



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Circular No. 009/10

Feidhmeannacht na Seirbhíse Sláinte
Seirbhís Aisioca Príomhchúraim
Bealach amach 5 an M50
An Bóthar Thuaidh
Fionnghlas
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29th April 2010

Re: Exempt Medicinal Products (Unlicensed Medicines)

Dear Pharmacist,

You will be aware of the legislative provisions in supplying an Exempt Medicinal Product (Unlicensed Medicine) i.e. that it must be supplied in response to an unsolicited bona fide request from a Medical Practitioner.¹ You will also be aware that such products should only be prescribed or supplied where a licensed product is not available to address patient need. The Department of Health & Children developed a protocol for the supply of such products in 1999 which was circulated to all pharmacies at the time and again earlier this year with Circular 002/10. This protocol was intended to address ongoing patient requirements rather than short term supply issues arising. The HSE is anxious to ensure that the usage of Exempt Medicinal Products is minimized to those situations where no suitable licensed alternative is available for the patient.

Notwithstanding the above, it is the intention of the HSE to streamline its internal procedures in processing bona fide requests for Exempt Medicinal Products by circulating on a regular basis a list of those products which satisfy the protocol including the HSE Reimbursement Price (Copy of List enclosed). This will mean that where such products are prescribed, you can dispense and claim for the products electronically. The Exempt Medicinal Products on the attached document will no longer require individual authorization by the Local Health Office under the discretionary Hardship Arrangements.

You should use the codes specified in the attached list for these products when prescribed for Medical Card Patients on properly completed GMS prescription forms and submit them in the normal manner with your monthly claims. This will reduce the administrative burden for Pharmacists in a practical way. It is important to note that the attached document will be subject to ongoing clinical review with additions and deletions provided to Community Pharmacists on a regular basis.

This initiative does not mean that Exempt Medicinal Products (unlicensed medicines), not included on this list, will not be reimbursed; these, where prescribed by a Hospital Consultant, still require approval by the Local Health Office and subsequent submission to that office for payment.

The prescribing of Exempt Medicinal Products usually arises in the following circumstances (i) where a new substance has been developed and is not licensed in Ireland to date (ii) where the usage of a product has decreased and a commercial decision has been made by the manufacturer not to renew the license in Ireland. Where an individual patient's specific need can be safely met by a licensed therapeutic alternative the licensed alternative should be prescribed. The HSE will communicate with Prescribers over the coming months in those circumstances where it appears that a licensed or more cost effective unlicensed alternative is available. As is the case for GPs,

¹ Medicinal Products (Control of Placing on the Market) Regulations 2007 (SI 540 of 2007).

Pharmacists are asked to ensure that patients understand when they are prescribed an unlicensed medicine and the value of using a licensed product where possible.

- Exempt Medicinal Products must be Consultant initiated. However, while the dispensing Pharmacist should be satisfied that the original prescriber was a specialist in the relevant field, the HSE will accept a GP prescription further to the initial hospital prescription.

The HSE is satisfied that Pharmacists can access the listed Exempt Medicinal Products at the prices outlined. A supplier to the community pharmacy market, Medisource, has confirmed that the prices on the attached list will remain in place for a period of six months. Due to the exceptional circumstances in which prescriptions for these products have arisen, the HSE will accept invoices for products already acquired at a different price than listed, for May and June 2010 claims. In such cases, submission to the Local Health Office must be made for subsequent payment.

Pharmacists will note that in some situations, there is a significant price differential in substitutable available Exempt Medicinal Products e.g. Lidocaine patches. In these circumstances, patients should be advised to contact their Prescriber for a generic prescription as it is the intention shortly to cease reimbursement for the more expensive preparations.

The HSE will be confirming with the Hospital Network that Novel Exempt Medicinal Products (i.e. those which have not been prescribed before in Ireland) will not automatically be reimbursed under the Department of Health & Children protocol from the 1st June 2010. These Novel Exempt Medicinal Products will require submission to the HSE, including pricing information, by the relevant prescribing Consultant with the rationale for reimbursement. Until such time that a decision to reimburse is made by the HSE, the hospital generating the prescription will retain responsibility for ensuring that the patient continues to access supplies of the Novel Exempt Medicinal Product. The HSE believes that proceeding in this manner will ensure that initiation of novel unlicensed substances will arise only where existence of an unmet clinical need can be demonstrated.

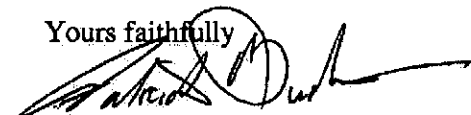
The attached list of products with their claiming codes should also be used for claims under the DPS and where relevant for LTI and HAA. As outlined above, the HSE will accept invoices for products already acquired at a different price than listed, for May and June 2010 claims, which should be submitted through the established arrangements using the '777xx' codes.

A copy of the relevant invoice should accompany the claim for all Schemes whether to the Primary Care Reimbursement Service or the Local Health Office.

This is the first of a number of initiatives to streamline internal HSE procedures which will benefit all stakeholders. The HSE will review the usage of these products after four months.

There is a FAQ document enclosed for your information. If you have any further queries in relation to this matter, please contact your local HSE Pharmacist.

Yours faithfully



Patrick Burke

Primary Care Reimbursement Service

Frequently Asked Questions for Pharmacists

Q 1. The prescription specifies an Exempt Medicinal Product (unlicensed medicine) which is on the HSE list - does the patient need to apply to the Local Health Office to have it covered under Hardship Arrangements?

A. If the Exempt Medicinal Product (ULM) (i) is consultant initiated, (ii) is on the HSE list and (iii) the cost claimed is not more than the maximum permitted, the patient does not have to apply for the product to be covered under the discretionary Hardship Arrangements.

Q 2. Can I make an electronic claim for the Exempt Medicinal Product dispensed?

A. Providing the item (i) is consultant initiated, (ii) is on the HSE list and (iii) the cost claimed is not more than the maximum permitted, an electronic claim can be made by using the relevant codes from the HSE list. Those pharmacies who still code manually must also use these codes when submitting their claims to the PCRS.

Q 3. What do I need to submit as supporting paperwork? I have been supplying the locally approved product on foot of a valid prescription, do I need to get a new prescription for each claim and submit it to PCRS?

A. In many cases, the prescription will already be written on the patients' GMS prescription form. Where this is not the case, arrangements should be made to get it written on a GMS prescription form for submission in the usual way at the end of the month.

You will also need to submit the invoice when providing the supporting paperwork to the PCRS.

Q 4. Will the HSE reimburse me with the invoice price of the Exempt Medicinal Product?

A. The amount the HSE will reimburse is the reimbursement price specified on the HSE list.

Q 5. My supplier has charged carriage - will the HSE reimburse me for this?

A. The maximum amount the HSE will reimburse is the reimbursement price specified on the HSE list. A supplier, Medisource, has confirmed to the HSE that carriage will not apply for any products on the list which are sourced from them.

Q 6. Can I claim the balance of stock in hand in the same way as I can for GMS items?

A. No.

Q 7. The patient has been getting the Exempt Medicinal Product under the discretionary Hardship Arrangements for some time, but the product is not on the HSE list, does the patient need to apply to the Local Health Office to have it covered under these arrangements?

A. If the patient has been previously approved for an Exempt Medicinal Product (ULM) at local level and the approval and prescription are still valid, the Pharmacist can continue to claim reimbursement from their Local Health Office until further notice.

List of Frequently Asked Questions for Pharmacists which Accompanies Circular 009/10 April 2010

Q 8. The prescription specifies an Exempt Medicinal Product which is on the HSE list, but is written by a GP - does the patient need to apply to the Local Health Office to have it covered under these arrangements?

A. The HSE will accept a GP prescription where the Pharmacist is satisfied that the product has been consultant initiated. This is to ensure that existing patients do not experience any difficulties in the transition. For new patients, who have not previously received an Exempt Medicinal Product on the list, the Pharmacist should make a note on the pharmacy computer which Consultant at which hospital initiated the therapy.

Q 9. The prescription specifies an Exempt Medicinal Product which is on the HSE list, but my supplier is charging me more than the list price – what do I do?

A. A supplier, Medisource, has committed to the HSE that it can supply Pharmacists with these products in a timely fashion at a price the HSE is prepared to pay. If you choose to use an alternative supplier and are charged a higher price, then you will only be reimbursed the HSE reimbursement price.

Q 10. What other products will still require prior approval from the Local Health Office?

A. All products other than Exempt Medicinal Products outlined in the list attached will still continue to require approval from the Local Health Office

Q 11. What do I do if I get a new prescription from a Consultant for an Exempt Medicinal Product for a GMS patient that is not on the attached document?

- A. Where the product had been previously approved for this patient, but local authorisation has expired, application should be made by the patient / pharmacy to the Local Health Office for approval for a further period.
- B. Where the product has not been previously approved for this patient, the patient / pharmacy should make application to the Local Health Office for approval.
- C. Where the product has been previously approved by the Local Health Office for other patients, the patient / pharmacy will be informed that the product is approved.
- D. Where the product has never been previously approved by the particular Local Health Office, the Local Health Office has been instructed to seek clarification whether the product conforms with the Department of Health & Children protocol for the supply of Exempt Medicinal products in the community. You cannot assume that approval from the Local Health Office will be forthcoming.

Summary:

This initiative will provide greater equity for patients and clarity for Pharmacists. If a Medical Card Patient is prescribed a product on the list, Pharmacists will be able to submit claims for the Exempt Medicinal Product written on a properly completed GMS Prescription Form at the end of the month in the usual manner.

The list of products with their claiming codes should also be used for claims under the DPS and where relevant for LTI and HAA.

List of Exempt Medicinal Products (ULMs) which Accompanies Circular 009/10 April 2010

Drug Code	Drug Description including coding instruction	Reimbursement Price €
20246	Acetylcysteine (ULM) Amps 200 mg/ml 10 ml 10 (A) Code the number of amps dispensed Non Proprietary Name : Acetylcysteine	59.52
20247	Aldomet (ULM) Tabs 250 mg 30 (A) Non Proprietary Name : Methyldopa (Levorotatory)	4.22
20248	Aldomet (ULM) Tabs 500 mg 30 (A) Non Proprietary Name : Methyldopa (Levorotatory)	7.30
20250	Allegron (ULM) Tabs 10 mg 50 (A) Non Proprietary Name : Nortriptyline	11.56
20251	Allegron (ULM) Tabs 25 mg 50 (A) Non Proprietary Name : Nortriptyline	12.85
20252	Alphapress (ULM) Tabs 25 mg 100 (A) Non Proprietary Name : Hydralazine	8.67
20253	Alu-Cap (ULM) Caps 475 mg 120 (A) Non Proprietary Name : Aluminium Hydroxide	10.79
20254	Amantadine (ULM) Caps 100 mg 100 (A) Non Proprietary Name : Amantadine	56.17
20256	Amilamont (ULM) SF Oral Soln 5 mg/5 ml 150 ml (B) Non Proprietary Name : Amiloride	109.40
20257	Amiloride (ULM) Tabs 5 mg 28 (A) Non Proprietary Name : Amiloride	3.55
20259	Amitriptyline (ULM) Oral Soln 50 mg/5 ml 150 ml (B) Non Proprietary Name : Amitriptyline	38.63
20261	Amitriptyline (ULM) Tabs 10 mg 28 (A) Non Proprietary Name : Amitriptyline	2.32
20258	Amitriptyline (ULM) Oral Soln 25 mg/5 ml 150 ml (B) Non Proprietary Name : Amitriptyline	38.75
20260	Amitriptyline (ULM) SF Oral Soln 10 mg/5 ml 150 ml (B) Non Proprietary Name : Amitriptyline	32.40
20262	Androcur (ULM) Tabs 50 mg 56 (A) Non Proprietary Name : Cyproterone	71.29
20263	Anoheal (ULM) Cream 2 % 30 g (B) Non Proprietary Name : Diltiazem Hydrochloride	124.19
20264	Anturan (ULM) Tabs 100 mg 84 (A) Non Proprietary Name : Sulfinpyrazone	16.08
20265	Anturan (ULM) Tabs 200 mg 84 (A) Non Proprietary Name : Sulfinpyrazone	30.48
20266	Apresoline (ULM) Tabs 25 mg 84 (A) Non Proprietary Name : Hydralazine	8.49

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Drug Code	Drug Description including coding instruction	Reimbursement Price €
20267	Armour Thyroid (ULM) Tabs 30 mg 100 (A) Non Proprietary Name : Combinations of Levothyroxine and Liothyronine	22.37
20268	Armour Thyroid (ULM) Tabs 60 mg 100 (A) Non Proprietary Name : Combinations of Levothyroxine and Liothyronine	23.98
20269	Arolac (ULM) Tabs 0.2 mg 20 (A) Non Proprietary Name : Lisuride	12.18
20270	Artane (ULM) Tabs 2 mg 50 (A) Non Proprietary Name : Trihexyphenidyl	2.98
20271	Arthrexin (ULM) Caps 25 mg 50 (A) Non Proprietary Name : indometacin	4.55
20275	Atropine Sulphate (ULM) Tabs 600 mcg 28 (A) Non Proprietary Name : Atropine	37.00
20276	Azol (ULM) Caps 100 mg 100 (A) Non Proprietary Name : Danazol	91.33
20277	Azol (ULM) Caps 200 mg 100 (A) Non Proprietary Name : Danazol	160.77
20278	Batrafen (ULM) Cream 1 % 30g (B) Non Proprietary Name : Ciclopirox	14.53
20279	Benztropine (ULM) Tabs 2 mg 100 (A) Non Proprietary Name : Benzatropine	18.54
20282	Bezalip (ULM) Tabs 200 mg 100 (A) Non Proprietary Name : Bezafibrate	26.24
20280	Bezalip (ULM) Mono Tabs 400 mg 30 (A) Non Proprietary Name : Bezafibrate	28.83
20283	Biltricide (ULM) Tabs 600 mg 6 (A) Non Proprietary Name : Praziquantel	65.80
20284	Calcium Sandoz (ULM) Syrup 300 ml (B) Non Proprietary Name : Calcium (Different Salts in Combination)	9.94
20285	Calcort (ULM) Tabs 6 mg 60 (A) Non Proprietary Name : Deflazacort	38.93
20286	Captopril (ULM) Susp 5 mg/1 ml 100 ml (B) Non Proprietary Name : Captopril	65.93
20287	Captopril (ULM) Susp 10 mg/5 ml 50 ml (B) Non Proprietary Name : Captopril	60.30
20288	Captopril (ULM) Susp 10 mg/5 ml 150 ml (B) Non Proprietary Name : Captopril	75.50
20289	Cardene (ULM) Caps 20 mg 56 (A) Non Proprietary Name : Nicardipine	23.15
20290	Cardene SR (ULM) Tabs 30 mg 56 (A) Non Proprietary Name : Nicardipine	30.42

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Drug Code	Drug Description including coding instruction	Reimbursement Price €
20291	Carvedilol (ULM) Susp 500 mcg/1 ml 100 ml (B) Non Proprietary Name : Carvedilol	71.00
20292	Chloral Hydrate (ULM) Mixt 500 mg/5 ml 200 ml (B) Non Proprietary Name : Chloral Hydrate	40.23
20293	Ciprofibrate (ULM) Tabs 100 mg 28 (A) Non Proprietary Name : Ciprofibrate	69.43
20294	Ciproxin (ULM) Susp 250 mg/5 ml 100 ml (B) Non Proprietary Name : Ciprofloxacin	37.75
20295	Clobazam (ULM) Susp 2.5 mg/5 ml 200 ml (B) Non Proprietary Name : Clobazam	114.09
20296	Clonazepam (ULM) Susp 500 mcg/5 ml 150 ml (B) Non Proprietary Name : Clonazepam	78.50
20297	Cobalin-H (ULM) Inj 1000 mcg/ml 1 ml 5 (A) Code the number of injections dispensed Non Proprietary Name : Hydroxocobalamin	14.13
20298	Codeine Phosphate (ULM) Tabs 15 mg 28 (A) Non Proprietary Name : Codeine	5.76
20299	Colazide (ULM) Caps 750 mg 130 (A) Non Proprietary Name : Balsalazide	120.99
20300	Colgout (ULM) Tabs 500 mcg 100 (A) Non Proprietary Name : Colchicine	10.53
20301	Cortef (ULM) Tabs 5 mg 50 (A) Non Proprietary Name : Hydrocortisone	24.66
20302	Cortisone Acetate (ULM) Tabs 25 mg 56 (A) Non Proprietary Name : Cortisone	32.63
20303	Cyclogest (ULM) Pessaries 200 mg 15 (A) Non Proprietary Name : Progesterone	18.95
20304	Cyclogest (ULM) Pessaries 400 mg 15 (A) Non Proprietary Name : Progesterone	21.55
20305	Cyclophosphamide (ULM) Susp 25 mg/5 ml 100 ml (B) Non Proprietary Name : Cyclophosphamide	90.57
20306	Cyclo-Progynova (ULM) Tabs 1 mg 21 (A) Non Proprietary Name : Norgestrel and Estrogen	9.14
20307	Cyclo-Progynova (ULM) Tabs 2 mg 21 (A) Non Proprietary Name : Norgestrel and Estrogen	8.23
20308	Dalacin C (ULM) Soln 75 mg/5 ml 80 ml (B) Non Proprietary Name : Clindamycin	24.40
20309	Danol (ULM) Caps 200 mg 60 (A) Non Proprietary Name : Danazol	98.90

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Drug Code	Drug Description including coding instruction	Reimbursement Price €
20310	Dapsone (ULM) Tabs 50 mg 30 (A) Non Proprietary Name : Dapsone	16.95
20312	Dapsone (ULM) Tabs 100 mg 30 (A) Non Proprietary Name : Dapsone	52.29
20313	Daraprim (ULM) Tabs 25 mg 30 (A) Non Proprietary Name : Pyrimethamine	7.13
20314	Deca-Durabolin (ULM) Inj 50 mg/ml 1 ml 1 (A) Code the number of injections dispensed Non Proprietary Name : Nandrolone	9.16
20315	Demeclocycline Hcl (ULM) Caps 150 mg 28 (A) Non Proprietary Name : Demeclocycline	42.81
20316	De-Noltab (ULM) Tabs 120 mg 112 (A) Non Proprietary Name : Bismuth Subcitrate	19.97
20317	Detrunorm (ULM) Tabs 15 mg 56 (A) Non Proprietary Name : Propiverine	68.77
20318	DHEA (ULM) Caps 25 mg 100 (A) Non Proprietary Name : Prasterone	14.51
20319	Diaminopyridine 3, 4- (ULM) Tabs 20 mg 100 (A) Non Proprietary Name : Diaminopyridine 3,4-	224.65
20321	Diazepam (ULM) Syrup 2 mg/5 ml 100 ml (B) Non Proprietary Name : Diazepam	19.15
20320	Diazepam Forte (ULM) Syrup 5 mg/5 ml 100 ml (B) Non Proprietary Name : Diazepam	22.50
20322	Dibenyline (ULM) Caps 10 mg 30 (A) Non Proprietary Name : Phenoxybenzamine	33.15
20323	Diuril (ULM) Oral Susp 250 mg/5 ml 237 ml (B) Non Proprietary Name : Chlorothiazide	60.82
20324	Dogmatil (ULM) Caps 50 mg 30 (A) Non Proprietary Name : Sulpiride	7.96
20325	Dominans (ULM) Tabs 30 (A) Non Proprietary Name : Fluphenazine and Nortriptyline	18.30
20326	Doxepin (ULM) Caps 10 mg 100 (A) Non Proprietary Name : Doxepin	10.44
20327	Doxepin (ULM) Caps 25 mg 100 (A) Non Proprietary Name : Doxepin	11.20
20328	Doxepin (ULM) Caps 50 mg 100 (A) Non Proprietary Name : Doxepin	18.13
20329	Doxepin (ULM) Caps 75 mg 100 (A) Non Proprietary Name : Doxepin	17.11

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Drug Code	Drug Description including coding instruction	Reimbursement Price €
20330	Doxepin (ULM) Oral Soln Conc 10 mg/1 ml 120 ml (B) Non Proprietary Name : Doxepin	21.38
20331	Eldepryl (ULM) Syrup 10 mg/5 ml 200 ml (B) Non Proprietary Name : Selegiline	50.36
20332	Elidel (ULM) Cream 1 % 30 g (B) Non Proprietary Name : Pimecrolimus	63.42
20333	Elmiron (ULM) Caps 100 mg 100 (A) Non Proprietary Name : Pentosan Polysulfate	304.92
20334	Erythromycin (ULM) Opth Oint 0.5% 3.5 g Pack 1 (A) Code the number of packs dispensed Non Proprietary Name : Erythromycin	26.30
20335	Estradiol (ULM) Implant 25 mg 1 (A) Non Proprietary Name : Estradiol	37.22
20336	Estradiol (ULM) Implant 50 mg 1 (A) Non Proprietary Name : Estradiol	60.61
20337	Ethambutol (ULM) Tabs 100 mg 56 (A) Non Proprietary Name : Ethambutol	29.64
20338	Eudemine (ULM) Tabs 50 mg 100 (A) Non Proprietary Name : Diazoxide	145.84
20339	Evotrox (ULM) Oral Soln 25 mcg/5 ml 100 ml (B) Non Proprietary Name : Levothyroxine Sodium	112.77
20340	Evotrox (ULM) Oral Soln 50 mcg/5 ml 100 ml (B) Non Proprietary Name : Levothyroxine Sodium	117.45
20341	Fasigyn (ULM) Tabs 500 mg 16 (A) Non Proprietary Name : Tinidazole	27.50
20342	Flagyl (ULM) Suppos 1 g 10 (A) Non Proprietary Name : Metronidazole	69.53
20343	Flixonase Nasules (ULM) Nasal Drops 400 mcg Single Dose Unit 28 (A) Non Proprietary Name : Fluticasone	37.97
20344	Fluimucil (ULM) Eff Tabs 600 mg 30 (A) Non Proprietary Name : Acetylcysteine	18.37
20345	Froben (ULM) Tabs 50 mg 100 (A) Non Proprietary Name : Flurbiprofen	29.95
20347	Froben (ULM) Tabs 100 mg 100 (A) Non Proprietary Name : Flurbiprofen	57.57
20348	Frusol (ULM) Oral Soln 20 mg/5 ml 150 ml (B) Non Proprietary Name : Furosemide	31.52
20349	Frusol (ULM) SF Oral Soln 40 mg/5 ml 150 ml (B) Non Proprietary Name : Furosemide	48.63

List of Exempt Medicinal Products (ULMs) which Accompanies Circular 009/10 April 2010

Drug Code	Drug Description including coding instruction	Reimbursement Price €
20351	Fumaderm (ULM) Tabs 120 mg 70 (A) Non Proprietary Name : Fumaric Acid Derivatives, Combinations	353.53
20350	Fumaderm (ULM) Initial Tabs 30 mg 40 (A) Non Proprietary Name : Fumaric Acid Derivatives, Combinations	162.45
20352	Furosemide (ULM) SF Oral Soln 5 mg/5 ml 150ml (B) Non Proprietary Name : Furosemide	41.27
20353	Gestone (ULM) Inj 50 mg/ml 1 ml 10 (A) Code the number of injections dispensed Non Proprietary Name : Progesterone	131.15
20355	Gestone (ULM) Inj 100 mg/2 ml 2 ml 10 (A) Code the number of injections dispensed Non Proprietary Name : Progesterone	129.83
20357	Griseofulvin (ULM) Oral Susp 125 mg/5 ml 120 ml (B) Non Proprietary Name : Griseofulvin	53.41
20356	Griseofuline (ULM) Tabs 250 mg 30 (A) Non Proprietary Name : Griseofulvin	7.07
20358	Gynodian (ULM) Depot Ready To Use Inj 1 ml 3 (A) Code the number of injections dispensed Non Proprietary Name : Estradiol Combinations	37.91
20360	Heminevrin (ULM) Syrup 31.5 mg/ml 300 ml (B) Non Proprietary Name : Clomethiazole	10.80
20359	Heminevrin (ULM) Caps 192 mg 60 (A) Non Proprietary Name : Clomethiazole	11.69
20361	Hiprex (ULM) Tabs 1 g 60 (A) Non Proprietary Name : Methenamine	18.56
20363	Hydralazine (ULM) Tabs 25 mg 100 (A) Non Proprietary Name : Hydralazine	31.78
20364	Hydrochlorothiazide (ULM) Tabs 25 mg 100 (A) Non Proprietary Name : Hydrochlorothiazide	7.12
20365	Hydrocortisone (ULM) Cream 2.5 % 30 g (B) Non Proprietary Name : Hydrocortisone	7.50
20366	Hygroton (ULM) Tabs 50 mg 28 (A) Non Proprietary Name : Chlortalidone	4.81
20368	Imigran (ULM) Pre-filled Syringe + Autoinjector 6mg/0.5ml (2x0.5ml) Treatment Pack 1 (A) Code the number of packs dispensed Non Proprietary Name : Sumatriptan	110.30
20367	Imigran (ULM) Pre-filled Cartridge 6mg/0.5ml (2x0.5ml) Refill Pack 1 (A) Code the number of packs dispensed Non Proprietary Name : Sumatriptan	114.52

List of Exempt Medicinal Products (ULMs) which Accompanies Circular 009/10 April 2010

Drug Code	Drug Description including coding instruction	Reimbursement Price €
20369	Imipramine (ULM) Tabs 10 mg 28 (A) Non Proprietary Name : Imipramine	3.55
20371	Imipramine (ULM) Tabs 25 mg 28 (A) Non Proprietary Name : Imipramine	3.58
20372	Indocid (ULM) Suppos 100 mg 10 (A) Non Proprietary Name : indometacin	40.23
20373	Indocid Retard (ULM) Caps 75 mg 100 (A) Non Proprietary Name : indometacin	37.94
20374	Indolar SR (ULM) Caps 75 mg 100 (A) Non Proprietary Name : indometacin	41.80
20375	Indometacin (ULM) Caps 25 mg 28 (A) Non Proprietary Name : indometacin	4.98
20376	Indomethacin (ULM) Caps 50 mg 28 (A) Non Proprietary Name : indometacin	6.15
20377	Isoniazid (ULM)) Tabs 300 mg 100 (A) Non Proprietary Name : Isoniazid	23.00
20378	Ixel (ULM) Caps 50 mg 56 (A) Non Proprietary Name : Milnacipran	39.64
20379	Kenacomb Otic (ULM) Oint 5 g (B) Non Proprietary Name : Triamcinolone and Antiinfectives	6.39
20380	Largactil (ULM) Tabs 10 mg 100 (A) Non Proprietary Name : Chlorpromazine	8.42
20381	Lexpec (ULM) SF Syrup 2.5 mg/5ml 150 ml (B) Non Proprietary Name : Folic Acid	28.55
20382	Lidoderm (ULM) Patches 5 % 30 (A) Code the number of patches dispensed Non Proprietary Name : Lidocaine	260.00
20383	Locorten-Vioform (ULM) Ear Drops 7.5 ml Pack 1 (A) Code the number of packs dispensed Non Proprietary Name : Flumetasone and Anti-infectives	4.86
20384	L-Tryptophan (ULM) Caps 500 mg 60 (A) Non Proprietary Name : Tryptophan	35.75
20385	Malarone Paed (ULM) Tabs 62.5/25 mg 12 (A) Non Proprietary Name : Proguanil Combinations	18.91
20386	Maxalt (ULM) Tabs 10 mg 3 (A) Non Proprietary Name : Rizatriptan	36.27
20387	Maxalt Melts (ULM) Wafers 10 mg 6 (A) Non Proprietary Name : Rizatriptan	78.32
20388	Medrone (ULM) Tabs 4 mg 30 (A) Non Proprietary Name : Methylprednisolone	15.67

List of Exempt Medicinal Products (ULMs) which Accompanies Circular 009/10 April 2010

Drug Code	Drug Description including coding instruction	Reimbursement Price €
20390	Medrone (ULM) Tabs 16 mg 30 (A) Non Proprietary Name : Methylprednisolone	49.55
20391	Menadiol Diphosphate (ULM) Tabs 10 mg 100 (A) Non Proprietary Name : Menadiol	128.16
20392	Mepacrine (ULM) Tabs 100 mg 50 (A) Non Proprietary Name : Mepacrine	51.32
20393	Merbentyl (ULM) Syrup 10 mg/5 ml 120 ml (B) Non Proprietary Name : Dicycloverine	5.71
20394	Mercaptopurine (ULM) Caps 10 mg 50 (A) Non Proprietary Name : Mercaptopurine	124.85
20395	Mercaptopurine (ULM) Susp 50 mg/5 ml 50 ml (B) Non Proprietary Name : Mercaptopurine	127.58
20396	Mercaptopurine (ULM) Susp 100 mg/5 ml 50 ml (B) Non Proprietary Name : Mercaptopurine	151.60
20398	Mestinon Timespan (ULM) Tabs 180 mg 30 (A) Non Proprietary Name : Pyridostigmine	155.40
20399	Metenix (ULM) Tabs 5 mg 100 (A) Non Proprietary Name : Metolazone	53.80
20401	Metohexal Comp (ULM) Tabs 100 (A) Non Proprietary Name : Metoprolol and Thiazides	47.55
20402	Metolazone (ULM) Tabs 2.5 mg 100 (A) Non Proprietary Name : Metolazone	73.27
20403	Metosyn (ULM) Cream 0.05 % 100 g (B) Non Proprietary Name : Fluocinonide	28.74
20404	Metosyn (ULM) Oint 0.05 % 100 g (B) Non Proprietary Name : Fluocinonide	26.10
20405	Mexiletine (ULM) Caps 200 mg 100 (A) Non Proprietary Name : Mexiletine	46.16
20406	Mexitil (ULM) Caps 50 mg 100 (A) Non Proprietary Name : Mexiletine	78.91
20407	Miconazole (ULM) Eye Drops 1% 10 ml (B) Non Proprietary Name : Miconazole	92.91
20408	Micropakine LP (ULM) Sachets 100 mg 30 (A) Code the number of sachets dispensed Non Proprietary Name : Valproic Acid	5.47
20409	Micropakine LP (ULM) Sachets 250 mg 30 (A) Code the number of sachets dispensed Non Proprietary Name : Valproic Acid	12.64
20410	Migril (ULM) Tabs 100 (A) Non Proprietary Name : Ergotamine Combinations Excl.Psycholeptics	157.90

List of Exempt Medicinal Products (ULMs) which Accompanies Circular 009/10 April 2010

Drug Code	Drug Description including coding instruction	Reimbursement Price €
20411	Minims Dexamethasone (ULM) Eye Drops 0.1% Single Dose Unit 20 (A) Non Proprietary Name : Dexamethasone	22.44
20412	Mobiflex (ULM) Tabs 20 mg 30 (A) Non Proprietary Name : Tenoxicam	36.72
20413	Molipaxin (ULM) Liquid 50 mg/5 ml 120 ml (B) Non Proprietary Name : Trazodone	29.85
20414	Monuril (ULM) Grans 3000 mg 8 g Sachet 1 (A) Code the number of sachets dispensed Non Proprietary Name : Fosfomycin	17.54
20415	Muro (ULM) Eye Drops 5% 15 ml (B) Non Proprietary Name : Sodium Chloride Hypertonic	24.50
20416	Muro 128 (ULM) Oint 5 % 3.5 g Pack 1 (A) Code the number of packs dispensed Non Proprietary Name : Sodium Chloride Hypertonic	28.53
20417	Nabilone (ULM) Caps 250 mcg 20 (A) Non Proprietary Name : Nabilone	172.49
20418	Nabilone (ULM) Caps 1 mg 20 (A) Non Proprietary Name : Nabilone	284.65
20420	Nadolol (ULM) Tabs 20 mg 100 (A) Non Proprietary Name : Nadolol	79.45
20053	Naprosyne (ULM) Suppos 500 mg 12 (A) Non Proprietary Name : Naproxen	7.60
20059	Naproxen (ULM) Oral Susp 125 mg/5 ml 500 ml (B) Non Proprietary Name : Naproxen	60.84
20061	Nardil (ULM) Tabs 15 mg 100 (A) Non Proprietary Name : Phenelzine	51.16
20064	Natulan (ULM) Caps 50 mg 50 (A) Non Proprietary Name : Procarbazine	135.47
20106	Neomycin Sulfate (ULM) Tabs 500 mg 100 (A) Non Proprietary Name : Neomycin	155.58
20107	Neostigmine Bromide (ULM) Tabs 15 mg 140 (A) Non Proprietary Name : Neostigmine	139.15
20109	Nifedipin (ULM) Susp 20 mg/ml 30 ml (B) Non Proprietary Name : Nifedipine	13.62
20122	Nitrazepam (ULM) Mixt BP 2.5 mg/5 ml 150 ml (B) Non Proprietary Name : Nitrazepam	23.00
20123	Nitrofurantoin (ULM) Susp 5 mg/1 ml 200 ml (B) Non Proprietary Name : Nitrofurantoin	82.98
20124	Nizoral (ULM) Tabs 200 mg 30 (A) Non Proprietary Name : Ketoconazole	36.91

List of Exempt Medicinal Products (ULMs) which Accompanies Circular 009/10 April 2010

Drug Code	Drug Description including coding instruction	Reimbursement Price €
20126	Normix (ULM) Tabs 200 mg 12 (A) Non Proprietary Name : Rifaximin	17.15
20131	Norprolac (ULM) Tabs 75 mcg 30 (A) Non Proprietary Name : Quinagolide	79.68
20132	Nozinan (ULM) Tabs 25 mg 100 (A) Non Proprietary Name : Levomepromazine	23.95
20140	Nystaform HC (ULM) Cream 0.5 % 30 g (B) Non Proprietary Name : Nystatin Combinations	8.11
20142	Nystaform HC (ULM) Oint 1 % 30 g (B) Non Proprietary Name : Nystatin Combinations	8.11
20144	Nystatin (ULM) Powder 25 g (B) Non Proprietary Name : Nystatin	54.61
20145	Oestrogel (ULM) Gel 80 g (B) Non Proprietary Name : Estradiol	6.36
20146	Opilon (ULM) Tabs 40 mg 112 (A) Non Proprietary Name : Moxisylyte	204.56
20147	Optimax (ULM) Tabs 500 mg 84 (A) Non Proprietary Name : Tryptophan	59.72
20148	Ortho Gynest (ULM) Vag. Cream 80 g c Applicator Pack 1 (A) Code the number of packs dispensed Non Proprietary Name : Estriol	7.45
20149	Ospolot (ULM) Tabs 50 mg 50 (A) Non Proprietary Name : Sultiame	36.88
20150	Otomize (ULM) Ear Spray 5 ml (B) Non Proprietary Name : Dexamethasone and Anti-infectives	12.37
20151	Ovestin (ULM) Vag. Cream 0.1 % 15 g c Applicator Pack 1 (A) Code the number of packs dispensed Non Proprietary Name : Estriol	15.40
20152	Percutol (ULM) Oint 2 % 60 g (B) Non Proprietary Name : Glyceryl Trinitrate	25.56
20153	Perphenazine (ULM) Tabs 2 mg 100 (A) Non Proprietary Name : Perphenazine	15.08
20154	Perphenazine (ULM) Tabs 4 mg 100 (A) Non Proprietary Name : Perphenazine	25.25
20155	Phenazopyridine (ULM) Tabs 200 mg 100 (A) Non Proprietary Name : Phenazopyridine	17.90
20156	Phenindione (ULM) Tabs 25 mg 28 (A) Non Proprietary Name : Phenindione	43.22
20157	Phenobarbital (ULM) Elixir BP 15 mg/5 ml 500 ml (B) Non Proprietary Name : Phenobarbital	19.90

List of Exempt Medicinal Products (ULMs) which Accompanies Circular 009/10 April 2010

Drug Code	Drug Description including coding instruction	Reimbursement Price €
20160	Physiotens (ULM) Tabs 200 mcg 28 (A) Non Proprietary Name : Moxonidine	26.75
20161	Pirilene (ULM) Tabs 500 mg 60 (A) Non Proprietary Name : Pyrazinamide	22.30
20162	Potassium Citrate (ULM) Mixture Oral Soln 200 ml (B) Non Proprietary Name : Potassium Citrate	5.18
20163	Predsol (ULM) Suppos 5 mg 10 (A) Non Proprietary Name : Prednisolone	17.41
20165	Premarin (ULM) Vag. Cream 42.5 g c Applicator Pack 1 (A) Code the number of packs dispensed Non Proprietary Name : Conjugated Estrogens	6.60
20167	Probenecid (ULM) Tabs 500 mg 100 (A) Non Proprietary Name : Probenecid	89.30
20168	Proglycem (ULM) Oral Susp 50 mg/ml 30 ml (B) Non Proprietary Name : Diazoxide	238.05
20169	Proluton (ULM) Depot Amps 250 mg 3 (A) Code the number of amps dispensed Non Proprietary Name : Hydroxyprogesterone	18.61
20170	Promazine (ULM) Syrup 25 mg/5 ml 150 ml (B) Non Proprietary Name : Promazine	16.15
20171	Promazine (ULM) Syrup 50 mg/5 ml 150 ml (B) Non Proprietary Name : Promazine	12.62
20172	Propine (ULM) Eye Drops 0.1% 5 ml (B) Non Proprietary Name : Dipivefrine	10.12
20173	Propine (ULM) Eye Drops 0.1% 10 ml (B) Non Proprietary Name : Dipivefrine	11.95
20174	Propranolol (ULM) Tabs 40 mg 28 (A) Non Proprietary Name : Propranolol	2.32
20175	Propylthiouracil (ULM) Tabs 50 mg 100 (A) Non Proprietary Name : Propylthiouracil	23.07
20166	Pro-Banthine (ULM) Tabs 15 mg 112 (A) Non Proprietary Name : Propantheline	46.85
20177	Restasis (ULM) Opth Emuls 0.05 % Single Dose Unit 0.4 ml 30 (A) Non Proprietary Name : Ciclosporin	203.38
20178	Robaxin (ULM) Tabs 750 mg 100 (A) Non Proprietary Name : Methocarbamol	36.13
20179	Rovamycine (ULM) Tabs 3 M.U.I. 16 (A) Non Proprietary Name : Spiramycin	28.64
20180	Rythmodan (ULM) Caps 100 mg 84 (A) Non Proprietary Name : Disopyramide	42.79

List of Exempt Medicinal Products (ULMs) which Accompanies Circular 009/10 April 2010

Drug Code	Drug Description including coding instruction	Reimbursement Price €
20181	Rythmodan (ULM) Caps 150 mg 84 (A) Non Proprietary Name : Disopyramide	56.37
20182	Salagen (ULM) Tabs 5 mg 84 (A) Non Proprietary Name : Pilocarpine	119.75
20183	Sanomigran (ULM) Elixir 0.25 mg/5 ml 300 ml (B) Non Proprietary Name : Pizotifen	11.77
20184	Scopoderm (ULM) TTS Patches 1.5 mg 2 (A) Code the number of patches dispensed Non Proprietary Name : Scopolamine	11.41
20185	Sectral (ULM) Caps 100 mg 84 (A) Non Proprietary Name : Acebutolol	39.04
20186	Sinthrome (ULM) Tabs 1 mg 100 (A) Non Proprietary Name : Acenocoumarol	16.53
20187	Slow Sodium (ULM) Tabs 600 mg 100 (A) Non Proprietary Name : Sodium Chloride	17.45
20189	Sodium Bicarbonate (ULM) Oral Soln 1 mmol/1 ml 100 ml (B) Non Proprietary Name : Other Urologicals	35.14
20190	Sodium Bicarbonate (ULM) Tabs 325 mg 1000 (A) Non Proprietary Name : Other Urologicals	19.31
20188	Sodium Bicarbonate (ULM) Caps 500 mg 56 (A) Non Proprietary Name : Other Urologicals	14.53
20191	Sodium Bicarbonate (ULM) Tabs 600 mg 100 (A) Non Proprietary Name : Other Urologicals	19.96
20193	Sodium Bicarbonate (ULM) Tabs 650 mg 1000 (A) Non Proprietary Name : Other Urologicals	20.09
20194	Spirolactone (ULM) SF Susp 5 mg/5 ml 125 ml (B) Non Proprietary Name : Spirolactone	95.55
20195	Spirolactone (ULM) SF Susp 10 mg/5 ml 125 ml (B) Non Proprietary Name : Spirolactone	101.23
20196	Spirolactone (ULM) SF Susp 25 mg/5 ml 125 ml (B) Non Proprietary Name : Spirolactone	59.75
20197	Staril (ULM) Tabs 20 mg 28 (A) Non Proprietary Name : Fosinopril	32.54
20198	Stromectol (ULM) Tabs 3 mg 4 (A) Non Proprietary Name : Ivermectin	27.85
20199	Stugeron Forte (ULM) Caps 75 mg 20 (A) Non Proprietary Name : Cinnarizine	12.07
20200	Sulfasalazine (ULM) Susp 250 mg/5 ml 500 ml (B) Non Proprietary Name : Sulfasalazine	57.31

List of Exempt Medicinal Products (ULMs) which Accompanies Circular 009/10 April 2010

Drug Code	Drug Description including coding instruction	Reimbursement Price €
20201	Sulphadiazine (ULM) Tabs 500 mg 56 (A) Non Proprietary Name : Sulfadiazine	131.30
20202	Surmontil (ULM) Tabs 10 mg 84 (A) Non Proprietary Name : Trimipramine	30.50
20203	Sustanon 100 (ULM) Amp 1 ml 1 (A) Code the number of amps dispensed Non Proprietary Name : Testosterone	8.55
20204	Sustanon 250 (ULM) Amp 1 ml 1 (A) Code the number of amps dispensed Non Proprietary Name : Testosterone	6.73
20207	Symmetrel (ULM) Syrup 50 mg/5 ml 150 ml (B) Non Proprietary Name : Amantadine	15.43
20205	Symmetrel (ULM) Caps 100 mg 56 (A) Non Proprietary Name : Amantadine	35.81
20208	Synalar (ULM) Gel 0.025 % 30 g (B) Non Proprietary Name : Fluocinolone Acetonide	15.34
20209	Synalar (ULM) Oint 0.025 % 30 g (B) Non Proprietary Name : Fluocinolone Acetonide	12.40
20210	Synalar (ULM) Oint 0.025 % 100 g (B) Non Proprietary Name : Fluocinolone Acetonide	26.90
20211	Synalar N (ULM) Cream 30 g (B) Non Proprietary Name : Fluocinolone Acetonide and Antibiotics	10.55
20212	Syprol (ULM) Oral Soln 5 mg/5 ml 150 ml (B) Non Proprietary Name : Propranolol	31.16
20213	Syprol (ULM) SF Oral Soln 10 mg/5 ml 150 ml (B) Non Proprietary Name : Propranolol	42.11
20215	Sytron (ULM) SF Liq 500 ml (B) Non Proprietary Name : Sodium Feredetate	14.01
20216	Tenormin (ULM) Syrup 25 mg/5 ml 300 ml (B) Non Proprietary Name : Atenolol	25.45
20217	Testosterone (ULM) Implant 100 mg 1 (A) Non Proprietary Name : Testosterone	28.35
20218	Testosterone (ULM) Implant 200 mg 1 (A) Non Proprietary Name : Testosterone	46.32
20219	Ticlid (ULM) Tabs 250 mg 30 (A) Non Proprietary Name : Ticlopidine	28.26
20220	Ti-Tre (ULM) Caps 20 mcg 50 (A) Non Proprietary Name : Liothyronine Sodium	7.92
20221	Tobramycin (ULM) 0.3% Opth Soln 5 ml (B) Non Proprietary Name : Tobramycin	17.75

List of Exempt Medicinal Products (ULMs) which Accompanies Circular 009/10 April 2010

Drug Code	Drug Description including coding instruction	Reimbursement Price €
20223	Tofranil (ULM) Tabs 10 mg 60 (A) Non Proprietary Name : Imipramine	4.57
20224	Tofranil (ULM) Tabs 25 mg 100 (A) Non Proprietary Name : Imipramine	8.95
20225	Torem (ULM) Tabs 10 mg 28 (A) Non Proprietary Name : Torasemide	25.11
20226	Trandate (ULM) Tabs 50 mg 56 (A) Non Proprietary Name : Labetalol	10.08
20227	Transcop (ULM) Patches 1.5 mg 4 (A) Code the number of patches dispensed Non Proprietary Name : Scopolamine	19.60
20228	Transderm V (ULM) TTS Patches 1.5 mg 2 (A) Code the number of patches dispensed Non Proprietary Name : Scopolamine	15.02
20229	Tranxene (ULM) Caps 5 mg 30 (A) Non Proprietary Name : Potassium Clorazepate	5.42
20231	Tranxene (ULM) Caps 10 mg 30 (A) Non Proprietary Name : Potassium Clorazepate	7.42
20232	Triclofos (ULM) Elixir 500 mg/5 ml 300 ml (B) Non Proprietary Name : Triclofos	86.18
20233	Trimovate (ULM) Cream 30 g (B) Non Proprietary Name : Clobetasone Combinations with Antibiotics	9.50
20235	Uriben (ULM) Susp 300 mg/5 ml 150 ml (B) Non Proprietary Name : Nalidixic Acid	32.66
20236	Ursofalk (ULM) Susp 250 mg/5 ml 250 ml (B) Non Proprietary Name : Ursodeoxycholic Acid	72.55
20237	Utrogestan (ULM) Caps 100 mg 30 (A) Non Proprietary Name : Progesterone	17.35
20238	Utrogestan (ULM) Caps 200 mg 15 (A) Non Proprietary Name : Progesterone	10.48
20239	Versatis(ULM) Medicated Plasters 5 % 30 (A) Non Proprietary Name : Lidocaine	145.00
20240	Vigamox (ULM) Opth Soln 0.5% 3 ml (B) Non Proprietary Name : Moxifloxacin	112.90
20241	Visclair (ULM) Tabs 100 mg 100 (A) Non Proprietary Name : Mecysteine	52.54
20242	Voltarol (ULM) Suppos 25 mg 10 (A) Non Proprietary Name : Diclofenac	4.17
20243	Welldorm (ULM) Tabs 707 mg 30 (A) Non Proprietary Name : Chloral Hydrate	29.93

List of Exempt Medicinal Products (ULMs) which Accompanies Circular 009/10 April 2010

Drug Code	Drug Description including coding instruction	Reimbursement Price €
20244	Xepin (ULM) Cream 5% 30 g (B) Non Proprietary Name : Doxepin	30.68
20245	Zarontin (ULM) Caps 250 mg 200 (A) Non Proprietary Name : Ethosuximide	79.85
20421	Zentel (ULM) Tabs 400 mg 1 (A) Non Proprietary Name : Albendazole	10.24
20422	Zidoval (ULM) Vag Gel 0.75 % 40 g c 5 Applicators Pack 1 (A) Code the number of packs dispensed Non Proprietary Name : Metronidazole	12.21