



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte  
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Circular No. 039/16

18<sup>th</sup> August 2016

### **Exempt Medicinal Products (Unlicensed Medicines) Arrangements (1<sup>st</sup> September 2016)**

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. I refer to Circular 9/10 in this regard. A copy of the protocol for Supply of Exempt Medicinal Products (EMPs) under the GMS and Community Drugs Schemes is enclosed.

Following a recent review of the utilisation data available on Exempt Medicinal Products, an update to the list is provided to address changes in this area of expenditure. The list of EMPs has been reviewed by the Medicines Management Programme (MMP) and reimbursement support continues on the basis of the unmet clinical need.

A copy of the list, which is effective from 1<sup>st</sup> September 2016, is enclosed. Where medicines on this list are prescribed for Medical Card Patients on properly completed GMS prescription forms, you can dispense and claim for the products electronically using the codes specified, submitting them in the normal manner with your monthly claims.

In addition, the attached list of products with their claiming codes should be used for claims under the DPS and, where applicable, LTI and HAA schemes.

You are reminded that EMPs must be Consultant initiated. Pharmacists should document which Consultant initiated the therapy and the hospital that the patient attended. The HSE will accept a GP prescription where the Dispensing Pharmacist is satisfied that the product has been Consultant initiated. Doctors and Pharmacists must ensure that the usage of EMPs is minimised to those situations where no suitable licensed alternative is available for the patient and should recognise the importance of using a licensed alternative where possible. Where an EMP needs to be prescribed, the Doctor and Pharmacist are asked to ensure the patient understands that their medicine is not licensed in Ireland.

Please note that EMPs not included on this list, where prescribed for a person with GMS eligibility by a Hospital Consultant, will require individual approval at local level and subsequent submission to that office for payment under the Hardship Arrangements (Circular 014/16).

The HSE is satisfied that Pharmacists can access the EMPs on the list at the Reimbursement Price outlined. Suppliers to the community pharmacy market, Medisource, United Drug, Uniphar (Pharmasource), Fannin Pharma, IDIS and QM Specials have confirmed that their prices listed will remain in place for a period of 12 months. The maximum amount the HSE will reimburse is the reimbursement price specified on the HSE list. If you choose to use alternative suppliers and are charged a higher price, payment will be at the discretion of the HSE in accordance with the Health (Pricing and Supply of Medicinal Goods) Act 2013.

However, for products dispensed in September and October 2016 only, the HSE will accept invoices for EMPs already acquired at a price different to those listed. The following will apply for these claims:

- for GMS patients, these claims must be submitted to the Local Health Office for payment through the existing Hardship Arrangements. A copy of the relevant invoice is required and should accompany those claims.
- for DPS, LTI and HAA patients, these claims should be submitted through the established arrangement using '777xx' codes directly to the PCRS. A copy of the relevant invoice is required and should accompany those claims.

The following high cost Exempt Medicinal Products are currently under review by the MMP who are examining the clinical requirements for these drugs for specific patient cohorts;

- Demeclocycline 150 mg
- Fumaderm (Fumaric Acid derivatives) Initial 30 mg and Full Strength 120 mg

Existing patients on these medicines will continue to receive reimbursement support through Hardship Arrangements. However, new patients will not be approved for reimbursement of these drugs unless in the most exceptional circumstances, centrally approved.

Nabilone 250 mcg and 1 mg capsules present a particular difficulty. The Medicines Management Programme are discussing with 'Expert' prescribers whether reimbursement support can continue for any patients. New patients will not be approved unless and until the MMP advise otherwise.

Exempt Medicinal Products prescribed in Ireland will be subject to an ongoing clinical and pricing review with due diligence regarding the unmet clinical need. Communication will be issued to Pharmacists where additions, changes and deletions are applied.

If you have any further queries in relation to the information provided, please contact [PCRS.ExemptMed@hse.ie](mailto:PCRS.ExemptMed@hse.ie).

We look forward to your continued co-operation and trust that these arrangements will further assist you in supporting patients.

Yours faithfully,



Anne Marie Hoey  
Primary Care Reimbursement & Eligibility



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

### **Supply of Exempt Medicinal Products under the GMS and Community Drugs Schemes**

It is recognised that in certain exceptional circumstances the supply of unauthorised medicinal products will be necessary under the GMS and Community Drug Schemes. The circumstances in which payment for such medicinal products will be made are as follows:

- (a) The medicinal product concerned should be an 'allopathic' medicinal product which has been industrially produced and which is appropriate for use in the community
- (b) The medicinal product concerned should be such that no authorised medicinal product of essential similarity is available for prescription and supply under the Community Drug Scheme concerned
- (c) The prescription concerned should be written or initiated by a medical consultant who is aware of the unauthorised status of the medicinal product concerned and who has informed the patient of the situation
- (d) The dispensing Pharmacist has also informed the patient of the unauthorised status of the medicinal product prescribed and that its quality, safety and efficacy has not been established in this country
- (e) The medicinal product concerned is not advertised or promoted directly to the public
- (f) The application made for reimbursement is accompanied by a copy of the invoice relating to the supply of the medicinal product to the Pharmacist concerned
- (g) If necessary, the application for reimbursement is supported by an explanation of the special circumstances which required the supply of the unauthorised medicinal product
- (h) The cost of the medicinal product concerned should be reasonable in the context of medicinal products ordinarily supplied and used in the community and be of a category which, if it were authorised, would be eligible for reimbursement in the Community Drug Scheme concerned
- (i) The original prescription or a copy thereof, together with appropriate records of supply, is retained in the pharmacy and kept available for review/inspection by the HSE as required

List of Exempt Medicinal Products (ULMs) which Accompanies Circular 039/16 August 2016

Drug Code	Drug Description including coding instruction	Reimbursement Price €	Supplier
20247	Aldomet (ULM) Tabs 250 mg 30 (A) Non Proprietary Name: Methyldopa	5.22	Medisource Pharmasource United Drug
20248	Aldomet (ULM) Tabs 500 mg 30 (A) Non Proprietary Name: Methyldopa	7.10	Medisource Pharmasource United Drug
20250	Allegron (ULM) Tabs 10 mg 50 (A) Non Proprietary Name: Nortriptyline	11.25	Medisource
20251	Allegron (ULM) Tabs 25 mg 50 (A) Non Proprietary Name: Nortriptyline	12.85	Medisource Pharmasource IDIS QM Specials United Drug
20252	Alphapress (ULM) Tabs 25 mg 100 (A) Non Proprietary Name: Hydralazine	8.25	Medisource Pharmasource QM Specials United Drug
20272	Amantadine (ULM) Caps 100 mg 20 (A) Non Proprietary Name: Amantadine	14.72	Medisource QM Specials United Drug
20254	Amantadine (ULM) Caps 100 mg 100 (A) Non Proprietary Name: Amantadine	37.80	QM Specials
20274	Amantadine (ULM) Oral Solution 50 mg/5 ml 473 ml (B) Non Proprietary Name: Amantadine	39.50	Medisource Pharmasource United Drug
20256	Amiloride (ULM) SF Oral Solution 5 mg/5 ml 150 ml (B) Non Proprietary Name: Amiloride	70.77	Fannin United Drug
20258	Amitriptyline (ULM) SF Oral Solution 25 mg/5 ml 150 ml (B) Non Proprietary Name: Amitriptyline	23.54	Fannin United Drug
20259	Amitriptyline (ULM) Oral Solution 50 mg/5 ml 150 ml (B) Non Proprietary Name: Amitriptyline	25.62	Fannin United Drug
20260	Amitriptyline (ULM) Oral Solution 10 mg/5 ml 150 ml (B) Non Proprietary Name: Amitriptyline	19.49	Fannin United Drug
20261	Amitriptyline (ULM) Tabs 10 mg 28 (A) Non Proprietary Name: Amitriptyline	2.32	QM Specials
20423	Amitriptyline (ULM) Tabs 10 mg 50 (A) Non Proprietary Name: Amitriptyline	5.15	Medisource QM Specials United Drug
20262	Androcur (ULM) Tabs 50 mg 56 (A) Non Proprietary Name: Cyproterone	71.29	Medisource Pharmasource United Drug
20263	Anoheal (ULM) Cream 2% 30 g (B) Non Proprietary Name: Diltiazem Hydrochloride	113.00	Medisource QM Specials United Drug
20269	Arolac (ULM) Tabs 0.2 mg 20 (A) Non Proprietary Name: Lisuride	11.75	Medisource IDIS United Drug
20270	Artane (ULM) Tabs 2 mg 50 (A) Non Proprietary Name: Trihexyphenidyl	4.85	Medisource Pharmasource United Drug
20271	Arthrexin (ULM) Caps 25 mg 50 (A) Non Proprietary Name: Indometacin	4.55	Medisource United Drug

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20424	Atenolol (ULM) SF Oral Soln 25 mg/5 ml 300 ml (B) Non Proprietary Name: Atenolol	25.45	IDIS United Drug
20275	Atropine Sulphate (ULM) Tabs 600 mcg 28 (A) Non Proprietary Name: Atropine	69.55	Medisource United Drug
20276	Azol (ULM) Caps 100 mg 100 (A) Non Proprietary Name: Danazol	91.33	Medisource Pharmasource United Drug
20278	Batrafen (ULM) Cream 1% 30g (B) Non Proprietary Name: Ciclopirox	14.53	Medisource United Drug
20279	Benztropine (ULM) 2 mg 100 (A) Non Proprietary Name: Benztropine	41.31	Medisource United Drug
20283	Biltricide (ULM) Tabs 600 mg 6 (A) Non Proprietary Name: Praziquantel	62.15	Medisource United Drug
20425	Calcium Lactogluconate (ULM) SF Liquid 350 ml (B) Non Proprietary Name: Calcium (Different Salts in Combination)	36.05	Medisource United Drug
20286	Captopril (ULM) Susp 5 mg/1 ml 100 ml (B) Non Proprietary Name: Captopril	89.25	Medisource Pharmasource
20291	Carvedilol (ULM) Susp 500 mcg/1 ml 100 ml (B) Non Proprietary Name: Carvedilol	109.22	Medisource Pharmasource United Drug
20292	Chloral Hydrate (ULM) Mixt 500 mg/5 ml 200 ml (B) Non Proprietary Name: Chloral Hydrate	26.00	Medisource United Drug
20295	Clobazam (ULM) Susp 2.5 mg/5 ml 200 ml (B) Non Proprietary Name: Clobazam	138.50	Medisource United Drug
20431	Clobazam (ULM) Susp 5 mg/5 ml 150 ml (B) Non Proprietary Name: Clobazam	101.36	Medisource United Drug
20436	Clomethiazole (ULM) Caps 192 mg 60 (A) Non Proprietary Name: Clomethiazole	54.47	Medisource United Drug
20296	Clonazepam (ULM) Susp 500 mcg/5 ml 150 ml (B) Non Proprietary Name: Clonazepam	174.50	Medisource United Drug
20432	Clonidine (ULM) Oral Susp 25 mcg/5 ml 300 ml (B) Non Proprietary Name: Clonidine	159.27	Medisource United Drug
20298	Codeine Phospate (ULM) Tabs 15mg 28 (A) Non Proprietary Name: Codeine	5.76	IDIS Pharmasource United Drug
20300	Colgout (ULM) Tabs 500 mcg 100 (A) Non Proprietary Name: Colchicine	10.53	Medisource Pharmasource United Drug
20433	Colpogyn (ULM) Vaginal Cream 0.0125 % 6 applicators 30 g (B) Non Proprietary Name: Estriol	5.85	Medisource United Drug
20435	Cortate (ULM) Tabs 25 mg 60 (A) Non Proprietary Name: Cortisone	26.05	Medisource United Drug
20303	Cyclogest (ULM) Pessaries 200 mg 15 (A) Non Proprietary Name: Progesterone	18.95	IDIS United Drug
20304	Cyclogest (ULM) Pessaries 400 mg 15 (A) Non Proprietary Name: Progesterone	29.00	IDIS United Drug

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20305	Cyclophosphamide (ULM) Susp 25 mg/5 ml 100 ml (B) Non Proprietary Name: Cyclophosphamide	124.10	Medisource United Drug
20307	Cyclo-Progynova (ULM) Tabs 2 mg 21 (A) Non Proprietary Name: Norgestrel and Estrogen	7.99	Medisource Pharmasource United Drug
20308	Dalacin C (ULM) Soln 75 mg/5 ml 80 ml (B) Non Proprietary Name: Clindamycin	24.40	IDIS Pharmasource United Drug
20309	Danol (ULM) Caps 200 mg 60 (A) Non Proprietary Name: Danazol	98.90	IDIS Pharmasource United Drug
20310	Dapsone (ULM) Tabs 50 mg 30 (A) Non Proprietary Name: Dapsone	21.70	Medisource United Drug
20312	Dapsone (ULM) Tabs 100 mg 30 (A) Non Proprietary Name: Dapsone	26.20	Medisource United Drug
20313	Daraprim (ULM) Tabs 25 mg 30 (A) Non Proprietary Name: Pyrimethamine	7.13	Medisource United Drug
20316	De-Noltab (ULM) Tabs 120 mg 112 (A) Non Proprietary Name: Bismuth Subcitrate	19.75	Medisource United Drug
20317	Detrunorm (ULM) Tabs 15 mg 56 (A) Non Proprietary Name: Propiverine	65.60	Medisource Pharmasource United Drug
20318	DHEA (ULM) Caps 25 mg 100 (A) Non Proprietary Name: Prasterone	19.85	Medisource Pharmasource United Drug
20437	Diazepam (ULM) Susp 2.5 mg/5 ml 500 ml (B) Non Proprietary Name: Diazepam	45.30	Fannin United Drug
20438	Diazepam (ULM) Susp 10 mg/5 ml 200 ml (B) Non Proprietary Name: Diazepam	60.84	Fannin United Drug
20439	Dibenzyran (ULM) Caps 10 mg 30 (A) Non Proprietary Name: Phenoxybenzamine	64.90	Medisource United Drug
20442	Disopyramide Phosphate (ULM) Caps 150 mg 84 (A) Non Proprietary Name: Disopyramide	69.00	Medisource United Drug
20444	Distraneurin (ULM) Mixture 50 mg/1 ml 300 ml (B) Non Proprietary Name: Clomethiazole	57.95	Medisource United Drug
20323	Diuril (ULM) Oral Susp 250 mg/5 ml 237 ml (B) Non Proprietary Name: Chlorothiazide	89.90	IDIS United Drug
20324	Dogmatil (ULM) Caps 50 mg 30 (A) Non Proprietary Name: Sulpiride	7.75	Medisource Pharmasource United Drug
20326	Doxepin (ULM) Caps 10 mg 100 (A) Non Proprietary Name: Doxepin	10.44	Medisource Pharmasource United Drug
20327	Doxepin (ULM) Caps 25 mg 100 (A) Non Proprietary Name: Doxepin	11.20	Medisource Pharmasource United Drug
20328	Doxepin (ULM) Caps 50 mg 100 (A) Non Proprietary Name: Doxepin	18.13	Medisource United Drug

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20329	Doxepin (ULM) Caps 75 mg 100 (A) Non Proprietary Name: Doxepin	28.85	Medisource United Drug
20330	Doxepin (ULM) Oral Soln Conc 10 mg/ 1 ml 120 ml (B) Non Proprietary Name: Doxepin	21.38	Medisource Pharmasource United Drug
20332	Elidel (ULM) Cream 1 % 30g (B) Non Proprietary Name: Pimecrolimus	61.75	Medisource Pharmasource United Drug
20333	Elmiron (ULM) Caps 100 mg 100 (A) Non Proprietary Name: Pentosan Polysulfate	287.75	Medisource United Drug
20334	Erythromycin (ULM) Opth Oint 0.5% 3.5 g Pack 1 (A) Code the number of packs dispensed Non Proprietary Name: Erythromycin	21.50	Medisource Pharmasource United Drug
20337	Ethambutol (ULM) Tabs 100 mg 56 (A) Non Proprietary Name: Ethambutol	28.16	Medisource United Drug
20491	Ethambutol (ULM) Tabs 400 mg 56 (A) Non Proprietary Name: Ethambutol	83.28	Medisource
20445	Ethymal (ULM) Tabs 250 mg 100 (A) Non Proprietary Name: Ethosuximide	26.30	Medisource United Drug
20338	Eudemine (ULM) Tabs 50 mg 100 (A) Non Proprietary Name: Diazoxide	145.84	Medisource Pharmasource United Drug
20341	Fasigyn (ULM) Tabs 500 mg 16 (A) Non Proprietary Name: Tinidazole	31.65	Medisource Pharmasource United Drug
20342	Flagyl (ULM) Suppos 1 g 10 (A) Non Proprietary Name: Metronidazole	69.53	Medisource Pharmasource United Drug
20343	Flixonase Nasules (ULM) Nasal Drops 400 mcg Single Dose Unit 28 (A) Non Proprietary Name: Fluticasone	37.97	Medisource Pharmasource United Drug
20446	Fosipres (ULM) Tabs 10 mg 28 (A) Non Proprietary Name: Fosinopril	15.63	Medisource United Drug
20345	Froben (ULM) Tabs 50 mg 100 (A) Non Proprietary Name: Flurbiprofen	29.50	Medisource United Drug
20347	Froben (ULM) Tabs 100 mg 100 (A) Non Proprietary Name: Flurbiprofen	56.50	Medisource United Drug
20348	Furosemide (ULM) Oral Soln 20 mg/5 ml 150 ml (B) Non Proprietary Name: Furosemide	26.79	Fannin United Drug
20349	Furosemide (ULM) SF Oral Soln 40 mg/5 ml 150 ml (B) Non Proprietary Name: Furosemide	41.34	Fannin United Drug
20352	Furosemide (ULM) SF Oral Soln 5 mg/5 ml 150 ml (B) Non Proprietary Name: Furosemide	35.08	Fannin United Drug
20447	Glycopyrrolate (ULM) Oral Soln 500 mcg/5 ml 300 ml (B) Non Proprietary Name: Glycopyrronium	163.65	Medisource United Drug
20448	Glycopyrrolate (ULM) Tabs 1 mg 100 (A) Non Proprietary Name: Glycopyrronium	22.00	IDIS United Drug

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Drug Code	Drug Description including coding instruction	Reimbursement Price €	Supplier
20449	Glycopyrronium Bromide (ULM) Oral Soln 5 mg/5 ml 150 ml (B) Non Proprietary Name: Glycopyrronium	138.78	Medisource United Drug
20357	Griseofulvin (ULM) Oral Susp 125 mg/5 ml 120 ml (B) Non Proprietary Name: Griseofulvin	52.95	Medisource Pharmasource United Drug
20356	Grisefuline (ULM) Tabs 250 mg 30 (A) Non Proprietary Name: Griseofulvin	6.95	Medisource Pharmasource United Drug
20450	Haloperidol (ULM) Inj 5 mg/ ml 5 (A) Code the number of injections dispensed Non Proprietary Name: Haloperidol	17.60	Medisource United Drug
20361	Hiprex (ULM) Tabs 1 g 60 (A) Non Proprietary Name: Methenamine	51.75	Medisource Pharmasource United Drug
20364	Hydrochlorothizide (ULM) Tabs 25 mg 100 (A) Non Proprietary Name: Hydrochlorothiazide	7.12	Medisource Pharmasource IDIS United Drug
20365	Hydrocortisone (ULM) Cream 2.5% 30 g (B) Non Proprietary Name: Hydrocortisone	8.45	Medisource United Drug
20451	Hydrocortisone (ULM) Tabs 5 mg 50 (A) Non Proprietary Name: Hydrocortisone	27.85	Medisource United Drug
20487	Hygroton (ULM) Tabs 50 mg 100 (A) Non Proprietary Name: Chlortalidone	31.82	Medisource United Drug
20369	Imipramine (ULM) Tabs 10 mg 28 (A) Non Proprietary Name: Imipramine	3.55	Medisource Pharmasource United Drug
20371	Imipramine (ULM) Tabs 25 mg 28 (A) Non Proprietary Name: Imipramine	3.58	Medisource Pharmasource United Drug
20453	Indomet (ULM) Suppos 100 mg 10 (A) Non Proprietary Name: Indometacin	37.20	Medisource United Drug
20374	Indolar SR (ULM) Caps 75 mg 100 (A) Non Proprietary Name: Indometacin	39.75	Medisource United Drug
20375	Indometacin (ULM) Caps 25 mg 28 (A) Non Proprietary Name: Indometacin	4.75	Medisource Pharmasource United Drug
20376	Indometacin (ULM) Caps 50 mg 28 (A) Non Proprietary Name: Indometacin	5.95	Medisource Pharmasource United Drug
20377	Isoniazid (ULM) Tabs 300 mg 100 (A) Non Proprietary Name: Isoniazid	32.75	Medisource United Drug
20378	Ixel (ULM) Caps 50 mg 56 (A) Non Proprietary Name: Milnacipran	37.26	Medisource Pharmasource United Drug
20454	Kaluril (ULM) Tabs 5 mg 50 (A) Non Proprietary Name: Amiloride	13.12	Medisource QM Specials United Drug
20379	Kenacomb Otic (ULM) Oint 5 g (B) Non Proprietary Name: Triamcinolone and Antiinfectives	6.39	IDIS United Drug



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Drug Code	Drug Description including coding instruction	Reimbursement Price €	Supplier
20380	Largactil (ULM) Tabs 10 mg 100 (A) Non Proprietary Name: Chlorpromazine	8.42	Medisource IDIS United Drug
20455	Levomepromazine (ULM) Tabs 6 mg 28 (A) Non Proprietary Name: Levomepromazine	66.78	IDIS United Drug
20381	Lexpec (ULM) SF Syrup 2.5 mg/5 ml 150 ml (B) Non Proprietary Name: Folic Acid	24.27	Fannin United Drug
20456	L-Tryptophan (ULM) Vegicaps 500 mg 90 (A) Non Proprietary Name: Tryptophan	41.91	Medisource United Drug
20385	Malarone Paed (ULM) Tabs 62.5/25 mg 12 (A) Non Proprietary Name: Proguanil Combinations	18.91	Medisource Pharmasource United Drug
20386	Maxalt (ULM) Tabs 10 mg 3 (A) Non Proprietary Name: Rizatriptan	36.27	Medisource United Drug
20387	Maxalt Melts (ULM) Wafers 10 mg 6 (A) Non Proprietary Name: Rizatriptan	76.15	Medisource Pharmasource United Drug
20388	Medrone (ULM) Tabs 4 mg 30 (A) Non Proprietary Name: Methylprednisolone	21.50	Medisource Pharmasource United Drug
20390	Medrone (ULM) Tabs 16 mg 30 (A) Non Proprietary Name: Methylprednisolone	58.25	Medisource Pharmasource United Drug
20457	Menadion (ULM) Tabs 10 mg 50 (A) Non Proprietary Name: Menadiol	64.08	Medisource United Drug
20394	Mercaptopurine (ULM) Caps 10 mg 50 (A) Non Proprietary Name: Mercaptopurine	185.00	Medisource Pharmasource IDIS United Drug
20398	Mestinon Timespan (ULM) Tabs 180 mg 30 (A) Non Proprietary Name: Pyridostigmine	149.45	Medisource United Drug
20459	Methyldopa (ULM) Tabs 250 mg 30 (A) Non Proprietary Name: Methyldopa	3.98	Medisource United Drug
20401	Metohexal Comp (ULM) Tabs 100 (A) Non Proprietary Name: Metoprolol and Thiazides	42.85	Medisource United Drug
20403	Metosyn (ULM) Cream 0.05 % 100 g (B) Non Proprietary Name: Fluocinonide	27.95	Medisource United Drug
20405	Mexiletine (ULM) Caps 200 mg 100 (A) Non Proprietary Name: Mexiletine	131.22	Medisource United Drug
20406	Mexitil (ULM) Caps 50 mg 100 (A) Non Proprietary Name: Mexiletine	74.18	Medisource United Drug
20460	Mucoclear (ULM) Inhaler Soln 3 % 4ml 3 x 20 units (A) Code the number of units dispensed Non Proprietary Name: Sodium Chloride	64.00	Medisource IDIS QM Specials United Drug
20415	Muro (ULM) Eye Drops 5% 15 ml (B) Non Proprietary Name: Sodium Chloride Hypertonic	24.25	Medisource QM Specials United Drug
20061	Nardil (ULM) Tabs 15 mg 100 (A) Non Proprietary Name: Phenelzine	49.66	Medisource United Drug

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Drug Code	Drug Description including coding instruction	Reimbursement Price €	Supplier
20106	Neomycin Sulfate (ULM) Tabs 500 mg 100 (A) Non Proprietary Name: Neomycin	149.50	Medisource United Drug
20109	Nifedipin (ULM) Susp 20 mg/ml 30 ml (B) Non Proprietary Name: Nifedipine	19.38	Medisource Pharmasource United Drug
20123	Nitrofurantoin (ULM) Susp 5 mg/1 ml 200 ml (B) Non Proprietary Name: Nitrofurantoin	82.98	QM Specials
20126	Normix (ULM) Tabs 200 mg 12 (A) Non Proprietary Name: Rifaximin	14.95	Medisource Pharmasource United Drug
20131	Norprolac (ULM) Tabs 75 mcg 30 (A) Non Proprietary Name: Quinagolide	79.68	Medisource Pharmasource United Drug
20461	Nortrilen (ULM) Tabs 10 mg 50 (A) Non Proprietary Name: Nortriptyline	8.09	QM Specials United Drug
20132	Nozinan (ULM) Tabs 25 mg 100 (A) Non Proprietary Name: Levomepromazine	35.50	Medisource Pharmasource United Drug
20462	NP Thyroid (ULM) Tabs 30 mg 100 (A) Non Proprietary Name: Combinations of Levothyroxine and Liothyronine	75.62	Medisource United Drug
20464	NP Thyroid (ULM) Tabs 60 mg 100 (A) Non Proprietary Name: Combinations of Levothyroxine and Liothyronine	85.50	Medisource United Drug
20140	Nystaform HC (ULM) Cream 0.5 % 30 g (B) Non Proprietary Name: Nystatin Combinations	7.99	Medisource Pharmasource United Drug
20142	Nystaform HC (ULM) Oint 1 % 30 g (B) Non Proprietary Name: Nystatin Combinations	7.99	Medisource Pharmasource United Drug
20144	Nystatin (ULM) Powder 25 g (B) Non Proprietary Name: Nystatin	54.61	Medisource Pharmasource United Drug
20465	Oestrodose (ULM) Gel Skin Application 80 g (B) Non Proprietary Name: Estradiol	7.99	Medisource QM Specials United Drug
20149	Ospolot (ULM) Tabs 50 mg 50 (A) Non Proprietary Name: Sultiame	36.88	Medisource Pharmasource United Drug
20151	Ovestin (ULM) Vag. Cream 0.1 % 15 g c Applicator Pack 1 (A) Code the number of packs dispensed Non Proprietary Name: Estriol	14.95	Medisource Pharmasource United Drug
20466	Oxytetracycline (ULM) Tabs 250 mg 28 (A) Non Proprietary Name: Oxytetracycline	2.65	Medisource United Drug
20153	Perphenazine (ULM) Tabs 2 mg 100 (A) Non Proprietary Name: Perphenazine	14.75	Medisource United Drug
20154	Perphenazine (ULM) Tabs 4 mg 100 (A) Non Proprietary Name: Perphenazine	24.50	Medisource United Drug
20467	Phenobarbital (ULM) Alco & SF Susp 15 mg/5 ml Lem/Vanilla 500 ml (B) Non Proprietary Name: Phenobarbital	93.67	Fannin QM Specials United Drug

List of Exempt Medicinal Products (ULMs) which Accompanies Circular 039/16 August 2016

Drug Code	Drug Description including coding instruction	Reimbursement Price €	Supplier
20160	Physiotens (ULM) Tabs 200 mcg 28 (A) Non Proprietary Name: Moxonidine	26.75	Medisource Pharmasource United Drug
20161	Pirilene (ULM) Tabs 500 mg 60 (A) Non Proprietary Name: Pyrazinamide	21.90	Medisource Pharmasource United Drug
20162	Potassium Citrate (ULM) Mixture Oral Soln 200 ml (B) Non Proprietary Name: Potassium Citrate	4.99	Medisource Pharmasource United Drug
20163	Predsol (ULM) Suppos 5 mg 10 (A) Non Proprietary Name: Prednisolone	16.95	Medisource Pharmasource United Drug
20167	Probenecid (ULM) Tabs 500 mg 100 (A) Non Proprietary Name: Probenecid	98.65	Medisource Pharmasource United Drug
20353	Progesterone (ULM) Inj 50 mg/ml 1 ml 10 (A) Code the number of injections dispensed Non Proprietary Name: Progesterone	131.15	Medisource United Drug
20485	Progesterone (ULM) 50 mg/ml Inj Multidose Vial 10 ml 1 (A) Non Proprietary Name: Progesterone	94.40	Medisource United Drug
20169	Proluton (ULM) Depot Amps 250 mg 3 (A) Code the number of amps dispensed Non Proprietary Name: Hydroxyprogesterone	18.61	IDIS Pharmasource United Drug
20170	Promazine (ULM) Syrup 25 mg/5 ml 150 ml (B) Non Proprietary Name: Promazine	7.82	Fannin United Drug
20171	Promazine (ULM) Syrup 50 mg/5 ml 150 ml (B) Non Proprietary Name: Promazine	9.00	Fannin United Drug
20468	Propranolol (ULM) Tabs 40 mg 50 (A) Non Proprietary Name: Propranolol	3.50	Medisource QM Specials United Drug
20175	Propylthiouracil (ULM) Tabs 50 mg 100 (A) Non Proprietary Name: Propylthiouracil	23.07	Medisource Pharmasource QM Specials United Drug
20166	Pro-Banthine (ULM) Tabs 15 mg 112 (A) Non Proprietary Name: Propantheline	46.85	Medisource Pharmasource United Drug
20177	Restasis (ULM) Opth Emuls 0.05 % Single Dose Unit 0.4 ml 30 (A) Non Proprietary Name: Ciclosporin	188.50	Medisource Pharmasource United Drug
20178	Robaxin (ULM) Tabs 750 mg 100 (A) Non Proprietary Name: Methocarbamol	35.75	Medisource Pharmasource United Drug
20472	Rovamycine (ULM) Tabs 3 M.U.I. 12 (A) Non Proprietary Name: Spiramycin	17.80	Medisource United Drug
20473	Rythmodan (ULM) Caps 100 mg 40 (A) Non Proprietary Name: Disopyramide	11.60	Medisource QM Specials United Drug
20182	Salagen (ULM) Tabs 5 mg 84 (A) Non Proprietary Name: Pilocarpine	116.50	Medisource Pharmasource United Drug

List of Exempt Medicinal Products (ULMs) which Accompanies Circular 039/16 August 2016

Drug Code	Drug Description including coding instruction	Reimbursement Price €	Supplier
20184	Scopoderm (ULM) TTS Patches 1.5 mg 2 (A) Code the number of patches dispensed Non Proprietary Name: Scopolamine	10.95	Medisource Pharmasource United Drug
20185	Sectral (ULM) Caps 100 mg 84 (A) Non Proprietary Name: Acebutolol	45.50	Medisource Pharmasource United Drug
20186	Sinthrome (ULM) Tabs 1 mg 100 (A) Non Proprietary Name: Acenocoumarol	16.53	Medisource United Drug
20474	Siran (ULM) Eff Tabs 600 mg 30 (A) Non Proprietary Name: Acetylcysteine	16.20	Medisource QM Specials United Drug
20187	Slow Sodium (ULM) Tabs 600 mg 100 (A) Non Proprietary Name: Sodium Chloride	16.75	Medisource Pharmasource United Drug
20189	Sodium Bicarbonate (ULM) Oral Sol 1 mmol/1 ml 100 ml (B) Non Proprietary Name: Other Urologicals	33.95	Medisource Pharmasource United Drug
20190	Sodium Bicarbonate (ULM) Tabs 325 mg 1000 (A) Non Proprietary Name: Other Urologicals	32.35	Medisource United Drug
20188	Sodium Bicarbonate (ULM) Caps 500 mg 56 (A) Non Proprietary Name: Other Urologicals	13.75	Medisource Pharmasource United Drug
20191	Sodium Bicarbonate (ULM) Tabs 600 mg 100 (A) Non Proprietary Name: Other Urologicals	17.93	Medisource United Drug
20193	Sodium Bicarbonate (ULM) Tabs 650 mg 1000 (A) Non Proprietary Name: Other Urologicals	34.86	Medisource United Drug
20488	Sodium Chloride (ULM) Ophthalmic Oint 5 % 3.5 g Pack 1 (A) Code the number of packs dispensed Non Proprietary Name: Sodium Chloride Hypertonic	28.37	Medisource QM Specials United Drug
20195	Spironolactone (ULM) SF Susp 10 mg/5 ml 125 ml (B) Non Proprietary Name: Spironolactone	86.05	Fannin United Drug
20196	Spironolactone (ULM) SF Susp 25 mg/5 ml 125 ml (B) Non Proprietary Name: Spironolactone	56.47	Fannin United Drug
20198	Stromectol (ULM) Tabs 3 mg 4 (A) Non Proprietary Name: Ivermectin	34.00	Medisource Pharmasource United Drug
20199	Stugeron Forte (ULM) Caps 75 mg 20 (A) Non Proprietary Name: Cinnarizine	12.07	Medisource United Drug
20200	Sulfasalazine (ULM) Susp 250 mg/5 ml 500 ml (B) Non Proprietary Name: Sulfasalazine	49.74	Fannin United Drug
20490	Sulphadiazine (ULM) Tabs 500 mg 100 (A) Non Proprietary Name: Sulfadiazine	128.52	Medisource
20476	Surmontil (ULM) Tabs 10 mg 100 (A) Non Proprietary Name: Trimipramine	30.50	IDIS United Drug
20204	Sustanon 250 (ULM) Amp 1 ml 1 (A) Code the number of amps dispensed Non Proprietary Name: Testosterone	6.73	Medisource Pharmasource United Drug
20209	Synalar (ULM) Oint 0.025 % 30 g (B) Non Proprietary Name: Fluocinolone Acetonide	11.95	Medisource United Drug

## List of Exempt Medicinal Products (ULMs) which Accompanies Circular 039/16 August 2016

Drug Code	Drug Description including coding instruction	Reimbursement Price €	Supplier
20210	Synalar (ULM) Oint 0.025 % 100 g (B) Non Proprietary Name: Fluocinolone Acetonide	33.75	Medisource Pharmasource United Drug
20211	Synalar N (ULM) Cream 30 g (B) Non Proprietary Name: Fluocinolone Acetonide and Antibiotics	10.55	Medisource Pharmasource United Drug
20486	Syntostygmim (ULM) Tabs 15 mg 20 (A) Non Proprietary Name: Neostigmine	16.98	Medisource United Drug
20212	Syprol (ULM) Oral Soln 5 mg/5 ml 150 ml (B) Non Proprietary Name: Propranolol	26.92	Fannin United Drug
20213	Syprol (ULM) Oral Soln 10 mg/5 ml 150 ml (B) Non Proprietary Name: Propranolol	34.35	Fannin United Drug
20219	Ticlid (ULM) Tabs 250 mg 30 (A) Non Proprietary Name: Ticlopidine	27.50	Medisource United Drug
20479	Thybon (ULM) Tabs 20 mcg 50 (A) Non Proprietary Name: Liothyronine	24.78	Medisource United Drug
20221	Tobramycin (ULM) 0.3% Oph Soln 5 ml (B) Non Proprietary Name: Tobramycin	25.25	Medisource United Drug
20223	Tofranil (ULM) Tabs 10 mg 60 (A) Non Proprietary Name: Imipramine	4.57	Medisource United Drug
20224	Tofranil (ULM) Tabs 25 mg 100 (A) Non Proprietary Name: Imipramine	8.95	Medisource United Drug
20225	Torem (ULM) Tabs 10 mg 28 (A) Non Proprietary Name: Torasemide	24.50	Medisource Pharmasource United Drug
20226	Trandate (ULM) Tabs 50 mg 56 (A) Non Proprietary Name: Labetalol	10.08	Medisource Pharmasource United Drug
20229	Tranxene (ULM) Caps 5 mg 30 (A) Non Proprietary Name: Potassium Clorazepate	5.42	Medisource Pharmasource IDIS United Drug
20231	Tranxene (ULM) Caps 10 mg 30 (A) Non Proprietary Name: Potassium Clorazepate	7.42	Medisource Pharmasource IDIS United Drug
20233	Trimovate (ULM) Cream 30 g (B) Non Proprietary Name: Clobetasone Combinations with Antibiotics	9.50	Medisource Pharmasource United Drug
20237	Utrogestan (ULM) Caps 100 mg 30 (A) Non Proprietary Name: Progesterone	16.95	Medisource United Drug
20238	Utrogestan (ULM) Caps 200 mg 15 (A) Non Proprietary Name: Progesterone	10.48	Medisource United Drug
20242	Voltarol (ULM) Suppos 25 mg 10 (A) Non Proprietary Name: Diclofenac	4.17	Medisource Pharmasource United Drug
20481	Westhroid HT-1 Grain (ULM) Tabs 65 mg 100 (A) Non Proprietary Name: Combinations of Levothyroxine and Liothyronine	30.05	Medisource United Drug
20244	Xepin (ULM) Cream 5 % 30 g (B) Non Proprietary Name: Doxepin	35.88	Medisource United Drug

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Drug Code	Drug Description including coding instruction	Reimbursement Price €	Supplier
20482	Zaroxolyn (ULM) Tabs 2.5 mg 100 (A) Non Proprietary Name: Metolazone	42.50	IDIS United Drug
20483	Zaroxolyn (ULM) Tabs 5 mg 50 (A) Non Proprietary Name: Metolazone	7.80	IDIS United Drug
20421	Zentel (ULM) Tabs 400 mg 1 (A) Non Proprietary Name: Albendazole	10.24	Medisource Pharmasource QM Specials United Drug
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	Medisource United Drug
20484	Zonisamide (ULM) Oral Susp 125 mg/5 ml 100 ml (B) Non Proprietary Name: Zonisamide	103.71	Medisource United Drug