



General Practitioners
2021
Provider Manual

Contents

1

SECTION 1

1. General Administration and Procedures: Important Changes for 2021	
1.1 Service Fees	p4
1.2 Claims Process	p4
1.3 General Practitioners	p5
1.4 Medication	p7
1.5 Specialist Referrals Out-of-Hospital	p8
1.6 Hospital Referrals	p9
1.7 Radiology Referrals	p9
1.8 Pathology	p10
1.9 Disease Management	p10

2

SECTION 2

Pathology Codes	p11-12
-----------------------	--------

3

SECTION 3

Radiology Codes	p13-17
-----------------------	--------

4

SECTION 4

The Prime Cure Formulary for 2021	p18-58
---	--------

5

SECTION 5

Prime Cure Example of Forms	p59-71
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Allocation of Members/Policyholders/ Beneficiaries to their chosen Prime Cure General Practitioners

With effect from 1 January 2020, some of the schemes have implemented the allocation of a patient (beneficiary) to a chosen Prime Cure doctor. Members/Policyholders need to contact the Prime Cure customer service centre to nominate their chosen General Practitioner. They will have the opportunity to change twice per year if they need to do so. The relevant Medical Schemes will include information in the Members/Policyholders benefit guides on the process.

To determine if the Prime Cure patient is allocated to your practice and therefore ensure payment of your consultation fee, please use the dashboard functionality or call the Prime Cure Service Centre on 0861 665 665. Please ensure that you enquire from patients if they have chosen an alternative General Practitioner as their chosen provider.

Limited number of General Practitioner visits per beneficiary per annum

Due to very high utilisation, some of the Medical Scheme Options managed by Prime Cure have limited the General Practitioner visits since 2011. Please ensure that their consultation falls within the limited number of visits. The information on the number of visits can be obtained electronically on our dashboard system or by calling the Prime Cure Service Centre on 0861 665 665. Any additional consultations (above the limit) must be authorised by the patient. Please ensure that the patient supplies you with an authorisation number to ensure that you receive payment for that consultation.

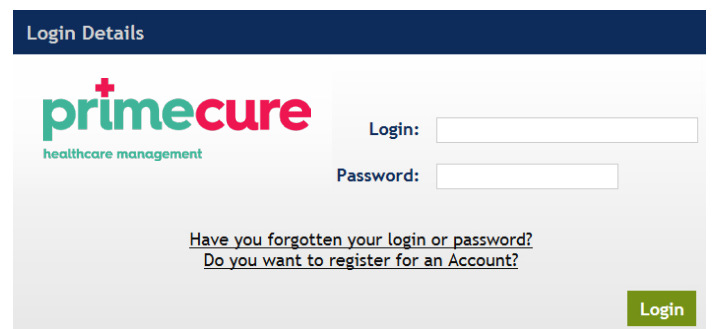
ICD10 - Coding

- When submitting claims, both an ICD10 code and tariff code are necessary; the combination of these will be used to determine payment.
- Where possible, all relevant ICD10 codes (if necessary multiple ICD10 codes) must be submitted. Please ensure that the Primary ICD10 code is captured as the first code and any co-morbidities captured thereafter.
- External Causes (V, W, X, Y) and Z-category ICD10 codes are not considered defined diagnoses and thus cannot be used as a Primary ICD10 code. Submitting these as a primary ICD10 code could negatively affect payments on your accounts.
- When referring to third parties, please include all relevant ICD10 codes in the referral form or letter.

- With effect from 01 September 2011, all scripts submitted to HIV Disease Management Programme must have a B24 ICD10 code.
- All claims submitted for payment on code 0199H must have a B24 ICD10 code. These claims will only be paid once the complete registration has been received and an authorisation has been granted by HIV DMP case managers.
- Claims submitted with the 0181S code will now be mapped to appropriate ICD10 codes and will not be paid if the ICD 10 code is not consistent with performance of a procedure.

Accessing the Prime Cure Dashboard Functionality

Kindly take note that the provider login previously used on the Prime Cure website has been replaced by the Provider Dashboard Login. It can be accessed through a link on the Prime Cure website. This will enable the access to basic service provider information, disciplines, and license information. It makes provision for detailed searches, viewing of payments made via cheque or EFT; contact information to be displayed; claims searches based on criteria e.g. service dates; display of communication to the provider including fees for 2021; statements (under multimedia) and letters sent; verification of membership and for the obtaining of authorisation.



The screenshot shows the 'Login Details' section of the Prime Cure website. It features the Prime Cure logo (a red cross above the word 'primecure' in green and red, with 'healthcare management' in smaller green text below). To the right of the logo are two input fields: 'Login:' and 'Password:'. Below these fields are two links: 'Have you forgotten your login or password?' and 'Do you want to register for an Account?'. A green 'Login' button is located in the bottom right corner of the form area.

Please note that you have to register for this service. Registration is free and can be done by registering for an account on the link on the website. Any questions related to this communication can be directed by email to dashboardlogin@primecure.co.za.

The Dashboard manuals have been distributed to all providers. If you have not received the Dashboard Manual, please [click here](#) or use the link below https://live.primecure.co.za/cgi-bin/wspd.cgi.sh/WService=wsb_kxpliv/run.w.

SECTION 1

1.1 Service Fees 2021

Prime Cure shall pay the designated service provider, or IPA designated service provider (as the case may be) in accordance with the contracted fee structure or the billed amount whichever is the lesser and in accordance with the Accreditation Criteria.

1.2 Claims Process

1.2.1 Submission of claims via EDI

System	Destination code	System	Destination code
QEDI	642P	*Lenasia Computers	642P
Mediswitch	642P	*Medilink	PCUR0001
Health Bridge	642P	EMD	642P

1.2.2 Consultation Codes

Claim Description	Benefit	Authorisation	Claim Description	Benefit	Authorisation
Acute Consultation Code 0190	GP benefit varies per scheme	Please see Medical Scheme Benefit matrix for scheme specific authorisation requirements.	Special Procedures Code 0190 + any code from table 1.1	As clinically indicated	Authorised consultation for approved special procedures
Chronic Consultations Code 0190	GP benefit varies per scheme	Please see Medical Scheme Benefit matrix for scheme specific authorisation requirements.			

1.2.3 Nappi Codes to be indicated on claims - Compulsory for 2021

Please note that dispensing providers are required to ensure all claims submitted include Nappi Codes, description and quantities of medication dispensed. Please submit the Nappi Code quantity with a zero or one cent value. A dispensing licenced holder must comply with conditions listed in the Medicines and Related Substances Control Act and Regulations.

1.2.4 Remittance Advices

- A remittance advice will be sent to the Service Provider three working days after every payment run. Please inform Prime Cure of any changes in facsimile or e-mail details by sending updated details to e-mail: provider.loading@primecure.co.za. Please contact the Prime Cure Service Centre if you have received your payment without a remittance advice or send an e-mail to: networks@primecure.co.za
- Please inform Prime Cure if there is any change in your e-mail or facsimile details to ensure that remittance advices are distributed to the correct destination by e-mailing your amended details to e-mail: provider.loading@primecure.co.za.

1.3 General Practitioners

Please Note: Only one consultation funded by Prime Cure per day, per beneficiary.

1.3.1 Benefit

The General Practitioner benefit varies per scheme. Please see Medical Scheme Benefit Matrix for details per scheme.

***Note:** Benefits differ from scheme/option to scheme/option – please refer to the Medical Scheme Benefit Matrix for more information regarding the benefits.

1.3.1.1 Consultation Pre-Authorisation

- Authorisation is essential. Please see changes applicable as referred to under important notices in the beginning of this document for details of specific schemes.
- Consultations not authorised could influence the DSP accreditation reimbursement levels.

Authorisation can be done:

Option	Telephonic contact number
Prime Cure	0861 665 665

1.3.1.2 Emergency Consultations

“Emergency Condition” is the sudden and at the time unexpected onset of a life threatening health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place a person’s life in serious jeopardy.

- Only emergencies occurring after hours and which are regarded as an emergency medical condition.
- Consultation at any registered medical emergency provider or facility only.
- PMB emergencies covered without Co-Payment.
- Payment subject to the episode meeting the requirements of the Prime Cure definition of an emergency medical condition.

1.3.1.3 Out-of-Network Consultations

- Please refer to the Medical Scheme Benefit Matrix for benefit details.
- Authorisation required.
- Excludes the cost of facility fees for the Members/Policyholders account.
- Member/Policyholder to settle account and submit to Prime Cure for reimbursement.
- A 20% Co-Payment* is payable per event by the Member/Policyholder (This is only applicable to certain medical schemes please refer to the Medical Scheme Benefit Matrix for details).
- Please note that all Emergency Consultations after hours or on weekends must be authorised within 72 hours of the visit.

1.3.1.3 Forensic Review

- All provider accounts will be audited and profiled
- The audit process would include:
 - Assessing claims for potential overservicing
 - ICD 10 codes matched against treatment and procedures
 - Preauthorisation
 - Duplicate claims
 - Potential fraudulent claims
 - Above claims will be flagged and reversed pending investigation with consultation with the providers
- Preauthorisation will be required after 7th consultations

1.3.2 Minor trauma/Minor common office procedures covered (Refer to table 1.0 & 1.1)

- Small procedures performed at a Prime Cure medical centre or contracted service provider's rooms/practice (according to Prime Cure approved codes for office procedures; refer to table 1.0 and 1.1).
- No hospital or day theatre procedures are covered under these codes.
- Procedures covered include lacerations, treatment of minor burns, bites, stings, cuts, bruises, fractures, excisions, wound care and other procedures of a similar magnitude.

1.3.2.1 The applicable fee includes the consultation, medication and any procedures and consumables

The General Practitioner consultation fee includes the consultation materials, acute medicines, as well as the following common office procedures as part of the consultation fee:

Code	Description	Code	Description	Code	Description
0017	Injections by practitioner	0202	Setting sterile tray	Over 0205	Intravenous infusions (patient under 3 years)
0206	Intravenous infusions (patient over 3 years)	0222	Intra-lesional injection	0233	Biopsy without suturing - 1st lesion
0234	Subsequent lesions	0235	Maximum for multiple additional lesions	2442	Hysteroscopy insertion of I.U.C.D. (excl after care and cost of device)
0245	Removal benign lesion curetting under local/general anaesthesia followed by diathermy and curetting of electrocautery - first lesion	1228 1229 1232 1233	ECG: With or without effort	0241 0242 0243	Cryotherapy
0661	Aspiration joint/intra-articular injection	1136	Nebulisation in rooms	1197	Bladder catheterisation female
0663	Multiple intra-articular injections	2565	Implantation hormone pellets	2601	Pre-natal care & procedures - 1st pre-natal visit
3275	Audiometry - tympanometry	3287	Spinal joint and ligament injection	0763	Tendon/Ligament injection
1192	Peak Flow				

SECTION 1 (continued)

1.3.3 Special procedures done in rooms, pre-authorisation is now required.

- This tariff includes the consultation, procedures and acute medication.
- Materials used in the doctor's rooms ONLY.
- Procedures not mentioned below require authorisation. Please call the Prime Cure Service Centre on 0861 665 665.

Table 1.1

Code	Description
0300	Stitching of wound Stitching of soft-tissue injuries, stitching of wound (with or without local anaesthesia) including normal after-care
0301	Additional Wounds sutured
0307	Excision and repair Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude
0255	Drainage of subcutaneous abscess and avulsion of nail Drainage of subcutaneous abscess and onychia, paronychia, pulp space or avulsion of nail
0259	Removal of foreign body superficial to deep fascia Removal of foreign body to deep fascia (except hands)
0887	Long limb cast (excluding after-care) (modifier 0005 not applicable)
1188, 1186	Flow Volume test
0244	Repair nail bed
1725	Drainage external thrombosed pile
1234	ECG bicycle
1235	ECG multistage treadmill
2713	Spinal (lumbar) puncture For diagnosis, for drainage of spinal fluid or for therapeutic indications

**** Please note that only the procedures included in table 1.1 will be authorised and paid. Any other procedures such as wound care, out patient antibiotics etc. will require pre-authorisation from Prime Cure.**

1.3.4 Third Party, Motor Vehicle Accident (MVA) and Injury on Duty (IOD) Claims

No third party or MVA benefit is covered by Prime Cure, unless a PMB exists or where Prime Cure is taking full risk. Please use the correct ICD10 code on the claim to indicate that it is a MVA or IOD.

- Injury on Duty (IOD) Claims. Prime Cure will not fund benefits for consultations, investigations or treatments related to any Injury on Duty. Funding is solely the responsibility of the employer or the Member/Policyholder, should the Member/Policyholder be self-employed.
- Third Party Claims. For injuries sustained in an MVA, authorisations for consultations and treatments related investigations will be required from the Prime Cure Case Management department.

1.4. Medication

1.4.1 Acute medication Benefit (refer to the Medicine Formularies)

- Only medication prescribed by a Prime Cure general practitioner or contracted service provider according to the Prime Cure formulary will be covered.
- The medication will be provided as part of the acute consultation (when dispensed by a dispensing practitioner) or by an accredited network service provider/pharmacy if prescribed by a non-dispensing practitioner.
- This benefit is subject to the "quantities and limitations" as set out in the medicine formulary.

1.4.2 Chronic and PMB Medication

1.4.2.1 Registration Process

Members/Policyholders must be registered for chronic or PMB medication benefits. The first registration must be done in writing and a facsimile sent to 086 676 4374, e-mailed to pcauth@mediscor.co.za or contact the Chronic-Line on 0860 119 553. On registration, the applying General Practitioner DSP will receive a facsimile confirming the status of the application, as well as the period of approval of the chronic medication.

If there is no change to the script content on renewal of a chronic script every six months (as per legislation), the approved chronic authorisation period is still intact, updating the patient's chronic profile is not needed. Updating and enquiries regarding the progress of an application can be done telephonically by the General Practitioner DSP by contacting the Prime Cure Service Centre at 0861 665 665 and follow the voice prompt. A written application accompanied by motivation is always required for:

- Medication not listed on the formulary; and
- Medication subject to disease management protocols or clinical guideline interventions which require additional information (e.g. Dyslipidaemia).

1.4.3 Prescribed Minimum Benefits

- Benefits are as per treatment protocol for each condition and linked to the PMB formulary.
- Attending DSP is required to register a Member/Policyholder on the programme and compliance will influence the application of the protocol.
- All services to be delivered at designated service provider only.

1.4.4 HIV

- Anti-retroviral treatment and prophylactic medication are covered separately (please refer to the Prime Cure Disease Management Manual).
- Patients need to be registered by a General Practitioner/DSP on the HIV Disease Management Programme by contacting the Prime Cure Service Centre at 0861 665 665 or facsimile completed registration forms to 0866 492 667.

1.4.5 Self Medication Benefit ("OTC") may only be dispensed by a Pharmacy

- An "over-the-counter" medication benefit applies to some medical schemes only.
- It is limited to acute medication on the medication formulary obtainable without prescription as per legislation (Medication Schedule status of S0 to S2).
- Excludes all Supplements, Vitamins, Patent, Herbal or Homeopathic preparations or other products.
- Please refer to Medical Scheme Benefit Matrix for scheme specific benefits.

1.5 Specialist referrals: Out-of-hospital

- Please make use of the Prime Cure Specialist referral form
- All specialist visits need to be pre-authorized. Please assist the patients to ensure that patients return to your practice after the specialist visit
- No retrospective authorisations will be done. If specialist visits are not pre-authorized Members/Policyholders will be liable for the cost of a specialist visit and any related costs

1.5.1 Benefit

- Please refer to the Medical Scheme Benefit Matrix for details on scheme specific benefits.
- Consultations related to a PMB are subject to case management by Prime Cure, to ensure appropriate and clinically necessary services are provided.
- Patients are required to be registered for CDL-PMB benefit.

SECTION 1 (continued)

1.5.2 Pre-authorisation

For Pre-authorisations, please contact the Prime Cure Service Centre at 0861 665 665 or send facsimile completed specialist referrals form to: 086 520 7980 or e-mail to: casemanagers@primecure.co.za.

- Specialist visits not pre-authorized could influence DSP accreditation reimbursement levels. Please assist the Member/Policyholder to obtain authorisation to ensure that the Member/Policyholder returns to you after the specialist visit. No retrospective authorisations will be granted.
- An authorisation confirmation letter will be sent to your practice on the same day.
- The patient should obtain a copy of the authorisation confirmation letter to be taken to the specialist at the time of the consultation.

1.6 Hospital referrals (Only for schemes where Prime Cure takes full risk)

1.6.1 Pre-authorisation

For Pre-authorisations, please contact the Prime Cure Service Centre at 0861 665 665 or 0861 493 587.

- All admissions require pre-authorisation; for any non-emergency at least 48 hours prior to admission.
- All emergencies must be authorised within 24 hours, or on the first working day after admission.

1.6.2 Hospital Network

- Prime Cure is contracted with most major private hospital groups. Please consult the Prime Cure website or call the service centre for details. Note that some schemes only cover hospitalisation in Public hospitals.
- To-take-out (TTO) medicine subject to Prime Cure medicine formulary to a maximum of 7 days supply. TTO medication for a longer duration needs pre-authorisation. TTO differs between schemes and Kaelo Health MyHealth.

1.7 Radiology referrals

1.7.1 Benefit

- Member/Policyholder must be referred for radiology by a Prime Cure General Practitioner or accredited service provider.
- In general soft tissue ultrasounds and black and white x-rays are covered according to a list of Prime Cure approved codes - refer to the Radiology benefit schedule in this Manual for details.
- Foetal/Maternal ultrasound scans are limited to 2 (two) scans per pregnancy.
- Where General Practitioners perform radiology procedures, proof of qualifications/training may be required before Prime Cure makes any reimbursement.

1.7.2 Pre-Authorisation

For Pre-authorisations, please contact the Prime Cure Service Centre at 0861 665 665 or facsimile to: 086 520 7980 or e-mail request to: casemanagers@primecure.co.za. All radiology codes NOT on the Prime Cure lists require authorisation.

1.7.3 Emergency Radiology request

Emergency radiology will be reviewed for authorisation the first operational day following the investigation and is required to fall within the formulary and protocols as set out by Prime Cure.

1.8 Pathology

1.8.1 Benefit

- Out-of-hospital pathology is covered according to the Prime Cure list of pathology codes and requires motivation/authorisation. Please refer to the Pathology benefit schedule in this Manual for details.
- Only Prime Cure Preferred Provider Network pathology providers may be used for out-of-hospital pathology investigations.
- Pathology investigations should be requested on the Prime Cure Pathology Request Form only.

All pathology referred to non preferred network providers will be settled at network rates. Members/Policyholders will be liable for co-payment for pathology at these providers that are billed above the network rate.

Forms can be obtained from:

Name and practice number	Ampath Laboratories 5200431	Lancet Laboratories 5201055	Pathcare 5200539
Telephone number	012 678 1001	011 358 0800	021 596 3800
E-mail address	accounts@ampath.co.za	callcentre@lancet.co.za	clients@pathcare.co.za
Website	www.ampath.co.za	www.lancet.co.za	www.pathcare.co.za

1.8.2 Emergency Pathology

- Pre-authorisation is essential and can be obtained from the Prime Cure Service Centre at 0861 665 665 or 0861 493 587 within 24 hours of providing the service, or the next business day.
- Emergency pathology investigations may be referred to any accredited local provider.
- Emergency pathology will be reviewed for authorisation on the first operational day following the investigation and is required to fall within the Prime Cure protocols.

1.8.3 Pre-Authorisation

- For Pre-authorisations, please contact the Prime Cure Service Centre at 0861 665 665 or send a facsimile to: 086 520 7980 or email request to: casemanagers@primecure.co.za. Pathology tests that do not appear on the Prime Cure pathology request form, require authorisation.

Note: If patients insist on treatment, medication or investigations that fall outside the Prime Cure specified benefit schedules or formularies, the requested treatment, medication or investigation will be for the Member's/Policyholder's personal account unless clinically appropriate and pre-authorized. Please ensure that the patient is informed accordingly and completes the "patient consent form" attached in this Manual.

1.9 Disease Management

If Prime Cure requires you to register a patient on a disease management programme, you can claim code 0199. This will require the submission of additional clinical information and accurate ICD10 coding. Strict pre-authorisation is required.

SECTION 2 - Pathology codes

A. Chemistry	Billing Codes
Cardia/Muscle	
Cardiac Enzymes	4132, 4133, 4130, 4138
CK Total	4132
D-Dimer	3854, 3856
Diabetes	
Glucose (Random/Fasting)	4057
HbA1C	4064
Fructosamine	4063
Glucose Tolerance (4 specimens - Fasting)	4053
Inflammation / Immune	
Complement C3/C4	3963, 3963
IgG, IgA,IgM	4182
CRP	3947
Lipids	
Lipogram (Random/Fasting) (For chronic meds application)	4025
Total Cholesterol (For screening)	4027
Triglycerides	4147
Liver / Pancreas	
LFT	4131, 4130, 4001, 4134, 4133, 4009, 4010
ALP	4001
ALT	4131
AST	4130
Bilirubin (Total, Conjugate)	4009, 4010
GGT	4134
Protein/Albumin	4117, 3999
Amylase	4006
Renal/ Electrolytes / Bone	
U&E, Creatinine, CO2	4171, 4032
Sodium	4114
Potassium	4113
Calcium	4017
Magnesium	4094
Phosphate	4109
Uric Acid	4155
Cerebrospinal fluid	
Cell count, Protein, Glucose, Chloride	4407

B. Haematology	Billing Codes
FBC & ESR	3755, 3797, 3743
Full Blood Count (FBC)	3755, 3797
Hb/ PCV	3762
ESR	3743
Malaria	3865, 3883, 3786, 3792
Blood Group and Rhesus	3764, 3765, 3939
Antibody Screen (antenatal)	3709
COOMBS Test	3709
Ferritin	4528
Folate (serum / rbc)	4533, 4536
PI/INR	3805, 3806
PTT	3837
VIT B12	4491

C. Endocrine - Reproductive	Billing Codes
B-HCG (Qualitative, Confirmation: Quantitative)	4450, 4451
FSH	4516
LH	4517
Oestradiol (E2)	4503
Progesterone	4521
Prolactin	4537
Testosterone	4501
Endocrine - Thyroid	
Thyroid Functions (TSH,T4,T3)	4507, 4482, 4509
Free T4	4482
Free T3	4509
TSH	4507
Other Endocrine	
Cortisol	4499
Alpha-feto protein. (AFP)	4522
Carcino-embryonic antigen(CEA) (G.I.T., lung and breast)	4471
PSA	4519
CA 19-9 (G.I.T., pancreas)	4460
CA 15-3 (breast)	4468
CA 125 (ovary)	4462
Insulin	4485

SECTION 2 - Pathology codes (continued)

D. Serology	Billing Codes
Auto-Immune	
Rheumatoid Factor	3939
ANF	3934
ANTI - DNA	4182
Arthritis Screen	4155, 3939, 3934
Hepatitis Tests	
Acute Hepatitis (HEP A IgM)	4531
HEP B Immunity (HBsAB)	4531
Acute Hepatitis (HEP A, B)	4531
Chronic Hepatitis (HEP A,B, C)	4531
Hepatitis A,B,C Virus	4531
HIV Tests	
HIV Rapid test	4614
HIV Qualitative screening test	3932
HIV ELISA 1, 2 (Confirmation: Quantitative)	3932
CD4	3816 (Max 3/ year and only for schemes where PC manages HIV benefit)
Viral Load	4429 (Max 3/ year and only for schemes where PC manages HIV benefit)
Infectious Diseases and Others	
Chlamydia	3948
Bilharzia	3975, 3948
CMV	3948, 3946
EBV	3948, 3946
TMX	3939x8
BRUCELLA	3939x4
WIDAL	3939x6
YERSINIA	3939
Herpes Simplex 1 & 2	3968
EBV IBM / PAUL BUNNEL	3946
Paul Bunnell - EBV Monospot	3956
RPR Semi-Quantitative	3951
TPHA	3940
Toxoplasma	3948, 3946
Rubella	3948, 3946
H. Pylori	3948
Rickettsia	3946, 3975

E. Microbiology	Billing Codes
Urine M,C&S (incl culture)	3928, 4188, 3893, 3867, 3922, 3887, 3924
Stool M,C&S (incl culture)	3869, 3893, 3879, 3868, 3867
Sputum M,C&S (incl culture)	3867, 3881, 3895, 3887, 3924
Swab/Pus M,C&S	3909, 3895, 3867
TB culture	3881, 4433, 4555, 3916
ZN Stain/ Acid Fast Stain	3881

F. Cytology	Billing Codes
Cervical Smear (Normal consultation)	4566

G. Histology	Billing Codes
Biopsy tissue	4567, 4571, 4575, 4577, 4578

H. Miscellaneous	Billing Codes
Downs Screen	4540, 4546, 4552
Semen Analysis	4440, 4441
ACTH	4523



SECTION 3 - Radiology codes

RPL Medical practitioners	RPL Radiology	Description
Skull and Brain		
3349	10100	X - Ray of the skull
Facial bones and nasal bones		
3353	11100	X - Ray of the facial bones
3357	11120	X - Ray of the nasal bones
Orbits, lachrymal glands and tear ducts		
3353	12100	X - Ray orbits less than three views
	12110	X - Ray of the orbits, three or more views, including foramina
	12120	X - Ray of the orbits for foreign body
Paranasal sinuses		
3351	13100	X - Ray of the paranasal sinuses, single view
	13110	X - Ray of the paranasal sinuses, two or more views
	13130	X - Ray of the naso-pharyngeal soft tissue
Mandible, teeth and maxilla		
3355	14100	X - Ray of the mandible
3361	14130 (Dental ONLY)	X - Ray of the teeth single quadrant
3363	14140 (Dental ONLY)	X - Ray of the teeth more than one quadrant
3365	14150 (Dental ONLY)	X - Ray of the teeth full mouth
3361	15100	X - Ray tempero- mandibular joint, left
3361	15110	X - Ray tempero- mandibular joint, right
3359	16100	X - Ray of the mastoids, unilateral
3359	16110	X - Ray of the mastoids, bilateral
3349	16140	X - Ray internal auditory canal, bilateral
	17100	X - Ray of the sella turcica
	18100	X - Ray of the salivary glands and ducts for calculus
	18110	X - Ray of the salivary ducts, open mouth for calculus
Neck		
3385	20100	X - Ray of soft tissue of the neck
Thorax		
3445	30100	X - Ray of the chest, single view
	30110	X - Ray of the chest two views, PA and lateral
	30120	X - Ray of the chest complete with additional views
3449	30150	X - Ray of the ribs
	30155	X - Ray of the chest and ribs
3451	30160	X - Ray of the thoracic inlet
	30170	X - Ray of the sterno-calvicular joints
	30180	X - Ray of the sternum

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SECTION 3 - Radiology codes (continued)

RPL Medical practitioners	RPL Radiology	Description
Abdomen and Pelvis		
3477	40100	X - Ray of the abdomen
	40105	X - Ray of the abdomen supine and erect, or decubitus
3331	43100	X - Ray pelvimetry single
	43110	X - Ray pelvimetry multiple views
3321	50100	X - Ray of the spine scoliosis view AP only
	50110	X - Ray of the spine scoliosis view AP and including stress views
Cervical		
3325	51100	X - Ray of the cervical spine, stress views only
3321	51110	X - Ray of the cervical spine, one or two views
	51120	X - Ray of the cervical spine, more than two views
	51130	X - Ray of the cervical spine, more than two views including stress views
Thoracic		
3321	52100	X - Ray of the thoracic spine, one or two views
	52110	X - Ray of the thoracic spine, more than two views
3325	52140	X - Ray of the thoracic spine, more than two views including stress views
Lumbar		
3325	53100	X - Ray of the lumbar spine - stress study only
3321	53110	X - Ray of the lumbar spine - one or two views
	53120	X - Ray of the lumbar spine - more than two views
	53130	X - Ray of the lumbar spine - more than two views including stress views
3321	54100	X - Ray of the sacrum and coccyx
	54110	X - Ray of the sacro-iliac joints
Pelvis		
3331	55100	X - Ray of the pelvis
Hips		
6518	56100	X - Ray of the left hip
	56110	X - Ray of the right hip
6518	56120	X - Ray of pelvis and hips
3331		
3325	56140	X - Ray of the hip/s - stress study
3325	60100	X - Ray upper limbs - any region - stress studies only
Shoulder		
6509	61100	X - Ray of the left clavicle
6509	61105	X - Ray of the right clavicle
6510	61110	X - Ray of the left scapula
6510	61115	X - Ray of the right scapula
6508	61120	X - Ray of the left acromio-clavicular joint
	61125	X - Ray of the right acromio-clavicular joint

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SECTION 3 - Radiology codes (continued)

RPL Medical practitioners	RPL Radiology	Description
Shoulder (continued)		
3325	61128	X - Ray of acromio - clavicular joints plus stress studies bilateral
6507	61130	X - Ray of the left shoulder
	61135	X - Ray of the right shoulder
6507	61140	X - Ray of the left shoulder plus sub-acromial impingement views
	61145	X - Ray of the right shoulder plus sub-acromial impingement views
6507	61150	X - Ray of the left sub-acromial impingement views only
	61155	X - Ray of the right sub-acromial impingement views only
Humerus		
6506	62100	X - Ray of the left humerus
	62105	X - Ray of the right humerus
Elbow		
6505	63100	X - Ray of left elbow
	63105	X - Ray of right elbow
3325	63110	X - Ray of the left elbow with stress
	63115	X - Ray of the right elbow with stress
Forearm		
6504	64100	X - Ray of the left forearm
	64105	X - Ray of the right forearm
Lower Limbs		
3325	70100	X - Ray lower limbs - any region - stress studies only
3313	70120	X - Ray of the lower limbs full length study
Hand and Wrist		
6500	65100	X - Ray of the left hand
	65105	X - Ray of the right hand
3305	65120	X - Ray of a finger
	65130	X - Ray of the left wrist
	65135	X - Ray of the right wrist
6501	65140	X - Ray of the left scaphoid
	65145	X - Ray of the right scaphoid
6500	65150	X - Ray of the left wrist, scaphoid and stress views
	65155	X - Ray of the right wrist, scaphoid and stress views
Lower Leg		
6514	73100	X - Ray of the left lower leg
	73105	X - Ray of the right lower leg

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SECTION 3 - Radiology codes (continued)

RPL Medical practitioners	RPL Radiology	Description
Ankle and Foot		
6512	74100	X - Ray of the left ankle
	74105	X - Ray of the right ankle
3325	74110	X - Ray of the left ankle with stress views
	74115	X - Ray of the right ankle with stress views
6511	74120	X - Ray of left foot
	74125	X - Ray of right foot
6513	74130	X - Ray of the left calcaneus
	74135	X - Ray of right calcaneus
6511	74140	X - Ray of both feet - standing - single view
3305	74145	X - Ray of a toe
Femur		
6517	71100	X - Ray of the left femur
	71105	X - Ray of right femur
6515	72100	X - Ray of the left knee one or two views
	72105	X - Ray of the right knee one or two views
	72110	X - Ray of the left knee, more than two views
	72115	X - Ray of the right knee, more than two views
6515	72120	X - Ray of the left knee including patella
6516	72125	X - Ray of the right knee including patella
3311	72130	X - Ray of the right knee with stress views
	72135	X - Ray of the left knee with stress views
6516	72140	X - Ray of left patella
	72145	X - Ray of right patella
6515	72150	X - Ray both knees standing - single view
6519	74150	X - Ray of the sesamoid bones one or both sides
Ultra Sound / Sonar		
Neck		
3629	20200	Ultrasound of the thyroid
	20210	Ultrasound of the soft tissue of the neck
Thorax		
5103	30200	Ultrasound of the chest wall, any region
5101	30210	Ultrasound of the pleural space
5103	30220	Ultrasound of the mediastinal structures
Abdomen and Pelvis		
5103	40200	Ultrasound study of the abdominal wall
3627	40210	Ultrasound study of the whole abdomen including the pelvis
3628	42200	Ultrasound study of the renal tract including bladder
3618	43200	Ultrasound study of the pelvis trans-abdominal
5100	43205	Ultrasound study of the female pelvis trans-vaginal
3610	43210	Ultrasound of the prostate trans-rectal
3629	43220	Ultrasound study of the testes.

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SECTION 3 - Radiology codes (continued)

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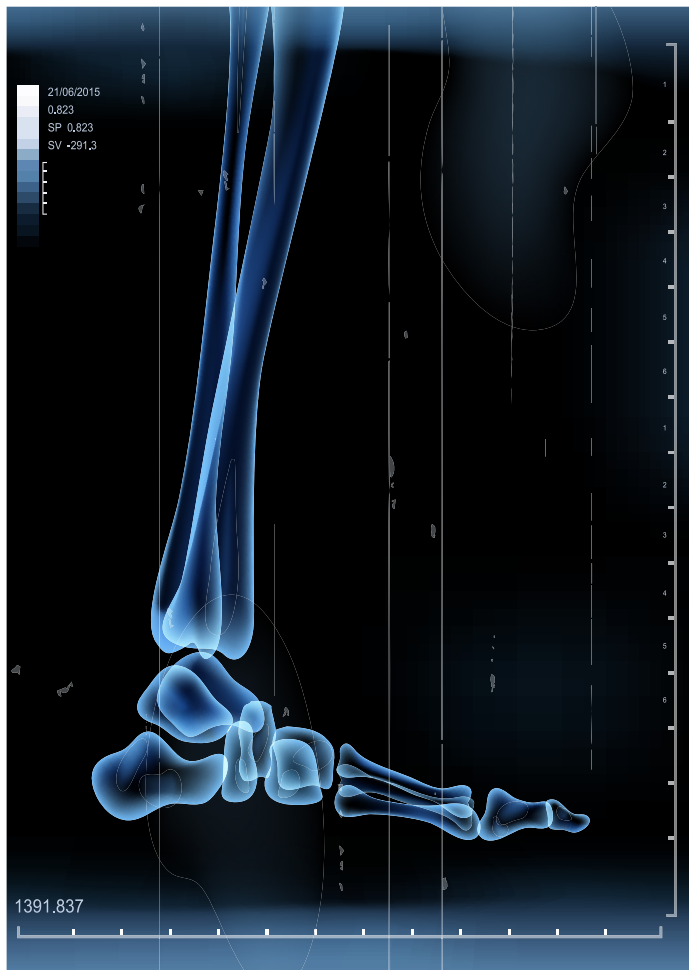
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RPL Medical practitioners	RPL Radiology	Description
* Please note maximum of 2 ultrasound studies per pregnancy	43250	Ultrasound study of the pregnant uterus, first tri- mester *
	43270	Ultrasound study of the pregnant uterus, third tri- mester, first visit *
	43273	Ultrasound study of the pregnant uterus, third, third trimester, follow-up visit *
3615	43277	Ultrasound study of the pregnant uterus, multiple gestation, section, second or third trimester, first visit*
3617		Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment
Salivary glands and floor of the mouth		
3629	18200	Ultrasound of the salivary glands / floor of the mouth
Mamma		
3629	34200	Ultrasound study of the breast
Upper Limbs		
5103	60200	Ultrasound upper limb - soft tissue - any region
Lower Limbs		
5103	70200	Ultrasound lower limb - soft tissue - any region



SECTION 4 - Prime Cure formulary 2021

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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; CRF - Chronic Renal Disease; CSD - Crohn's Disease; DBI - Diabetes Insipidus; DMI - Diabetes Mellitus Type 1; DM2 - Diabetes Mellitus Type 2; DYS - Dysrhythmias; EPL - Epilepsy; GLC - Glaucoma; HAE - Haemophilia; HYL - Hyperlipidaemia; HYP - Hypertension; IBD (UC) - Inflammatory Bowel Disease (Ulcerative Colitis); IHD (CAD) - Ischaemic Heart Disease (Coronary Artery 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 months chronic medication (on formulary) can be obtained from the DSP (Designated Service Provider), there after 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 it 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
11. Dispensing doctors are advised to always script according to the below Prime Cure Medication formulary to avoid rejection of medication of network pharmacies.
12. Should Members/Policyholders insist on medication out of the formulary, Members/Policyholders liable for the cost. In such instance the attached consent form of the back of this manual is to be signed by the Member/Policyholder and filed.

SECTION 4 - Prime Cure formulary 2021 (continued)

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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
1. CENTRAL NERVOUS SYSTEM (continued)								
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						
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
		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	NONE LISTED						
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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
1. CENTRAL NERVOUS SYSTEM (continued)								
1.5 Anti-psychotics (continued)								
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 Cap 0.5 MG	OR	CAPS		C	SCZ	Therapeutic - ChroniLine Pre-Auth
		Haloperidol Tab 5 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Haloperidol Tab 10 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
		Olanzapine Orally Disintegrating Tab 5 MG	TBDP	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Olanzapine Orally Disintegrating Tab 10 MG	TBDP	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Olanzapine Tab 2.5 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Olanzapine Tab 5 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Olanzapine Tab 10 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Quetiapine Fumarate Tab 25 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Quetiapine Fumarate Tab 100 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Quetiapine Fumarate Tab 200 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Quetiapine Fumarate Tab 300 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Risperidone Tab 0.5 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Risperidone Tab 1 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
1. CENTRAL NERVOUS SYSTEM (continued)								
1.5 Anti-psychotics (continued)								
1.5.4	Others	Flupentixol Decanoate IM Soln 20 MG/ML	IM	SOLN		C	BMD, SCZ	Therapeutic - ChroniLine Pre-Auth
		Sulpiride Cap 50 MG	OR	CAPS		C	SCZ	Therapeutic - ChroniLine Pre-Auth
		Zuclopenthixol Decanoate IM in Oil 200 MG/ML	IM	SOLN		C	BMD, SCZ	Therapeutic - ChroniLine Pre-Auth
		Zuclopenthixol Dihydrochloride Tab 2 MG	OR	TABS		C	BMD, SCZ	Therapeutic - ChroniLine
		Zuclopenthixol 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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
1. CENTRAL NERVOUS SYSTEM (continued)								
1.6 Anti-epileptics (continued)								
1.6	Anti-epileptics (continued)	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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
1. CENTRAL NERVOUS SYSTEM (continued)								
1.7 Anti-Parkinson agents								
1.71	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
		Pramipexole Dihydrochloride Tab 0.125 MG	OR	TABS		C	PAR	Therapeutic - ChroniLine
		Pramipexole Dihydrochloride Tab 0.25 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
1.72	Anti-cholinergics	Biperiden Lactate Inj 5 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		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
1.8 Anti-vertigo and anti-emetic agents								
1.8	Anti-vertigo and anti-emetic agents	Buclizine-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
		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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
1. CENTRAL NERVOUS SYSTEM (continued)								
1.8 Anti-vertigo and anti-emetic agents (continued)								
1.8	Anti-vertigo and anti-emetic agents	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
		Clonidine HCl (Migraine) Oral Drops 25 MCG/0.5ML	OR	SOLN	A			Max 1 package/Rx & 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 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						

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
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
		Codeine Phosphate Tab 30 MG	OR	TABS	A			Therapeutic - ChroniLine Pre-Auth
		Morphine Sulfate Tab CR 10 MG	OR	TABS	A			Therapeutic - ChroniLine Pre-Auth
		Oxycodone HCl Cap 5 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, DM1, DM2, SLE, RHA	Therapeutic - ChroniLine
		Aspirin Tab 300 MG	OR	TABS	A			Max Rx/5 days & 3 Rx/annum
		Aspirin Dispersible Tab 300 MG	OR	TABS		C	CHF, CMY, DYS, CAD, HYL, DM1, DM2, SLE, RHA	Therapeutic - ChroniLine
		Aspirin Dispersible Tab 300 MG	OR	TABS	A			Max Rx/5 days & 3 Rx/annum
		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			Max 200ml/Rx & 3 Rx/annum
		Paracetamol Elixir 120 MG/5ML	OR	ELIX		C	HAE	Therapeutic - ChroniLine
		Paracetamol Syrup 120 MG/5ML	OR	ELIX	A			Max 200ml/Rx & 3 Rx/annum
		Paracetamol Syrup 120 MG/5ML	OR	ELIX		C	HAE	Therapeutic - ChroniLine
		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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
3. ANALGESICS (continued)								
3.3 Combinations								
3.3	Combination Analgesics	Acetaminophen w/ Codeine Cap 500-8 MG	OR	CAPS	A			Max Rx/5 days & 3 Rx/annum
		Acetaminophen w/ Codeine Cap 500-8 MG	OR	CAPS		C	HAE, MSS, SLE	Therapeutic - ChroniLine
		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 w/ Codeine Tab 500-8 MG	OR	TABS		C	HAE, MSS, SLE	Therapeutic - ChroniLine
		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
		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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
4. MUSCULO-SKELETAL AGENTS (continued)								
4.1 Non-steroidal anti-inflammatory agents (continued)								
4.1.1	COX inhibitors (continued)	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		C	RHA, SLE	Therapeutic - ChroniLine Pre-Auth
		Meloxicam Tab 15 MG	OR	TABS		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 0.5 MG	OR	TABS	A			Max 12/Rx & 3 Rx/annum
		Colchicine Tab 1 MG	OR	TABS	A			Max 12/Rx & 3 Rx/annum
4.3 Topical agents								
		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						

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
4. MUSCULO-SKELETAL AGENTS (continued)								
4.5 Centrally acting muscle relaxants								
4.5	Centrally acting muscle relaxants	Baclofen Tab 10 MG	OR	TABS		C	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
		Alfacalcidol Cap 1 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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
5. AUTONOMIC (continued)								
5.5 Others								
5.5	Others	NONE						
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
		Diphenhydramine-Pyridamine Cream 1-1%	EX	CREA	A			Max 1 package/Rx & 3 Rx/annum
		Pyridamine Maleate Cream 2%	EX	CREA	A			Max Rx/5 days & 3 Rx/annum
6.2 Serotonin antagonists								
6.2	Serotonin antagonists	NONE						
6.3 NK1 antagonists								
6.3	NK1 antagonists	NONE						
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
		Digoxin Tab 0.25 MG	OR	TABS		C	CHF, CMY, DYS	Therapeutic - ChroniLine Pre-Auth
		Digoxin Tab 62.5 MCG (0.0625 MG)	OR	TABS		C	CHF, CMY, DYS	Therapeutic - ChroniLine Pre-Auth
7.1.2	Others	NONE LISTED						

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
7. CARDIO-VASCULAR AGENTS (continued)								
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
		Lidocaine HCl IV Inj 10 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Lidocaine HCl IV Inj 20 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
7.3 Anti-hypertensives (single agents and combinations including diuretic combinations)								
7.3.1	Central acting sympathetic nervous system inhibitors	Methyldopa 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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
7. CARDIO-VASCULAR AGENTS (continued)								
7.3 Anti-hypertensives (single agents and combinations including diuretic combinations) (continued)								
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
		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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
7. CARDIO-VASCULAR AGENTS (continued)								
7.3 Anti-hypertensives (single agents and combinations including diuretic combinations) (continued)								
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	NOT 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
		Nifedipine Tab SR 24HR 30 MG	OR	TB24		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						

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
7. CARDIO-VASCULAR AGENTS (continued)								
7.4 Anti-anginal agents (continued)								
7.4.2	Beta-receptor blockers	REFER TO 7.3.3 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 Cap CR 50 MG	OR	CPCR		C	CAD, CHF, CMY	Therapeutic - ChroniLine
		Isosorbide Mononitrate Tab 20 MG	OR	TABS		C	CAD, CHF, CMY	Therapeutic - ChroniLine
		Isosorbide Mononitrate Tab SR 24HR 60 MG	OR	TB24		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						
7.5.2	Peripheral vasodilators	NONE LISTED						
7.6 Vasoconstrictors								
7.6	Vasoconstrictors	NONE LISTED						

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
7. CARDIO-VASCULAR AGENTS (continued)								
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						

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
8. BLOOD AND HAEMOPOEITIC (continued)								
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 Tab Delayed Release 81 MG	OR	TBEC		C	CHF, CMY, DYS, CAD, HYL, DM1, DM3	Therapeutic - ChroniLine
		Aspirin Tab 100 MG	OR	TABS		C	CHF, CMY, DYS, CAD, HYL, DM1, DM4	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
		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
8.7 Haemoglobin-based oxygen carrier								
8.7	Haemoglobin-based oxygen carrier	NONE LISTED						
8.8 Others								
8.8	Others	NONE LISTED						

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
9. ALCOHOLISM								
9.	Alcoholism	NONE LISTED						
10. RESPIRATORY SYSTEM								
10.1 Coughs and colds								
10.1.1	Antitussives and expectorants	Aminophylline-Diphenhyd-Ammon Cl-Sod Citrate Syrup	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		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
		Guaifenesin Syrup 100 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum
		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-Triprolidine w/ COD Syrup 30-1.25-10 MG/5ML	OR	SYRP	A			Max 200ml/Rx & 3 Rx/annum

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
10. RESPIRATORY SYSTEM (continued)								
10.1 Coughs and colds (continued)								
10.1.1	Antitussives and expectorants	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-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
		Phenylpropanolamine w/ Acetaminophen Cap 18-325 MG	OR	CAPS	A			Max 24/Rx & 3 Rx/annum
		Phenylprop-Phenyltolox w/ Cod-APAP Tab 25-22-15-300 MG	OR	TABS	A			Max 20/Rx & 3 Rx/annum
		Pyrilamine-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
		Pseudoephedrine HCl Tab 60 MG	OR	TABS	A			Max 20/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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
10. RESPIRATORY SYSTEM (continued)								
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
		Theophylline-Etofylline Elixir 80-10 MG/15ML	OR	ELIX	A			Max 200ml/Rx & 3 Rx/annum
10.2.3	Anticholinergics	Ipratropium Bromide Inhal Aerosol 40 UG/ACT	IN	AERO			C	AST, BCE, COP Therapeutic - ChroniLine
10.2.4	Combinations	Ipratropium-Albuterol Aerosol 18-103 MCG/ACT (20-120MCG/ACT)	IN	AERO			C	AST, BCE, COP Therapeutic - ChroniLine
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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
10. RESPIRATORY SYSTEM (continued)								
10.4 Anti-asthmatics								
10.4.1		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
		Symbicort Turbu 160/4.5 60 dose	IN	AERO		C	AST, BCE, COP	Therapeutic - ChroniLine
		Symbicort turbu 160/4.5 120 dose	IN	AERO		C	AST, BCE, COP	Therapeutic - ChroniLine
		Symbicort Inh 320/9MCG 60 dose	IN	AERO		C	AST, BCE, COP	Therapeutic - ChroniLine
	Additions	Foxair (InhalerAero Powd)	IN	AERO		C	AST,COP	Therapeutic- ChroniLine
10.4.2	Leukotriene receptor antagonist	NONE LISTED						
10.4.3	Chromones	NONE						
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						
11.1.2	Glucocorticosteroids	Beclomethasone Dipropionate Nasal Soln 0.05%	NA	SOLN	A			Max 1/Rx & 4 Rx/annum
11.1.3	Chromones	NONE						

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
11. EAR, NOSE AND THROAT (continued)								
11.1 Topical nasal preparations (continued)								
11.1.5	Antihistamines	NONE						
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						

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
12. GASTRO-INTESTINAL TRACT (continued)								
12.3 Anti-spasmodics								
12.3	Anti-Spasmodics	Scopolamine N-Butylbromide Inj 20 MG/ML	INJ	SOLN	A			Consumables - Clinic use only
		Scopolamine N-Butylbromide Syr 5 MG/5ML	OR	SYRP	A			Max 100ml/Rx & 3 Rx/annum
		Scopolamine 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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
12. GASTRO-INTESTINAL TRACT (continued)								
12.4 Acid reducers (continued)								
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						
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
		Sennosides 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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
12. GASTRO-INTESTINAL TRACT (continued)								
12.8 Liver, gall bladder and bile								
12.8	Liver, gall bladder and bile	NONE LISTED						
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
		Mesalamine Tab Delayed Release 1.2 GM	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
		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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
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
		Sulfiram Bar 5%	EX	BAR	A			Max 2 bars/Rx & 2 Rx/annum
14.3 Fungicides								
14.3	Fungicides	Clotrimazole Cream 1%	EX	CREA	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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
14. DERMATOLOGICALS (continued)								
14.4 Cortico-steroids (continued)								
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						
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						

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
15. OPHTHALMICS (continued)								
15.3 Combinations (anti-infectives with corticoids)								
15.3	Combinations (Anti-infectives with corticoids)	NONE LISTED						
15.4 Decongestants								
		Oxymetazoline HCl Ophth Soln 0.025%	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
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 Ophth Soln 0.01%	OP	SOLN		C	GLC	Therapeutic - ChroniLine Pre-Auth
		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
		Brinzolamide-Timolol Ophth Susp 1-0.5%	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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
15. OPHTHALMICS (continued)								
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 Solution 0.01% (Refridgerated)	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 Uninary alkalinizers								
16.3	Urinary alkalinizers	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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
16. URINARY SYSTEM (continued)								
16.4 Urinary antiseptics								
16.4	Urinary antiseptics	NONE LISTED						
16.5 Others								
16.5	Others	NONE LISTED						
17. GENITAL 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						
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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
18. ANTIMICROBIALS (continued)								
18.1 Beta-Lactams (continued)								
18.1.1	Penicillins	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-Floxacillin Cap 250-250 MG	OR	CAPS	A			Max 4 fills/annum
		Amoxicillin-Floxacillin 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
		Floxacillin 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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
18. ANTIMICROBIALS (continued)								
18.1 Beta-Lactams (continued)								
18.1.1	Penicillins (continued)	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								
18.2	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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
18. ANTIMICROBIALS (continued)								
18.3 Aminoglycosides								
18.3	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								
18.4	Tetracyclines	Doxycycline Hyclate Cap 100 MG	OR	CAPS	A		BCE	Max 4 fills/annum / Therapeutic - ChroniLine
		Oxytetracycline HCl Cap 250 MG	OR	CAPS	A			Max 4 fills/annum
18.5 Chloramphenicols								
18.5	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								
18.6	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								
18.7	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
		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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
18. ANTIMICROBIALS (continued)								
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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
19. ENDOCRINE SYSTEM (continued)								
19.1 Anti-diabetic agents (continued)								
19.1.1	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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
19. ENDOCRINE SYSTEM (continued)								
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						
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

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
19. ENDOCRINE SYSTEM (continued)								
19.6 Sex hormones (continued)								
19.6.3	Progestogens	Medroxyprogesterone Acetate Tab 5 MG	OR	TABS	A	C		Max 15/Rx & 2 fills per annum / Therapeutic - ChroniLine Pre-Auth
		Medroxyprogesterone Acetate Tab 10 MG	OR	TABS	A	C		Max 15/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)

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
20. VITAMINS, TONICS, MINERALS AND ELECTROLYTES (continued)								
20.2 Vitamins with minerals								
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	Magnesium Sulfate Inj 50%	INJ	SOLN	A			Consumables - Clinic use only
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						

SECTION 4 - Prime Cure formulary 2021 (continued)

MIMS	Mims Description	Active Ingredient	Route of admin	"Dosage Form"	Acute	Chronic	CDL Conditions	Quantities and Limitations
25. CHELATING AGENTS, ION EXCHANGE PREPARATIONS								
25.	Chelating agents, ion exchange preparations	NONE LISTED						
26. BIOLOGICALS								
26.	Biologicals							
	Flu Vaccination	High risk Member/Policyholder only, as per 2021 flu vaccination policy						
	Other Biologigals	NONE LISTED						
DIAGNOSTICS AND DEVICES								
A	Insulin syringes and needles	Insulin Pen Needle	-	MISC				Therapeutic - ChroniLine Pre-Auth
B	Glucometers	GlucoCheck Classic Blood Glucose Monitoring Unit	-	KIT				Therapeutic - ChroniLine Pre-Auth
C	Glucometer test strips	GlucoCheck Test Strips 50's	-	TEST				Therapeutic - ChroniLine Pre-Auth
D	Glucocheck Lancets	GlucoCheck Lancets 50's	-	MISC				Therapeutic - ChroniLine Pre-Auth
E	Inhaler Devices	Drug Application Product - Misc	-	DEVI				Therapeutic - ChroniLine Pre-Auth

*[click here](#) for updated formualry.

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 Cure 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.



2021
Form Examples

IMPORTANT NOTE: To be completed by General Practitioner. Any procedure not listed requires pre-authorization:
 Prime Cure - 0861 665 665 or Email - auth@primecure.co.za. Pre-authorization number should be recorded on the account to be considered for payment. Please submit your account electronically using the following destination code - 642P, alternatively post claims to: Prime Cure, Private Bag 2108, Houghton, 2041

A Doctor Details:

Referring Doctor: Practice Number:

Email:

Tel: Fax: Cell:

B Details of Principal Member/Policyholder:

Surname:

First Name:

Email:

Member/Policy Number:

Medical Scheme/Health Insurer: Medical Scheme/Health Insurer Plan:

Employer: Paypoint No:

C Patient Details:

Surname:

First Name:

Postal Address: Code:

Email: Dependant Code:

Tel: Fax: Cell:

Identity Number/Passport: Gender: Male Female Age

D Reasons for Referral:

Clinical/Professional Diagnosis:

Motivation for Referral:

ICD 10 Code: Date on Onset:

E Specialist Practitioner's Details:

Specialist Name: Practice Number:

Email:

Tel: Fax: Cell:

MP No: Consultation Date:

Authorisation No: Authorisation Date:

F Concomittant Medication - Patient Current Medication:

Diagnosis (eg: Hypertention)	ICD 10 Code (eg: J10)	Medication Description (eg: HZTZ)	Strength (eg: 25mg)	Directions (eg: 1/Daily)	Date of Diagnosis	Repeats (eg: 6/12)	Dispense (Self/Medipost)

G Special Investigations:

Date (eg: 01/01/2021)	ICD 10 Code (eg: FBC)	Result

H Additional Information:

Complete if relevant to diagnosis

Weight: kg Height: cm BMI:

Smoker: Yes No Cigarettes per day:

Injury on Duty Date: - -

Previous Motor Accident Date: - -

General Practitioner Signature: Date: - -

IMPORTANT NOTE: Only investigation funded within the Prime Cure Benefit Options will be considered for payment. Please submit the account electronically via your preferred switch. Contact Detail: Prime Cure, Private Bag 2108, Houghton, 2041, or 0861 665 665.

A Doctor Details:

Referring Doctor: Practice Number:

Email:

Tel: Fax: Cell:

B Details of Principal Member/Policyholder:

Surname:

First Name:

Member/Policy Number:

Employer: Paypoint No:

Medical Scheme/Health Insurer: Medical Scheme/Health Insurer Plan:

C Patient Details:

Surname:

First Name:

Postal Address: Code:

Email: Dependant Code:

Tel: Fax:

Cell: Identity Number/Passport:

Gender: Male Female Age:

D Specimen Details:

Start Routine Collection Time: Consultation Date:

Pathology Practice Name: Practice Number:

E Clinical Information:

<input type="text"/>	ICD 10 Code:
<input type="text"/>	1. <input type="text"/>
<input type="text"/>	2. <input type="text"/>
<input type="text"/>	3. <input type="text"/>
<input type="text"/>	4. <input type="text"/>

F The Following Tests Listed Below Do Not Require Pre-Authorisation

Indicate by means of a CROSS (X), Prime Cure Approved codes only (Please see Provider Manual for complete list of Codes)

Chemistry

- | | |
|--|---|
| <input type="checkbox"/> Potassium | <input type="checkbox"/> Serum Amylase |
| <input type="checkbox"/> Urea & Electrolytes | <input type="checkbox"/> Total Billirubin |
| <input type="checkbox"/> Creatine | <input type="checkbox"/> HbA1c |
| <input type="checkbox"/> Glucose (Fasting) | <input type="checkbox"/> Troponin-T |
| <input type="checkbox"/> Glucose (Random) | <input type="checkbox"/> Liver Function |
| <input type="checkbox"/> ALT | <input type="checkbox"/> CRP |
| <input type="checkbox"/> AST | <input type="checkbox"/> Cardiac Enzymes |
| <input type="checkbox"/> Uric Acid | <input type="checkbox"/> CK |
| <input type="checkbox"/> Total Cholesterol (Fasting) | <input type="checkbox"/> CK - MB |
| <input type="checkbox"/> Lipogram (Fasting) | <input type="checkbox"/> LDH |
| <input type="checkbox"/> HDL | <input type="checkbox"/> D-Dimer |
| <input type="checkbox"/> LDL | |

Haematology

- Full Blood Count
 - ESR / Vis
 - Blood Group (5ml Plain)
 - PI / INR
 - PTT
 - Malaria Screening
 - COOMBS
 - Hb Only
- Endocrinology**
- BHCG Qualitative
 - TSH
 - Free T4
 - PSA
 - FSH

Serology

- Hepatitis B (Carrier)
- Hepatitis A (IgG)
- Hepatitis A (IgM)
- Rubella (IgM)
- RPR Only
- Rheumatoid Factor
- Widal (Typhoid) Only

Microbiology

- Specimen:
- Microscopy
 - Micro & Culture
 - Sputum TB AFB

HIV

- HIV RAPID
- HIV ELISA
- CD 4
- Viral Load
- PCR

Cytology

- PAP Smear (1 Slide)

Drug Monitoring

- Phenytoin
- Theophylline
- Phenobarbitone
- Tegretol
- Valproic Acid

Signature:

Copy To:

Application Date: - -

IMPORTANT NOTE: To be completed by General Practitioner. Only complete this form for CHRONIC medication for any CDL condition(s) (see section E). Attach the prescription and supporting documentation (laboratory results or motivation), if necessary, to the application. Fax the documents to 0866 764 374 or email pcauth@mediscor.co.za

A Dispensing Provider:

The following documents are required to be provided for your refund request to be processed.

- Dispensing GP
- Network Pharmacy
- Medipost (Courier Pharmacy) Practice Number: 6065732

B Doctor Details:

Referring Doctor: Practice Number:

Email:

Tel: Fax: Cell:

C Details of Principal Member/Policyholder:

Surname:

First Name:

Email:

Member/Policy Number:

Medical Scheme/Health Insurer: Medical Scheme/Health Insurer Plan:

Employer: Paypoint No:

D Patient Details:

Surname:

First Name:

Postal Address: Code:

Email: Dependant Code:

Tel: Fax: Cell:

Identity Number/Passport: Gender: Male Female Age

E CDL Chronic Conditions:

Indicate by means of a CROSS (X)

- | | | | | |
|---|--|---|---|--|
| <input type="radio"/> Addison's Disease | <input type="radio"/> (COPD) Chronic Obstructive Pulmonary Disease | <input type="radio"/> Diabetes Mellitus Type I | <input type="radio"/> Hyperlipidaemia | <input type="radio"/> Schizophrenia |
| <input type="radio"/> Asthma | <input type="radio"/> Chronic Renal Disease | <input type="radio"/> Diabetes Mellitus Type II | <input type="radio"/> Hypertension | <input type="radio"/> Systemic Erymatosus Lupus |
| <input type="radio"/> Bipolar Mood Disorder | <input type="radio"/> Coronary Artery Disease | <input type="radio"/> Dysrhythmias | <input type="radio"/> Hypothyroidism | <input type="radio"/> Ulcerative Colitis |
| <input type="radio"/> Bronchiectasis | <input type="radio"/> Crohn's Disease | <input type="radio"/> Epilepsy | <input type="radio"/> Multiple Sclerosis (MS) | <input type="radio"/> Chronic Depression |
| <input type="radio"/> Cardiac Failure | <input type="radio"/> Diabetes Insipidus | <input type="radio"/> Glaucoma | <input type="radio"/> Parkinson's Disease | <input type="radio"/> Gout |
| <input type="radio"/> Cardiomyopathy | <input type="radio"/> HRT | <input type="radio"/> Haemophilia | <input type="radio"/> Rheumatoid Arthritis | |
| <input type="radio"/> Other: <input type="text"/> | | | | |

F Patient's Medical Information:

Include copies of the results or reports, both diagnosing and latest where necessary, to prevent delays in the review of this application

Weight: kg Height: cm BMI: Smoker: Yes No Cigarettes per day:

Waist Circumference: cm Allergies:

Blood Pressure Reading: Date Taken: - -

Glucose: Date Taken: - -

Random: Fasting:

GTT: HbA1c:

Lipogram: Date Taken: - -

Total Cholesterol: HDL:

LDL: Triglyceride:

Creatinine Clearance: Date Taken: - -

Microalbuminuria: Date Taken: - -

Lung Function: Date Taken: - -

FEV1: FEV/FEC:

Indicate if the patient has the following:

Ischaemic Heart Disease/MI Date: - - Arteriosclerosis Date: - -

Peripheral Vascular Disease Date: - - TIA/Stroke Date: - -

First degree relative with premature heart disease:

Female < 65 Years Male < 55 Years

G Chronic Medication Application:

Prescribe according to the Prime Cure medicine formulary and chronic disease list. Only Medication on the formulary will be covered. The formulary is available for lookup on www.primecure.co.za

Chronic Condition (eg: Hypertension)	ICD 10 Code (eg: J10)	Date of Initial Diagnosis (eg: 01/01/2018)	Medicine Name, Strength & Dosage	No of Repeats (if not Ongoing)	How long has the Patient used this Medicine?	
					Months	Years

H Clinical Motivation / Additional Comments:

Doctor Signature:

Application Date: - -

IMPORTANT NOTE: Any procedure not listed requires pre-authorization: Prime Cure - 0861 665 665 Or Email - auth@primecure.co.za. Pre-authorization number should be recorded on the account to be considered for payment. Please submit your account electronically using the following destination code - 642P, alternatively post claims to: Prime Cure, Private Bag 2108, Houghton, 2041

A Doctor Details:

Referring Doctor: Practice Number:

Email:

Tel: Fax: Cell:

B Details of Principal Member/Policyholder:

Surname:

First Name:

Email:

Member/Policy Number:

Medical Scheme/Health Insurer: Medical Scheme/Health Insurer Plan:

Employer: Paypoint No:

C Patient Details:

Surname:

First Name:

Postal Address: Code:

Email: Dependant Code:

Tel: Fax: Cell:

Identity Number/Passport: Gender: Male Female Age:

D Patient Requested the Following Non-Formulary Medication:

Nappi Code (eg: 791237)	Medication Name (eg: Ventolin Nebules)	Strength (Eg: 25mg)

E Patient Agreed to the Following Services Not Covered Under the Benefits

Tariff Code (eg: 791237)	Description (Eg: Ventolin Nebules)

I, (the undersigned) declare that I was informed by my doctor that the medication/investigation/procedure/services fall outside my Prime Cure benefits. I am aware that the medication/investigation/procedure/services will be for my personal account.

Signed: Date:

IMPORTANT NOTE: Any procedure not listed requires pre-authorization: Prime Cure - 0861 665 665 or Email - auth@primecure.co.za. Pre-authorization number should be recorded on the account to be considered for payment. Please submit your account electronically using the following destination code - 642P, alternatively post claims to: Prime Cure, Private Bag 2108, Houghton, 2041

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Referring Doctor: Practice Number:

Email:

Tel: Fax: Cell:

B Details of Principal Member/Policyholder:

Surname:

First Name:

Email:

Member/Policy Number:

Medical Scheme/Health Insurer: Medical Scheme/Health Insurer Plan:

Employer: Paypoint No:

C Patient Details:

Surname:

First Name:

Postal Address: Code:

Email: Dependant Code:

Tel: Fax: Cell:

Identity Number/Passport: Gender: Male Female Age

D Authorisation Details:

If Applicable, please note that the Authorisation Number is only Valid for the Date of Service Authorised

Authorisation No: Authorisation Date:

E Clinical Information:

F The Following X-rays and Ultrasound Procedures Do Not Require Pre-Authorisation:

Indicate by means of a CROSS (X), Prime Cure Approved codes only (Please see Provider Manual for complete list of Codes)

X-Rays (Unilateral/Bilateral)

<input type="radio"/> Skull	<input type="radio"/> Thoracic Spine	<input type="radio"/> Forearm	<input type="radio"/> Femur	Ultrasound:
<input type="radio"/> Neck	<input type="radio"/> Lumbosacral	<input type="radio"/> Pelvis	<input type="radio"/> Knee	<input type="radio"/> Systemic Erythematosis Lupus
<input type="radio"/> Cervical Spine	<input type="radio"/> Shoulder	<input type="radio"/> Hand	<input type="radio"/> Ankle	<input type="radio"/> Ulcerative Colitis
<input type="radio"/> Ribs	<input type="radio"/> Elbow	<input type="radio"/> Hip	<input type="radio"/> Foot	<input type="radio"/> Chronic Depression
<input type="radio"/> Chest	<input type="radio"/> Upper Aerm	<input type="radio"/> Leg (Tibia, Fibula)		

G Radiology Request:

Procedure Requested:

CPT 4 Code:

Signature: Copy To: Application Date:

* Member/Policyholder verification during office hours is available by calling 0861 665 665 or by registering on the Prime Cure Dashboard on www.primecure.co.za "Dashboard Login" under the Provider tab.

Prime Cure Customer Service Centre

Monday-Friday: 08h00-17h00 Saturdays: 08h00-12h00

Closed on Sundays and Public Holidays

Phone: 0861 665 665

Email: customerservice@primecure.co.za

Physical Address

2nd Floor, The Oval - East Wing

Wanderers Office Park

52 Corlett Drive

Illovo 2196

Postal Address

Prime Cure

Private Bag 2108

Houghton

2041