TABS	A	C	RHA, SLE	Max Rx/5 days & 2 Rx/annum / Therapeutic - ChroniLine
		Piroxicam Cap 20 MG	OR	CAPS	A	C	RHA, SLE	Therapeutic - ChroniLine
4.1.2	Selective COX2 inhibitors	Meloxicam Tab 7.5 MG	OR	TABS	A	C	RHA, SLE	Therapeutic - ChroniLine Pre-Auth
4.1.3	Specific cyclo-oxygenase-2 inhibitor (COXIB)	NONE LISTED						
4.2 Anti-gout								
4.2	Anti-gout	Allopurinol Tab 100 MG	OR	TABS				Max 6 Rx/annum - Prophylactic
		Allopurinol Tab 300 MG	OR	TABS				Max 6 Rx/annum - Prophylactic
		Colchicine Tab 1 MG	OR	TABS	A			Max 10/Rx & 3 Rx/annum
4.3 Topical agents								
4.3	Topical agents	Diclofenac Diethylammonium Gel 1.16%	EX	GEL	A			Max 1 package/annum
		Diclofenac Diethylammonium Gel 1.3%	EX	GEL	A			Max 1 package/annum
		Ibuprofen Gel 5%	EX	GEL	A			Max 1 package/annum
		Liniments and rubs - ointment	EX	GEL	A			Max 50g package/annum
		Zinc Oxide Oint 15%	EX	OINT		C	SLE	Therapeutic - ChroniLine
4.4 Gold								
4.4	Gold	NONE LISTED						
4.5 Centrally acting muscle relaxants								
4.5	Centrally acting muscle relaxants	Baclofen Tab 10 MG	OR	TABS			MSS	Therapeutic - ChroniLine Pre-Auth
		Orphenadrine Citrate Tab 100 MG	OR	TABS	A			Max Rx/5 days & 3 Rx/annum
4.6 Others								
4.6	Others	Sulfasalazine Tab Delayed Release 500 MG	OR	TBEC		C	RHA, SLE, CSD, UC	Therapeutic - ChroniLine Pre-Auth
4.7 Osteoporosis (and other metabolic bone disorders)								
4.7.1	Bisphosphonates	NONE LISTED						
4.7.2	Selective oestrogen receptor modulators	NONE LISTED						
4.7.3	Calcitonin	NONE LISTED						
4.7.4	Minerals and vitamin D	Alfacalcidol Cap 0.25 MCG	OR	CAPS		C	CRD	Therapeutic - ChroniLine Pre-Auth
		Ergocalciferol Tab 50000 Unit	OR	CAPS		C	CRD	Therapeutic - ChroniLine Pre-Auth
4.7.5	Dual action bone agents	NONE LISTED						
5. AUTONOMIC								
5.1 Sympathomimetics								
5.1	Sympathomimetics	Epinephrine HCl Inj 1 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
5.2 Sympatholytics								
5.2	Sympatholytics	NONE LISTED						
5.3 Cholinergics								
5.3	Cholinergics	NONE LISTED						
5.4 Anti-cholinergics								
5.4	Anti-cholinergics	Atropine Sulfate Inj 0.5 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Atropine Sulfate Inj 1 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Oxybutynin Chloride Tab 5 MG	OR	TABS		C	MSS	Therapeutic - ChroniLine
5.5 Others								
5.5	Others	NONE LISTED						
6. AUTACOIDS								
6.1 Anti-histamines								
6.1	Anti-Histamines	Chlorpheniramine Maleate Syrup 2 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Chlorpheniramine Maleate Tab 4 MG	OR	TABS	A			Max 30/Rx & 3 Rx/annum
		Promethazine HCl Inj 25 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Promethazine HCl Syrup 5 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Promethazine HCl Tab 10 MG	OR	TABS	A			Max Rx/5 days & 3 Rx/annum
		Promethazine HCl Tab 25 MG	OR	TABS	A			Max Rx/5 days & 3 Rx/annum
		Pyrilamine Maleate Cream 2%	EX	CREA	A			Max Rx/5 days & 3 Rx/annum
6.2 Serotonin antagonists								
6.2	Serotonin antagonists	NONE LISTED						
6.3 NK1 antagonists								
6.3	NK1 antagonists	NONE LISTED						
7. CARDIO-VASCULAR AGENTS								
7.1 Positive inotropic agents								
7.1.1	Cardiac glycosides	Digoxin Elixir 0.05 MG/ML	OR	SYRP		C	CHF, CMY, DYS	Therapeutic - ChroniLine Pre-Auth

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Chronic	CDL Conditions	Quantities and Limitations
		Digoxin Tab 0.25 MG	OR	TABS		C	CHF, CMY, DYS	Therapeutic - ChroniLine Pre-Auth
7.1.2	Others	NONE LISTED						
7.2 Anti-arrhythmics								
7.2	Anti-arrhythmics	Amiodarone HCl Tab 100 MG	OR	TABS		C	DYS	Therapeutic - ChroniLine Pre-Auth
		Amiodarone HCl Tab 200 MG	OR	TABS		C	DYS	Therapeutic - ChroniLine Pre-Auth
7.3 Anti-hypertensives (single agents and combinations including diuretic combinations)								
7.3.1	Central acting sympathetic nervous system inhibitors	Methylidopa Tab 250 MG	OR	TABS		C	HYP	Therapeutic - ChroniLine (4th Line and Pregnancy)
7.3.2	Alpha-receptor blockers	Doxazosin Mesylate Tab 1 MG	OR	TABS		C	HYP	Therapeutic - ChroniLine
		Doxazosin Mesylate Tab 4 MG	OR	TABS		C	HYP	Therapeutic - ChroniLine
7.3.3	Beta-receptor blockers	Atenolol & Chlorthalidone Tab 50-12.5 MG	OR	TABS		C	CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Atenolol & Chlorthalidone Tab 100-25 MG	OR	TABS		C	CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Atenolol Tab 50 MG	OR	TABS		C	CAD, CHF, CMY, CRD, DYS, HYP	Therapeutic - ChroniLine
		Atenolol Tab 100 MG	OR	TABS		C	CAD, CHF, CMY, CRD, DYS, HYP	Therapeutic - ChroniLine
		Propranolol HCl Tab 10 MG	OR	TABS		C	CAD, CHF, CMY, CRD, DYS, HYP	Therapeutic - ChroniLine
		Propranolol HCl Tab 40 MG	OR	TABS		C	CAD, CHF, CMY, CRD, DYS, HYP	Therapeutic - ChroniLine
7.3.4	Alpha- and beta-receptor blockers	Carvedilol Tab 12.5 MG	OR	TABS		C	CAD, CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Carvedilol Tab 25 MG	OR	TABS		C	CAD, CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
7.3.5	Sympathetic nervous blockers	Reserpine Tab 0.25 MG	OR	TABS		C	HYP	Therapeutic - ChroniLine
7.3.6	Direct acting vasodilators	Hydralazine HCl Tab 10 MG	OR	TABS		C	CHF, CMY, HYP	Therapeutic - ChroniLine
		Hydralazine HCl Tab 25 MG	OR	TABS		C	CHF, CMY, HYP	Therapeutic - ChroniLine
		Hydralazine HCl Tab 50 MG	OR	TABS		C	CHF, CMY, HYP	Therapeutic - ChroniLine
7.3.7	Calcium channel blockers	Amlodipine Besylate Tab 5 MG	OR	TABS		C	CAD, CRD, HYP	Therapeutic - ChroniLine
		Amlodipine Besylate Tab 10 MG	OR	TABS		C	CAD, CRD, HYP	Therapeutic - ChroniLine
		Amlodipine Maleate Tab 5 MG	OR	TABS		C	CAD, CRD, HYP	Therapeutic - ChroniLine
		Amlodipine Maleate Tab 10 MG	OR	TABS		C	CAD, CRD, HYP	Therapeutic - ChroniLine
		REFER TO 7.4.1 Calcium channel blockers						
7.3.8	ACE inhibitors	Captopril Tab 25 MG	OR	TABS		C	CAD, CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Captopril Tab 50 MG	OR	TABS		C	CAD, CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Enalapril Maleate & Hydrochlorothiazide Tab 20-12.5 MG	OR	TABS		C	CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Enalapril Maleate Tab 5 MG	OR	TABS		C	CAD, CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Enalapril Maleate Tab 10 MG	OR	TABS		C	CAD, CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Enalapril Maleate Tab 20 MG	OR	TABS		C	CAD, CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG	OR	TABS		C	CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG	OR	TABS		C	CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Lisinopril Tab 5 MG	OR	TABS		C	CAD, CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Lisinopril Tab 10 MG	OR	TABS		C	CAD, CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Lisinopril Tab 20 MG	OR	TABS		C	CAD, CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
7.3.9	Angiotensin receptor antagonists	Losartan Potassium Tab 50 MG	OR	TABS		C	CAD, CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Losartan Potassium Tab 100 MG	OR	TABS		C	CAD, CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	OR	TABS		C	CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	OR	TABS		C	CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
7.3.10	Others	NONE LISTED						
7.4 Anti-anginal agents								
7.4.1	Calcium channel blockers	Diltiazem HCl Tab 60 MG	OR	TABS		C	CAD, CRD, HYP	Therapeutic - ChroniLine
		Nifedipine Cap 5 MG	OR	CAPS	A			Max Rx/60 days only
		Nifedipine Cap 10 MG	OR	CAPS	A			Max Rx/60 days only
		Nifedipine Cap CR 20 MG	OR	CPCR		C	CAD, CRD, HYP	Therapeutic - ChroniLine
		Nifedipine Tab SR 12HR 20 MG	OR	TB12		C	CAD, CRD, HYP	Therapeutic - ChroniLine
		Verapamil HCl IV Soln 2.5 MG/ML	IV	SOLN	A			Consumables - Clinic use only
		Verapamil HCl Tab 40 MG	OR	TABS		C	DYS, CAD, CRD, HYP	Therapeutic - ChroniLine
		Verapamil HCl Tab 80 MG	OR	TABS		C	DYS, CAD, CRD, HYP	Therapeutic - ChroniLine
		Verapamil HCl Tab CR 240 MG	OR	TBCR		C	DYS, CAD, CRD, HYP	Therapeutic - ChroniLine
		REFER TO 7.3.7 Calcium channel blockers						
		REFER TO 7.3.3 Beta-receptor blockers						
7.4.2	Beta-receptor blockers							
7.4.3	Organic nitrates	Isosorbide Dinitrate SL Tab 5 MG	SL	TABS		C	CAD, CHF, CMY	Therapeutic - ChroniLine
		Isosorbide Dinitrate Tab 10 MG	OR	TABS		C	CAD, CHF, CMY	Therapeutic - ChroniLine
		Isosorbide Dinitrate Tab 30 MG	OR	TABS		C	CAD, CHF, CMY	Therapeutic - ChroniLine
		Isosorbide Mononitrate Tab 20 MG	OR	TABS		C	CAD, CHF, CMY	Therapeutic - ChroniLine
		Nitroglycerin SL Tab 0.5 MG	SL	TABS		C	CAD, CHF, CMY	Therapeutic - ChroniLine
7.4.4	Others	NONE LISTED						
7.5 Other vasodilators								
7.5.1	After-load reducers	NONE LISTED						

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Chronic	CDL Conditions	Quantities and Limitations
7.5.2	Peripheral vasodilators	NONE LISTED						
7.6	Vasoconstrictors							
7.6	Vasoconstrictors	NONE LISTED						
7.7	Hipolipidaemic agents							
7.7.1	Fibrates	Bezafibrate Tab CR 400 MG	OR	TBCR		C	HYL	Therapeutic - ChroniLine
7.7.2	HMG-CoA reductase inhibitors (Statins)	Atorvastatin Calcium Tab 10 MG (Base Equivalent)	OR	TABS		C	HYL	Therapeutic - ChroniLine Pre-Auth
		Atorvastatin Calcium Tab 20 MG (Base Equivalent)	OR	TABS		C	HYL	Therapeutic - ChroniLine Pre-Auth
		Atorvastatin Calcium Tab 40 MG (Base Equivalent)	OR	TABS		C	HYL	Therapeutic - ChroniLine Pre-Auth
		Simvastatin Tab 10 MG	OR	TABS		C	HYL	Therapeutic - ChroniLine Pre-Auth
		Simvastatin Tab 20 MG	OR	TABS		C	HYL	Therapeutic - ChroniLine Pre-Auth
		Simvastatin Tab 40 MG	OR	TABS		C	HYL	Therapeutic - ChroniLine Pre-Auth
7.7.3	Cholesterol absorption inhibitors	NONE LISTED						
7.7.4	Others	NONE LISTED						
7.8	Plasma expanders							
7.8	Plasma expanders	NONE LISTED						
8.	BLOOD AND HAEMOPOEITIC							
8.1	Haemostatics							
8.1	Haemostatics	Tranexamic Acid Tab 500 MG	OR	TABS	A			Max 20/Rx & 2 Rx/annum
		Tranexamic Acid Tab 500 MG	OR	TABS		C	HAE	Therapeutic - ChroniLine
8.2	Anticoagulants							
8.2	Anticoagulants	Warfarin Sodium Tab 5 MG	OR	TABS		C	CHF, CMY, DYS, CAD	Therapeutic - ChroniLine
8.3	Fibrinolytics							
8.3	Fibrinolytics	NONE LISTED						
8.4	Platelet aggregation inhibitors							
8.4	Platelet aggregation inhibitors	Aspirin Dispersible Tab 81 MG	OR	TBDP		C	CHF, CMY, DYS, CAD, HYL, DM1, DM2	Therapeutic - ChroniLine
		Aspirin Dispersible Tab 100 MG	OR	TBDP		C	CHF, CMY, DYS, CAD, HYL, DM1, DM2	Therapeutic - ChroniLine
		Aspirin Dispersible Tab 300 MG	OR	TBDP		C	CHF, CMY, DYS, CAD, HYL, DM1, DM2, SLE, RHA	Therapeutic - ChroniLine
8.5	Sclerosing agents							
8.5	Sclerosing agents	NONE LISTED						
8.6	Haematinics							
8.6	Haematinics	Erythropoietin and Erythropoiesis Stimulating Agents (ESA)	INJ	SOLN			CRD	Limited to Hospital Risk options only
								Therapeutic - ChroniLine Pre-Auth
								Reserved for Iron Therapy Failure, when Hb < 8gm/dl
		Ferrous Fumarate-Folic Acid Tab 200-0.1 MG	OR	TABS	A			Max 9 Rx/annum (Gender)
		Ferrous Lactate Drops 25 MG/ML	OR	SOLN		C	CRD	Therapeutic - ChroniLine
		Ferrous Sulfate Tab 30 MG	OR	TABS		C	CRD	Therapeutic - ChroniLine
		Ferrous Sulfate Tab 75 MG	OR	TABS		C	CRD	Therapeutic - ChroniLine
		Ferrous Sulfate-Copper-Manganese Tab 170-2.5-2.5 MG	OR	TABS		C	CRD	Therapeutic - ChroniLine
		Iron Polymaltose Syrup 50 MG/5ML (Elemental Fe Equiv)	OR	SYRP		C	CRD	Therapeutic - ChroniLine
		Iron Polymaltose Syrup 50 MG/5ML (Elemental Fe Equiv)	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
8.7	Haemoglobin-based oxygen carrier							
8.7	Haemoglobin-based oxygen carrier	NONE LISTED						
8.8	Others							
8.8	Others	NONE LISTED						
9.	ALCOHOLISM							
9.	Alcoholism	NONE LISTED						
10.	RESPIRATORY SYSTEM							
10.1	Coughs and colds							
10.1.1	Antitussives and expectorants	Diphenhyd-Cod-Amm Cl-Sod Cit Syrup 12.5-10-125-50 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Diphenhyd-Cod-Amm Cl-Sod Cit Syrup 7-2.5-68.5-28 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Diphenhydramine w/ Codeine-Ammon Cl Syr 12-7.5-100 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Diphenhydramine-AmCl-Sod Citrate Syrup 14.07-137-57 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Diphenhydramine-AmCl-Sod Citrate Syrup 14.1-135-55 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Diphenhydramine-AmCl-Sod Citrate Syrup 14-136-56 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Diphenhydramine-AmCl-Sod Citrate-Men Syr 12.5-125-50-1MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Diphenhydramine-AmCl-Sod Citrate-Men Syr 14-137-57-1 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Diphenhydramine-Ammonium Chloride Syrup 12.5-125 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Diphenhydramine-Pholcodine-GG Syr 15-8-100 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		DPH-AmCl-Sod Citrate-Men Syr 28.1-273.9-113.7-2.5 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Ephedrine w/ DM-Ammonium Cl Syrup 7.5-15-125 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Ephedrine-Promethazine-Codeine Syrup 7.2-3.6-9 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Guafenesin Syrup 100 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Chronic	CDL Conditions	Quantities and Limitations
		Ipecac-Squill Syrup	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Metaproterenol-Bromhexine Syrup 5-4 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Pholcodine Syrup 4.052 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Pseudoephedrine-Tripolidine w/ COD Syrup 30-1.25-10 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Pseudoephed-Tripolidine-DM Syrup 30-1.25-10 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Pseudoeph-Tripolidine w/ COD-GG Syr 20-1.25-7.5-100 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Pseudoeph-Tripolidine w/ COD-GG Syrup 12-0.6-3-50 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Theophylline-Codeine-Pyrimamine Syr 52.8-8.45-15.84 MG/15ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Theophylline-Etofylline-Diphenhyd-Ammon Cl-Sod Cit Syrup	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Theophylline-Etofylline-Diphenylpyraline-Ammon Cl Syrup	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
10.1.2	Decongestant, analgesic combinations	Chlorphen-Ephedrine-APAP-Caffeine Tab 2-6-200-20 MG	OR	TABS	A			Max 20/Rx & 3 Rx/annum
		Chlorphen-PE w/ APAP-Caffeine Cap 2-5-200-30 MG	OR	CAPS	A			Max 20/Rx & 3 Rx/annum
		Chlorphen-PE w/ APAP-Caffeine Syrup 2-2.5-75-7.5 MG/5ML	OR	SYRP	A		From 1 year	Max 100ml/Rx & 3 Rx/annum
		Chlorphen-PE-APAP-Caff-Vit C Cap 2-5-300-30-75 MG	OR	CAPS	A			Max 20/Rx & 3 Rx/annum
		Chlorphen-PE-APAP-Salicylamide-Vit C Cap 2-2-100-75-50 MG	OR	CAPS	A			Max 20/Rx & 3 Rx/annum
		Diphenhydramine-Phenyleph-APAP-Vit C Cap 10-5-400-50 MG	OR	CAPS	A			Max 20/Rx & 3 Rx/annum
		DM-Phenylpropanolamine-APAP Syrup 15-25-500 MG/20ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		PE-CPM-APAP-Atropine-Caff-Vit C Cap 5-2-300-0.125-30-75 MG	OR	CAPS	A			Max 20/Rx & 3 Rx/annum
		Phenyleph-Chlorphen-DM w/APAP Syrup 2.5-0.5-2-120 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Pyrimamine-Phenylephrine-Acetaminophen Tab 5-5-500 MG	OR	TABS	A			Max 20/Rx & 3 Rx/annum
		Tripolidine-Pseudoephedrine-APAP Syrup 0.625-15-125 MG/5ML	OR	SYRP	A		From 6 months	Max 100ml/Rx & 3 Rx/annum
10.1.3	Decongestants	Pseudoephedrine HCl Syrup 30 MG/5ML	OR	SYRP	A			Max 100ml/Rx & 3 Rx/annum
		Tripolidine & Pseudoephedrine Syrup 1.25-30 MG/5ML	OR	SYRP	A			Max 100ml/Rx & 3 Rx/annum
		Tripolidine & Pseudoephedrine Tab 1.25-30 MG	OR	TABS	A			Max 20/Rx & 3 Rx/annum
10.2 Bronchodilators								
10.2.1	Sympathomimetics	Formoterol Fumarate Inhal Aerosol 12 UG/ACT	IN	AERP		C	AST, BCE, COP	Therapeutic - ChroniLine
		Salbutamol (Albuterol) Sulfate Cap For Inhal 200 MCG	IN	CAPS		C	AST, BCE, COP	Therapeutic - ChroniLine
		Salbutamol (Albuterol) Sulfate Inhal Aero 108 UG/ACT	IN	AERO		C	AST, BCE, COP	Therapeutic - ChroniLine
		Salbutamol (Albuterol) Sulfate Syrup 2 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Salbutamol (Albuterol) Sulfate Tab 2 MG	OR	TABS	A			Max 30/Rx & 3 Rx/annum
		Salbutamol (Albuterol) Sulfate Tab 4 MG	OR	TABS	A			Max 30/Rx & 3 Rx/annum
10.2.2	Methylxanthines and combinations	Aminophylline Dihydrate Inj 25 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Theophylline Syrup 80 MG/15ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		Theophylline Syrup 80 MG/15ML	OR	SYRP		C	AST, BCE, COP	Therapeutic - ChroniLine
		Theophylline Tab SR 12HR 200 MG	OR	TB12		C	AST, BCE, COP	Therapeutic - ChroniLine
		Theophylline Tab SR 12HR 300 MG	OR	TB12		C	AST, BCE, COP	Therapeutic - ChroniLine
10.2.3	Anticholinergics	Ipratropium Bromide Inhal Aerosol 40 UG/ACT	IN	AERO		C	AST, BCE, COP	Therapeutic - ChroniLine
10.2.4	Combinations	NONE LISTED						
10.3 Mucolytics								
10.3	Mucolytics	Carbocysteine Cap 375 MG	OR	CAPS	A			Max 30/Rx & 3 Rx/annum
		Carbocysteine Syrup 250 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
10.4 Anti-asthmatics								
10.4.1	Glucocorticoids	Beclomethasone Dipropionate Inhal Cap 100 MCG	IN	CAPS		C	AST, BCE, COP	Therapeutic - ChroniLine
		Beclomethasone Dipropionate Inhal Cap 200 MCG	IN	CAPS		C	AST, BCE, COP	Therapeutic - ChroniLine
		Beclomethasone Dipropionate Inhal Aero 42 UG/ACT	IN	AERO		C	AST, BCE, COP	Therapeutic - ChroniLine
		Beclomethasone Dipropionate Inhal Aero 84 UG/AC	IN	AERO		C	AST, BCE, COP	Therapeutic - ChroniLine
		Beclomethasone Dipropionate Inhal Aero 200 UG/ACT	IN	AERO		C	AST, BCE, COP	Therapeutic - ChroniLine
		Budesonide Inhaler Aerosol 100 UG/ACT	IN	AERO		C	AST, BCE, COP	Therapeutic - ChroniLine
		Budesonide Inhaler Aerosol 200 UG/ACT	IN	AERO		C	AST, BCE, COP	Therapeutic - ChroniLine
		Budesonide Inhal Aero Powd 100 MCG/INH (Breath Activated)	IN	AERO		C	AST, BCE, COP	Therapeutic - ChroniLine
		Budesonide Inhal Aero Powd 200 MCG/INH (Breath Activated)	IN	AERO		C	AST, BCE, COP	Therapeutic - ChroniLine
		Budesonide Inhal Cap 200 MCG	IN	CAPS		C	AST, BCE, COP	Therapeutic - ChroniLine
10.4.2	Leukotriene receptor antagonist	NONE LISTED						
10.4.3	Chromones	NONE LISTED						
10.4.4	Other anti-asthmatics	NONE LISTED						
10.5 Surfactants								
10.5	Surfactants	NONE LISTED						
10.6 Others								
10.6	Others	NONE LISTED						
11. EAR, NOSE AND THROAT								
11.1 Topical nasal preparations								
11.1.1	Antimicrobial and combinations	NONE LISTED						

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Chronic	CDL Conditions	Quantities and Limitations
11.1.2	Glucocorticosteroids	Beclomethasone Dipropionate Nasal Soln 0.05%	NA	SOLN	A			Max 1/Rx & 4 Rx/annum
11.1.3	Chromones	NONE LISTED						
11.1.4	Decongestants	Phenylephrine HCl Nasal Soln 0.25%	NA	SOLN	A			Max 1 package every 30 days & 3 Rx/annum
		Phenylephrine HCl Nasal Soln 1%	NA	SOLN	A			Max 1 package every 30 days & 3 Rx/annum
		Phenylephrine-Naphazoline Nasal Soln 2.5-0.25 MG/ML	NA	SOLN	A			Max 1 package every 30 days & 3 Rx/annum
11.1.5	Antihistamines	NONE LISTED						
11.1.6	Mucolytics	NONE LISTED						
11.1.7	Others	Saline Nasal Spray 0.9%	NA	SOLN	A			Max 1 package every 30 days & 3 Rx/annum
11.2	Ear drops and ointments							
11.2	Ear drops and ointments	Antipyrine Otic Soln 5%	OT	SOLN	A			Max 1 package every 30 days & 3 Rx/annum
		Antipyrine-Benzocaine Otic Soln 5-1%	OT	SOLN	A			Max 1 package every 30 days & 3 Rx/annum
		Antipyrine-Benzocaine-Ephedrine-Pot Oxyquinolone Otic Soln	OT	SOLN	A			Max 1 package every 30 days & 3 Rx/annum
		Antipyrine-Procaine-Pot Oxyquinoline Otic Soln 5-1-0.1%	OT	SOLN	A			Max 1 package every 30 days & 3 Rx/annum
		Neomycin-Sodium Propionate Otic Soln 3-50 MG/ML	OT	SOLN	A			Max 1 package every 30 days & 3 Rx/annum
11.3	Mouth and throat preparations							
11.3	Mouth and throat preparations	Benzocaine Lozenge 10 MG	MT	LOZG	A			Max 20/Rx & 4 Rx/annum
		Menthol Lozenge 1 MG	MT	LOZG	A			Max 20/Rx & 4 Rx/annum
		Povidone-Iodine Mouthwash 1%	MT	SOLN	A			Max 200ml/annum
		Tetracaine HCl Ointment 0.5%	MT	OINT	A			Max 1 package/annum
12.	GASTRO-INTESTINAL TRACT							
12.1	Digestants							
12.1	Digestants	NONE LISTED						
12.2	Appetite suppressants							
12.2	Appetite suppressants	NONE LISTED						
12.3	Anti-spasmodics							
12.3	Anti-Spasmodics	Hyoscine N-Butylbromide Inj 20 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Hyoscine N-Butylbromide Syr 5 MG/5ML	OR	SYRP	A			Max 100ml/Rx & 3 Rx/annum
		Hyoscine N-Butylbromide Tab 10 MG	OR	TABS	A			Max 20/Rx & 4 Rx/annum
		Mebeverine HCl Tab 135 MG	OR	TABS	A			Max 30/Rx & 4 Rx/annum
		PB-Hyoscy-Atropine-Scopolamine Tab 15-0.104-0.02-0.006 MG	OR	TABS	A			Max 30/Rx & 4 Rx/annum
12.4	Acid reducers							
12.4.1	Antacids	Aluminum Hydroxide-Mag Oxide Susp 282-120 MG/15ML	OR	SUSP	A			Max 200ml/Rx & 3 Rx/annum
		Cal & Mag Carb-Mag Trisilicate Susp 250-250-500 MG/5ML	OR	SUSP	A			Max 200ml/Rx & 3 Rx/annum
		Mag Carb-Mag Trisilicate-Sod Bicarb Susp 250-250-250 MG/5ML	OR	SUSP	A			Max 200ml/Rx & 3 Rx/annum
		Mag Carb-Mag Trisilicate-Sod Bicarb Susp 500-500-500 MG/5ML	OR	SUSP	A			Max 200ml/Rx & 3 Rx/annum
12.4.2	Antacids and combinations	Al & Mg Oxides-Dicycl-Methylcell-Simeth Susp	OR	SUSP	A			Max 200ml/Rx & 3 Rx/annum
		Al Hyd-Mag Oxide-Dicyclomine-Dimeth Susp 400-200-5-50MG/10ML	OR	SUSP	A			Max 200ml/Rx & 3 Rx/annum
		Alum Hydrox-Mag Oxide-Dicyclomine Susp 400-200-5 MG/10ML	OR	SUSP	A			Max 200ml/Rx & 3 Rx/annum
		Alum Oxide-Mag Oxide-Dicyclomine Gel 200-200-5 MG/10ML	OR	GEL	A			Max 200ml/Rx & 3 Rx/annum
12.4.3	Histamine-2 receptor antagonists	Cimetidine Tab 200 MG	OR	TABS		C		Therapeutic - ChroniLine - 30 days / Gastroscopy - 90 days
		Cimetidine Tab 400 MG	OR	TABS		C		Therapeutic - ChroniLine - 30 days / Gastroscopy - 90 days
		Ranitidine HCl Tab 150 MG	OR	TABS		C		Therapeutic - ChroniLine - 30 days / Gastroscopy - 90 days
		Ranitidine HCl Tab 300 MG	OR	TABS		C		Therapeutic - ChroniLine - 30 days / Gastroscopy - 90 days
12.4.4	Proton pump inhibitors	NONE LISTED						
12.4.5	Cytoprotective agents	NONE LISTED						
12.4.6	Other acid reducers	NONE LISTED						
12.5	Motility enhancers							
12.5	Motility enhancers	REFER TO 1.8 Anti-Vertigo and anti-emetic agents						
12.6	Laxatives							
12.6	Laxatives	Bisacodyl Tab Delayed Release 5 MG	OR	TBEC	A			Max 30/Rx & 2 Rx/annum
		Lactulose Solution 10 G/15ML	OR	SOLN	A			Max 200ml/Rx & 2 Rx/annum
		Senosides Tab 7.5 MG	OR	TABS	A			Max 30/Rx & 2 Rx/annum
		Sodium Phosphates - Enema	RE	ENEM	A			Max 1 package/Rx & 2 Rx/annum
12.7	Antidiarrhoeals							
12.7	Antidiarrhoeals	Kaolin-Pectin Susp 1-0.05 GM/5ML	OR	SUSP	A			Max 200ml/Rx & 3 Rx/annum
		Kaolin-Pectin Liquid 3-0.15 GM/15ML	OR	SUSP	A			Max 200ml/Rx & 3 Rx/annum
		Kaolin-Pectin Susp 6-0.45 GM/30ML	OR	SUSP	A			Max 200ml/Rx & 3 Rx/annum
		Kaolin-Pectin w/ Electrolytes Susp 6-0.12 GM/30ML	OR	SUSP	A			Max 200ml/Rx & 3 Rx/annum
		Loperamide HCl Syrup 1 MG/5ML	OR	SYRP	A			Max 50ml/Rx & 3 Rx/annum
		Loperamide HCl Tab 2 MG	OR	TABS	A			Max 20/Rx & 3 Rx/annum
12.8	Liver, gall bladder and bile							
12.8	Liver, gall bladder and bile	NONE LISTED						

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Chronic	CDL Conditions	Quantities and Limitations
12.9 Suppositories and anal ointments								
12.9	Suppositories and anal ointments	Hemorrhoidal Anesthetic Compound - Supp	RE	SUPP	A			Max 1 package/Rx & 3 Rx/annum
		Pramoxine HCl Rectal Oint 1%	RE	OINT	A			Max 1 package/Rx & 3 Rx/annum
12.10 Others								
12.10	Others	Budesonide Enema Kit 0.02 MG/ML	RE	KIT		C	CSD, UC	Therapeutic - ChroniLine Pre-Auth
		Mesalamine Suppos 500 MG	RE	SUPP		C	CSD, UC	Therapeutic - ChroniLine Pre-Auth
		Mesalamine Suppos 1000 MG	RE	SUPP		C	CSD, UC	Therapeutic - ChroniLine Pre-Auth
		Mesalamine Enema 2 GM	RE	ENEM		C	CSD, UC	Therapeutic - ChroniLine Pre-Auth
		Mesalamine Tab CR 500 MG	OR	TBCR		C	CSD, UC	Therapeutic - ChroniLine Pre-Auth
		Mesalamine Tab Delayed Release 400 MG	OR	TBEC		C	CSD, UC	Therapeutic - ChroniLine Pre-Auth
		Mesalamine Tab Delayed Release 800 MG	OR	TBEC		C	CSD, UC	Therapeutic - ChroniLine Pre-Auth
		Olsalazine Sodium Cap 250 MG	OR	CAPS		C	CSD, UC	Therapeutic - ChroniLine Pre-Auth
		Sulfasalazine Tab 500 MG	OR	TABS		C	CSD, RHA, UC	Therapeutic - ChroniLine Pre-Auth
13. ANTHELMINTICS								
13.	ANTHELMINTICS	Albendazole Susp 100 MG/5ML	OR	SUSP	A			Max 1 package/Rx & 2 Rx/annum
		Albendazole Tab 400 MG	OR	TABS	A			Max 1 package/Rx & 2 Rx/annum
		Mebendazole Susp 20 MG/ML	OR	SUSP	A			Max 1 package/Rx & 2 Rx/annum
		Mebendazole Tab 100 MG	OR	TABS	A			Max 1 package/Rx & 2 Rx/annum
		Praziquantel Tab 600 MG	OR	TABS	A			Max 1 package/Rx & 2 Rx/annum
14. DERMATOLOGICALS								
14.1 Anti-bacterial antiseptic agents								
14.1	Anti-bacterial antiseptic agents	Iodoquinol-Chlorobutanol-Benzocaine Cream 30-10-10 MG/GM	EX	CREA	A			Max 1 package/Rx & 2 Rx/annum
		Nitrofurazone Oint 0.2%	EX	OINT	A			Max 1 package/Rx & 2 Rx/annum
		Povidone-Iodine Oint 10%	EX	OINT	A			Max 1 package/Rx & 2 Rx/annum
		Silver Sulfadiazine Cream 1%	EX	CREA	A			Max 1 package/Rx & 2 Rx/annum
		Sulfanilamide-Mercurochrome-Peru Balsam-Cod Liver Oil Oint	EX	OINT	A			Max 1 package/Rx & 2 Rx/annum
14.2 Anti-parasitics								
14.2	Anti-parasitics	Benzyl Benzoate Emulsion 25%	EX	EMUL	A			Max 200ml/Rx & 2 Rx/annum
14.3 Fungicides								
14.3	Fungicides	Clotrimazole Cream 1%	EX	CREA	A			Max 1 package/Rx & 2 Rx/annum
		Ketoconazole Cream 2%	EX	CREA	A			Max 1 package/Rx & 2 Rx/annum
		Ketoconazole Shampoo 2%	EX	SHAM	A			Max 1 package/Rx & 2 Rx/annum
14.4 Cortico-steroids								
14.4	Cortico-steroids (topical)	Betamethasone Valerate Cream 0.1%	EX	CREA	A	C	SLE	Max 1 package/Rx & 2 Rx/annum / Therapeutic - ChroniLine
		Betamethasone Valerate Oint 0.1%	EX	OINT	A	C	SLE	Max 1 package/Rx & 2 Rx/annum / Therapeutic - ChroniLine
		Fluocinolone Acetonide Cream 0.025%	EX	CREA	A	C	SLE	Max 1 package/Rx & 2 Rx/annum / Therapeutic - ChroniLine
		Fluocinolone Acetonide Oint 0.025%	EX	OINT	A	C	SLE	Max 1 package/Rx & 2 Rx/annum / Therapeutic - ChroniLine
		Hydrocortisone Acetate Cream 1%	EX	CREA	A	C	SLE	Max 1 package/Rx & 2 Rx/annum / Therapeutic - ChroniLine
		Hydrocortisone Cream 1%	EX	CREA	A	C	SLE	Max 1 package/Rx & 2 Rx/annum / Therapeutic - ChroniLine
14.4.1	Cortico-steroids with anti-infective agents	Iodoquinol-Chlorobutanol-HC Cream 3-1-0.25%	EX	CREA	A			Max 1 package/Rx & 2 Rx/annum
		Neomycin-HC Ace Cream 1%	EX	CREA	A			Max 1 package/Rx & 2 Rx/annum
14.5 Psoriasis								
14.5	Psoriasis	Coal Tar Cream 1%	EX	CREA		C		Therapeutic - ChroniLine
		Coal Tar Liquid	EX	LIQD		C		Therapeutic - ChroniLine
		Coal Tar Shampoo 5%	EX	SHAM		C		Therapeutic - ChroniLine
14.6 Acne								
14.6	Acne	NONE LISTED						
14.7 Melanin inhibitors and stimulants								
14.7	Melanin inhibitors and stimulants	NONE LISTED						
14.8 Emollients and protectives								
14.8	Emollients and protectives	Calamine Phenolated Lotion	EX	LOTN	A			Max 100ml/Rx & 3 Rx/annum
14.9 Others								
14.9	Others	Diphenhydramine-Calamine-Phenol Lotion 1-15-0.4%	EX	LOTN	A			Max 100ml/Rx & 3 Rx/annum
15. OPHTHALMICS								
15.1 Anti-infectives								
15.1	Anti-infectives	Chloramphenicol Ophth Oint 1%	OP	OINT	A			Max 1 package/Rx & 3 Rx/annum
		Sulfacetamide Sodium Ophth Oint 10%	OP	OINT	A			Max 1 package/Rx & 3 Rx/annum
15.1.1	Antivirals	NONE LISTED						
15.2 Corticoids								
15.2	Corticoids	NONE LISTED						
15.3 Combinations (anti-infectives with corticoids)								
15.3	Combinations (Anti-infectives with corticoids)	NONE LISTED						

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Chronic	CDL Conditions	Quantities and Limitations
15.4 Decongestants								
15.4	Decongestants	Naphazoline 0.005% w/ Zinc Sulfate Ophth Soln	OP	SOLN	A			Max 1 package/Rx & 3 Rx/annum
		Phenylephrine-Boric Acid Ophth Soln 1.25-20 MG/ML	OP	SOLN	A			Max 1 package/Rx & 3 Rx/annum
		Tetrahydrozoline-Antazoline Ophth Soln 0.04-0.05%	OP	SOLN	A			Max 1 package/Rx & 3 Rx/annum
15.5 Mydriatics								
15.5	Mydriatics	Atropine Sulfate Ophth Soln 1%	OP	SOLN	A			Max 1 package/Rx & 3 Rx/annum
15.6 Glaucoma								
15.6	Glaucoma	Bimatoprost-Timolol Maleate Ophth Soln 0.03-0.5%	OP	SOLN		C	GLC	Therapeutic - ChroniLine Pre-Auth
		Brimonidine Tartrate Ophth Soln 0.2%	OP	SOLN		C	GLC	Therapeutic - ChroniLine Pre-Auth
		Brimonidine Tartrate-Timolol Maleate Ophth Soln 0.2-0.5%	OP	SOLN		C	GLC	Therapeutic - ChroniLine Pre-Auth
		Dorzolamide HCl Ophth Soln 2%	OP	SOLN		C	GLC	Therapeutic - ChroniLine Pre-Auth
		Dorzolamide HCl-Timolol Maleate Ophth Soln 22.3-6.8 MG/ML	OP	SOLN		C	GLC	Therapeutic - ChroniLine Pre-Auth
		Latanoprost Ophth Soln 0.005%	OP	SOLN		C	GLC	Therapeutic - ChroniLine Pre-Auth
		Latanoprost-Timolol Maleate Ophth Soln 0.005-0.5%	OP	SOLN		C	GLC	Therapeutic - ChroniLine Pre-Auth
		Pilocarpine HCl Ophth Soln 1%	OP	SOLN		C	GLC	Therapeutic - ChroniLine Pre-Auth
		Pilocarpine HCl Ophth Soln 2%	OP	SOLN		C	GLC	Therapeutic - ChroniLine Pre-Auth
		Pilocarpine HCl Ophth Soln 4%	OP	SOLN		C	GLC	Therapeutic - ChroniLine Pre-Auth
		Timolol Maleate Ophth Soln 0.5%	OP	SOLN		C	GLC	Therapeutic - ChroniLine Pre-Auth
		Travoprost Ophth Soln 0.004%	OP	SOLN		C	GLC	Therapeutic - ChroniLine Pre-Auth
		Travoprost-Timolol Maleate Ophth Soln 0.004-0.5%	OP	SOLN		C	GLC	Therapeutic - ChroniLine Pre-Auth
15.7 Others								
15.7	Others	Cromolyn Sodium Ophth Soln 2%	OP	SOLN	A			Max 1 package/Rx & 3 Rx/annum
16. URINARY SYSTEM								
16.1 Diuretics								
16.1	Diuretics	Amiloride & Hydrochlorothiazide Tab 5-50 MG	OR	TABS		C	CHF, CMY, HYP	Therapeutic - ChroniLine
		Furosemide Inj 10 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Furosemide Tab 40 MG	OR	TABS		C	CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Hydrochlorothiazide Tab 12.5 MG	OR	TABS		C	CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Hydrochlorothiazide Tab 25 MG	OR	TABS		C	CHF, CMY, CRD, HYP	Therapeutic - ChroniLine
		Hydrochlorothiazide-Potassium Chloride Tab 50-300 MG	OR	TABS		C	CHF, CMY, HYP	Therapeutic - ChroniLine
		Indapamide Tab 2.5 MG	OR	TABS		C	CHF, CMY, HYP	Therapeutic - ChroniLine
		Spironolactone Tab 25 MG	OR	TABS		C	CHF, CMY, HYP	Therapeutic - ChroniLine
		Triamterene & Hydrochlorothiazide Tab 50-25 MG	OR	TABS		C	CHF, CMY, HYP	Therapeutic - ChroniLine
16.2 Anti-diuretics								
16.2	Anti-diuretics	Desmopressin Acetate Nasal Soln 0.01% (Intranasal)	NA	SOLN		C	DBI, HAE	Therapeutic - ChroniLine Pre-Auth
		Desmopressin Acetate Nasal Soln 0.01% (Nasal Spray)	NA	SOLN		C	DBI, HAE	Therapeutic - ChroniLine Pre-Auth
		Desmopressin Acetate Tab 0.1 MG	OR	TABS		C	DBI, HAE	Therapeutic - ChroniLine Pre-Auth
		Desmopressin Acetate Tab 0.2 MG	OR	TABS		C	DBI, HAE	Therapeutic - ChroniLine Pre-Auth
16.3 Urinary alkalizers								
16.3	Urinary alkalizers	Potassium Citrate & Citric Acid Soln 20-4%	OR	SOLN	A			Max 200ml/Rx & 3 Rx/annum
		Potassium Citrate & Citric Acid Soln 45-21 MG/15ML	OR	SOLN	A			Max 200ml/Rx & 3 Rx/annum
16.4 Urinary antiseptics								
16.4	Urinary antiseptics	NONE LISTED						
16.5 Others								
16.5	Others	NONE LISTED						
17. GENTAL SYSTEM								
17.1 Contraceptives								
17.1	Contraceptives	NONE LISTED						
17.2 Vaginal preparations								
17.2	Vaginal Preparations	Aminacrine-Iodoquinol-Boric Acid-Cetylpyridinium Vag Gel	VA	GEL	A			Max 1 package/Rx & 3 Rx/annum
		Clotrimazole Vaginal Cream 1%	VA	CREA	A			Max 1 package/Rx & 3 Rx/annum
17.3 Oxytocics								
17.3	Oxytocics	Ergonovine Maleate Inj 0.5 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
17.4 Uterine antispasmodics								
17.4	Uterine antispasmodics	NONE LISTED						
17.5 Sexual dysfunction								
17.5.1	Others	NONE LISTED						
17.5.2	Erectile dysfunction	NONE LISTED						
18. ANTIMICROBIALS								
18.1 Beta-Lactams								
18.1.1	Penicillins	Amoxicillin & K Clavulanate For Susp 125-31.25 MG/5ML	OR	SUSR	A	C	BCE	Max 4 fills/annum / Therapeutic - ChroniLine
		Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML	OR	SUSR	A	C	BCE	Max 4 fills/annum / Therapeutic - ChroniLine

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Chronic	CDL Conditions	Quantities and Limitations
		Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML	OR	SUSR	A	C	BCE	Max 4 fills/annum / Therapeutic - ChroniLine
		Amoxicillin & K Clavulanate Tab 250-125 MG	OR	TABS	A	C	BCE	Max 4 fills/annum / Therapeutic - ChroniLine
		Amoxicillin & K Clavulanate Tab 500-125 MG	OR	TABS	A	C	BCE	Max 4 fills/annum / Therapeutic - ChroniLine
		Amoxicillin Cap 250 MG	OR	CAPS	A	C	BCE	Max 4 fills/annum / Therapeutic - ChroniLine
		Amoxicillin Cap 500 MG	OR	CAPS	A	C	BCE	Max 4 fills/annum / Therapeutic - ChroniLine
		Amoxicillin For Susp 125 MG/5ML	OR	SUSR	A	C	BCE	Max 4 fills/annum
		Amoxicillin For Susp 250 MG/5ML	OR	SUSR	A	C	BCE	Max 4 fills/annum
		Amoxicillin-Floxacin Cap 250-250 MG	OR	CAPS	A			Max 4 fills/annum
		Amoxicillin-Floxacin For Susp 125-125 MG/5ML	OR	SUSR	A			Max 4 fills/annum
		Ampicillin Cap 250 MG	OR	CAPS	A	C	BCE	Max 4 fills/annum / Therapeutic - ChroniLine
		Ampicillin For Susp 125 MG/5ML	OR	SUSR	A	C	BCE	Max 4 fills/annum / Therapeutic - ChroniLine
		Ampicillin-Cloxacillin Cap 250-250 MG	OR	CAPS	A			Max 4 fills/annum
		Ampicillin-Cloxacillin For Susp 125-125 MG/5ML	OR	SUSR	A			Max 4 fills/annum
		Cloxacillin Sodium Cap 250 MG	OR	CAPS	A			Max 4 fills/annum
		Cloxacillin Sodium Cap 500 MG	OR	CAPS	A			Max 4 fills/annum
		Floxacin Sodium Cap 250 MG	OR	CAPS	A			Max 4 fills/annum
		Penicillin G Benzathine For Intramuscular Susp 1200000 Unit	IM	SUSR	A			Consumables - Clinic use only
		Penicillin G Benzathine For Intramuscular Susp 2400000 Unit	IM	SUSR	A			Consumables - Clinic use only
		Penicillin G Procaine Intramuscular Susp 300000 Unit/ML	IM	SUSP	A			Consumables - Clinic use only
		Penicillin G Sodium For Inj 1000000 Unit	IM	SUSR	A			Consumables - Clinic use only
		Penicillin G Sodium For Inj 5000000 Unit	IM	SUSR	A			Consumables - Clinic use only
		Penicillin V Potassium For Soln 125 MG/5ML	OR	SUSR	A			Max 4 fills/annum
		Penicillin V Potassium Tab 250 MG	OR	TABS	A			Max 4 fills/annum
18.1.2	Cephalosporins							
	1st generation	Cefazolin Sodium For Inj 1 GM	INJ	SOLR	A			Consumables - Clinic use only
		Cephalexin Cap 250 MG	OR	CAPS	A			Max 4 fills/annum
		Cephalexin Cap 500 MG	OR	CAPS	A			Max 4 fills/annum
		Cephalexin For Susp 125 MG/5ML	OR	SUSR	A			Max 4 fills/annum
		Cephalexin For Susp 250 MG/5ML	OR	SUSR	A			Max 4 fills/annum
	2nd generation	Cefoxitin Sodium For Inj 1 G	IV	SOLR	A			Consumables - Clinic use only
		Cefuroxime Sodium For Inj 250 MG	INJ	SOLR	A			Consumables - Clinic use only
		Cefuroxime Sodium For Inj 750 MG	INJ	SOLR	A			Consumables - Clinic use only
	3rd generation	Cefotaxime Sodium For Inj 500 MG	INJ	SOLR	A			Consumables - Clinic use only
		Ceftriaxone Sodium For Inj 1 G	INJ	SOLR	A			Consumables - Clinic use only
18.1.3	Others	NONE LISTED						
18.2	Erythromycin and other macrolides							
	Erythromycin and other macrolides	Erythromycin Estolate Cap 250 MG	OR	CAPS	A	C	BCE	Max 4 fills/annum / Therapeutic - ChroniLine
		Erythromycin Estolate Susp 125 MG/5ML	OR	SUSP	A	C	BCE	Max 4 fills/annum / Therapeutic - ChroniLine
		Erythromycin Estolate Susp 250 MG/5ML	OR	SUSP	A	C	BCE	Max 4 fills/annum / Therapeutic - ChroniLine
		Erythromycin Stearate Tab 250 MG	OR	SUSP	A	C	BCE	Max 4 fills/annum / Therapeutic - ChroniLine
18.3	Aminoglycosides							
	Aminoglycosides	Gentamicin Sulfate Inj 40 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Streptomycin Sulfate Inj 1000 MG/3ML	INJ	SOLN	A			Consumables - Clinic use only
18.4	Tetracyclines							
	Tetracyclines	Doxycycline Hyclate Cap 100 MG	OR	CAPS	A		BCE	Max 4 fills/annum / Therapeutic - ChroniLine
		Doxycycline Monohydrate Tab 100 MG	OR	TABS	A		BCE	Max 4 fills/annum / Therapeutic - ChroniLine
		Oxytetracycline HCl Cap 250 MG	OR	CAPS	A			Max 4 fills/annum
18.5	Chloramphenicols							
	Chloramphenicols	Chloramphenicol Cap 250 MG	OR	CAPS	A			Max 4 fills/annum
		Chloramphenicol Susp 125 MG/5ML	OR	SUSP	A			Max 4 fills/annum
18.6	Sulphonamides and combinations							
	Sulphonamides and combinations	Sulfamethoxazole-Trimethoprim IV Soln 400-80 MG/5ML	IV	SOLN	A			Consumables - Clinic use only
		Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML	OR	SUSP	A			Max 4 fills/annum / Therapeutic - ChroniLine
		Sulfamethoxazole-Trimethoprim Tab 400-80 MG	OR	TABS	A			Max 4 fills/annum / Therapeutic - ChroniLine
18.7	Quinolones							
	Quinolones	Ciprofloxacin HCl Tab 250 MG	OR	TABS	A		BCE, CSD	Max 4 fills/annum
		Ciprofloxacin HCl Tab 500 MG	OR	TABS	A		BCE, CSD	Max 4 fills/annum
18.8	Mycobacteria							
	18.8.1 Tuberculostatics	Ethambutol HCl Tab 400mg	OR	TABS			CDL	Therapeutic - ChroniLine Pre-Auth
		Isoniazid Tab 100mg	OR	TABS			CDL	Therapeutic - ChroniLine Pre-Auth
		Isoniazid Tab 200mg	OR	TABS			CDL	Therapeutic - ChroniLine Pre-Auth
		Isoniazid & Rifampin Tab 100-150 MG	OR	TABS			CDL	Therapeutic - ChroniLine Pre-Auth

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Chronic	CDL Conditions	Quantities and Limitations
		Isoniazid & Rifampin Tab 150-300 MG	OR	TABS			CDL	Therapeutic - ChroniLine Pre-Auth
		Isoniazid & Rifampin Tab Disp 60-30 MG	OR	TBDP			CDL	Therapeutic - ChroniLine Pre-Auth
		Isoniazid-Rifampin-Ethamb-Pyrazinamide Tab 75-150-275-400 MG	OR	TABS			CDL	Therapeutic - ChroniLine Pre-Auth
18.8.2	Anti-leprotics	Dapsone Tab 100 MG	OR	TABS			CDL	Therapeutic - ChroniLine Pre-Auth
18.9 Other anti-bacterial agents								
18.9	Other anti-bacterial agents	Clindamycin HCl Cap 150 MG	OR	CAPS	A			Max 2 fills/annum
18.10 Anti-fungal agents								
18.10	Anti-fungal agents	Fluconazole Cap 150 MG	OR	CAPS	A			Max 2 fills/annum / Therapeutic - ChroniLine
		Nystatin Susp 100000 Unit/ML	MT	SUSP	A			Max 2 fills/annum
18.11 Anti-protozoal agents								
18.11	Anti-protozoal agents	Chloroquine Sulfate Cap 200 MG	OR	CAPS		C	RHA, SLE	Therapeutic - ChroniLine
		Metronidazole Susp 200 MG/5ML	OR	SUSP	A			Max 3 fills/annum
		Metronidazole Tab 200 MG	OR	TABS	A	C	CSD	Max 3 fills/annum / Therapeutic - ChroniLine
		Metronidazole Tab 400 MG	OR	TABS	A	C	CSD	Max 3 fills/annum / Therapeutic - ChroniLine
18.12 Anti-viral agents								
18.12	Anti-viral agents	Acyclovir Cream 5%	EX	CREA	A			Max 1 Rx/annum
		Acyclovir Tab 200 MG	OR	TABS	A			Max 1 Rx/annum
		Acyclovir Tab 400 MG	OR	TABS	A			Max 1 Rx/annum
		Acyclovir Tab Disp 200 MG	OR	TBDP	A			Max 1 Rx/annum
		Acyclovir Tab Disp 400 MG	OR	TBDP	A			Max 1 Rx/annum
	Anti-retroviral agents	ACCORDING TO HIV Disease Management Programme (DMP)						
19. ENDOCRINE SYSTEM								
19.1 Anti-diabetic agents								
19.1.1 Insulins								
	Rapid acting Insulins	Insulin Lispro (Human) Inj 100 Unit/ML (10ml vial)	SC	SOLN		C	DM1, DM2	Therapeutic - ChroniLine
		Insulin Aspart Inj 100 Unit/ML (10ml vial)	SC	SOLN		C	DM1, DM2	Therapeutic - ChroniLine
		Insulin Glulisine Subcutaneous Inj 100 Unit/ML (10ml vial)	SC	SOLN		C	DM1, DM2	Therapeutic - ChroniLine
	Short acting Insulins	Insulin Regular (Human) Inj 100 Unit/ML	SC	SOLN		C	DM1, DM2	Therapeutic - ChroniLine
	Intermediate acting Insulins	Insulin Isophane (Human) Inj 100 Unit/ML	SC	SUSP		C	DM1, DM2	Therapeutic - ChroniLine
	Biphasic Insulins	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (75-25)	SC	SUSP		C	DM1, DM2	Therapeutic - ChroniLine
		Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (50-50)	SC	SUSP		C	DM1, DM2	Therapeutic - ChroniLine
		Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30)	SC	SUSP		C	DM1, DM2	Therapeutic - ChroniLine
		Insulin Isophane & Regular (Human) Inj 100 Unit/ML (70-30)	SC	SUSP		C	DM1, DM2	Therapeutic - ChroniLine
19.1.2	Oral anti-diabetic agents	Gliclazide Tab 80 MG	OR	TABS		C	DM2	Therapeutic - ChroniLine
		Gliclazide Tab SR 24HR 30 MG	OR	TABS		C	DM2	Therapeutic - ChroniLine
		Gliclazide Tab SR 24HR 60 MG	OR	TABS		C	DM2	Therapeutic - ChroniLine
		Metformin HCl Tab 500 MG	OR	TABS		C	DM2	Therapeutic - ChroniLine
		Metformin HCl Tab 850 MG	OR	TABS		C	DM2	Therapeutic - ChroniLine
		Metformin HCl Tab 1000 MG	OR	TABS		C	DM2	Therapeutic - ChroniLine
19.1.3	GLP-1 agonists	NONE LISTED						
19.2 Anti-hypoglycaemic agents								
19.2	Anti-hypoglycaemic agents	Glucagon For Inj Kit 1 MG	INJ	KIT			CDL	Therapeutic - ChroniLine Pre-Auth
19.3 Thyroid								
19.3	Thyroid	Levothyroxine Sodium Tab 100 UG	OR	TABS		C	TDH	Therapeutic - ChroniLine
		Levothyroxine Sodium Tab 50 UG	OR	TABS		C	TDH	Therapeutic - ChroniLine
		Levothyroxine Sodium Tab 25 UG	OR	TABS		C	TDH	Therapeutic - ChroniLine
19.4 Parathyroid and calcitonin								
19.4	Parathyroid and calcitonin	NONE LISTED						
19.5 Corticosteroids								
19.5	Corticosteroids	Betamethasone Sodium Phosphate Inj 4 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Betamethasone Syrup 0.6 MG/5ML	OR	SYRP	A			Max 3 fills/annum
		Dexamethasone Sodium Phosphate Inj 4 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Fludrocortisone Acetate Tab 0.1 MG	OR	TABS		C	ADS	Therapeutic - ChroniLine Pre-Auth
		Hydrocortisone Sodium Succinate For Inj 100 MG	INJ	SOLN	A			Consumables - Clinic use only
		Hydrocortisone Tab 10 MG	OR	TABS		C	ADS	Therapeutic - ChroniLine Pre-Auth
		Prednisolone Syrup 15 MG/5ML	OR	SYRP	A			Max 3 fills/annum
		Prednisolone Tab 5 MG	OR	TABS	A			Max 3 fills/annum
		Prednisolone Tab 5 MG	OR	TABS		C	ADS, AST, BCE, COP, CSD, UC, RHA, SLE	Therapeutic - ChroniLine
		Prednisone Tab 5 MG	OR	TABS	A			Max 3 fills/annum
		Prednisone Tab 5 MG	OR	TABS		C	ADS, AST, BCE, COP, CSD, UC, RHA, SLE	Therapeutic - ChroniLine
19.6 Sex hormones								
19.6.1	Androgens and anabolic steroids	NONE LISTED						

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Chronic	CDL Conditions	Quantities and Limitations
19.6.2	Oestrogens	Estradiol Valerate Tab 1 MG	OR	TABS		C		Therapeutic - ChroniLine Pre-Auth
		Estradiol Valerate Tab 2 MG	OR	TABS		C		Therapeutic - ChroniLine Pre-Auth
		Estrogens, Conjugated Tab 0.3 MG	OR	TABS		C		Therapeutic - ChroniLine Pre-Auth
		Estrogens, Conjugated Tab 0.625 MG	OR	TABS		C		Therapeutic - ChroniLine Pre-Auth
		Estrogens, Conjugated Tab 1.25 MG	OR	TABS		C		Therapeutic - ChroniLine Pre-Auth
19.6.3	Progestogens	Medroxyprogesterone Acetate Tab 5 MG	OR	TABS	A	C	ENDMTR	Max 10/Rx & 2 fills per annum / Therapeutic - ChroniLine Pre-Auth
		Medroxyprogesterone Acetate Tab 10 MG	OR	TABS	A	C	ENDMTR	Max 10/Rx & 2 fills per annum / Therapeutic - ChroniLine Pre-Auth
19.6.4	Combinations	Estradiol Val 1 MG & Estradiol-Norethin Tab 1-1 MG	OR	TABS		C	HRT	Therapeutic - ChroniLine Pre-Auth
		Estradiol Val 2 MG & Estradiol-Norethin Tab 2-1 MG	OR	TABS		C	HRT	Therapeutic - ChroniLine Pre-Auth
19.6.5	Other	NONE LISTED						
19.7 Tropic hormones								
19.7	Tropic hormones	NONE LISTED						
19.8 Hormone inhibitors								
19.8	Hormone inhibitors	NONE LISTED						
20. VITAMINS, TONICS, MINERALS AND ELECTROLYTES								
20.1 Vitamins								
20.1	Vitamins	Niacin Tab CR 500 MG	OR	TABS		C	HYL	Therapeutic - ChroniLine
		Pyridoxine HCl Tab 25 MG	OR	TABS			CDL (Only whilst on Isoniazid)	Therapeutic - ChroniLine Pre-Auth
20.1.1	Vitamin combinations	NONE LISTED						
	Calcium	Calcium Gluconate Chew Tab 300 MG	OR	CHEW		C	CRD, SLE	Therapeutic - ChroniLine
		Calcium Gluconate Tab 300 MG (Elemental Ca)	OR	TABS		C	CRD, SLE	Therapeutic - ChroniLine
		Calcium Carbonate Chew Tab 1250 MG	OR	CHEW		C	CRD, SLE	Therapeutic - ChroniLine
	Prenatal vitamins	Folic Acid Tab 5 MG	OR	TABS	A			Max 9 Rx/annum (Gender)
		Folic Acid Tab 5 MG	OR	TABS		C	CRD, CSD, MSS, RHA, SLE, UC	Therapeutic - ChroniLine
		Pregi Forte Capsules (nappi code 715465)	OR	CAPS	A			Max 9 Rx/annum (Gender)
		Calcipreg Tablets (nappi code 704600)	OR	TABS	A			Max 9 Rx/annum (Gender)
		Preg-Natal Capsules (nappi code 701693)	OR	CAPS	A			Max 9 Rx/annum (Gender)
20.2	Vitamins with minerals	Calcium Carbonate-Vitamin D Chew Tab 1250 MG-200 Unit	OR	CHEW		C	CRD, SLE	Therapeutic - ChroniLine
		Calcium Carbonate-Vitamin D Tab 1250 MG-400 Unit	OR	TABS		C	CRD, SLE	Therapeutic - ChroniLine
		Calcium-Magnesium w/ Vitamin D Chew Tab 500MG-125MG-250 Unit	OR	CHEW		C	CRD, SLE	Therapeutic - ChroniLine
		Calcium-Magnesium w/ Vitamin D Tab 500 MG-125 MG-250 Unit	OR	TABS		C	CRD, SLE	Therapeutic - ChroniLine
20.3 Tonics								
20.3	Tonics	NONE LISTED						
20.4 Minerals and electrolytes								
20.4	Minerals and electrolytes	NONE LISTED						
21. AMINO-ACIDS								
21.	Amino-acids	NONE LISTED						
22. SPECIAL FOODS								
22.	Special foods	NONE LISTED						
23. CYTOSTATICS								
23.	Cytostatics	Methotrexate Tab 2.5 MG	OR	TABS		C	CSD, MSS, RHA, SLE, UC	Therapeutic - ChroniLine Pre-Auth
24. IMMUNOLOGICAL								
24.1	Immunosuppressants	Azathioprine Tab 50 MG	OR	TABS		C	CSD, MSS, RHA, SLE, UC	Therapeutic - ChroniLine Pre-Auth
24.2	Immunostimulants	NONE LISTED						
25. CHELATING AGENTS, ION EXCHANGE PREPARATIONS								
25.	Chelating agents, ion exchange preparations	NONE LISTED						
26. BIOLOGICALS								
26.	Biologicals							
	Flu Vaccination	High risk members only, as per 2016 flu vaccination policy						
	Other Biologicals	NONE LISTED						
DIAGNOSTICS AND DEVICES								
A	Insulin syringes and needles	Insulin Pen Needle	-	MISC				Therapeutic - ChroniLine Pre-Auth
B	Glucometers	GlucoCheck Classic Meter OR Accu-Chek Active Kit	-	KIT				Therapeutic - ChroniLine Pre-Auth
C	Glucometer test strips	GlucoCheck / Accu-Chek Active Mic Strips 50's	-	TEST				Therapeutic - ChroniLine Pre-Auth
D	Glucocheck Lancets	GlucoCheck / Accu-Chek Softelx Lancets 50's	-	MISC				Therapeutic - ChroniLine Pre-Auth
E	Inhaler Devices	Drug Application Product - Misc	-	DEVI				Therapeutic - ChroniLine Pre-Auth

Disclaimer:
Please note that the formulary will be reviewed regularly by clinical and pharmaceutical advisors to ensure it complies with the latest industry norms for the treatment of these conditions. Prime Care reserves the right to change medication on the formulary when important information comes to light that requires us to do so - for instance, new findings regarding safety of medicine.